They Don't Deserve to Hurt: Chronic Pain

Robin Downing, DVM, CVA
Diplomate, American Academy of Pain
Management
Certified Canine Rehabilitation Practitioner

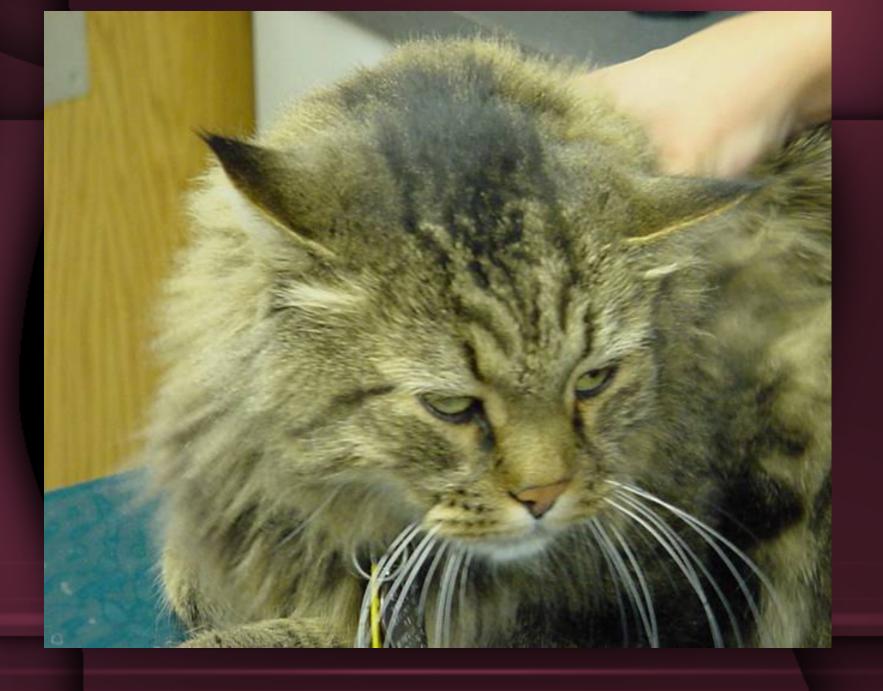
The Downing Center for Animal Pain Management, LLC Windsor, Colorado

(pending)

President, International Veterinary Academy of Pain Management









· Lab, FS, 5 years old when we met her

• At $1\frac{1}{2}$ years of age, ruptured left ACL - - large animal veterinarian told owners to "put her in a crate for 3 months & she'll be fine"

• At $2\frac{1}{2}$ years of age a horse kicked her & tore ligaments in the right hock - - owners given the same advice

- Met her in January 2006
 - Could not walk across the living room
 - Could not touch the dog to pet her
 - Owners arrived thinking they would be euthanizing her
 - Saw an article in the newspaper & believed we were her last resort

- Examination:
 - At physical examination, we scored her pain 8/10 along her spinal segments, trigger points in the thoracic muscles, T/L junction, L/S junction, and over acupuncture hip diagnostic points
 - Could not examine dog without a muzzle - she anticipated every move we made as potentially painful

- Examination (cont'd):
 - Right hock joint twice the diameter of the left

- Left stifle twice the diameter of the right with obvious bone-on-bone crepitus on manipulation
- Heartbreaking to see such a young dog in such excruciating pain

- Examination (cont'd):
 - Radiographs of spine
 - Surprisingly clear of bridging spondylosis lesions or other gross pathology
 - Time to forge ahead!!!

- · Plan:
 - This dog had profound maladaptive pain!
 Serious windup that we absolutely needed to "unwind"

- Metabolic profile
 - · CBC, Chemistry Panel, ERD
 - Parameters within normal limits (neg. ERD)
 - Thyroid level
 - Profoundly hypothyroid

- Plan (cont'd):
 - Break the pain cycle
 - · NSAID coupled with gabapentin
 - Deramaxx $100mg -\frac{1}{2}$ tab per day
 - Gabapentin 300mg - 1 capsule BID
 - Informed owner of long-term strategy to titrate doses to lowest effective doses
 - Informed owner of needed commitment to follow-up assessments on a regular basis

- Plan (cont'd):
 - Modify home environment to better accommodate this dog's realities and limitations
 - Raise food & water dishes to mid-humerus level
 - Carpeted surfaces throughout house
 - Ramp to get into & out of vehicle
 - Padded bed for sleeping

- Plan (cont'd):
 - Thyroid replacement hormone
 - Nutritional profile to assist with long-term management of OA
 - Hill's Prescription Diet Canine j/d®
 - Measured portions to manage body condition (this diet is EXCEPTIONALLY palatable - both the good news and the bad news...)
 - Glucosamine/chondroitin, omega-3 FA's, antioxidants

- First follow-up at 14 days
 - Pain score reduced from 8/10 to 2/10

- Owner wept openly as she recounted the transformation in her dog
- Dog was able to walk around the house again, including up and down stairs

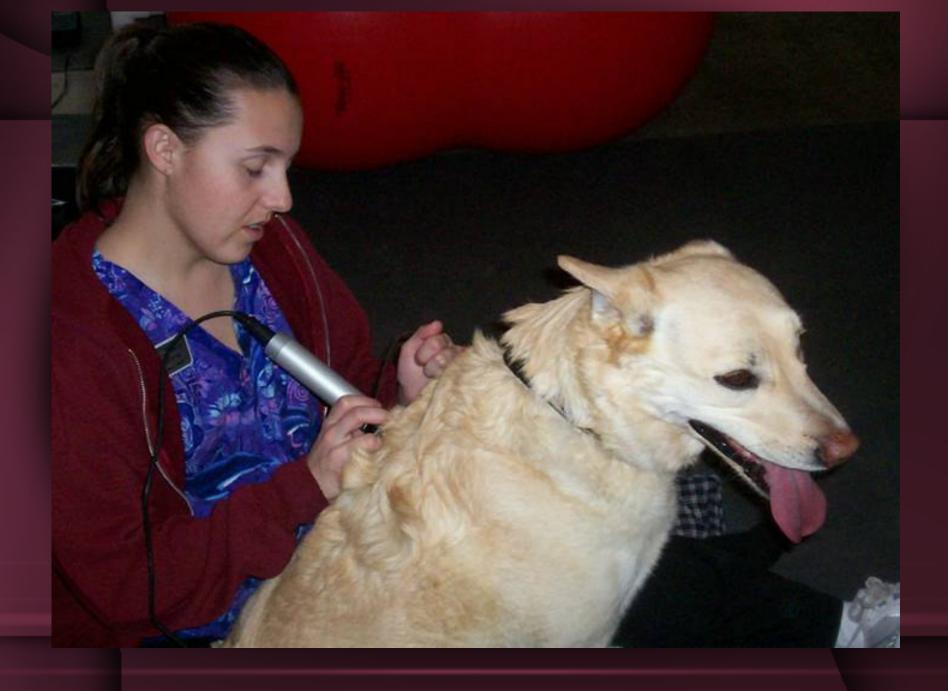
- Pain reassessments every 2 3 weeks for the first few months
 - Remember the "3 R's" of pain medicine - "Recheck", "Reassess", and "Revise"!!!
 - By mid-February we reduced the Deramaxx dose by half
 - By mid-April we had reduced gabapentin dose by half

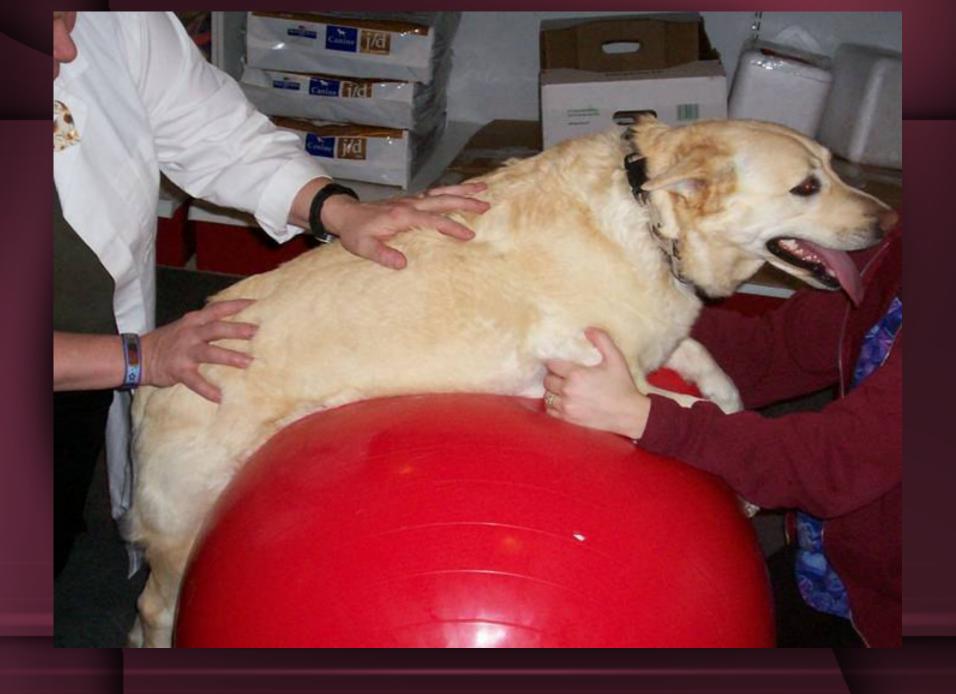
 Dog stable, comfortable, and active for 1 year

· Able to walk the perimeter of 80 acres

Drug doses stabilized

· January 2007 began physiotherapy







• Physiotherapy every 2 weeks (owner drives $1\frac{1}{2}$ hours one way) with "homework"

Early February began reducing drug doses again

 Late February dog completely removed from all drug therapy for pain - - dog will now return every 4 - 8 weeks for physiotherapy "tune-up"

