Canine Arthritis Management (CAM) is an educational initiative set up by Sussex practitioner Hannah Capon to improve the quality of life for the 80% of older dogs in the UK with joint disease. Hannah spoke to Companion about efforts she and her team are making to dispense advice to pet owners to help them better recognize signs of pain, and advise their vets on how they can do more to remedy the problem.

Veterinary medicine is most efficacious when it is administered along with a dose of empathy. Shoreham-based vet Hannah Capon recognized this on a day about 6 years ago when she was obliged to euthanase two old dogs that were arthritic and off their back legs.

Just a little while previously, she had been seeking treatment herself for a chronic shoulder injury. “I had gone through the laborious process of trying to find something that worked. I had seen a physiotherapist, an osteopath and a chiropractor, while spending a fortune and getting nowhere. Sometimes the pain was sharp, sometimes a mild throbbing and often even small movements like using a computer keyboard would make it worse.”

“The discomfort was affecting my happiness and my work. I thought about those dogs and realized that in every other way they were fine, but their lameness and loss of muscle mass were the cause of their elective euthanasia. I realized that the pain I was experiencing was really bad but those two dogs must have been feeling like that for years.”

Hannah calls this her ‘light-bulb moment’, and she then resolved to find out more about managing chronic pain in companion animal patients and lessons that might be learnt from the way human arthritis cases are treated. She had qualified from Cambridge 10 years earlier and since then she’d seen her share of lame dogs – and she recognized that the treatment these patients received in first-opinion practice could be much better. “It seemed to me at the time that we were quite poor at localizing the problem, if it isn’t the shoulder and it is not the elbow then it must be a soft tissue issue. So we say we will ‘give it 3 weeks of anti-inflammatories and see what happens’.”

Many hours of CPD later Hannah says she realized that there were a lot more options available for managing arthritis cases than she had been taught as an undergraduate. She chose to train in one of these – Galen myotherapy. This is a manual therapy targeted at soft tissue compromise. Part of the training included learning postural, physical, capability and behavioural indicators of pain and discomfort, as well as how to exercise appropriately to maintain improvement.

At this time, Hannah was working in a busy practice on the south coast and was seeing these patients in their own homes. “I soon realized that there were things missing in our treatment plans – owner recognition of the signs of pain, an understanding of the effects of the home environment and the owner’s knowledge of how to deal with this problem. In every house I have been to, I’ve seen something that could present a slip or trip hazard for the pet.”

“When the animal does fall over, the owner may not appreciate that this can
When I qualified in 2002, you were expected to offer behavioural advice in the same 10 to 15 minute consultation period that you were using to vaccinate, treat an ear infection and clip the dog’s nails.

Hannah’s view that classifying arthritis as an orthopaedic problem is a misnomer. “There has to be many disciplines involved, internal medicine, soft tissue surgery, diagnostic imaging and, of course, behavioural medicine as often the first signs of this disease will be behaviour changes – hesitation, decreased confidence, anxiety, reduced interaction, reactivity and even signs misinterpreted as aggression.”

Having seen the advances made in behavioural medicine over the past couple of decades, Hannah is confident that pain management will gradually develop into a distinct veterinary specialism. “When I qualified in 2002, you were expected to offer behavioural advice in the same 10 to 15 minute consultation period that you were using to vaccinate, treat an ear infection and clip the dog’s nails. Now the client will readily agree to having the pet seen by a therapist outside the practice who will spend hours on the case. That is because it is acknowledged that behavioural problems are so complex and I can see the same approach being taken in pain management.”

But while there is an increasing emphasis on pain management in referral practice, there is a huge role for first-opinion practices to help their clients in improving the quality of life for their patients. Much of the content on the CAM website will also be helpful for vets, VNs and support staff, and the organization’s team of volunteers offers training visits to interested practices showing how to develop and run a chronic pain management service.

The key to success is for all members of the clinical and laystaff team to get behind the initiative. “It is particularly important for all the vets to be singing from the same hymn sheet. Clients will soon become wary and they will disengage if they are hearing different things – with one vet advocating a multimodal approach and another saying ‘just give the dog some NSAIDs,’” she said.

Having built up the CAM organization, Hannah is now facing the challenge of maintaining its momentum. “When we started creating the website I was working long hours as a locum to help support the work. That will obviously be unsustainable over the longer term and so we are exploring different ways to continue these efforts. That may mean we create some form of membership system. But we are very keen to ensure that the organization remains independent and that it continues to provide relevant, reliable and up-to-date information for pet owners – because there is so much more that can be done.”