



# VET TALK

Volume 15, Number 03

American College of Veterinary Pharmacists

## PALLIATIVE CARE IN HOUSEHOLD PETS

Palliative Care, as defined by the World Health Organization, is “symptom management and end-of-life care.” In household pets, this phrase has become increasingly common as critical medical breakthroughs and advances in technology are providing companion animals and their owners with more treatment options to extend the lives of their pets well into their senior years. While owners are pleased to have their family member, or companion, around for several more years, there are now a plethora of commonly occurring geriatric disease states to contend with in caring for the family dog or cat.



### Need for Pet Palliative Care

As the pet population begins aging, a slew of disease states begin to emerge in what was once a very healthy active animal. Now they don't move as much, begin to demonstrate signs of generalized pain, and pant after merely climbing up the short flight of steps into the house. The American Animal Hospital Association (AAHA) in 2007 gathered a panel to discuss Senior Care Guidelines in order to provide a working outline for veterinarians to enhance the well-being of senior pet dogs and cats. As they pointed out, only about 14% of senior animals undergo regular health screenings as recommended by their veterinarians or veterinary pharmacists. This statistic is unheard of in the human population where, for example, last year 68% of senior citizens received health care in the form of an influenza vaccine per statistics provided by

the Center for Disease Control. This lack of preventative care is startling especially when considering how many disease states occur together and one can worsen the other such as renal dysfunction concurrent with cardiovascular disease. It's important to educate owners that geriatric pets can develop many of the same problems seen in older people such as diabetes, osteoarthritis, cardiovascular disease, renal disease, hepatic disease, and cancer. With these potential complications, senior pets should have semi-annual veterinary visits instead of annual visits so signs of illness can be detected early and treated early. As with human medicine, the key to better clinical outcomes is prevention and careful monitoring. Routine assessments in the older pet may include:

#### Thorough physical exam

- Checking TPR
- Evaluating skin, coat, claw, and nail-bed character
- Evaluating overall physical condition
- Cardiopulmonary evaluation
- Orthopedic examination
- CNS Evaluation
- Hydration status
- Presence of lymph node enlargements

#### Baseline laboratory tests

- CBC and Chemistry
- Urine Analysis
- Liver Function Tests
- Glucose
- Albumin and Bilirubin

#### Pain Assessment

- Acute versus chronic
- Improved or worsened since last visit
- Medications adequately controlling pain

#### Nutritional Status

- Dietary needs being met due to disease states such as renal dysfunction, liver dysfunction, or pancreatitis

#### Body Weight Analysis

- Gain or loss since last visit

- Acute or chronic changes
  - Muscle atrophy present
- Dental Workup*

- Tooth and gum disease may cause animal to lose interest in eating from pain due to infected or inflamed areas in the mouth
- Oral cancer evaluation

It is also important to inform owners of normal, non-specific aging changes they may encounter in order to help increase awareness about impending diseases. Such changes include:

- increased anxiety
- increased or decreased reaction to sounds
- disorientation or confusion
- increased aggressiveness or protective behavior
- house soiling
- decreased self-hygiene
- increased wandering
- decreased response to commands
- changes in sleep cycles

It is also pertinent to inform owners of disease-specific changes as well:

#### Diabetes

- Increase thirst and urination
- Weight loss

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- Bilateral cataracts
- Fasting hyperglycemia
- Recurrent infections (cystitis, prostatitis, dermatitis, and bronchopneumonia)

#### *Osteoarthritis*

- Limb favoring
- Difficulty standing
- Hesitancy to run, jump or climb stairs
- Less alert and irritable
- Changes on a radiograph (decreased joint space, osteophytosis, enthesitis, subchondral sclerosis)

#### *Cardiovascular Disease*

- Coughing
- Exercise intolerance
- Syncope
- Tachypnea
- Loss of appetite
- Pulmonary edema
- Ascites
- Pitting edema
- Cyanotic membranes

#### *Renal Disease*

- Decreased appetite
- Decreased urination
- Vomiting
- Increased BUN and creatinine
- Increased blood pressure
- Increased phosphorus
- Increased or decreased
- Potassium

#### *Hepatic Disease*

- Abdominal ascites
- Icterus
- Abnormally colored feces
- Chronic weight loss
- Increased AST, ALT
- Anemia
- Abnormal bile acid test (normal <7  $\mu\text{mol/L}$ )

#### *Cancer*

- Abnormal swellings that persist or continue to grow
- Difficulty eating/swallowing
- Weight loss
- Sores that don't heal
- Loss of stamina

#### ***Pet Quality of Life***

Before delving any further into end-of-life care, quality of life needs to be addressed as they go hand-in-hand. QOL is a topic that has been discussed and reviewed at length by many human and veterinary professionals over the years

without a concrete answer. The World Health Organization (WHO) describes this abstract phenomenon as, “an individual’s perception of their position in life in the context of the culture and value systems in which they live, and in relation to their goals, expectations, standards and concerns.” Integral to the concept of QOL is the individual’s state of overall health, defined by the WHO as, “a state of complete physical, mental and social well-being, and not merely the absence of disease.” In health research, the concept of health related QOL (HRQOL) has emerged focusing on the health-related aspects of QOL. The WHO concept of health suggests that HRQOL influences, and is reflected in, overall QOL. However, when assessing quality of life in veterinary species, there is no specific formal designation pertaining to animals and no defined method of assessing the QOL of pets. Much like introducing HRQOL in humans, often animal welfare is considered when assessing QOL in animals, depending of course on whose literature is being read. Having said this, generalized QOL assessment is a routine procedure in veterinary practice but decisions made are often subjective. There have been more disease-oriented QOL objective studies being conducted in cats with diabetes, cats and dogs with cancer, and dogs with arthritis. However, when you are examining the overall picture in a pet with co-morbid disease states, these individualized scales don’t apply. In order to assess QOL adequately and objectively, one such method is to examine the 4 vital signs of temperature, pulse, respiration, pain, and perhaps the newly discussed nutritional assessment as per the World Small Animal Veterinary Association (WSAVA) Guidelines.



#### ***Hospice per CDC***

Before describing animal hospice, explaining the standards of hospice care in people seems appropriate since pet hospice grew from this ideal. Hospice essentially

involves the provision of palliative care and support services for persons with terminal illnesses. In 1983, Medicare introduced a hospice care program and since 1985, the number of certified hospice care agencies has grown 20-fold. Medicare’s hospice program covers an assortment of medical and support services such as bereavement counseling, pain medications, homemaker services, and respite care. To be eligible for hospice care, Medicare and most other insurers require that a physician certify that the patient is expected to die within 6 months if their illness follows its anticipated course. A fundamental goal of hospice care is the relief of pain and management of symptoms in those with a life expectancy of 6 months or less. Methods for pain and symptom relief can include relaxation techniques, skin stimulation, acupuncture, and over-the-counter and prescription medications. As the course of a terminal illness progresses, questions arise concerning whether or not to continue to treat comorbid medical conditions with medications or to only use drugs to manage symptoms directly related to dying. In a national sample of hospice care providers, medication information was obtained from patients’ records and included drugs prescribed in the last 7 days of life. The purpose of including them here is to increase awareness of medications that veterinary providers may need to have on hand for their patients as animals share these medications as well:

- 90% of hospice care patients had a narcotic analgesic
- 75% of patients had an antiemetic
- 50% of patients had a laxative for constipation
- 30% of patients had an antipsychotic drug to treat restlessness or agitation
- 25% of patients had an antidepressant drug for depression or pain

#### ***Pet Hospice***

Veterinary hospice, when offered within the context of a veterinary practice and consistent with veterinary practice aids, per the AVMA guidelines, “is an option for people wanting a dignified death for a terminally ill companion animal and this allows them to prepare for the pending death of their animal.” As in the case of human hospice programs, patients must have a terminal illness with a short life expectancy. Physician Tannock’s statement, “when cure is elusive, it is time to start treating the patient and not the tumor,” is a well-spoken description of when hospice

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becomes appropriate. Dr. Golab of the AVMA Animal Welfare Division explains, "Hospice goes beyond providing a mechanism to administer fluids to animals with kidney failure. It's not just about prolonging an animal's life; it's about making sure that animal's quality of life is good. This means there's a professional checking on the animal on a regular basis." The concern with pet hospice is due to a lack of regulation. Unlike human hospices, pet hospices don't need a license to operate so while the concept has been around for roughly 20 years, there is the concern for abuse by animal hoarders and well-meaning individuals lacking adequate skills and resources to provide a proper hospice environment which is not "the place for someone who just wants to hug dying animals," spoken matter-of-factly by director of animal welfare and protection at Animal Rescue League in Boston, Dr. Gary Patronek. Terminally ill animals require almost constant attention and hospice requires ongoing assessment of an animal's condition, pain control, and if necessary euthanasia. As Susan Marino of Angel's Gate hospice states, "It's not a job where you close the doors at 5 o'clock. It's a 24/7 commitment and not something people should take lightly." Both Marino and Patronek would like to see the AVMA, or another organization lead the way in pushing states to require pet hospices be licensed and at the very least identify the components of hospice that only veterinarians can provide. This in theory will take away some of the risks of unregulated non-veterinarian hospices. Other issues that AVMA suggests addressing are:

- fees should be discussed and agreed upon before services are provided
- at home hospice service will be provided if household dynamics are suitable for providing adequate care for the severity of the patients illness
- patients should be kept sanitary and as pain free as possible
- veterinary practice associated with the animal must have a Drug Enforcement Administration (DEA) number and state license and keep thorough records of all drugs and supplies dispensed
- discuss with clients from the start their options concerning care of the animal's remains
- death occurring at home may need confirmation and pronouncement of death by the attending veterinarian

-euthanasia services should be available if the client and veterinarian at any time believe this is appropriate.

Optimally, veterinary care should be available at all time of the day or night. If a client will need referral due to these circumstances, details about this should be explained to the client and the referring veterinarian in advance so that everyone feels comfortable with the issues that may need to be addressed. The AVMA points out, "Hospice care allows terminally ill animals to live comfortably at home or in a facility and this does not preclude euthanasia."

#### **Cost of Senior Pet Care**

Much like our animal counterparts, the CDC reports that the cost of providing health care for an older American is three to five times greater than the cost for someone younger than 65. As a result, by 2030, the nation's health care spending is projected to increase by 25% due to these demographic shifts. This is a similar paradigm for our senior pets. A normally healthy pet gets a routine annual health screening, yearly vaccines, and monthly flea and heartworm prevention which can be costly for the average pet owner. Now, add on the extra cost of twice yearly examinations, a cardiovascular medication such as pimobendan, perhaps fluoxetine for anxiety, carprofen for arthritis, and now the yearly costs have risen significantly especially since most pets don't have health insurance unlike their owners where the National Institute of Aging reports 80% of seniors have prescription drug coverage. It may also cost slightly more to feed an older dog or cat as their nutritional needs are more demanding and a higher quality, more palatable food may be necessary to facilitate keeping this pet healthy with comorbid disease states such as kidney disease and diabetes. It's best to be honest with owners about possible costs they may incur with their aging pet while assuring owners that the best possible care will be provided.



#### **Cost of Palliative Care and Hospice**

Cost of palliative therapy and actual hospice care are both veterinary and program specific. It depends on the level of care being received (palliative vs. end-of-life), the location of the patient (inpatient, outpatient, at home), how many medications the animal is taking or how many medications the owner is able to afford, how many medications the owner is capable of administering, and will there need to be an on-call referring in addition to the fees of the regular veterinarian's palliative or hospice care. Under the reference portion of this newsletter are several websites that can be contacted for further information.

#### **Veterinarian-Owner-Pet Relationship**

Owners, when faced with the premise that their pet is dying, are understandably distraught. Some handle grief differently than others with some people becoming withdrawn and nodding quietly and others openly upset and needing a box of tissues. As this animal's health care provider, being open minded and compassionate is key when speaking with owners about options for their pet. It has been suggested that when discussing such sensitive subjects, be sure to allow plenty of time for the appointment, both the initial and the follow up visits. There has also been another scale created by veterinarian Alice Villaobos that focuses on the caregiver side of analyzing QOL using Hurt, Hunger, Hydration, Hygiene, Happiness, Mobility, and More Good Days Than Bad (HHHHHMM). Each category is based on a 1-10 scale, where 1 is the lowest and 10 is the highest. This scale allows for an improved veterinary-owner-patient connection and in turn, better treatment outcomes for the pet.

**-Hurt:** The first parameter on the scale since pain control is critical; ease of breathing is included here.

**-Hunger:** The animal is not receiving proper nutrition by either hand or force feeding such that tube feeding may be necessary. Instruct owners to use blended or liquid diets and advise that malnutrition develops quickly in sick animals.

**-Hydration:** The animal is refusing water and offering subcutaneous fluids may be an option.

**-Hygiene:** The animal cannot be brushed and cleaned which is especially an issue in cats who normally self-groom.

**-Happiness:** Owners are usually quite adept at analyzing this category; after all, they have probably owned this animal for years and can note enjoyment or distress

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in their pet's eyes or facial expressions. Ask owners if they are able to provide mental stimulation for their pets with such examples as their cat still purring when petted or their dog still wagging his tail when they walk into the room.

**-Mobility:** Another key area to overall QOL so the owner should be asked can their pet move around on its own or is their pet stumbling, falling, or experiences seizures? Would a sling or ramp be useful? This scenario is especially tricky with owners of large dogs as most owners find moving their 60 pound Labrador tricky let alone their 150 pound Great Dane.

**-More Good Days Than Bad:** This scale helps owners to look at their pet objectively by keeping a daily journal. How many days did Zoe their cat not leave her bed and miss her meals? How many times during the week did Frank their dog have diarrhea and tremble when getting up or down?

This HHHHHMM scale doesn't necessarily have to be used and is only a point of reference (with a minimum score of 35 points considered acceptable), but the idea is to instill in owners that it's important to assess all parameters and sometimes giving them a scale with numbers can give clarity to a very difficult situation so they can look at their animal objectively not subjectively which is difficult when emotions are involved.

#### **Veterinary Pharmacist-Owner-Palliative Pet Relationship**

During a very sad time in your client's life, it's important to remember what a pharmacist can offer for pets and their owners. Pharmacists can provide correctly compounded liquid formulations which are particularly useful in animals that can't chew, for example the aged Dachshund or Chihuahua who has no teeth, and they can be flavored to increase palatability. Owners can be asked what their pet's favorite flavor is and this makes the owner more at ease since they are personally being involved in deciding the best care for their animal. Pharmacists trained in veterinary pharmacy can ask, "Is the animal receiving their oral medication readily?" If they are not, another dosage form can be created such as a transdermal gel or a patch. Veterinary pharmacists can also counsel on how to properly administer medications, especially if it's a subcutaneous injection or transdermal gel, as well as provide information about possi-

ble side effects owners may need to be aware of in their pet. They can also look through the pet's medication profile to ensure there are no drug interactions with polypharmacy and that there are no drug-disease state concerns as well. For those animals who are being given several medications, counseling can be offered on using pill boxes for daily, weekly, or even monthly quantities. Pharmacists will also want to know if the animal is being tube fed and with what product, again to ensure the medication will be delivered efficiently, safely, and without interactions for the best outcome possible. Pharmacists also have the unique ability to create total parental nutrition (TPN) for critically ill pets using USP 797 compounding requirements.



#### **Euthanasia**

This is perhaps one of the hardest topics to discuss in any field of medicine and is a task uniquely given to veterinarians be that a gift or a curse. Though there is the closely related discussion for placing, "do not resuscitate," on a patient's chart in human medicine, there is rarely the active decision to terminate the life of most beloved family member; this may sound harsh but "putting to sleep" is simply that. The question becomes, when is this decision the best answer? As with quality-of-life assessment, there is no standard or cut-off but usually lies within the veterinarian and owner assessments of how the animal is progressing. When the 4 critical vital signs discussed earlier are diminishing and the score of the HHHHHMM is decreasing, objectively this would appear appropriate. However, despite the animal having no bladder control, being tetraplegic, and essentially unable to eat, a scenario to a healthcare provider that would demand nothing else but a peaceful euthanasia, be prepared that the owner may still not be ready to let go. For this reason, when an animal starts palliative care or hospice, talking about euthanasia from the beginning is appropriate. This is not to say the animal must immediately be put down but knowing that sometimes this is more humane than trying to get 5 medications down the throat of a cat with painful oral cancer who has

lost most its body mass or more peaceful than trying to carry a severely arthritic Weimeraner with 3-legs due to an amputation from osteosarcoma in and out of the house several times daily. If the owner chooses to be present during this event, they should be properly informed of what will happen and will most likely need time alone with their deceased companion.

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