GO THE EXTRA MILE WITHOUT THE EXTRA EFFORT

*Free shipping excluding Alaska and Hawaii which have a surcharge of $1.00/item. Shipping rates and discounts are subject to change.

SIGN UP TODAY
Hills.us/Home

Easy home delivery for your client. Easy revenue for you.

- Offer the Hill’s portfolio without having to stock every food
- No clinic set-up fees + set your own prices and margin
- Free shipping to your client’s home + autoship discounts*

*Free shipping excluding Alaska and Hawaii which have a surcharge of $1.00/item. Shipping rates and discounts are subject to change. The Hill’s to home logo, the Hill’s Prescription Diet logo, and Hill’s are trademarks owned by Hill’s Pet Nutrition, Inc.
On the cover:
Pet obesity is a serious concern even in the best of times, but the COVID-19 pandemic has exacerbated the problem. In this issue, we take a look at causes, the role of pet owners, and solutions to this common issue.
Despite A Year of Turbulence, NAVTA Grew and Prospered

It seems like January 2020 was a lifetime ago. So much has changed in the last year. One can look back now and see how naïve we were when we thought things would be back to “normal” by the summer. But, despite the turmoil and turbulence—and even chaos—NAVTA stayed steady and calm and focused on how to be the best association for you, its members. As a result, we achieved many successes during the year and put down solid foundations for future success stories.

The most obvious sign of NAVTA’s success is 2020 was our growth in membership. As of December 31, 2020, NAVTA’s total membership stood at 8,435 individuals, an increase of 2,636, or 45.5% from one year ago! Thank you for placing your trust in NAVTA and for placing your trust in NAVTA and for looking to NAVTA for leadership and for placing your trust in NAVTA and for placing your trust in NAVTA.

Throughout the year, NAVTA is poised to have positive finances for 2020. While year-end figures are not yet finalized, as of early December total revenue was projected by the budget and expenses were very much under control, which should lead to NAVTA experiencing a net gain for the year. If so, this will allow NAVTA to create a reserve fund (“rainy day fund”) to help protect against any future revenue shortages and to fund projects in the strategic plan.

Speaking of the strategic plan, the NAVTA board formally adopted an entirely new strategic plan in September 2020. The strategic planning process took place entirely via Zoom meeting—some 15 meetings in all—from May to August, resulting in a new vision, mission, and goals for NAVTA. NAVTA is planning a significant marketing campaign to alert the industry of the highlights of the new plan.

COVID-19 Response

In mid-March, we reached out to every state veterinary medical exam and licensing boards and encouraged them to consider temporarily implementing measures of leniency in regard to continuing education requirements in credentialing. Included in the request was the suggestion to consider making more virtual/online courses eligible for CE, as well as to consider extending the timeline by which CE credits had to be earned.

We also looked at our own credentialing bodies, the Approved Veterinary Assistant (AVA) Program and the Committee on Veterinary Technician Specialties (CVTS), and recommended to them that they be lenient in their offerings to and requirements of those seeking CE credits.

NAVTA also produced a press release voicing support for technicians to be deemed essential employees during the coronavirus pandemic.
Working with the American Veterinary Medical Foundation, NAVTA partnered with Hill’s and Zoetis to offer a $200,000 COVID-19 financial relief grant for veterinary technicians and assistants. Due to extremely high demand, the funding ran out within a week, which is reflective of those financially affected in the pandemic.

**Industry Representation**
NAVTA served as the voice for the profession through participation in many groups where we advocated for the profession. NAVTA represents veterinary technicians with member or liaison seats on several organizations and committees including:

- AVMA Telehealth Coalition
- AVMA Economic Advisory Research Council;
- AVMA/AAVMC Commission for a Diverse, Equitable, and Inclusive Veterinary Profession;
- AAVSB Veterinary Technician National Exam Board;
- AAVSB Regulatory Policy Task Force;
- World Small Animal Veterinary Association;
- Pet Nutrition Alliance;
- Veterinary Medicine Interconnected (a DEI affiliate group);
- Partner for Healthy Pets;
- International Veterinary Nurse and Technician Association

**Specialty Academy Support**
NAVTA’s Committee on Veterinary Technician Specialties (CVTS) awarded full recognition to the Academy of Veterinary Zoological Medicine Technicians (AVZMT), bringing the total number of NAVTA-approved specialty academies to 16.

In early 2020, we created a promotional brochure promoting the specialty academies and encouraging individuals to pursue accreditation in a specialty area. Near the end of 2020, NAVTA signed a contract with ExamSoft that will enable NAVTA to offer the specialty academies the ability to offer online exams to their members. This is a critical service for the academies now that in-person learning and exams are so difficult to accomplish. As of mid-December 2020, 12 of the 16 academies had signed an agreement with NAVTA to use the ExamSoft platform. We anticipate academies being able to offer online exams by April 2021. Learn more about these offerings on page 17.

**Continuing Education**
NAVTA’s 2020 all-virtual Leadership Symposium was an incredible success! The Symposium featured six webinars on topics that helped members take steps to become the best versions of themselves. All six sessions received outstanding reviews and evaluations from the participants. Each session had more than 300 registrants, with more than 130 actually attending each session. NAVTA thanks the Leadership Symposium sponsors for enabling us to offer these outstanding sessions free to NAVTA members!

In addition to the excellent CE offered during the Leadership Symposium, NAVTA’s Continuing Education Committee delivered three virtual sessions in 2020, each offered free to members.

**National Veterinary Technician Week**
National Veterinary Technician Week was a big success and contained a flurry of contests on social media over the final two days of the celebration. A series of webinars were conducted during NVTW, with three sessions focusing on personal wellness, leadership, and a clinical topic to cater to multiple aspects important to the profession.

NVTW received outstanding recognition on social media from organizations and individuals alike. NAVTA’s press release pointed readers to the NVTW landing page https://www.navta.net/page/nat_vet_tech. The landing page featured information about NVTW, the ability to download the NVTW poster (themed “Credentialed Veterinary Technicians: This Is Who We Are, This Is What We Do”), a link to a customizable video created by Veteos, and a “media kit” containing resources to help other promote NVTW.
**2020 Board and Committee Leaders**

I would like to thank the individuals who served on NAVTA’s Executive Board and as Committee leaders during the last year.

The 2020 Executive Board was:
- Erin Spencer – Immediate Past President
- Ed Carlson – President Elect
- Jamie Rauscher – Secretary
- Michelle Krasicki-Aune – Treasurer
- Harold Davis – Member-at-Large
- Courtney Waxman – Member-at-Large

The 2020 Committee leaders were:
- Mary Berg – District Representative Committee
- Stephen Cital – Committee on Veterinary Technician Specialties (CVTS)
- Tammy Ege – Student Chapter of NAVTA (SCNAVTA) Committee
- Ryan Frazier – Public Relations Committee
- Dennis Lopez – Approved Veterinary Assistant (AVA) Committee
- Linda Markland – Global Outreach Committee
- Linda Merrill – Committee on Veterinary Technician Specialties (CVTS)
- Vicky Ograin – Continuing Education Committee
- Barbara Robinson – Student Chapter of NAVTA (SCNAVTA) Committee
- Rebecca Rose – Wellbeing Task Force
- Mark Sharpless – Legal Committee
- Beth Skiles - Membership Committee and Wellbeing Task Force

I know I speak for the entire NAVTA Board when I express my excitement and eagerness for the new year and the future for NAVTA. These are changing and turbulent times, indeed, but I am certain that NAVTA will continue its success and become stronger and better in the months ahead.

Sincerely,

Kenichiro Yagi, MS, RVT, VTS (ECC) (SAIM), NAVTA President

**NAVTA’s 2021 Executive Board**

**President**

Ed Carlson, CVT, VTS (Nutrition)

Ed Carlson grew up in New Hampshire and lived there much of his adult life working in rural primary care practices. He moved to Massachusetts and joined the IVG Hospitals (a founding member of Ethos Veterinary Health) in 2001. Ed has held multiple positions including veterinary technician in Internal Medicine, Emergency Critical Care, and General Practice, Technician Supervisor, Head Technician and Hospital Manager, Technician Learning and Development Specialist, Technician Learning and Development Manager for Ethos Veterinary Health – Ethos East Region before his current position as the Director of Technician Learning and Development for Ethos Veterinary Health and VetBloom.

Ed began his active involvement with NAVTA in 2013 after attending an annual NAVTA meeting at NAVC (now VMX) when he suggested that NAVTA hold Technician Case Reports. He co-chaired the first case reports in 2014 and has been organizing them ever since. In addition to serving as a Member at Large of the NAVTA Executive Board (2015-2017) he has served on multiple NAVTA committees including the State Representative Committee, Credentialing Task Force, VNI Working Group, Region 1 District Rep, AVMA Technician Utilization Task Force, Chair of the Committee on Veterinary Technician Specialties (CVTS) and Co-chair of the CVTS Guidelines Ad Hoc Committee.

Ed has served on the Executive Board of the Massachusetts Veterinary Technician Association since 2013 as Treasurer, Vice President, and the 2020 President. He served as the New Hampshire Veterinary Technician Association NAVTA State Rep and since 2016 as the Treasurer. Ed is also the Treasurer of the Academy of Veterinary Nutrition Technicians, a member of the Association of Veterinary Technician Educators and the Connecticut Veterinary Technician Association.

He obtained a VTS (Nutrition) in 2014 and lectures frequently at local, regional, and national veterinary conferences on a variety of nutrition topics. Ed was also the recipient of the NAVTA 2019 Technician of the Year award.
President Elect
Ashli Selke, CVT

Ashli has held many different roles as a credentialed veterinary technician. Her expertise lies in her adaptability to change, formerly serving in the United States Navy she had to take on many roles and navigate living in many different places. Once she completed her role there she attended Harrison College School of Veterinary Technology in Indianapolis, IN to pursue her goals in veterinary medicine. That experience helped tremendously once she had graduated and married her husband, Jon, who was Active duty Army. With that military commitment, she once again found herself having to move and find new ways to grow in Vet Med every few years.

In 2016, after her husband’s retirement, she chose to reside in Arkansas to be close to family and her home state of Texas. There she was able to pursue her interest in veterinary leadership. She began with her role on the executive board of the Arkansas Veterinary Technician Association as the Director of Marketing and was able to achieve goals within the organization that greatly improved their accessibility to help veterinary technicians within the state. From there she went onto becoming the NAVTA State Representative and then held her first position in NAVTA as the District 8 Representative for TX, LA and AR helping connect voices to NAVTA and vice versa.

Currently, Ashli is the newest member of Faculty at Purdue University College of Veterinary Medicine in the role of Clinical Lab Coordinator and also Instructional Technologist for the Purdue Veterinary Distance Learning Program. She was the 2018 AVTA Veterinary Technician of the Year.

Ashli has been a supervisor in Specialty Surgery, a Veterinary Technology Instructor, and a volunteer in Zoo Medicine, to name a few. But, she has found that mentoring other veterinary technicians is a great passion of hers. She volunteers many hours to making sure her peers and upcoming veterinary technicians know all of the value that their title holds and all of the wonderful things they can do with their education.

Ashli loves spending her downtime with her husband and two girls enjoying any kind of activity they can do in water: swimming, boating, paddle boarding, kayaking. The Selke family rounds their self out with their beloved Cat Kitty Purry and Great Dane Johnny Cash.

Immediate Past President
Kenichiro Yagi, MS, RVT, VTS (ECC), VTS (SAIM)

During his 20 years in the field, Ken has discovered and refined his role as a veterinary technician by promoting compassionate and progressive care for the patients and their families. He obtained his VTS certification in emergency and critical care as well as small animal internal medicine and achieved his master’s degree in Veterinary Science. He is currently the Chief Veterinary Nursing Officer for Veterinary Emergency Group, and the Program Director for the RECOVER Initiative. He has been awarded the NAVTA Veterinary Technician of the Year award in 2016, the California Veterinary Medical Association Veterinary Technician of the Year award in 2016, and the California RVT Association of the Year award in 2017. Ken has co-edited the Manual of Veterinary Transfusion Medicine and Blood Banking and has published various text chapters and articles in various publications. He gives presentations internationally on topics in ECC, transfusion medicine, and the veterinary nursing profession.

Ken works to encourage further recognition of the vital role of the veterinary nurses and technicians through work with organizations such as the National Association of Veterinary Technicians in America co-chairing the Veterinary Nurse Initiative and serving as a board member of the Veterinary Emergency and Critical Care Society, the Academy of Veterinary Emergency and Critical Care Technicians and Nurses, and the Veterinary Innovation Council. He is also an advocate for the Open Hospital Concept, encouraging veterinary practices to invite the pet owners to “the back” as a part of the team.

Ken invites everyone to ask “Why?” to understand the “What” and “How” of our field, and to continually pursue new limits as veterinary professionals and individuals.
Secretary
Mandy Fults, MS, LVT, CVPP, VTS-CP (C/F)

Mandy has 19+ years of experience as a Licensed Veterinary Technician (LVT) in Texas. Her career path has focused on small animal medicine, with most of her time in the general practice setting. She became board certified as a Veterinary Technician Specialist (VTS) in Canine/Feline Clinical Practice in 2011 and a Certified Veterinary Pain Practitioner (CVPP) through the International Veterinary Academy of Pain Management in 2012. Additionally, she obtained a master’s degree in Veterinary Biomedical Science through the University of Missouri in 2018.

Mandy is an active advocate for the advancement of the veterinary technician profession. With this interest she has authored articles on the topic and serves on multiple veterinary committees/task force teams. She enjoys collaborating with colleagues and listening to different perspectives regarding the profession. Encouraging education and the development of advanced veterinary nursing career paths for career development is a passion of hers and she will continue to venture down this path.

Treasurer
Harold Davis, Jr., RVT, VTS (ECC) (Anesth/Analgesia)

Harold Davis is a Registered Veterinary Technician who grandfathered in to take the California Animal Health Technician Examination. He was also certified in Florida as a Veterinary Technician. He is a graduate of California State University, Sacramento with a Bachelor of Arts degree in Biology. Harold has been in the profession for 44 years and was drawn to the profession because of a love of animals and an interest in medicine. Harold has worked in a full-service veterinary clinic at a local humane society, general daytime practice, private emergency practice, and until July 2018 was the Manager of the Emergency and Critical Care Service at the UC Davis William R. Pritchard Veterinary Medical Teaching Hospital. He worked at UC Davis for nearly 36 years. Prior to managing the UC Davis Emergency Service, Harold was an ICU technician, coordinator and instructor in clinical practice for all first through third year veterinary students, and he was the Emergency Service supervisor. Currently he is a veterinary practice educational consultant/lecturer providing in-hospital continuing education opportunities.

As co-founder of the Academy of Veterinary Emergency and Critical Care Technicians, Harold was instrumental in working with, and obtaining from, the North American Veterinary Technicians Association (now known as the National Association of Veterinary Technicians in America) provisional recognition for technicians as specialists. This was the first organization to receive this acceptance. He is also a charter member of the Academy of Veterinary Technicians in Anesthesia and Analgesia. Harold is a former member-at-large to the Board of Directors for the Veterinary Emergency and Critical Care Society (VECCS), having also served as treasurer and president. Harold is the first non-veterinarian elected as president of this 5,000 plus member organization. He is a member of the Board of Directors for the North American Veterinary Community (NAVC) where he is completing his term as Vice President and will become the President-elect in 2020. As a member of the NAVC Board Harold is the Chairmen of the Earl Rippie Veterinary Technician Scholarship committee and member of the Executive, Board Review, Officer Nominating and VMX Program Committees. Harold has served on several continuing education program committees for various organizations such as AAHA, ACVIM, VECCS, and UC Davis. In 1985 Harold was appointed by California Governor, George Deukmejian, to serve on the Registered Veterinary Technician Examining Committee a subcommittee of the Veterinary Medical Board. Harold is the recipient of many awards and honors. He is a national and international speaker having spoken in eleven countries. Harold has published several book chapters, journal articles and co-edited a book entitled Advanced Monitoring and Procedures for Small Animal Emergency and Critical Care.
Members at Large

Ryan Frazier, LVT, BS Marketing

Ryan Frazier has extensive experience in veterinary medicine, including time working as a licensed veterinary technician in general practice and specialty setting. He has experience in emergency and critical care, oncology, dermatology, and internal medicine. He was an instructor in an AVMA approved veterinary technology program. Ryan has completed his BS degree in Marketing and specializing in Public Relations. He is currently working on his Master’s degree in Organizational Leadership. When he is not working, Ryan enjoys hiking in the Pacific Northwest with his dogs, gardening, and traveling.

Courtney Waxman, CVT, RVT, VTS (ECC)

Courtney is originally from Phoenix, Arizona and has spent over 10 years working in emergency and critical care private practice. She obtained her VTS (ECC) in 2017 and has previously served in supervisory and training positions. Since 2018, Courtney has been working as an Instructional Technologist for Purdue University’s Veterinary Nursing Program. Transitioning to academia has allowed her to combine her passions of veterinary nursing and teaching with the next generation of veterinary and veterinary technician/nursing students. In addition to teaching, she regularly picks up shifts in the Veterinary Teaching Hospital’s ICU department.

In addition to serving on the NAVTA Board, Courtney also serves as the Past-President of the Indiana Veterinary Technician Association (IVTA), on the Veterinary Nurse Initiative advisory team, as Member-at-Large for the Academy of Veterinary Emergency and Critical Care Technicians and Nurses (AVECCTN) Executive Board, and is a RECOVER Certified BLS and ALS Instructor. She also enjoys sharing her passion for emergency and critical care by lecturing regionally, nationally and internationally, and has been published in veterinary technician/nursing journals in the US, UK, and Canada. In 2019, Courtney was awarded New Educator of the Year by the Association of Veterinary Technician Educators (AVTE). In 2020 she completed her MS in Higher Education - College Teaching with Purdue University Global. Outside of veterinary medicine, she enjoys world travel with her husband, spoiling her fur kids, reading, and fitness.

Joining NAVTA is truly an investment in YOU.

EMPOWER YOURSELF!
Join or renew your membership with the National Association of Veterinary Technicians in America (NAVTA).
We welcome everyone in the industry, including credentialed veterinary technicians, veterinary assistants, veterinarians, educators and students.
NAVTA gives you the voice that elevates your role in the veterinary community, as well as an array of benefits including a subscription to the NAVTA Journal and NAVTA e-newsletter as well as membership discounts for continuing education, certifications, pet insurance plans, and more.

Visit navta.net to learn more.
Veterinary Nurse Initiative (VNI) 2021 Update

VNI GOALS

The Veterinary Nurse Initiative has continued to work towards efforts in standardizing veterinary technician credentials nationally, defining our scope of practice, and creating title protection and establishing our identity as veterinary nurses. Recent major activities of the VNI include:

Advocacy

• Lobbying efforts have been paused since the onset of the pandemic in 2020. Advocacy efforts in 2021 will focus on supporting state organizations in legislative activities related to VNI goals at the state level.
• NAVTA and the VNI continues to monitor legislative activity that can compromise profession standards (e.g., lowering standards in credentialing requirements, eliminating restrictions of tasks to be performed by credentialed veterinary technicians, etc.) and has successfully opposed such changes in several occasions.

Title Protection

• The Title Protection survey has been concluded with over 3500 responses and a report is currently being written. The title protection report will contain information on: 1) current legislative picture of title protection with classification of strengths, 2) survey results on perceptions on title protection (importance, enforcement, practice policies), and 3) recommendation statement on changes to be made within the veterinary field (legislation and policies in various areas).

Scope of Practice

• The NAVTA board and the VNI has been giving input into the AAVSB model regulatory language for veterinary technician scope of practice through the NAVTA representative. The AAVSB model regulatory language has been released, expanding on the details of our profession’s work and will help guide state veterinary boards in defining our scope of practice.

Education

• There are currently at least six AVMA accredited programs that offer degrees in veterinary nursing (Colby Community College, College of Southern Nevada, Eastern Florida State College, Harcum College, Michigan State University, and Purdue University). Information on considerations to make for program/degree name changes provided by educators who are within the VNI advisory group and made available.

Professional and Public Recognition

• A project collecting the voices in the field regarding the VNI and the importance of proposed changes on video is ongoing. The videos will be utilized to promote veterinary technicians and nurses and the VNI values/goals to be used for both profession and public education.
• The VNI Voice is a collection of voices from members of our profession discussing both the successes and challenges our profession face, published in each issue of the NAVTA journal and online.

The VNI continues to gain support and is collaborating with organizations to expand initiative activities, serving as a platform for research, communication, discussion and advocacy of the national credential process.
Feed the love.
Lose the weight.

A Love Story

GET NEW TOOLS TO MAKE WEIGHT CONVERSATIONS EASIER
And watch Poochini’s story at EndPetObesity.com/Vet

The Hill’s logo, the Hill’s Prescription Diet logo, the S+OX SHIELD logo, Hill’s, Prescription Diet, and Metabolic are trademarks of Hill’s Pet Nutrition, Inc.

JOIN HILL’S PET NUTRITION TO END PET OBESITY
Nutritional Management of Canine Allergic Dermatitis

Dr. Catherine Ruggiero
Introduction

We are all familiar with the itchy dog appointment - scratching, head-shaking, and licking are common reasons for pet owners to bring their dogs to the veterinary clinic. Pet insurance claims reflect this: in recent years, allergic dermatitis and/or otitis have been in the top two most common claims submitted to pet insurance companies for dogs.¹ These are usually chronic or recurrent conditions that result in repeat visits and can be frustrating for both the pet parent and the veterinary health care team.

Canine allergic skin disease is most commonly caused by a reaction to fleas, food (adverse food reactions), or the environment (atopy). Flea allergic dermatitis can be a significant problem year-round, especially depending on where you live. Fortunately, we have numerous and effective options for flea control in companion animals and will therefore focus on the other two causes for our discussion. Still, it’s important to remember that diagnosis and management of any allergic skin disease should include ruling out and appropriately treating flea allergic dermatitis and other ectoparasitic causes of pruritic skin disease, as well as secondary skin infections caused by bacteria and yeast. This generally requires a minimum diagnostic workup that includes flea combing, skin scraping, hair plucking, and cytology of skin and ear samples.²

Determining the cause of canine allergies can be extremely challenging, especially because dogs with adverse food reactions (AFR) and atopy can present with identical clinical signs. The two conditions can even occur simultaneously in the same pet.³ It is estimated that 20-30% of dogs and cats with AFR have another allergic skin disease, such as flea allergic dermatitis or atopic dermatitis.⁴ Pruritus is the main feature of both AFR and atopy. It may be generalized or can manifest focally around the face, perianal region, and paws. Otitis externa is a common presentation for both conditions and may be the only sign of allergic dermatitis for some dogs. Age may not be a great differentiator either; although AFR may occur more commonly in young dogs (< 6-12 months of age), atopy is also considered a disease of younger animals (< 3 years of age).⁵ Especially since signalment and clinical signs can be so similar, evaluating patient history becomes even more important in these cases. Seasonal signs indicate atopy is more likely, while AFR tends to occur year-round. Of course, there are exceptions, like when dogs are allergic to something in the environment that they are exposed to indoors all year (such as dust mites or mold). Concurrent gastrointestinal signs are unique to patients with AFR, so vomiting and diarrhea may increase your suspicion of a food-related cause.²

Regardless of the underlying disease, allergic dermatitis can have profound effects on the human–animal bond. Constantly scratching or licking reduces sleep quality for both species. Frequent veterinary visits and repeated treatments for pruritus and secondary infections, often including labor-intensive topical therapies like bathing, can be taxing on pet owners and stressful for the patient. Successful management of this chronic disease requires consistent and compassionate client communication and education so we can help preserve this important bond.

Adverse Food Reactions (AFR)

Any abnormal response to food can be considered an AFR. This includes immune-mediated hypersensitivity reactions (i.e. food allergies) as well as non-immunological intolerances (including food toxicities, dietary indiscretion, and metabolic reactions like lactose intolerance).⁶ The true prevalence of AFR is unknown, but has been reported to account for up to 10% of allergic dermatitis in dogs. However, food allergies are not common in the general population, affecting as few as 0.2% of dogs in a general practice population.⁷ Intolerances are probably more likely to occur than actual food allergies, though we can’t reliably differentiate the two using current diagnostic tools.⁸ The most common ingredients implicated in adverse reactions in dogs are proteins including beef, dairy products, chicken, and wheat.⁹

Diagnosis of AFR requires careful review of the patient history including a complete and thorough diet history. Collecting a good diet history is important for every patient, but it becomes a fundamental part of the diagnostic process for itchy dogs. Diet history should include everything the dog ingests each day, including commercial pet foods, human foods, treats, chews, supplements, and even medications. Pre-made diet history forms are available for download (https://wsava.org/wp-content/uploads/2020/01/Diet-History-Form.pdf). Owners should complete these questionnaires while at home if possible, to accurately record all details about the foods they’re currently feeding. If the diet is inconsistent or not usually quantified,
asking owners to keep a food diary can be helpful. They should document everything the pet eats for at least a few days, and ideally several weeks, including measured quantities. A pet’s diet history as well as their response to previous foods can tell you a lot about the likelihood of AFR, especially if pet owners have attempted one or more food changes already. This also allows you to select the best food for helping to confirm or rule out AFR.

The gold standard for diagnosing AFR is an elimination diet trial.

The gold standard for diagnosing AFR is an elimination diet trial. There are simply no other reliable diagnostic tools. Although allergy testing for food allergens in blood and saliva is available commercially, these tests have consistently failed to differentiate healthy dogs from those with AFR and are not useful for identifying specific allergens.10 Prior to initiating an elimination diet trial, it’s important to ensure that everyone in the household is ready to commit to a diagnostic test period of 8–12 weeks. The trial will only be successful if a specific food is recommended and fed exclusively for the entire duration.

There are two food options for elimination diet trials: novel protein foods or hydrolyzed foods. Novel protein foods are usually highly digestible and contain one or two protein sources that are not commonly found in commercial pet food along with a limited number of other ingredients. However, it’s important to remember that in order for the diet to be considered “novel”, the individual patient’s diet history must be considered. The goal is to identify a protein source that the specific patient has never been exposed to because allergies can only develop to because allergies can only develop after sensitization following exposure. What’s novel for one patient may not be appropriate for another. This can be difficult to determine due to the rise in popularity of exotic protein-based foods and treats. It can also be difficult to know the entire diet history of a pet that was not owned by the same owner since weaning. Many pets are adopted in adulthood now so their complete diet histories remain unknown. Although novel ingredient formulas are available as over-the-counter wellness foods, these are not recommended for elimination diet trials because of the increased risk of contamination with unknown protein sources not identified on the label; this is a problem that has been consistently documented.12,13 Therefore, only therapeutic veterinary commercial novel ingredient foods or homemade diets formulated by board-certified veterinary nutritionists14 should be used as novel protein foods for diagnosing AFR.

Hydrolyzed foods are the other type of food that can be used in an elimination diet trial. These foods contain a protein ingredient that has been enzymatically broken down into smaller peptides. This reduces the risk of an allergic reaction because smaller molecules cannot cross-link IgE receptors on mast cells.14 In this case, whether the protein source is novel or not becomes less important. These foods are especially useful in cases where novel ingredients cannot be confirmed, such as in adopted dogs with an unknown diet history or dogs that have been fed a large variety of foods. Clinical studies have shown that exclusively feeding a food with hydrolyzed chicken for six weeks can be used to diagnose AFR in dogs with non-seasonal pruritus.15

The specific food selected for an elimination diet trial should be based on the dog’s diet history as well as pet and owner preferences. Once a single food has been selected, that food should be fed exclusively as part of a strict elimination diet trial lasting 8–12 weeks. Any other commercial dog foods, human foods, treats, or flavored medications must be discontinued for the duration of the trial. This involves a significant commitment from the pet owner and good client communication is the key to success! The diet history may give you some hints about potential pitfalls, and asking open-ended questions to gather more details about diet history can be very informative. For example, asking “how do you administer medications?” or “tell me about everyone who gave them a treat this week” can provide opportunities to discuss acceptable alternatives to treats which can be used during the trial. In addition to addressing treats, a plan should be in place for substituting any flavored medications, supplements, or preventative medications before the diet trial begins.

Over 90% of dogs with AFR respond to a diet trial by 8 weeks.16 Ideally, to confirm AFR, the original food should be re-introduced and a relapse of clinical signs should be confirmed. This recurrence can happen within hours but may take up to 14 days. Returning to the elimination food should once again resolve the signs.6 Although this challenge is required to confirm the diagnosis of AFR, some pet owners may be understandably reluctant to complete this step once clinical signs are well-controlled. Based on the severity of previous signs, the veterinary team may not be inclined to advise this step either. In this case, a presumptive diagnosis of AFR can still be made, but this diagnosis will remain unconfirmed. We also cannot specify what the pet is allergic to without further provocation with individual food ingredients. Ultimately, how to proceed following a positive response to an elimination diet trial should be a decision all parties are comfortable with and should be based on pet owner preferences, clinical severity, and long-term goals for nutritional management. Treatment will require continuing to avoid ingredients associated with AFR.

Atopic Dermatitis
Canine atopic dermatitis is a pruritic inflammatory condition of the skin resulting from a hypersensitivity to environmental allergens.17 It appears
The goals of treatment are to reduce pruritus and prevent recurrent infections. Antihistamines, fatty acids, topical medications, and nutritional intervention can help improve skin barrier function and are the key to reducing flares. In humans, this supportive care to maintain skin health is referred to as pre-treatment, and it is a mainstay of therapy in people with atopy.2

Atopic dogs have a defective skin barrier that allows allergens to penetrate and reach antigen-presenting cells, which triggers an allergic response. At least part of this defect appears to be in the lipid layer which also causes increased water loss through the skin. The result is a whole-body immune response and a vicious cycle of inflammation leading to repeated skin damage. Resulting infections and scratching further damage the skin. Improving the skin barrier and restoring the lipid layer is therefore a major goal of therapy. We are also starting to recognize that microbes commonly found on the skin of atopic dogs (aka the skin microbiome) are influenced by and may play a role in the inflammation associated with atopic dermatitis. Atopy is not curable and management is lifelong.2

Guidelines have been developed by the International Committee for Allergic Diseases in Animals (ICADA) to help diagnose atopy in dogs. Ultimately, a diagnosis of atopy relies on first ruling out AFR and other causes of pruritus. After reviewing patient history and exam findings, tentative diagnosis of atopy can be made and allergy testing (intradermal testing or allergen-specific IgE serology) can be performed to confirm the diagnosis. Allergy testing is also an important step for treatment to identify specific allergens for immunotherapy.2

Microbes commonly found on the skin of atopic dogs (aka the skin microbiome) are influenced by and may play a role in the inflammation associated with atopic dermatitis. Atopy is not curable and management is lifelong.2

Atopic dogs have a defective skin barrier that allows allergens to penetrate and reach antigen-presenting cells, which triggers an allergic response. At least part of this defect appears to be in the lipid layer which also causes increased water loss through the skin. The result is a whole-body immune response and a vicious cycle of inflammation leading to repeated skin damage. Resulting infections and scratching further damage the skin. Improving the skin barrier and restoring the lipid layer is therefore a major goal of therapy. We are also starting to recognize that microbes commonly found on the skin of atopic dogs (aka the skin microbiome) are influenced by and may play a role in the inflammation associated with atopic dermatitis. Atopy is not curable and management is lifelong.2

Microbes commonly found on the skin of atopic dogs (aka the skin microbiome) are influenced by and may play a role in the inflammation associated with atopic dermatitis. Atopy is not curable and management is lifelong.2
more likely to cause a food intolerance or it may not provide a balanced source of amino acids. The protein ingredients also matter, especially in cases of AFR where a novel protein is preferred. Egg is one specific protein source that has been shown to have antioxidant and immunomodulatory benefits. Egg is one specific protein source that has been shown to have antioxidant and immunomodulatory benefits. This ingredient has been included in a canine dermatologic food for its ability to reduce skin inflammation and allergic response in dogs.

**Essential fatty acids.**

Polyunsaturated fatty acids are an important component of the skin epithelium and lipid layer. Omega-6 fatty acids, such as linoleic acid, play a vital role in skin healing and maintenance of the skin barrier. Omega-3 fatty acids are generally considered anti-inflammatory. Examples include alpha-linolenic acid (ALA) found in flaxseed, and eicosatetraenoic acid (EPA) and docosahexaenoic acid (DHA) found in fish oil. Supplementation with omega-3 fatty acids, particularly EPA and DHA, has been a well-established part of treating inflammatory skin disease. Clinical trials have demonstrated a significant decrease in pruritus in dogs following supplementation with omega-3 fatty acids.

**Vitamins.**

Dogs have a dietary requirement for different vitamins. These nutrients have diverse and numerous functions throughout the body. Vitamin A supports wound healing and hair regrowth and is essential for keratinization. Vitamins E and C are considered antioxidants. Studies show that atopic dogs have lower levels of these antioxidant vitamins compared to healthy controls and supplementation is effective to increase levels in the skin. Supplementing Vitamin E, specifically, has been shown to reduce histamine and cytokine release and improve clinical signs in dogs with atopic dermatitis.

**Minerals.**

Mineral imbalances can themselves be a cause of skin disease. Even when dogs are provided a complete and balanced diet and have no evidence of mineral deficiency, we know that supplementing certain minerals can improve skin health. For example, zinc supplementation is beneficial for many forms of skin disease and has been shown to modulate the immune response. The combination of linoleic acid supplementation with zinc supplementation has a positive synergistic effect on coat health.

**Polyphenols.**

Polyphenols are found in certain fruits and vegetables. These are bioactive compounds that have antioxidant and immunomodulatory effects. One type of polyphenol, quercetin, has been shown to inhibit mast cell degranulation and histamine release.

Although supplementation of some of these nutrients is possible, providing adequate doses while maintaining a balanced diet is challenging. Additionally, the requirements of the different nutrients are interrelated: zinc intake affects copper requirements, essential fatty acids dictate the need for Vitamin E, etc.

It is much easier and safer to feed a food that contains these beneficial ingredients in preproportioned quantities as part of a complete and blanched formula.

The approach to nutritional management of allergic dermatitis has always been stepwise, ideally beginning with an elimination diet trial using a novel or hydrolyzed protein food to help diagnose or rule out AFR, then adding supplements or switching to a food with ingredients to support immune health and improve skin barrier function if atopy was considered more likely. There is now an option for dogs with suspected food and/or environmental allergies that has been clinically shown to control signs of food allergy and provide significant benefits to dogs with atopic dermatitis. This food includes anti-inflammatory and antioxidant nutrients such as polyunsaturated fatty acids and polyphenols.

Support for the efficacy of this food has been demonstrated in client-owned dogs using randomized, double-blinded, controlled clinical studies. Dogs with AFR previously controlled by eating novel or hydrolyzed protein therapeutic foods were maintained on this egg-based food, which was found to be just as effective as a hydrolyzed protein control food. These dogs also showed significant skin...
healing in as little as 21 days. In dogs with diagnosed atopic dermatitis, this same food improved owner-reported clinical signs of atopy and sleep quality. This dermatologic food can be considered a single nutritional solution when differentiating between AFR and atopy seems impossible. Including this food in pre-treatment should be considered as one part of multimodal therapy.

Implementing nutritional management early in the diagnostic process and continuing it long-term can help save time, money, and frustration for the owner and veterinary health care team when addressing the itchy dog.

REFERENCES


---

**LET’S REVIEW...**

1. **What are the three most common causes of allergic dermatitis in dogs?**
   - a. Fleas, food, atopy
   - b. Fleas, Malassezia (yeast), food
   - c. Food, Malassezia (yeast), Staphylococcus (bacteria)
   - d. Food, atopy, cytokines

2. **Which of the following statements is TRUE about differentiating between adverse food reactions and atopy?**
   - a. Old dogs usually get atopy while young dogs have adverse food reactions
   - b. The clinical signs and location of lesions can be helpful in differentiating adverse food reactions and atopy
   - c. Diagnosing atopy often requires ruling out adverse food reactions with a diet trial
   - d. Atopy is always seasonal while adverse food reactions occur year-round

3. **Which of the following should NOT be used for an elimination diet trial?**
   - a. Veterinary hydrolyzed protein diet
   - b. Homemade novel protein diet formulated by a board-certified veterinary nutritionist
   - c. Veterinary novel protein diet where the protein ingredient is considered novel based on patient diet history
   - d. Commercial wellness (over the counter) diet with novel ingredients

4. **Allergy testing (intradermal or serum IgE) can be useful in which of the following situations?**
   - a. To diagnose a food allergy
   - b. To confirm atopy and identify allergens for immunotherapy
   - c. To diagnose atopy before ruling out adverse food reactions
   - d. Allergy testing is never useful

5. **Which of the following statements about veterinary dermatologic foods is FALSE?**
   - a. They can be considered part of pre-treatment
   - b. They contain ingredients including polyphenols and essential fatty acids
   - c. They can only be used for dogs with atopic dermatitis and are not helpful for dogs with adverse food reactions
   - d. They are supported by studies that show improvement in skin healing and sleep scores

---

**Visit VetMedTeam.com and log in with your Vet Med Team Profile.**
Would you like to stand out among the crowd and advance your career as a credentialed veterinary technician?

The best way to do that is to earn certification as a Veterinary Technician Specialist (VTS) or Veterinary Nurse Specialist (VNS)* from one of the Specialty Academies approved by NAVTA’s Committee on Veterinary Technician Specialties (CVTS).

Only CVTS-approved academies can award the VTS or VNS designation. By earning your VTS or VNS designation, you are demonstrating your advanced level of knowledge and skill in your chosen specialty area.

Upon successful completion of the academy’s credentialing process and examination, you will earn the designation Veterinary Technician Specialist or Veterinary Nurse Specialist, along with the right to use the VTS or VNS logo.

Only individuals who achieve certification from a CVTS-approved specialty academy have the right to use the VTS or VNS logo (shown above). When you earn your VTS or VNS, the specialty academy will provide you with a logo that includes a line of text delineating your specialty area of certification.

Start your journey to becoming a VTS today!
Learn more at navta.net/page/specialties

* The “Veterinary Nurse Specialist” designation may be earned in countries using the “Veterinary Nurse” title.

There are currently 16 CVTS-approved Specialty Academies focusing on these specialty areas of veterinary medicine:

- Anesthesia & Analgesia
- Behavior
- Clinical Pathology
- Clinical Practice
- Dentistry
- Dermatology
- Diagnostic Imaging
- Emergency & Critical Care
- Equine Nursing
- Internal Medicine
- Laboratory Animals
- Nutrition
- Ophthalmology
- Physical Rehabilitation
- Surgery
- Zoological Medicine

National Association of Veterinary Technicians in America (NAVTA)

NAVTA is a dynamic community of credentialed veterinary technicians dedicated to advancing the profession of veterinary nursing through advocacy, awareness, and professional development.

Learn more about each of these academies at navta.net/page/specialties
Pet Obesity in a Pandemic

Dr. Hillary Noyes
Many things have changed about the world around us recently, but the prevalence of pet obesity in the U.S. is not one of them. According to the 11th annual Pet Obesity Survey conducted in 2018, 59.5% of pet cats and 55.8% of pet dogs were classified as overweight or obese. These numbers are not significantly different from those of the prior year. While more recent results are not yet available, it is unlikely that this epidemic suddenly ended in 2019. The growing percentage of pets that are overweight or obese mirrors that of humans. In 2017-2018, according to the Centers for Disease Control, the age-adjusted prevalence of obesity in the United States was 42.4%. Rising statistics are not the only link between the problems of human obesity and pet obesity. The intensification of the human-companion animal bond and the treatment of many pets as dependent family members has led to a complex scenario in which a pet’s weight is a result of many internal and external factors, just as it is in humans.

**Contributing factors**

In March of 2020, the World Health Organization declared a pandemic due to the worldwide spread of COVID-19, the disease caused by a novel coronavirus. The pandemic has impacted almost every aspect of people’s lives around the world, and has thus affected pets as well. How the pandemic, with its associated lockdowns, may affect obesity rates in both humans and pets is as yet unknown. A great deal has been written about the causal factors of human obesity, which include genetics, concurrent health conditions, socioeconomic status, and emotional and mental health, among others. Eating as an activity to attempt to combat stress and as a way to provide comfort have both been documented in people. To complicate the matter further, factors in the environment, including nutrition, can influence how a person’s genetics are expressed (epigenetics). There is scientific controversy about whether these epigenetic changes can be passed on to offspring as heritable traits in mammals (including humans), a phenomenon that is well-documented in plants.

Many of the same factors have been theorized or shown to contribute to the weight status of companion animals. Genetic expression (itself influenced by environment), concurrent health conditions affecting appetite and mobility, age, neuter status and pet behavioral factors may all influence a pet’s body weight. Studies have found conflicting results on whether breed predisposes animals to obesity. One source lists affected breeds as the Cavalier King Charles spaniel, Scottish terrier, cocker spaniel, Cairn terrier and Labrador retriever. Some of the most significant influences appear to be owner-related rather than pet-related factors, which may help explain why the long-term success of pet weight loss programs has been historically poor.

For many decades, the animal health industry attempted to address pet obesity with simple mathematics. Veterinarians instructed pet owners to feed their pet fewer calories by simply reducing food volume and/or feeding therapeutic lower-calorie foods created by pet food manufacturers. Unfortunately, this was as unsuccessful in the pet population as it has been in the human population. While pets may not be directly affected by the same behavioral and emotional influences that impact human weight status, they are subjected to the behavior of their human caregivers. The success of a dog’s weight loss isn’t dependent on their choice to cook a healthy meal instead of clicking on a convenient app for delivery after a stressful day, but it is potentially affected by their caregiver’s level of stress and how that stress is manifested. One study found that owner-related factors were the primary risk factors for canine obesity. These included the feeding of table scraps and treats, hours of exercise (to a large degree controlled by owners), the owner’s income level and the owner’s age.

This program was reviewed and approved by the AAVSB RACE program for 1 hour of continuing education in jurisdictions which recognize AAVSB RACE approval. Please contact the AAVSB RACE program if you have any comments/concerns regarding this program’s validity or relevancy to the veterinary profession.
Pandemic effects

The pandemic has caused changes in routine, loss of or reduction in employment, and social isolation due to lockdown and social distancing requirements. All of these are potentially stressful to people, and may impact the emotional and physical health of their pets as well. What is unknown is whether these impacts on pets will be positive, negative, neutral, or a combination of the three. In theory, increased time at home could be beneficial to the human-animal bond, providing more time for interaction, exercise and training. This idea seems to be reflected in the uptick in shelter adoptions and foster home applications since March. Pet ownership has been associated with numerous health benefits for people, especially those with limited human social support systems, and indeed many people seem to think that quarantine is the ideal time to acquire a new pet. In reality, pet ownership in a pandemic may not be all roses. One survey conducted in the first few months of the pandemic asked about people’s concerns and stressors related to caring for their pets during COVID-19, uncovering several areas of potential conflict. Owners were concerned about being able to provide their pet its socialization and behavioral needs, including exposure to various situations, other dogs, and people. The exercise schedule of pets is often dependent on the motivation and ability of their human caretakers to walk or play with them. Most places in the world continued to allow outdoor walks with pets during lockdowns, but limitations continue to exist. People whose normal walks take place in densely populated areas may not feel as safe exercising their pet on its normal schedule. Many dog daycare facilities and parks have been closed. For pet owners fortunate enough to remain employed and able to work from home, the additional free time does not seem to have materialized. A study conducted by the National Bureau of Economic Research revealed that the average workday has increased by 48.5 minutes for remote workers in lockdown.

The COVID-19 pet owner survey also revealed levels of annoyance and frustration with their pets’ attention-seeking behaviors and interruptions into work time. This may lead to owners using food, treats and calorie-laden chews to entertain their pets while they work. Additionally, owners of newly adopted dogs may be seeking to take advantage of their time at home to bond with and train their dogs. Positive-reinforcement and food reward-based training methods have gained in popularity, but owners may not always think about the caloric load these treats and chews provide in addition to their regular meals. According to veterinary nutritionists, one average six-inch bully stick, a popular chew, contains nearly 100 calories. If a pet’s regular meal intake is not reduced to compensate for these extra calories, they can make a significant difference in the pet’s overall caloric intake and risk of obesity.

Using food and treats to give or win affection, or solicit a desired behavior, is a parental behavior that has been documented among parents of overweight and obese children. It is theorized that, in line with the evolving role of pets as dependent family members, pet owners may indulge in comparable behaviors with pets, increasing their risk of obesity. Initially, the behaviors performed by the pets (and children) may be attention-seeking rather than food-seeking, but they still enjoy the treats on a hedonistic level and quickly learn what behaviors are most likely to win them. Begging in dogs and cats is a learned behavior that is reinforced every time an owner provides food in response to it and does not necessarily initiate with true hunger. Researchers theorize that both the recipient of the food, and the giver of the food (parent/owner), may become “addicted” to the routine, the positive feelings elicited, and the affection granted by the interaction. Undesirable behavior can be a result of not providing the food in response to the begging behavior. Indeed, overweight dogs were found more likely to display undesirable behaviors like food guarding, food stealing, barking, growling and snapping at strangers and other dogs. Overweight dogs were also more likely to be referred to as their owner’s “baby” and to be allowed to sleep in the owner’s bed. Owners of obese cats were more likely to observe their cat eating and to use food...
# FEED THE LOVE
LOSE THE WEIGHT

## Simple steps to weight loss success

### 1. ASSESS the patient
- Measure current body weight
- Estimate body condition score (BCS) and/or body fat index (BFI)
- Estimate ideal body weight based on BCS or BFI
- Treat and/or manage comorbidities

### 2. ASSESS the food
- Estimate current calorie intake from primary food
- Note type of food (canned, dry, other) and frequency of feeding
- Record calories from treats and extra foods

### 3. ASSESS the household
- Preemptively troubleshoot obstacles (access to other pets’ food, people in the household who feed extras, begging behaviors)
- Opportunities for environmental enrichment and activity
- Owner’s ability to provide different forms and frequencies of meals

### 4. MAKE a plan
- Calculate goal calories based on ideal weight
- Recommend food based on patient and owner needs
- Limit treats and extras to less than 10% of daily calorie intake
- Give specific food and feeding instructions, including total daily and meal time feeding amounts. Don’t forget to count calories from treats.

*The Quick Reco tool on HillsVet.com makes recommendations easy*

### 5. FOLLOW up
- Recheck weight at least every 4 weeks
- Aim for weight loss of 0.5 to 2.0% of body weight per week
- Adjust food recommendations based on rate of weight loss
- Troubleshoot problems
- Provide encouragement and celebrate progress

### 6. MAKE it last
- Once goal is achieved, continue to adjust calories and recheck until weight is stable
- Determine if food change is needed based on patient’s metabolism
  - Pet eating less than ideal weight RER – consider continuing weight loss food
  - Pet eating more than ideal weight RER – consider OTC weight management food

GET MORE TOOLS TO MAKE WEIGHT CONVERSATIONS EASIER
EndPetObesity.com/Vet

*Developed in conjunction with Angela Rollins DVM, PhD, DACVN. The Hill’s Transforming Lives logo is a trademark owned by Hill’s Pet Nutrition, Inc.*
as a reward. Of course, allowing a pet to sleep in bed or having a relationship that mimics a parent-child dynamic does not cause pet obesity itself, but it may be that owners who have these types of relationships may also have more difficulty separating feeding practices from affection, or withholding food when the pet begs for it. In the wake of the large-scale isolation caused by the pandemic, these types of behaviors may be even more difficult to change as people further rely on their pets for social interaction.

Two-thirds of respondents in the COVID-19 pet owner survey reported some anxiety about income loss secondary to the pandemic. The economic situation has fluctuated since March depending on industry, location, and date. Many people in the service and retail sectors were unable to transition to remote work when their employers closed, temporarily or permanently. Though businesses have reopened in many locations, some workers may not feel safe enough to return to this type of work. People who retained employment may still feel insecurity about the economic future. This financial uncertainty can impact spending behaviors and can have a detrimental impact on human and pet health and obesity.

**Comorbidities**

In 2008, it was estimated that people with obesity generated $1,429 more in annual medical costs compared with people of ideal weight. The same trend holds for overweight and obese pets. According to the Banfield Applied Research and Knowledge MSB Research Project, dog owners with overweight dogs spent 17% more in healthcare costs than owners of healthy weight dogs over a four-year period. Over the same period, owners of overweight cats spent 36% more, specifically on diagnostic procedures, than owners of healthy weight cats.

The scientific literature supports this conclusion. Obesity has been linked to several comorbidities in both dogs and cats. Overweight and obese dogs have been found to be more likely to be diagnosed with musculoskeletal disorders like ruptured cruciate ligaments, endocrinopathies like hyperadrenocorticism (Cushing’s disease), hypothyroidism, and diabetes mellitus, as well as lower urinary tract disease, neoplasia, oral disease and pancreatitis. Cats that are above ideal body weight are more likely to be diagnosed with oral disease, urinary disease, skin conditions, diabetes mellitus and neoplasia. It stands to reason that these additional comorbidities increase the cost of veterinary care but the obesity-economic dynamic is not unidirectional. Obesity in both humans and pets is negatively correlated to household income. As household income decreases, the risk of obesity increases. There are multiple potential reasons for this, all of which could be exacerbated by the COVID-19 pandemic. Low income households may have less available time or energy for exercise due to multiple jobs or physically demanding jobs. Individuals may reside in areas where they do not feel safe exercising outdoors or walking their dogs. This may be compounded by reluctance to go outside due to the virus. There may be a paucity of fresh or healthy human food in so-called “food deserts”, which are usually urban areas without grocery stores that carry such foods. Likewise, the availability of high-quality pet food or pet food specifically designed for weight management may be limited for low-income individuals. Limited store hours and pandemic-related product shortages in many places may further limit the dietary choices available for some people and pets. People facing economic insecurity may be less likely to seek healthcare for themselves or their pets, and may only do so in emergency situations when healthy nutrition and weight are far less likely to be discussed.

Somewhat counterintuitively, the veterinary industry has reported being busier than ever during the pandemic. Many theories abound for this, including that people are home observing their pets more and noticing abnormalities, real or perceived. People may have more flexible time due to working from home or they may be able to conduct work while waiting curbside for their pet. Pets may also truly be experiencing negative health consequences from the change in routine, including potential stress from having their owners’ home at all times, or changes in feeding or exercise that have led to concerns. Regardless, the outcome is similar. Management of cases has shifted to urgent and emergent concerns in order to accommodate as many clients as possible, often in the face of staff shortages. Whether pet owners are seeking less veterinary care or so much veterinary care that clinics have difficulty keeping up, there is risk that nutrition and obesity will not be discussed as regularly.

**The epidemic of pet obesity is not going to resolve without attention from veterinary health care teams.**

**Making pet obesity a priority**

The epidemic of pet obesity is not going to resolve without attention from veterinary health care teams. Because of the serious consequences of obesity-associated comorbidities, including potentially shortened lifespan, particularly in a time when people may be relying on their pets more than ever for companionship, the profession cannot let the issue recede into the background. With many veterinary clinics still facing the challenges of busier days and curbside appointments, it can be hard to find the time for discussions about a pet’s weight. It may be even less common to have these discussions at the most impactful time to have them, which
is when an owner first acquires the pet and it is at a healthy weight. Research into childhood obesity shows promise for programs that focus on early-life intervention and education of parents, teaching them parenting methods that reduce the risk of relying on food to demonstrate affection and “buy” desirable behaviors. Similarly, the best time to educate pet owners about healthy weight is before the pet ever becomes overweight. Ideal times for this are at the time of spay/neuter, as this decreases caloric need and should signal a change in feeding practices, or at the time of adoption if the pet is already sterilized. The discussion can encompass the pet’s specific caloric need, illustrative examples of how many calories are in common foods and treats, exercise goals, and the consequences of obesity. It should also involve a specific food recommendation.

Successfully addressing weight loss in pets who have become overweight also takes dedicated time and support, just as it does in people. Sending home a food recommendation is not enough (though is an important part of the management plan). But time is often in short supply in veterinary clinics. Dr. Jessica Vogelsang, founder of The Virtual Veterinarian, Pawcurious Media and founding board member of the Virtual Veterinary Care Association, says of addressing pet obesity during the pandemic, “Of course we prioritize sick pets, as we should especially in a pandemic, but there’s only so long you can kick the can down the road especially when there is no end in sight for curbside or staff shortages.”

This is where new ways of working can create impactful opportunities to connect with clients, encourage and educate them, and find lasting success. In fact, this may be the perfect time to discuss weight with pet owners. Dr. Taryn Pestalozzi, primary care/nutrition intern overseeing the K-State Pet Obesity Clinic at Kansas State University says, “...because people are home more, they are more aware of their dog’s exercise and eating habits, and may either realize themselves or be more open to being told that their pets are overweight.”

Drs. Vogelsang and Pestalozzi agree that this is a key role that veterinary technicians and nurses can play. Creating one or more nutrition/weight champions within the staff can streamline the education and support process for clients.

Much of this type of work is communication based, and does not require the pet or owner to be in the clinic after the initial examination and determination of body condition score and body fat index. Says Dr. Vogelsang, “There are lots of cases where a virtual visit is not only acceptable, but preferable to an in-person exam. Virtual visits give you a bunch of context that you lack when the person is in the clinic. The same person who says, ’I just feed Rudy half a cup!’ can then show you that the cup in question is a one-quart measuring scoop. Or maybe you see the dog bowl is sitting next to a cat food bowl which can prompt you to ask how often the dog steals cat food.” Additionally, obtaining accurate diet histories and getting commitment to follow a weight management plan both
require all household members to participate. Additional family members can often mean additional treats and feedings. Whole family participation may be easier using virtual care than in-person visits, as the entire family can listen in and share when they may not have been able to attend a clinic visit together. Dr. Pestalozzi says the K-State Pet Obesity Clinic will be experimenting with virtual care at least for rechecks of their long-term patients so they may continue in the program, while new clients can still join via curbside appointments.

Successful weight loss programs for people and pets rely on ongoing follow-up and support for long-term success. Much of this type of support for people had moved online even before the pandemic. Apps with built-in weight-loss coaches, social media accountability groups and at-home fitness programs have become very popular. Clinics and their nutrition/weight loss champions can engage pet owners whose pets are in weight loss programs via creative methods like group Zoom calls, social media communities where owners can share their pets’ progress and questions, virtual exercise challenges, and more. These types of activities not only help pets achieve lasting weight loss, they can help bond clients to the practice by creating a sense of community and caring even if they aren’t visiting as often in-person.

**Conclusion**
Pet obesity was a serious and growing problem before the pandemic, and the pandemic may impact it in unclear ways. In the early stages, many hoped that the situation would only last a few months and then business would return to normal. Now, it is clear that veterinary health care teams need to find ways to address this issue in their new way of working. Veterinary technicians and nurses are crucial to the client communication experience and are perfectly suited for championing focus on healthy weight in pets during the pandemic and beyond. 

**REFERENCES**

---

**DR. HILLARY NOYES**
Dr. Hillary Noyes completed her Bachelor of Science in Zoology (concentration in animal behavior and neurobiology) and her Doctor of Veterinary Medicine at Michigan State University. She completed a small animal medicine and surgery internship in San Diego, CA, where she remained as a practicing veterinarian for the next 5 years.

Dr. Noyes joined Hill’s Pet Nutrition as a Professional Consulting Veterinarian for the Southern California region in 2012. She currently serves as Assistant Manager, Students and Recent Graduates. Dr. Noyes is also a resident in the American College of Animal Welfare pursuing specialty board certification.


---

**LET’S REVIEW...**

1. In 2018, what percentage of dogs and cats in the United States were classified as overweight or obese?
   - a. Less than 25%
   - b. 25-50%
   - c. 50-75%
   - d. Greater than 75%

2. Which of the following were NOT reported as an owner concern related to caring for their pets during the COVID-19 pandemic?
   - a. Concern about their pet’s weight status.
   - b. Concern about their pet’s socialization needs.
   - c. Concern about loss of income.
   - d. Concern about the pet interrupting their work

3. Which of the following disease conditions have NOT been linked with obesity in pets, as presented in this article?
   - a. Oral disease
   - b. Chronic renal failure
   - c. Ruptured cruciate ligament
   - d. Neoplasia

4. When is the best time to engage a pet owner in education about their pet’s weight?
   - a. When the pet has experienced a related disease condition
   - b. When the pet exceeds 35% body fat
   - c. When the owner first acquires the pet and/or has it sterilized
   - d. When the pandemic is over

5. As reported in this article, what technology tools can veterinary clinics utilize to run successful weight management programs, even during the pandemic?
   - a. Social media support groups for pet owners
   - b. Wearable calorie trackers for pets
   - c. Virtual follow-up consults
   - d. A & C
A STEP AHEAD FOR THEIR BEST LIFE

Science that creates differences you can see, feel and trust.

HillsStepAhead.com

The Hill's Transforming Lives logo, the Hill's Prescription Diet logo, the S+OX SHIELD logo, Derm Complete, and Metabolic are trademarks of Hill's Pet Nutrition, Inc.