

Development of New Canine and Feline Preventive Healthcare Guidelines Designed to Improve Pet Health

THE AMERICAN ANIMAL HOSPITAL ASSOCIATION–AMERICAN VETERINARY MEDICAL ASSOCIATION PREVENTIVE HEALTHCARE GUIDELINES TASK FORCE

ABSTRACT

The American Veterinary Medical Association (AVMA) and American Animal Hospital Association (AAHA) have jointly introduced the first Canine and Feline Preventive Healthcare Guidelines. These consensus statements provide veterinarians with a new resource for improving patient care by emphasizing the value and scope of regular pet examinations. The two guidelines provide complete recommendations for comprehensive preventive healthcare programs, published as accessible, single-page documents.

The guidelines are based on the subjective-objective-assessment-plan (SOAP) methodology of case management, a proven approach traditionally used with sick or injured patients. This logical and disciplined process is equally applicable to healthy patients and is designed to consistently deliver optimal patient care. The guidelines recommend visits for health examinations on at least an annual basis, recognizing that for many pets, more frequent visits may be appropriate, depending on the individual needs of the patient. The guidelines also provide detailed diagnostic, therapeutic, prevention, and follow up plans, to be accompanied by appropriate documentation. The inclusive content and concise format of the guidelines are designed to maximize their practical value and make them easy to implement. (*J Am Anim Hosp Assoc* 2011; 47:306–311. DOI 10.5326/JAAHA-MS-4007)

Why the Guidelines Are Needed

The new Canine and Feline Preventive Healthcare Guidelines advance the trend in all the medical professions toward increased reliance on clinical guidelines as a strategy that can improve the quality of care that patients receive.¹ Valid clinical guidelines

combine scientific evidence with expert opinion. As such, they remain one of the best strategies for changing professional behavior and implementing best practices in a clinical setting. Well-designed guidelines have the potential not only to improve quality of care but also to increase pet owner satisfaction and facilitate

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These guidelines were developed and reviewed by the members of the task force, who are listed on the left.

informed client decision making, without compromising health-care outcomes.

The value of preventive care and early intervention in human and dental medicine has been well established and acknowledged by the general public. The veterinary profession has not been as effective in communicating this benefit to pet owners, which has contributed to a decade-long trend toward declining numbers of pet owner visits to veterinarians.² Recent survey data indicate that the mean number of patients seen per week by companion animal veterinarians decreased by 13%, from 76 in 2000–66 in 2009.³ American Animal Hospital Association data show that from 2001 to 2009, the median number of active clients per full-time veterinarian decreased by 17%, from 1,299–1,070. A National Commission on Veterinary Economic Issues survey found that more than half of veterinarians had fewer patient visits during 2010, compared with a year earlier.⁴ Remarkably, these declining trends have occurred despite substantial growth in the pet dog and cat population in the United States, by >36% over the 10 yr period ending in 2006.²

Recent market research has identified several reasons for the decrease in use of veterinary services.^{2,4} These include proliferation of self-help pet care by owners who search for pet health information on the Internet instead of relying on a veterinarian. Also cited were the difficulties associated with transporting cats to the veterinary clinic and resistance to examination or treatment. Most importantly, current data indicate that inadequate understanding by pet owners of the need for routine examination of their pets is a key client-driven factor for the declining use of veterinary services. By providing a blueprint for preventive healthcare, the new Canine and Feline Preventive Healthcare Guidelines directly address the lack of understanding by the pet-owning public of the critical relationship between regular health evaluations and the well-being of their pets.

Other realities of veterinary practice underscore the need for clinical guidelines that actively encourage routine preventive care. Poor client compliance with veterinarians' healthcare recommendations is well-known and broadly undercuts the benefits of interventions such as heartworm testing, dental care, feeding therapeutic diets, senior pet health screenings, and vaccination.⁵ To a great extent, lack of compliance can be preempted and corrected by pet-owner education, a key benefit of regular clinic visits. To address that issue, the Canine and Feline Preventive Healthcare Guidelines emphasize the importance of communicating future healthcare recommendations and setting client expectations for follow up visits.

The impact of sporadic use of preventive pet healthcare may also be a contributing factor to the increase in the prevalence of

some common preventable canine and feline diseases that has recently been reported. These include diabetes mellitus, dental disease, parasitism, and otitis externa.⁶ It has been shown that early diagnosis and treatment, the principal benefits of regular examinations, can dramatically slow progression of such conditions as renal disease, osteoarthritis, and periodontal disease.^{7–9} Disease-sparing outcomes as a result of early intervention can best be achieved by regular clinic visits to diagnose disease and monitor the effects of treatment.

It is noteworthy that many pet owners, especially cat owners, associate veterinary care primarily with vaccinations and treatment of overt disease.² Few clients fully appreciate the critical role of preventive care in maintaining a long, rewarding relationship with their pets. This is a clear signal that veterinarians need to do a better job of convincing their clients that regular clinic visits are more important for ensuring lifetime pet wellness than occasional visits solely for vaccination or treatment of acute disease. The new guidelines provide a reference for this type of veterinarian-client dialogue.

The importance of disease prevention as the preferred alternative to disease treatment is being increasingly emphasized by our schools of veterinary medicine. In 2010, the North American Veterinary Medical Education Consortium recommended closing curriculum gaps in preventive medicine with a renewed focus on primary care, wellness, and disease prevention in clinical courses.¹⁰

The Development Process: Ensuring Clinical Relevance

The AAHA-AVMA Preventive Healthcare Guidelines Task Force, a panel of individuals with demonstrated expertise in companion animal medicine, was given the mission of developing guidelines that emphasize preventive healthcare in canine and feline practice. The task force was sponsored by the Partnership for Preventive Pet Healthcare, a consortium of leaders from the veterinary medical profession and the animal health industry. Developing the Canine and Feline Preventive Healthcare Guidelines was part of an action plan for implementing the partnership's mission: to ensure that pets receive the preventive healthcare they deserve through regular visits to a veterinarian.

Task force members were selected for their prior experience in developing clinical guidelines and their expertise in areas pertinent to preventive care. To develop the canine and feline guidelines, the task force relied primarily on existing clinical care guidelines (**Appendix**), themselves written by expert panels, which reflect the best available scientific and clinical evidence in their respective areas of veterinary medicine. These foundation guidelines are consensus statements for vaccinations, care during various life

stages, pet nutrition, dental care, heartworm and parasite control, and pain management. Thus, the new canine and feline guidelines integrate several specialized clinical guidelines into unified statements of best practices for each of the two pet species.

A virtue of the Canine and Feline Preventive Healthcare Guidelines is that they are specific without being overly prescriptive. Veterinarians have latitude in applying the recommendations in their own practices. For example, although various general recommendations are indicated, specific details are often left to the practitioner's discretion depending on individual patient needs, risk assessments, and newly emerging information. Whereas some medical guidelines are lengthy and highly detailed, the new Canine and Feline Preventive Healthcare Guidelines are concise and can be readily applied by clinicians and their healthcare teams.

Enhancing the Quality of Practice and Well-being of Patients

The most important contribution of the new Canine and Feline Preventive Healthcare Guidelines may be their potential to enable pet owners to better understand the value of preventive veterinary care. Pet owners who realize that preventive care preserves their relationship with their pets are much more likely to become regular users of veterinary medical services, regardless of economic conditions. Instead of visiting a veterinarian only occasionally or as a secondary or final recourse, dog and cat owners who subscribe to the concept of preventive healthcare become regular users of veterinary services throughout their pets' lifetime. This shift in client behavior can be especially important for reversing the current underutilization of veterinary services, particularly by cat owners.

By translating evidence-based medicine into actionable best practices, the new guidelines specify how companion animal medicine can be applied well beyond vaccinations and acute care, the narrow perspective held by many pet owners today. The guidelines can also function as templates for pet owner education, providing a complete pet health-care agenda for veterinarians to discuss with

their clients. The net result will be a reduction in the prevalence and impact of the chronic diseases that shorten and detract from the lives of pets that do not receive regular preventive care. That is an outcome that all partners in the veterinarian-client-pet relationship can embrace. The AAHA-AVMA Preventive Healthcare Guidelines Task Force is pleased to provide an important new resource to help our profession realize that vision.

REFERENCES

1. Feder G, Eccles M, Grol R, et al. Clinical guidelines: using clinical guidelines. *BMJ* 1999;318(7185):728–30.
2. Volk JO, Felsted KE, Thomas JG, et al. Executive summary of the Bayer veterinary care usage study. *J Am Vet Med Assoc* 2011;238(10):1275–82.
3. Newsmagazine DVM. Triennial report, state of the veterinary profession 2009, part 1. Available at: veterinarynews.dvm360.com/dvm/ArticleStandard/Article/detail/595878. Accessed Jul 6, 2011.
4. Bayer HealthCare Animal Health. Bayer veterinary care usage study. Available at: www.bayer-ah.com/nr/45.pdf. Accessed Jul 6, 2011.
5. American Animal Hospital Association. *The path to high-quality care: practical tips for improving compliance*. Lakewood, Colo: American Animal Hospital Association; 2003.
6. Banfield Pet Hospital. *State of pet health 2011 report. Volume 1*. Portland, Ore: Banfield Pet Hospital, 2011. Available at: www.banfield.com/Banfield/files/bd/bd826667-067d-41e4-994d-5ea0bd7db86d.pdf. Accessed Jul 6, 2011.
7. Grauer GF. Early detection of renal damage and disease in dogs and cats. *Vet Clin North Am Small Anim Pract* 2005;35(3):581–96.
8. Yu LP Jr, Smith GN Jr, Brandt KD, et al. Reduction of the severity of canine osteoarthritis by prophylactic treatment with oral doxycycline. *Arthritis Rheum* 1992;35(10):1150–9.
9. Wiggs RB, Lobprise HB. Periodontology. In: Wiggs RB, Lobprise HB, eds. *Veterinary dentistry principles and practice*. Philadelphia: Lippincott-Raven; 1997:186–231.
10. North American Veterinary Medical Education Consortium. Roadmap for veterinary medical education in the 21st century: responsible, collaborative, flexible. Available at: www.aavmc.org/data/files/navmec/navmecdraftfinalreport.pdf. Accessed Jul 6, 2011.

Appendix

Foundation guidelines used to develop the Canine and Feline Preventive Healthcare Guidelines

AAFP-AAHA Feline Life Stage Guidelines

<http://www.aahanet.org/resources/FelineLifeStageGuidelines.aspx>

AAFP Feline Vaccines

<http://catvets.com/professionals/guidelines/publications/?Id=176>

AAFP 2008 Senior Care Guidelines

<http://catvets.com/professionals/guidelines/publications/?Id=398>

AAFP Feline Retrovirus Management Key Points

<http://www.catvets.com/professionals/guidelines/publications/?Id=323>

AAFP Feline Behavior — 2004

<http://www.catvets.com/professionals/guidelines/publications/?Id=177>

AAFP Zoonoses Guidelines — 2003

<http://www.catvets.com/professionals/guidelines/publications/?Id=181>

AAHA Canine Vaccine Guidelines Revised

<http://secure.aahanet.org/eweb/dynamicpage.aspx?site=resources&webcode=CanineVaccineGuidelines>

AAHA Dental Care Guidelines for Dogs and Cats

<http://secure.aahanet.org/eweb/dynamicpage.aspx?site=resources&webcode=DentalCareGuidelines>

AAHA Senior Care Guidelines for Dogs and Cats

<http://secure.aahanet.org/eweb/dynamicpage.aspx?site=resources&webcode=SeniorCareGuidelines>

AAHA Nutritional Assessment Guidelines for Dogs and Cats

<http://www.aahanet.org/resources/NutritionalGuidelines.aspx>

AAHA/AAFP Pain Management Guidelines for Dogs and Cats

<http://www.aahanet.org/resources/PainMgtGuidelines.aspx>

AHS Current Canine Guidelines

<http://www.heartwormsociety.org/veterinary-resources/canine-guidelines.html>

AHS Current Feline Guidelines

<http://www.heartwormsociety.org/veterinary-resources/feline-guidelines.html>

ACVIM Small Animal Consensus Statement on Lyme Disease in Dogs

<http://onlinelibrary.wiley.com/doi/10.1111/j.1939-1676.2006.tb02880.x/pdf>

ACVIM Guidelines for the Identification, Evaluation, and Management of Systemic Hypertension in Dogs and Cats

<http://onlinelibrary.wiley.com/doi/10.1111/j.1939-1676.2007.tb03005.x/pdf>

2010 ACVIM Small Animal Consensus Statement on Leptospirosis

<http://onlinelibrary.wiley.com/doi/10.1111/j.1939-1676.2010.0654.x/full>

CAPC Current Advice on Parasite Control

<http://www.capcvet.org/recommendations/guidelines.html>

CAPC Recommendations for the Diagnosis, Treatment, Prevention and Control of Parasitic Infections in U.S. Dogs and Cats

<http://www.capcvet.org/recommendations/index.html>

AAFP = American Association of Feline Practitioners. AAHA = American Animal Hospital Association. ACVIM = American College of Veterinary Internal Medicine. AHS = American Heartworm Society. CAPC = Companion Animal Parasite Council.

AAHA-AVMA CANINE PREVENTIVE HEALTHCARE GUIDELINES

Frequency of Visits

All dogs should have a veterinary examination at least annually. For many dogs, more frequent visits may be appropriate. Decisions regarding specific frequency of visits should be made based on individual needs of the dog.

Health Evaluation

Subjective

History, including evaluation of life style and life stage, behavior, and diet

Objective

Comprehensive physical examination, including dental assessment, pain assessment, and body and muscle condition scoring

Assessment

On the basis of history and physical examination findings, assessments are made for:

- Medical conditions
- Infectious and zoonotic diseases
- Parasite prevention and control
- Dental care
- Genetic, breed, and age considerations
- Behavior
- Nutrition

Plan

Client communication and education plan to include:

- **Diagnostic plan:**
 - Every dog should have:
 - Annual heartworm testing in accordance with existing guidelines
 - At least annual internal parasite testing
 - Customized plan based on assessment:
 - Other diagnostic tests (including dental radiographs)
 - Early disease screening tests
 - Genetic screening tests

- **Therapeutic plan:**

- Every dog should receive:
 - Year-round broad-spectrum parasite control with efficacy against heartworms, intestinal parasites, and fleas
- Customized plan based on assessment:
 - Tick control as indicated by risk assessment
 - Therapeutic recommendations
 - Dental recommendations
 - Behavioral recommendations
 - Dietary recommendations

- **Prevention plan:**

- Every dog should have or receive:
 - Appropriate immunizations against diseases for which core vaccines exist in accordance with existing guidelines
 - Rabies virus
 - Canine distemper virus
 - Canine parvovirus
 - Canine adenovirus-2
 - Appropriate identification including microchipping
 - Reproductive and genetic counseling and spaying or neutering unless specifically intended for breeding purposes
- Customized plan based on assessment:
 - Immunization with non-core vaccines in accordance with existing guidelines
 - Other preventive recommendations and counseling regarding zoonotic diseases

- **Follow-up plan:**

- Establish a plan for follow-up based on assessment and future care recommendations
- Set expectations for next visit

- **Documentation:** Thorough documentation of the patient visit

Development of these guidelines was supported through an educational grant from the Partnership for Preventive Pet Healthcare

These guidelines were developed jointly by the American Animal Hospital Association (AAHA) and the American Veterinary Medical Association (AVMA) to provide information for practitioners regarding the care and treatment of their canine and feline patients. The information contained in these guidelines should not be construed as dictating an exclusive protocol, course of treatment, or procedure. These guidelines are not intended to be an AAHA or AVMA standard of care. AAHA and AVMA hope that you find these guidelines useful.

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AAHA-AVMA FELINE PREVENTIVE HEALTHCARE GUIDELINES

Frequency of Visits

All cats should have a veterinary examination at least annually. For many cats, more frequent visits may be appropriate. Decisions regarding specific frequency of visits should be made based on individual needs of the cat.

Health Evaluation

Subjective

History, including evaluation of life style and life stage, behavior, and diet.

Objective

Comprehensive physical examination, including dental assessment, pain assessment, and body and muscle condition scoring

Assessment

On the basis of history and physical examination findings, assessments are made for:

- Medical conditions
- Infectious and zoonotic diseases
- Parasite prevention and control
- Dental care
- Genetic, breed, and age considerations
- Behavior
- Nutrition

Plan

Client communication and education plan to include:

- **Diagnostic plan:**
 - Every cat should have:
 - Heartworm testing in accordance with existing guidelines
 - Retrovirus testing in accordance with existing guidelines
 - At least annual internal parasite testing
 - Customized plan based on assessment:
 - Other diagnostic tests (including dental radiographs)
 - Early disease screening tests
 - Genetic screening tests

- **Therapeutic plan:**

- Every cat should receive:
 - Year-round broad-spectrum parasite control with efficacy against heartworms, intestinal parasites, and fleas
- Customized plan based on assessment:
 - Tick control as indicated by risk assessment
 - Therapeutic recommendations
 - Dental recommendations
 - Behavioral recommendations
 - Environmental enrichment recommendations
 - Dietary and feeding recommendations

- **Prevention plan:**

- Every cat should have or receive:
 - Appropriate immunizations against diseases for which core vaccines exist in accordance with existing guidelines
 - Rabies virus
 - Feline panleukopenia virus
 - Feline herpesvirus-1
 - Calicivirus
 - For kittens, feline leukemia virus*
 - Appropriate identification including microchipping
 - Reproductive and genetic counseling and spaying or neutering unless specifically intended for breeding purposes
- Customized plan based on assessment:
 - Immunization with non-core vaccines in accordance with existing guidelines
 - Other preventive recommendations and counseling regarding zoonotic diseases

- **Follow-up plan:**

- Establish a plan for follow-up based on assessment and future care recommendations
- Set expectations for next visit

- **Documentation:** Thorough documentation of the patient visit

*Feline leukemia virus vaccine is considered a non-core vaccine but is highly recommended for kittens according to AAFP Feline Vaccine guidelines.

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