



*To provide a platform for the reception and transmission of
information about the health and well-being of the
Soft-Coated Wheaten Terrier*

NEWSLETTER

No. 7. May 2005

*Let us not look back in anger or forward in fear, but around in
awareness
James Thurber*

EDITORIAL

It was unfortunate that the Genetics Seminar advertised in our March Newsletter had to be postponed due to the serious illness of Dr. Neil O'Sullivan's partner who, I am very pleased to say, is now slowly on the upward path back to good health. It is our intention to re-schedule the Seminar later this year when all those who previously booked tickets will be notified. Watch this space!

Sadly too, we have had to say goodbye to Maria. Maria's working life has changed beyond recognition since she joined the group in 2003 making it impossible to attend WHI meetings with enough regularity to serve the group as she would like to. We wish you well Maria and thank you for your input as a team member and your continued support when necessary.

I have received an update on Megan who has PLE and I am very pleased to report that she is doing really well. Long may this continue.

The various Breed Notes in the dog press bring forth a tremendous wealth of information. I am collating health issues from these for the group, as there may be times when we can share information and help one another.

It was noted that the recent warm weather has brought out adders and bite incidents have been high, so be extra vigilant if walking your Wheatens in woods or on heath land. If your dog is bitten get to a vet as soon as possible for an antidote and to keep the swelling in check.

There was also a warning of the danger caused by lilies, the type sold in most supermarkets. The pollen can cause blindness, fits and even death to pets. There have been several mortalities from cats getting the pollen on their fur and licking it off. Whether garden lilies have the same ill effect is not known as they are probably not sprayed with pesticide, but it may be as well to take precautions.

Kay White, in her breed notes recently, mentioned a very useful article in the Veterinary Nursing Journal on the recognition of pain in dogs. I am now pleased to be able to include this article with permission from the VNJ.

There has been a rising level of dog theft recently and a group **Dog Theft Action** has been set up in an effort to coordinate the efforts of those searching for lost dogs or trying to simplify the way in which stolen dogs can be returned to their owners. It is also advised to have your dog

photographed from every angle, particularly the less well-known breeds which are not always familiar to the authorities. A photo can easily be made into a poster should you ever be in this dreadful position. Visit the DTA website www.dogtheftaction.co.uk for more information.

WHI have been approached for advice on breeding programmes and where to acquire a puppy. It is not the policy of WHI to advise on these matters, but to assist we can supply a Pedigree, or Trial Mating Pedigree if required.

As the majority of WHI Newsletters are sent electronically, I have to try to keep the size down. I am finding this increasingly difficult due to the wide range of information on health issues to impart.

Have a great summer everyone, and if there are any issues you would like to see raised in our Newsletter, please let me know. Copies of all Newsletters are available from our Website. Should you prefer hard copies I will be very pleased to send these on request.

AND last, but certainly not LEAST . . .

WE CAN NOW OFFER 'WHI' MEMBERSHIP TO ALL. *See Page 5*

Barbara

FREE Heska E.R.D.-HealthScreen™ TEST KITS

WHI have 20 Heska kits to provide free to people in the UK who wish to sample how easy they are to use. If you would like to have the opportunity to take a kit to your vet to test your dog then please check with your vet that the practice has a refractometer to read Urine Specific Gravity (USG)

However, please note -

Do not test if your bitch is in season
Some medications can affect the test kit so check with your vet if your Wheaten is on medication

ACT WITHOUT DELAY as these test kits have a limited shelf life and must be used by the end of June 2005.

Please contact: www.wheaten-health-initiative.co.uk

A visit to the Heska Corporation Website will provide you with details of the test. You could also print it out. Here is the link -

http://www.heska.com/erd/pr_info.asp

Cut and paste into your browser bar if it doesn't take you there.

Should you have any questions, contact numbers are at the end of this Newsletter

DOES IT HURT?

Assessing pain in dogs and cats

Michelle Richmond, DipAVN (Medical), VN, takes a fascinating look at the progression of pain relief for animals, highlighting the crucial role of VNs in the latest techniques in understanding and monitoring pain and

analgesia

Recognising how dogs and cats express pain is part intuition and part science. Yet despite years of training and experience, determining whether an animal is experiencing pain-induced distress can be particularly challenging.

Veterinary nurses play a vital role in assessing pain distress in hospitalised patients. On a daily basis, nursing staff are responsible for ensuring the needs of the patients are met and, importantly, that patients' pain distress is recognised and addressed appropriately.

Until recently, the issue of pain in animals has been continually debated, but scientific advancements have answered many questions and highlighted the need for practical pain treatments.

For many years, oversights in pain management and treatment have been related to beliefs that, thankfully, through research have now been dismissed (**Table 1**).

Table 1 - Old beliefs

<ul style="list-style-type: none">• Animals do not experience pain
<ul style="list-style-type: none">• Animals experience pain, but not in the way that is detrimental to their well-being or that warrants treatment
<ul style="list-style-type: none">• The signs of pain in animals are too subjective to be assessed
<ul style="list-style-type: none">• Pain is good because it limits activity
<ul style="list-style-type: none">• Analgesia is bad because of adverse side effects or because it interferes with the ability to monitor patients accurately.

Does it really hurt?

In veterinary patients, a natural variation in the experience and display of pain between species, breed and individual animals exists, as it so often does between people.

Even within species, breed variations are strong and it has often become customary to discriminate between perceived stoic and weak animals.

Patients that do not display overt signs of pain are often admired for their ability to tolerate pain and this may lead to inadequate analgesia, as the signs of pain are not outwardly expressed.

Patients that exhibit excessive signs of pain are considered fragile, and often over react to small procedure (such as subcutaneous injections), hence analgesia may be more carefully considered.

The stereotyped breeds such as Yorkshire terriers and oriental breeds of cats are often considered delicate, taking a considerable period of time to recover from serious illness and the stresses involved with being hospitalised.

Conversely, Labradors often seem oblivious to pain and able to survive serious illnesses/trauma where other dogs may not.

Pre-conceived ideas about breed predisposition and pain tolerance, stress and illnesses are detrimental to the care of patients. Each patient needs to be assessed on an individual basis and one of the key points is that often patients that are least able to display changes in pain-related behaviours are often the ones least able to tolerate pain and require carefully accurate analgesic protocols.

Vicious cycle of unmanaged pain

Pain as we are all aware is not only unpleasant and potentially distressing, but it also has serious detrimental effects upon the entire body systems, which can result in prolonged periods of hospitalisation. In severe cases of unrelieved or improperly treated pain, morbidity associated with systemic complications is a real possibility.

The deleterious effects of pain are highlighted in **Table 2**.

Recognition of pain

A proactive nursing approach to pain in veterinary patients involves the understanding that patients should not have to prove that they are experiencing pain before analgesia is provided. Instead, patients should prove that they are not in pain before analgesics are withheld.

Behaviour that is abnormal for that patient is one of the most consistent signs of pain in veterinary patients. No single behaviour is necessarily symptomatic of pain, but an abnormal behaviour in context of other behaviours can be significant in indicating pain (**Table 3**).

The ability to hide pain-related behaviours is instinctual for the majority of animals because demonstrating obvious signs of pain in the wild would alert predators and they then become easy prey.

Pain in the wild assists animal survival, as this often directs the animal to hide to prevent further injury and predation. This instinctual behaviour is often observed in feline patients involved in road traffic accidents, whose trauma is witnessed, but the victim cannot be located. These animals hide for a period of time until it is safe to return home. Pets are highly motivated to please humans and may not display pain behaviour; a particular patient that highlighted this was Mac, a Labrador that had received multiple compound fractures of both forelegs after falling from a flat window. He presented recumbent, but still with the ability to wag his tail when his owners called his name!

Critically ill or compromised patients are often not able to demonstrate behaviours that indicate pain and so physiological data can be just as vital in providing a serial pattern of alterations in pain status.

Heart rate, blood pressure, respiration, vasoconstriction, pupil dilation and temperature have all been investigated as possible indicators of animal pain and such values may be important to detect acute and chronic pain.

It must be remembered that such physical signs may be influenced by factors such as eating habits, exercise and environment which can challenge pain assessment.

Table 2 - Unmanaged pain

<ul style="list-style-type: none">• Reduced food and water consumption due to inability to eat or loss of appetite
<ul style="list-style-type: none">• Delayed wound healing
<ul style="list-style-type: none">• Sleep deprivation
<ul style="list-style-type: none">• Cardiovascular compromise
<ul style="list-style-type: none">• Respiratory compromise (especially post-thoracotomy)
<ul style="list-style-type: none">• Immobility - leading to muscle spasms, atrophy, pressure sore, urine scalding, faecal soiling
<ul style="list-style-type: none">• Depression, reduced demeanour
<ul style="list-style-type: none">• Immunosuppression
<ul style="list-style-type: none">• Endocrine and metabolic changes
<ul style="list-style-type: none">• Prolonged hospitalisation due to pain-related complications

Assessing analgesic effectiveness and interpretation

Pain is subjective, and behavioural assessment is dependent upon the interpretation of the observers. Each member of the veterinary team will interpret patient behaviours in a variety of ways and the conclusions may

be extremely different.

Continuity in the nursing care of hospitalised patients can be extremely beneficial in understanding the behaviours and needs of patients in pain.

Often the nursing team dealing with the hospitalised patients can be extremely beneficial in understanding the behaviours and needs of the patients in pain.

Often the nursing team dealing with the hospitalised patients alternate on a daily/weekly basis, which can mean that subtle changes in patient behaviour may be overlooked by new nursing staff.

It is imperative that accurate written records/hospital notes are kept for each patient to ensure that continuity continues.

For example, take the case of a feline patient that has been hospitalised for four days and staff change-over occurs. The patient is fed a tinned food and becomes anorexic and depressed. This obviously could indicate a change in the patient's status and may indicate inadequate analgesia, but if records are accurate this interpretation could be avoided, as the notes would clearly state that the patient will only eat a dried biscuit diet.

Assessing pain intensity has been debated extensively both in human and veterinary medicine.

In human patients, a visual analogue scale (VAS) has been used in a variety of ways as a pain assessment tool. The VAS is meant to assess the success of treatment, rather than to attempt to assign a numerical value to pain itself.

Table 3 - Pain indication

Indicator	Dogs	Cats
Vocalisation	Growling, whining & whimpering	Growling, purring
Facial expression	Fixed stare, glazed appearance	Furrowed brow, squinted eyes
Self-awareness	Protecting wound or limb, licking & chewing wounds, surgical site or painful area, rubbing affected area	Protecting wound or limb, licking and chewing wounds, surgical site, or painful area, rubbing affected area
Activity	Restlessness, restricted movement, trembling, shivering	Restricted movement, repeated meaningless movements
Appetite	Reduced	Reduced
House-training	Increased urination, decreased frequency of urination	Failure to use litter box or go outside
Grooming	Loss of hair/coat sheen	Failure to groom, unkempt appearance
Response to palpation	Protective, biting, vocalisation, withdrawing, scratching, escaping	Protective, biting, vocalisation, withdrawal, scratching and escaping
Posture	Hunched, lying on side	Hunched, lying on chest or abdomen

The VAS is a simple scale, consisting of a 100mm line with "no pain" labelled at one end, and "excruciating pain – the worst pain imaginable" on the other end.

On admission to a human hospital, a VAS is completed often

verbally, asking the patient to give a number from one (no pain) to 10 (worse pain): this information is recorded and then a VAS is completed by the medical staff throughout treatment.

It has proven to be successful and often completed by staff training in its use and experienced in interpreting signs of pain.

Much interest has been expressed in using a variation of this system in veterinary patients, based upon interpretation of behaviours. Several veterinary teaching hospitals are using pain-scoring systems, some in greater behaviour depth/interpretation than others, but all with a similar basic principle.

At present, the VAS is not routinely used in general practice. No standardised system has been devised or been made commercially available to be incorporated within the patient's hospitalisation records, but devising a suitable system, for individual practices is possible, based upon the VAS system and should be encouraged for all veterinary staff to become actively involved.

Using such a system would require suitable training in visual assessment of pain in patients to attempt to prevent over-diagnosing or under-diagnosing pain, and to try to reduce the likelihood of variability between observers involved in the system.

This would be an area in which veterinary nurses can excel in the nursing care of patients and to provide accurate evidence of the success of an analgesic protocol.

Believe what you see

It is so important to know how animals express and communicate pain, but we should remember that patients should not be required to demonstrate behavioural proof of pain before analgesia is provided. In an ideal veterinary environment, with exceptional analgesic protocols, you should never have to witness behaviours related to pain discomfort.

For centuries animals have Ashouted@ that they are in pain and their cries have fallen upon deaf ears, now we let our eyes be the guide and believe what we see.

References

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 Fecknell, P. And Waterman-Pearson, A. (2000) *Pain Management in Animals*. W. B. Saunders, London.
 Gaynor, J. And Muir. W. (2002) *Veterinary Pain Management*. Mosby, St. Louis, USA.

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MEDICAL TERMS - Questions & Answers

Copies of this WHI comprehensive explanation guide can be obtained at a cost of £2.50p + 50p p&p from Barbara.

MONTGOMERY TAPES

These tapes of the Researchers at the Montgomery Health Forum in 2003, mentioned in our previous Newsletter, are available on loan to those of you who would like to learn more about the hereditary health problems that can affect the breed. Please contact WHI to arrange collection.

CARING

Author unknown

As I walked along the seashore this young boy greeted me
He was tossing stranded starfish back to the deep blue sea.

I said, "Tell me why you bother
Why you waste your time this way

There's a million stranded Starfish does it matter anyway?"

And he said, "It matters to this one it deserves a chance to grow
It matters to this one I can't save them all I know
But it matters to this one and it matters to me"

I walked into a Rescue Home where a volunteer greeted me
She was helping Misty learn to trust, she was struggling I could see
I said, "Tell me why you bother, why you waste your time this way
Misty's one of thousands does it matter anyway?"

And she said, "It matters to this one she deserves a chance to grow
It matters to this one I can't save them all I know
But it matters to this one,
I'll help her be what she can be
It matters to this one and it matters to me"

Adapted from the Internet

PEDIGREE DATA – For Sale

Have you ever envied those people with database information on thousands of dogs who are able, at the click of a mouse, to call up pedigrees, explore trial matings and trace their dog's ancestry over past generations?

Now you could have the same powerful tool at your disposal

There are over 23,000 Wheatens of global ancestry at present in the WHI database.

This data is compatible with the **Anim-All** computer programme (purchased separately from John Grierson 01204 300349 www.griersoft.com)

All this data could be yours for just **£75**

(All proceeds go to the WHI Health Fund to continue our education programme)

Once you have the initial data you can keep it constantly updated yourself from the KC quarterly registrations and the Yearbooks produced in other countries such as the USA, Finland and Sweden.

Data is restricted to pedigree information only

The names of breeders and owners are not disclosed in accordance with the Data Protection Act

This is a must for breeders. Having this data to hand can aid breeding decisions, particularly with regard to health issues

For further details contact –
Sandra Jeffries on 01246 554742

NEWS, REPORTS and INFORMATION

LONGEVITY

Jan has just heard the sad news that a Wheaten she bred, Acetrips Stella Blue, has been put to sleep at 16.1/2. Owned by Frances and John Yates, Stella must be the longest living Wheaten in this country as far as I know.

Always having been very interested in Wheaten records I looked back and found that the partnership of Piperslanding Georgie and Elmscross Bluebell produced some progeny reaching just over 16 years, with Georgie himself living to be 16.

I also have reported that Jo O'Brien in Ireland had a Wheaten that lived to around 18.1/2 years. 'Holmenocks Hicklam' in Sweden died 10 days before his 17th birthday. Ch.Amaden's Heavenly Sonshine owned and bred by Emily Holden and Carol Carlson saw his 17th year in the US as did Ch.McGillicuddy Holiday Spirit and Connemara's Kat Dancer. Penny Rogers in Canada informed me that she knew of a 19 and 21-year-old living north of West Vancouver.

To hear of one that lived to 16.1/2 in the UK is wonderful; Frances and John were so very lucky.

If you, or you know of anyone, who has had a Wheaten living to over 14, please tell us about it so that we can celebrate our 'Seniors'.

Barbara

DISINFECTANTS

Instead of using strong disinfectants to clean floors etc. that can possibly affect dogs, why not try the sterilising solution used for baby bottles, diluted according to the instructions on the bottle. Anything safe enough for a baby bottle is going to be OK with the dogs.

ELIZABETHAN COLLARS

Eileen Boak mentions an alternative to the conventional Elizabethan Collar in her Breed Notes, Dog World 13th May. This is a rigid collar with foam lining and goes round the neck but does not cover the face. It prevents the dog turning its head round but it can still eat and drink. For further details see website: www.bitenot.com

IBUPROFEN

A four-year-old dog in another breed, in some degree of discomfort, it is not known from what, was given one tablet of a well-known brand of Ibuprofen. When she came down in the morning the dog had collapsed and was vomiting blood. He was rushed to the vet but sadly died. The vet stated quite categorically that it was the Ibuprofen, which had killed him. Today a lot of people keep Ibuprofen instead of aspirin in the medicine cupboard so be warned - it definitely is NOT for dogs.

According to the ASPCA (Animal Poison Control Centre, US), various nonsteroidal and inflammatory drugs commonly kept in the home, including aspirin, ibuprofen and naproxen can be dangerous to companion animals. While these medications can be beneficial to humans, Dr. Steven Hansen, veterinary toxicologist, says they can be hazardous or even deadly for pets.

MRSA in pets

Recent news coverage on the BVA warning to its members about risks of MRSA (*Methicillin-resistant staphylococcus aureus*) in pets has resulted from extensive campaigning by Jill Moss who lost her beloved 10-year-old Samoyed, Bella to MRSA in August 2004. Jill believes that Bella picked up the infection during a routine operation and she launched a campaign to educate vets and pet owners about the risk of the MRSA bug to animals.

Jill has set up a website to alert pet owners to the risk – www.pets-mrsa.com and has received emails from all over the world from owners whose pets have acquired MRSA after veterinary treatment.

www.pets-mrsa.com provides up to date information and addresses campaign issues, and the Bella Moss Foundation is the charity which fundraises for donations to set up a veterinary clinic specialising in infection control for pets with MRSA and other serious infections.

Vets are to be issued with new guidelines in an attempt to fight the spread of MRSA following a warning that incidents of animal infection are climbing.

TAKING YOUR PETS ABROAD

A leaflet 'Taking your pets abroad' is available from the BVA Animal Welfare Foundation, 7 Mansfield Street, London W1G 9NQ. Tel:020 7636 6541. Email: bva-awf@bva.co.uk this is aimed at pet owners who are planning to take their pets abroad and outlines some of the more common diseases that may be encountered outside the UK, including babesiosis, heartworm and leishmaniasis along with details of measures that can be taken to prevent them. It also explains the criteria that animals must meet under the UK's Pet Travel Scheme as well as a reminder of the importance of contacting a vet should a pet develop any illness on their return to the UK. The 8 page leaflet can also be downloaded as a pdf file from

www.bva-awf.org.uk/resources/downloads/PetPassport0505.pdf

VACCINATION

The UK is the first country to offer a canine vaccine that protects dogs against parvovirus, hepatitis and distemper for three years, thanks to recent developments at Intervet UK. Intervet's Nobivac® DHPPi vaccine now has a significant impact on vaccination regimes in the UK and helps to address dog owners' concerns regarding 'over-vaccination'. The company says it is a significant milestone in vaccine technology and means veterinary practices can now offer a vaccination schedule for dogs which minimises the number of components given annually, but still maintains protection for individual pets.

However, the company was careful to emphasise the importance of visiting the vet every year for a health check and the need to boost dogs against other diseases, such as Leptospirosis.

Intervet's announcement will be sure to add weight to the growing number of vets who believe that annual boosters are no longer necessary, although the debate over frequency and need for vaccination looks set to continue for many years to come. In the meantime, pet owners are urged to assess the evidence for themselves and do what they feel is best for their pets.

To find out more about Intervet's new vaccination regime, contact your vet or visit the website: www.intervet.co.uk
The British Association of Homoeopathic Veterinary Surgeons: www.bahvs.com

British Small Animals Veterinary Association: www.bsava.com

Source - James Wellbeloved magazine Issue 17

APPLICATION FOR MEMBERSHIP

Member Benefits

Impartial, informed and sympathetic advice and assistance on health issues from the WHI team.

Should you ever find yourself facing a serious health problem, or any problem, with your Wheaten, there are experienced, caring, people at the end of a telephone who will share their knowledge with you, and who will do their utmost to ensure that you have all the information you need to make informed decisions.

Plus regular Newsletters dedicated to health matters.

- Do you care about the health of your dog?
- Do you want to belong to a group dedicated to resolving issues about your dog's health?
- Do you want to share your knowledge and experience with others?

If you answer YES to all questions - then join us!

There is no membership fee, but any donation will be appreciated to help with administration costs.

(Please make cheques payable to WHI)

Contacting us:

Telephone:

Carole Barnes-Davies	01245 231434
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E-mail: wheatenhealth@hotmail.com

Web site: www.wheaten-health-initiative.co.uk

We would be grateful if all of those contacting us for more information can provide an electronic address (if possible) for future contact and dissemination of information

DONATIONS

Sincere thanks to all those who have donated to WHI,
At present the team are funding most things themselves, so any
donations to help in our education programme to raise awareness will
be welcomed and acknowledged in our Newsletters if you so wish.

Recommended Web site:

For more detailed information regarding health matters visit:

www.scwtca.org

He who doesn't understand history has a chance of repeating it
Anon

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And finally

We are always willing to listen to your thoughts and
ideas.
We have an open door, so please, come and talk to us.