

How to Pinpoint Pain

**Strategic Q&A opens
clients' eyes to patients'
subtle pain responses.**

by Jan Thomas

You know the bad news: Dogs and cats are predisposed to hide pain. Most clients miss or misinterpret subtle behavior changes that signal chronic discomfort. In addition, far too few veterinarians check for pain during every visit and note their findings, no matter how minor, in medical records.

"This is the big dilemma we face in veterinary medicine," says Robin Downing, DVM, DAAPM, CVA, CCRP, owner of The Downing Center for Animal Pain Management, LLC, an AAHA-accredited practice in Windsor, Colo. "We have pet owners who are not trained to recognize pain, pets that do everything they can to mask signs and symptoms, and a profession that does not yet understand the importance of, or is not yet in the habit of, assessing patients for pain each time they come in."

Now, the good news: Clients are often privy to patients' discrete pain responses. Ask strategic questions during the course of a routine exam and pain palpation, and you will gain invaluable information about patients' day-to-day lives. What is more, you will bond clients to your practice and teach them to be your eyes and ears between regular visits.

Here is how.



“Every single patient at every single visit needs to have a pain assessment.”

—Robin Downing, DVM, DAAPM, CVA, CCRP

Probe for pain

“Every single patient at every single visit needs to have a pain assessment,” Downing says. “That means doing a routine pain palpation to identify tender spots, no matter how young or how old the animal is.”

Because clients may resist findings of pain, explain and demonstrate palpation before you begin.

“Before I start my pain palpation, I ask to borrow the client’s arm and demonstrate the pressure I’ll use,” Downing says. “I use approximately 4 kg of pressure. That’s pressure, not pain. If the pet perceives that as pain and reacts against that touch, we know that pain is present.”

Palpation results should be noted in medical records because they provide a baseline for the next assessment. Not doing so can result in unresolved pain for clients, extra time and extra work for veterinarians and specialists, and significant extra cost for clients.

“The bottom line is that it’s the veterinary health care team’s responsibility to elicit a pain response if pain is present,” Downing says. “The referral patients that find their way to my office are always painful and have been seen very

regularly by the veterinarian. Most of the time, nowhere in the medical record is there any comment about pain. None.”

Probe for info

“Local signs of pain are easily recognized. An injured limb or painful joint may present as a limp or muscle atrophy. An oral mass may result in difficulty chewing. Disc herniation or something along those lines may cause trouble ambulating, or the pet may cry out when lifted,” says Brian Trumpatori, DVM, DACVS, of the Veterinary Special Hospital of the Carolinas in Cary and Raleigh, N.C. “Systemic changes are more subtle. Those may include behavioral changes and can be difficult for owners to recognize as being associated with pain.”

Because there is rarely an opportunity to assess those subtle behavioral changes in the exam room, ask strategic questions about eating, sleeping, temperament, play, stamina and urination/defecation to identify guarded cues.

Julie Meadows, DVM, assistant health sciences clinical professor for community medicine at the University of California-Davis, has three tips for gathering the information you need:

Help Clients Understand Why Pets Hide Pain

Fiddles is a 5-pound chihuahua, Princess Morgana de Tuscany is a prize-winning red Persian cat and Rudy is a 10-year-old dog of indeterminate breed; however, at their core, they are all hunters. In addition, they are predisposed to masking pain.

“If we think about animals, dogs and cats, from an evolutionary perspective, we recognize that they are, by nature, predators,” says Robin Downing, DVM, DAAPM, CVA, CCRP, owner of AAHA-accredited The Downing Center for Animal Pain Management, LLC, in Windsor, Colo. “When you are a predator and you can’t be a predator anymore, you become someone else’s lunch. So, one could make the argument that it isn’t in the dog or cat’s best interest to let us know when it is not feeling well.”

As you discuss pain identification and management with clients, explain why pets are wired to hide pain and how clients are essentially first responders. Use the pain Q&A in this article to establish a baseline, and use updated answers to probe for significant behavior changes over time.

1. Ask open-ended questions. “As with all communication with clients, initially asking open-ended questions and not interrupting the client will allow a client to reveal any facts that might be pertinent as well as his or her perspective. Evidence from human medical communication studies shows that these techniques increase the accuracy and time efficiency of history taking,” Meadows says.
2. Value the client’s perspective. “It took years of practice to learn that what they think can be at least as valuable, if not more valuable, than my book learning in helping their pet,” she says.
3. Gently draw a correlation between what they see at home and how that might equate with pain. “It may be a foreign concept for them,” Meadows says. “We want to be sensitive about suggesting they may have been ignoring the chronic pain of an animal they love.”

Strategic Q&A

When it comes to identifying pain, clients can be a wealth of information—or misdirection. Here is what to ask, why to ask it and what to listen for in responses to gather timely, accurate details.

Q: How is Fluffy’s energy level? What’s new since her last visit?

Why ask: You want to know if there is a loss of stamina. Probe for details about using the stairs; behavior before, during or after walks; or changes in attitude about play, etc.

Key words: slower, quiet, sleepy, not interested anymore, shorter (walks, play-time, etc.)

Q: Is Spike allowed on the furniture? Does he prefer the couch or a chair? Does he jump or climb up? Does he still jump into the car, or does he climb?

Why ask: If there is a suspicion of pain, you want specific details about the context, suggests Julie Meadows, DVM, assistant health sciences clinical

professor for community medicine at the University of California-Davis.

You may be able to draw additional information from clients by asking how changes affect them. For instance, clients may note that they do not have to vacuum hair off the furniture as much or that they have to allocate extra time to get the pet in and out of the car for trips.

Key words: climb, prefers the floor now, not interested anymore, slower, etc.

Q: Where does Fido sleep now? What are his sleep habits like?

Why ask: “A change in sleeping behavior means a pet sleeps in a different location than before. The pet may sleep near a register now because the warmth makes achy joints feel better or sleep on the floor at the foot of the bed now rather than on the bed because it is not comfortable to jump up anymore,” says Downing. “A change in sleeping patterns means pets sleep more, less or differently than before. Some animals are really uncomfortable and just don’t want to get up, so they sleep more than normal. Some sleep less than before or are up and down constantly because they can’t get comfortable.”

Key words: Indications of changes in location and/or pattern

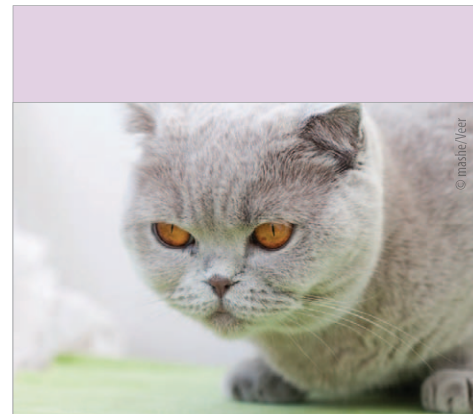
Q: Tell me about Burt’s appetite. What is his favorite food these days? Does he eat standing up or lying down? Does he eat everything at one time, or do a few hours go by before he finishes?

Why ask: “Animals with neck pain may change their eating behaviors because they’re no longer comfortable reaching into the dish for food,” Downing says. “Those with joint or spine pain may now lie down to eat and drink.”

Key words: Indication of changes in the duration the animal stands or positions its neck, changes in appetite or eating behavior

Q: Does Juju still use the litter box?

Why ask: “A cat with chronic osteoarthritis of the spine or a joint will often not want to go to use the litter box,” says Trumpatori. “Instead, it will urinate or defecate outside of the box.



It’s Different for Cats

Diagnosing pain in cats can be particularly challenging.

“Dogs are often easier to evaluate and often show us more. They’ll limp more readily. They’ll have abdominal pain from an intra-abdominal cause that we can pick up on more readily,” says Brian Trumpatori, DVM, DACVS, of the Veterinary Special Hospital of the Carolinas in Cary and Raleigh, N.C.

“One of the most important behaviors that illuminate pain in cats is alteration of litter pan behaviors,” says Robin Downing, DVM, DAAPM, CVA, CCRP, owner of AAHA-accredited The Downing Center for Animal Pain Management, LLC, in Windsor, Colo. “I can’t tell you how many cats are being accused of inappropriate urination and defecation, and it’s really through no fault of their own. Climbing into a litter pan when you have osteoarthritis of the lower spine, back and hip joints can be excruciating.”

Establishing a baseline behavior report when feline patients are healthy is a good way to identify subtle changes. Clients may not remember or mention new developments but, with prompting, you can assess fluctuations that may be tied to pain.



“Ask owners about the patient’s reaction to touch.”

—Brian Trumpatori, DVM, DACVS

Oftentimes, those things may be associated with discomfort.”

Key words: no longer squats, stands up to urinate, marking, acting out, inappropriate urination/defecation

Q: Does Ralphie still go to doggie day care or the dog park? How is he around other dogs? Does he behave differently around children?

Why ask: Animals in pain may be abnormally aggressive—particularly toward other animals, strangers and children.

Key words: snappish, growling, biting, scratching, used to be well-behaved

Q: What is Pinkie’s favorite place to be rubbed? Has that changed over time? How does her skin react when your rub or pet there?

Why ask: “Ask owners about the patient’s reaction to touch,” Trumpatori says. “They may say their cat used to

enjoy having its back stroked but now no longer likes it or that its skin starts to crawl or twitch when rubbed.”

Key words: backs away, new favorite spot, skin twitches or crawls, parts I can’t touch anymore

Q: Spot has some mats on his back. That is new. How is his grooming behavior?

Why you ask: Cats are fastidious groomers. If a feline patient is not grooming, there is a reason—and it usually involves pain.

Key words: Indications that a cat will not sit and twist to self-groom ■

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When Clients Bite

Few things can be more demoralizing than identifying a health problem, making a diagnosis and getting a negative response from clients. This is particularly true with pain diagnosis, because clients may not have been aware that a problem exists before a routine visit.

Robin Downing, DVM, DAAPM, CVA, CCRP, explains why some clients snap when they learn their pets are in pain.

“Clients may be somewhat resistant to hearing their animals are in pain,” Downing says. “Why is that? One possible interpretation is that if your animal is in pain and you don’t know about it, you have failed as a pet owner. Nobody wants to fail as a pet owner.”

Julie Meadows, DVM, assistant health sciences clinical professor for community medicine at the University of California-Davis, agrees.

“It’s the rare client who comes in and says his or her pet is in pain. More often, they present their pet to us because they’ve identified a change in behavior: decreased activity level, chewing at an area on the body or change in appetite,” Meadows says. “It’s not unusual for a client to present a dog with a limp or clear difficulty in rising from a recumbent position and say, ‘I know he’s not in pain because he doesn’t cry out.’”

“It generally seems that if clients don’t hear a yelp, scream or whine, the thought that the pet is in pain doesn’t enter their minds. I would suspect this is because of a lack of knowledge about our companion pets’ behavior and how it differs from ours,” she adds. “As a species, we’re relatively wimpy compared with dogs and cats. We make sure everyone around us knows we’re suffering. Dogs and cats tend to suffer in silence, stoically, and vocalization is a rare manifestation of their pain, especially in a chronic situation.”

Pain: How Much Do You Know?

Managing an animal's pain helps everyone feel better.

by Marie Rosenthal

One of the most important things veterinary staff can do is to help animals in pain. Technicians and assistants can help the veterinarian assess and alleviate pain in an animal that is suffering. They can also teach pet owners how to recognize when their pet has pain, so owners can manage the pain at home.

Managing pain in dogs and cats has changed dramatically in the past 10 years because veterinary science better understands how pain develops and is felt by animals.

Pain can result from just about any tissue injury, and the response to that pain is mediated by the endocrine system, which releases many chemicals to negate the pain.

These chemical responses to pain can cause tachycardia, vasoconstriction and decreased gastrointestinal motility, and can also delay healing and rob the animal of sleep.

Prolonged pain can cause unseen changes in the central nervous system that can lead to magnified perceptions of pain, called "wind-up pain." One goal in pain management is to prevent wind-up pain.

There are many opportunities in veterinary medicine to modulate pain.

Recognizing and managing pain enhances the patient's quality of life, improves the human-animal bond, and benefits the practice and its team.

Take the following quiz to see if you are up to date in your understanding of pain management for animals.

Questions

1. Pain after surgery or injury is an evolutionary device that is beneficial to animals because it limits their movement and prevents more injury and pain.

- A. True
- B. False

2. What is considered the fourth vital sign?

- A. Pain
- B. Pulse
- C. Respiration
- D. Temperature

3. What is the most common sign of pain in an animal?

- A. Being more friendly
- B. Changes in behavior
- C. Vigorous grooming
- D. None of the above

4. Who benefits when a practice incorporates pain management into the veterinary practice?

- A. The pharmaceutical company that sells pain medications
- B. The pet and its owner
- C. The veterinary staff
- D. None of the above

5. What is the difference between adaptive and maladaptive pain?

- A. Adaptive pain is acute pain, and maladaptive pain is chronic.
- B. Adaptive pain is a normal response to tissue damage or noxious stimulus, and maladaptive pain is unhelpful pain that tends to be out of proportion to the actual tissue damage.
- C. Adaptive pain occurs after a surgical intervention, and maladaptive pain occurs after an accident.
- D. All of the above.

6. What is wind-up pain?

- A. Heightened sensitivity that results in altered pain thresholds, both peripherally and centrally
- B. Painful stimulation that results from the administration of a procedure, such as a blood draw
- C. Pain initiated or caused by a primary lesion in the peripheral nervous system
- D. Pain caused by a stimulus that does not normally cause pain

7. The use of pharmacological interventions for pain should:

- A. Always include ketamine
- B. Always include low doses to prevent side effects
- C. Be based on a physical examination, history, co-existing conditions, presenting complaint and laboratory results
- D. Be based on pulse, respiration and temperature

8. Name a nonpharmacological intervention for pain relief:

- A. Ketamine, amantadine, alpha-2 agonists, opioids, local anesthetics
- B. Basic lifestyle changes, complementary and alternative medicine, nutrition, nutraceuticals, rehabilitation therapy
- C. Providing lifelong dental care
- D. There are no nonpharmacological interventions that help relieve pain

9. What body system mediates the body's stress responses to pain?

- A. Cardiovascular system
- B. Respiratory system
- C. Endocrine system
- D. Integumentary system

10. What is dysphoria?

- A. A state of anxiety or restlessness, often accompanied by vocalization
- B. Acute anxiety or pain felt by an animal
- C. Pain caused by a stimulus that does not normally result in pain
- D. All of the above



On the web:

Take this quiz online! tinyurl.com/c9vzlx6

Answers

1. False

It is not helpful to keep an animal in pain, just so it will stay quiet and still!

Veterinary science used to think that pain was useful because it limited an animal's movement, which prevented additional injury. Modern research, however, has established that animals feel pain along neural pathways that are similar to the way people feel pain, and pain can actually delay healing.

Today, there is a better understanding about how pain develops, how animals feel pain and what should be done to alleviate pain in animals.

Therefore, preventing and alleviating a patient's pain is considered a fundamental tenant for providing quality and compassionate care for animals.

2. A

Pain should be thought of as the fourth vital sign, and it should be assessed by the veterinary team whenever veterinarians and veterinary technicians or assistants evaluate and check on a patient.

Veterinary staff should not only recognize, assess and treat pain, but should also recognize the potential for a procedure or disease to cause pain and take steps to prevent that pain from occurring or lessen its impact, whenever possible.

Answers B, C and D are the three traditional vital signs.

3. B

Changes in behavior are the most common sign that an animal is experiencing pain.

However, it can be difficult to tell if an animal is in pain. Animals are quite adept at hiding it because, in the wild, giving in to pain is a sign of weakness that can turn an animal into prey.

Moreover, animals often show pain in subtle ways. That said, almost all of the observable signals have to do with changes in the animal's normal behavior—animals in pain might sleep more,

eat less, be less social with people and other pets, or groom less. A cat in pain might purr a little more.

In an older animal, people might mistakenly blame these signs on aging. This is why the potential for pain should be assessed at every visit.

A is incorrect because animals in pain rarely become friendlier.

Although animals experiencing dermatological pain might lick themselves more, C is not as precise an answer as B.

4. B and C

It's easy to see how pain management helps the patient. Animals that are not in pain tend to recover faster and experience an improved quality of life.

The client benefits, too. The human-animal bond is enhanced when the client knows that the pet is not suffering.

And proper pain management benefits the veterinary staff. On a practical level, it is safer to handle an animal that is not in pain. But that's not all.

When an animal is pain-free, you can be sure you are truly helping that animal. Most people entered veterinary medicine to help animals, and what can be more emotionally satisfying than relieving an animal's suffering?

A is incomplete and misleading. While pharmaceutical companies do make a profit when they sell a medication, the biggest winners in pain management are patients, clients and staff.

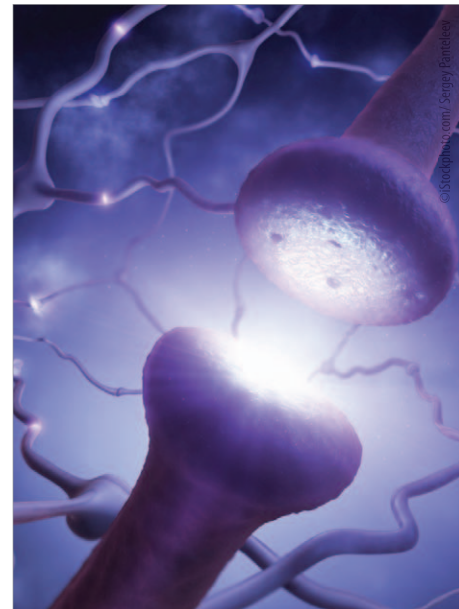
5. B

Adaptive pain is a normal response to tissue damage; maladaptive pain is unhelpful pain that tends to be out of proportion to the actual tissue damage.

Modern characterizations of pain use the terms adaptive and maladaptive.

The answer A would have been the choice a decade or so ago, but the terms acute and chronic are not accurate enough for today's veterinary medicine.

Acute and chronic denote how long the animal is in pain; these terms do not provide useful information about how much pain the animal is experiencing.



Modern research has established that animals feel pain along neural pathways that are similar to the way people feel pain, and pain can actually delay healing.



Animals are quite adept at hiding pain because, in the wild, giving in to pain is a sign of weakness that can turn an animal into prey.

C is incorrect because adaptive pain could occur after a surgical intervention or an accident. If the pain is untreated, either of those events could lead to maladaptive pain.

6. A

Wind-up pain is a heightened sensitivity to pain, which results in altered pain thresholds, both peripherally and centrally. In other words, the pain gets worse and is no longer proportional to the injury.

Wind-up pain occurs because nerves transmitting painful signals to the brain

increase the intensity of painful signals above what is needed to get the animal's attention.

The nerves become "trained" to deliver painful signals, instead of delivering signals that tell the brain the pain has stopped or lessened.

The brain's threshold to pain is lowered, so the animal's pain feels worse and out of proportion to the injury or illness, even if the injury or illness is not worse.

This is maladaptive pain and is no longer a helpful signal of disease or injury.

B is an example of adaptive pain, C is the definition of neuropathic pain and D is the definition of allodynia.

7. C

Medication should be prescribed for the patient's pain after a thorough physical examination that includes the animal's history, presenting complaint and laboratory results. Any underlying or pre-existing conditions must also be considered before prescribing any medication.

A is incorrect because ketamine could be included for pain, but it is not needed for every condition and is not appropriate for every animal.

B is not the correct answer because doses are not always low. The goal is to use the "lowest" dose possible, but, depending on the condition and the animal, the dose could still be rather high.

D is not the correct answer because the vital signs alone are an incomplete assessment.

8. B

Many nonpharmacological interventions can be used to reduce pain's hold on a patient.

The list in answer B is not exhaustive; more nonpharmacological interventions are listed in the *AAHA/AAFP Pain Management Guidelines for Dogs and Cats*, available on the AAHA website (aahanet.org).

Nonpharmacological methods of treating pain are often used with pharmacological agents to enhance pain

prevention, management and treatment. They can be appropriate for adaptive and maladaptive pain control.

A is not the answer because it lists pharmaceutical interventions for pain relief.

Although providing lifelong dental care can prevent painful conditions and diseases of the mouth, C is not as inclusive an answer as B.

9. C

The endocrine system mediates the pain-induced stress responses to pain.

The endocrine system releases chemicals like cortisol, catecholamines and inflammatory mediators that cause tachycardia or vasoconstriction, and decrease the motility of the gastrointestinal tract.

These stress responses are one of the negative aspects of pain.

Neither A nor B is the correct answer because the cardiovascular and respiratory systems do not mediate the body's stress responses—they are affected by the body's stress responses.

The integumentary system, which includes the skin, can feel pain, but this system does not mediate the body's stress responses.

10. A

Dysphoria is a state of anxiety or restlessness, often accompanied by vocalization.

Pain and dysphoria can occur simultaneously, which makes it a challenge to differentiate dysphoria from pain.

Animals experiencing pain usually are helped by opioids, and can be distracted or calmed by interaction or handling.

Dysphoric animals are not typically helped by opioids, nor are they distracted or calmed by interaction or handling.

In addition, a cause of the pain is difficult to determine in a patient experiencing dysphoria alone.

B is the definition of distress. C is the definition of allodynia. ■

Marie Rosenthal is an award-winning freelance journalist based in N.J.