It was lovely today to sit outside in my little front garden, having filled up the bird feeders, to watch the pigeons, robin, dunnock and the ubiquitous goldfinches enjoy the RSPB food in the feeders and on the bird table. One can feel autumn in the air in the early morning, but this afternoon was pleasant and warm and it’s always good to slow life down and watch the birds go by.

September has been a busy month with quite a bit of travelling and, of course, the official opening of our new office in the university precinct by the Catholic cathedral. I usually go to see my futurist mentor, Roger Hamilton, at a conference in London in early September but this year my own city was playing host to a Catholic Eucharistic Congress. The last one in England was held in London in 1908 and so suspecting I’d never see another one, I went to that instead. It was very thought-provoking, and it was enjoyable to do CPD that wasn’t just for professional purposes.

Later in the month there were congresses in Bristol and Kenilworth. The one in Kenilworth was with my two good friends, Alan and Vicky Robinson, at Vet Dynamics. Their congress is always excellent, and this was no exception - with one speaker talking about how 60% of her clients are on a practice health scheme! Vet Dynamics help with our practice management series and are a great support to the veterinary profession by improving practice management through their training.

It was also BVA Day towards the end of the month and this was held at The Stem Centre in York University. There were excellent presentations from some of the award winners; also, a Syrian veterinary bee expert told us about his efforts in Syria and also about the thriving honey industry he is helping to build in Yorkshire with the help of other migrants and British jobseekers. Simon Doherty was named the new president of BVA, taking over from John Fishwick. Simon is from Northern Ireland. I’ve spent a bit of time over in Northern Ireland doing CPD and Simon is an excellent choice for president. He’s chosen as his theme for his year “One veterinary community” which encapsulates the crucial role of the veterinary profession at the regional, national and global levels and within One Health initiatives.
Many of our members are concerned about the effect that Brexit will have on the veterinary profession, according to our recent annual survey. It seems that the UK government is also concerned that a “no deal” impasse would require changes to the Veterinary Medicines Regulations, according to a report released this week. Despite claiming that “negotiations are progressing well” (a sentence which is currently in contention for joke of the year), the Veterinary Medicines Directorate has drawn up some proposed changes which will come into force if the UK crashes out of the EU with no agreement reached.

Some changes will see a centralisation of regulation. For example, while the current directive says Veterinary Medicine Authorisation Holders must be established in the EU, proposed legislation would require them to be established in the UK. Similarly, “generic” medicines must be authorised in the UK rather than the EU, while maximum residue limits are currently set by the European Commission but could soon be controlled by the UK Secretary of State. However, some changes will actually expand the scope of legislation; for example,

vets must currently prioritise EU authorised medicines above medicines from elsewhere, but from now on vets may be able to consider using authorised medicines from any country.

Arguably the biggest change is that, currently, the UK is integrated in European regulatory networks for veterinary medicines, which means legislation is standardised across all EU states. The proposed changes would see the UK Veterinary Medicines Directorate have independent control over the regulatory guidelines and overview. Exactly what real world changes would come from that is impossible to say: it could be that the VMD continues to keep its regulation in line with the EU, but it could equally see some radical changes being brought in.

The everyday use of medicines in veterinary work will not be fundamentally changed, but it may be the case that you find yourself not able to use some medicines that you previously were, while also now using medications that were previously banned. All we know for certain is, things are about to get bureaucratic.

You can see the VMD’s full report here:

In the meantime, I wish you success in your CPD.

Anthony
Veterinarians, veterinary nurses and technicians seeking to help their pet owners make informed, evidence-based decisions on pet feeding, now have a host of high-quality resources at their finger-tips. The Purina Institute serves as the global voice of the company’s science and its more than 500 scientists and pet care experts. With the aim of bringing veterinarians closer to the field of nutrition, Purina is opening the doors to its bank of research, congress proceedings and key opinion leader insights.

“After a successful launch of the Purina Institute earlier this year in the United States, we are now extending the reach to other regions, including Europe, the Middle East and North Africa.” says Daniel. “Society’s general interest in nutrition has exponentially increased in recent years because, among other reasons, of the emergence of new non-traditional nutritional trends such as veganism and raw feeding. This has increased people’s curiosity and general knowledge about nutrition and, in the case of pet owners, this interest has also shifted to their pets’ nutrition. Pet owners know that veterinarians are the most creditable source of information, but sometimes they do not talk to them about nutrition (Ipsos, 2014 – Vet Tracker US). And we know that, in general, veterinarians recognise the importance of nutrition, but as they are very busy people they need fast access to reliable sources of nutrition information to support their recommendations. Sadly, only 22% of veterinarians say they start conversations about nutrition with their clients (Ipsos, 2014 – Vet Tracker US).

“It is relatively common for veterinarians to be a little uncomfortable about, or even disinterested in, discussing pet nutrition. In fact, nutrition ranks 18th among the 20 most relevant

“...The Purina Institute is responsible for sharing the latest scientific findings in companion animal nutrition, with the goal of putting nutrition at the forefront of pet health discussions.
and interesting topics in animal health, according to a survey carried out among veterinarians from different parts of the world.” (Kynetec, 2018 – Global Veterinary Topics, Worldwide Scope) Among the reasons proposed by Daniel for this low ranking is a lack of confidence in the subject, driven by a scarcity of nutritional training in university veterinary curricula, the absence of reliable sources of information and the speed at which new trends appear in human and pet nutrition. This situation, he says, often leads to veterinary professionals omitting explanations about the dietary component of their recommendations to owners, in contrast to expanding on explanations about pharmacological or surgical elements.

“All this means losing a great opportunity to influence owners. While 83% of owners claim to trust their veterinarians when receiving nutrition information, only 50% of them report they have received such advice (Kynetec, 2018 – Global Veterinary Topics, Worldwide Scope). We know that if veterinarians do not offer this information, owners will look for it from other sources, which may not be reliable.

“The Purina Institute was born with the aim of helping to advance the field of veterinary medicine and improve pet health by offering current and relevant scientific content, of great interest to general veterinarians and specialists, and which is also related to the nutrition of companion animals. Consequently, the Purina Institute provides fact-based scientific nutrition information, focusing on sharing discoveries in key areas at the forefront of our ground-breaking research. We have showcased innovations and information sourced from the wider scientific community on current trending topics across both pet and human nutrition. We are collaborating with global veterinary community and scientific thought leaders, with the aim of supporting global initiatives to help advance the field of veterinary insights and improve pet health.”

One of the primary assets the Purina Institute offers veterinarians is free access to the purinainstitute.com website, which hosts high-quality scientific content and information in the form of articles, interviews, and videos, among other resources. It also hosts live high-quality scientific events, such as the prestigious Companion Animal Nutrition (CAN) Summit, which represents more than 27 countries and involves the collaboration of more than 110 opinion leaders. The Purina Institute is also actively planning round tables and expert panels, which will contribute to the growing knowledge bank. Ongoing collaboration with organisations such as the WSAVA (World Small Animal Veterinary Association) as Diamond Partner helps to support some of its key clinical committees and initiatives. The Purina Institute sponsors the WSAVA Global Nutrition Committee, the Animal Wellness and Welfare Committee, as well as the Hereditary Disease Committee and the WSAVA’s One Care initiative. It also supports cross-community projects such as the One Health Committee. Resident research grants with ECVIM-CA help to support nutritional evidence emergence.

“All of these examples demonstrate the Purina Institute’s commitment to supporting global initiatives that promote the improvement of companion animal health,” says Daniel. “Nutrition is a fundamental component of the health of any species. We seek to bring veterinarians along with us on our journey exploring emerging and exciting developments in this field.”

For more information and communications about the Purina Institute, please visit www.purinainstitute.com, or contact Daniel Rodes, Regional Leader of the Purina Institute in Europe, Middle East and North Africa, email: daniel.rodes@purina.nestle.com

Authors

Dr. Daniel Rodes, DVM, PhD.
Regional Leader of the Purina Institute in Europe, the Middle East, and North Africa

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NEWS FROM OUR COMMUNITY

On September 4th, Arran Vets celebrated the first anniversary of the completion of their new surgery. Vet Charlotte shared the story of both the old and new surgeries:

“The old surgery on the Isle of Arran was three portacabins put together in the 1970s, up a stony single track with virtually no parking, so it had outlived it’s useful life!” On Facebook they said “Today we celebrated the first birthday of working in the new Surgery on 4th Sept 2017. To celebrate an enjoyable day here are portraits of nearly all the patients that we welcomed today and some of their stories. Every day is different but it’s an interesting snapshot of our working days. There are sad moments in each day as a vet so naturally I have not included any details of these patients. Thank you again for all your support.”

To see the rest of their pictures and stories from the last year and to find more information on Arran Vets you can visit their Facebook page: https://www.facebook.com/Arran-Vets-972978386100486/
At The Webinar Vet, we encourage our community to complete as much CPD as they can, to never stop learning and growing. We like to shout about how well our community is doing by honouring our CPDer of the Month!

Our CPDer of the Month is **Zofia Jaworek**, with a whopping 16 hours racked up! Well done Zofia.

We hope to congratulate many more of our community in the coming months for their dedication to furthering their learning.

We got in touch with Zofia to ask her how she finds our service, and she had this to say:

> Being a member of The Webinar Vet allows me to complete my CPD in a cost effective, accessible way. I have found the range of topics great and it has enabled me to focus on the areas I want to increase my knowledge in. Having access to over 1300 hours means there is always plenty for me to watch.
Tell us a bit about yourself... I’m Katie, I am a RVN and I work at the RVC’s referral hospital in Hertfordshire. I work full time in ECC and outside of my ‘real job’ I have written some articles and webinars on topics such as Sepsis and Mechanical Ventilation. I am currently on the BSAVA Metropolitan Committee organising CPD for London and the surrounding areas. I have two spaniels – Flo and Martha – who keep me very busy as I am usually walking them or washing the fox poo off them!

What’s your favourite holiday destination? Anywhere I can take my dogs is great! We frequently visit Cornwall for the beaches. When we do decide to treat ourselves to a dog free holiday - I love to go somewhere with plenty of local wildlife to see!

What’s your favourite thing to do of a weekend? When I am not working or walking the dogs, I love to be creative. I knit and crochet anything from toys to blankets and I am an avid reader. I play some instruments (badly) and have joined a running club…. for now…! I think having something completely separate from work is so important in maintaining good mental health, especially after a sad or stressful week.

What area do you specialise in? I quickly realised I love the adrenalin rush of an emergency and my true passion is for critical care nursing, so after some time working as a surgery nurse at the RVC’s Queen Mother Hospital for Animals I transferred to the Emergency and Critical Care department, where I am now appointed as a Senior nurse. My favourite cases to nurse are intensive tetanus and septic patients – I like the challenge of such sick cases and the joy of seeing them finally leave the hospital makes it all so worth it.

Why did you choose this career path? I am the cliché of always wanting to work with animals since I was young, and I worked Saturdays in my local vet practice from the age of fifteen. I then started my nursing training there and the rest is history!

What do you enjoy most about your job? I enjoy the cases that need the most nursing care in ICU – for me that is what I trained to do. I also really enjoy the teaching aspect of my role here, I work closely with the veterinary students and it is a lovely thing to be able to teach them and pass on the enthusiasm for the job.

What are some everyday challenges you face in your profession? I think the biggest challenge in veterinary practices now is balancing the job and our lives. It is true that most of us are in the job because we love it and the animals – but that shouldn’t mean we work at the expense of our own lives and health. It is so important for us to try and get a good work/life balance in order to keep ourselves happy, and in turn be able to provide the best care possible to our patients and clients. Be there for your colleagues, you never know what they might be facing – start a conversation!

If you weren’t doing this career, what do you think you would be doing instead? I have a fascination with the ocean and everything in it, so I have always said if I was going to retrain it would be to work in marine biology!
The five components of this webinar are dealt with under the following broad headings:

- The right patient - essentially how to arrive at a diagnosis
- The wrong patient - diseases that can be confused with atopy
- The right allergens - how to select these in order to maximise success
- Treatment of secondary infections
- Frequency and number of allergens to be injected
- Control visits and follow-up calls

Interestingly 23% of colleagues on the live webinar never use immunotherapy, and even more, 43% only use it once or twice a year. I am sure that these colleagues will be prompted to be more pro-active having watched this very good webinar by Margreet Vroom. Don’t be put off by the title if you haven’t yet watched the webinar. There are a lot of useful tips on how to maximise the success of this particular therapy for the atopic patient. Just as importantly the webinar is a very practical account of atopy and an excellent revision on how to investigate the disease.

Margreet points out that dogs with pruritus suffer, as does the whole family. Immunotherapy is very safe and much cheaper than life long medication.

In arriving at a diagnosis (by default), parasites such as Sarcoptes scabiei (an important ‘look-a-like’), especially in the early stages must be ruled out. The importance of treating bacterial and yeast infections is emphasised, as is the exclusion of adverse reactions against food.

Typical clinical signs of atopic dermatitis in dogs are listed and this is followed by a series of very good clinical pictures, from early stages through to some quite chronic cases. There are 9 of these and they cover all the scenarios you are likely to see, with a couple of scabies ‘look-a-likes’ thrown in.

Clinical cases are always worthwhile in webinars and one is shown illustrating how a dog previously and incorrectly diagnosed as atopy is investigated. This is a very good summary of how to investigate such cases in practice and there are lots of nuggets here to think about.

Of course, for immunotherapy to have any chance of success the right allergens must be identified and crucially fit in with the all-important history. These concepts are illustrated by another case correctly diagnosed and with positive serological test results, which did not improve initially on immunotherapy. Additional allergens were identified by simple detective work - watch it and see!

Some excellent clinical illustrations tackle the role of secondary bacterial and yeast infection. There is a very succinct and useful summary of the role of Staphylococcus pseudintermedius and its diagnosis, emphasising the role of cytological examination.

Some of the best pictures of staphylococci being phagocytosed by neutrophils I have seen are included here in a case of superficial pyoderma, and another one of massive bacterial presence in a case of acute moist dermatitis. Clear explanation of how best to obtain samples, and from ideal locations is very useful.
So, in summary, why do I recommend this webinar?

• For the summary of atopic disease in dogs
• For the clarity of delivery and explanation of underlying concepts
• For the quality of the clinical illustrations
• For the investigation of the cases
• For the many helpful tips to prevent things going wrong

Even if you don’t currently use immunotherapy, watching this webinar will help avoid the potential pitfalls in the investigation of atopic dogs and perhaps encourage you to try this treatment.

The webinar was generously sponsored by ArtuVet and included in the webinar is some interesting information about the company, its products and useful contact details.

The other important secondary problem in atopic dogs is Malassezia, and as before typical signs are illustrated. The quality of the clinical cases throughout the webinar is excellent—not tucked away to the side of the word slides but filling up your screen.

There is a concise summary of the yeast, all you need to know clinically, and the typical appearance of it under oil immersion magnification.

There is an interesting section entitled ‘Frequency of injections.’ The points here are that each dog is different, and a custom-made advice is necessary, because the ‘standard injection schedule never fits each dog’. How this pans out in practice is explained by returning to a couple of cases (both called ‘Fien, but different dogs’)

As previously these serve to take you through the investigative approach and therapeutic decisions leading to a successful outcome in both dogs.

The webinar ends with 12 tips on the long-term management of the dogs (including good communication with the owners). Margreet suggests that to get good results ‘Take the owner by the hand and invest time for a good result’. An interesting concept but undoubtedly true!
This veterinary webinar will be very useful for small animal colleagues, especially those working in shelter medicine, who have to wrestle with what at times seems an intractable problem—diarrhoea in young kittens.

The webinar was generously sponsored by Miele—unusual perhaps, but entirely relevant as there is some important information regarding efficient washing regimes for killing bacteria. Included here are temperatures required to kill bacteria and quite detailed data on washing cycles, and of course information on suitable commercial machines for veterinary practices. More information can be accessed by Googling the Miele website and searching for: ‘PAWS for thought. Infection control guide for vets’

Danièlle begins the webinar by listing comprehensively the causes of diarrhoea. These are divided into intestinal, including among others dietary indiscretion, intolerance and hypersensitivity, and infectious disease, and extra intestinal, which includes polysystemic infections, various toxins and drugs, pancreatic, liver and renal disease. There follows another comprehensive list of viruses, helminthic, protozoal and bacterial infections that can cause infections in kittens.

With some of the pathogens involved cross species, spread is possible and there is also nosocomial potential. A general approach to kitten diarrhoea is outlined for mild cases, which may only need symptomatic treatment with small easily digested meals. Periods of starvation are no longer advised. For more severely affected kittens, further investigation will be required.

Under the heading of ‘General diagnostic approach’ some tests that might be appropriate are: -

- Fresh faecal smears
- Faecal culture (pathogenic bacteria) PCR panels
- Haematology, serum biochemistry, urine analysis
- Serology (FCoV, FIV, FeLV. Toxoplasmosis) +B12, Folate, PLI, TLI
- Radiography (CT) and ultrasound examination
- Endoscopy or exploratory laparotomy and biopsies
- Therapeutic trial- diet, anthelmintics, steroid

A complicating factor, explored well, is that infection does not always cause disease and the kitten may be an asymptomatic carrier. The scenarios where this is likely to occur are explained and backed up by statistics of prevalence in normal cats, based on current up-to-date literature.

There are also some practical problems. These are:

- Infectious agents can be present in normal animals
- Parasite eggs, protozoa and bacteria are excreted intermittently
- Some bacteria are difficult to culture
- Some organisms are difficult or costly to detect
- Many cats spontaneously resolve before the tests come back
This leads on to a discussion of the basic principles of faecal analysis, and types of faecal test. These are direct faecal smear, faecal flotation, simple culture, ELISA and IFA Agglutination tests and PCR tests. PCR is reliable, specific and sensitive but expensive.

To illustrate some of the preceding points we are introduced to a clinical case, a 4-week-old male Bengal cross with sticky yellow diarrhoea. This works very well and revises the non-infectious and infectious causes that could be relevant to the kitten and an overview of the treatment of diarrhoea in kittens. Importantly detect and treat early (things go wrong very quickly with young kittens in comparison to adults), supportive care, treat specific diseases and decide whether hospitalisation is required. Antibiotics are not indicated unless a specific bacterial agent is implicated or there is gastrointestinal ulceration. The injudicious use of antibiotics can lead to severe permanent damage to the gastrointestinal microbiota and the high-risk antibiotics that can cause this are listed, along with others that carry a lower risk.

Another case, associated with weaning, illustrates the use of probiotics and there is a considerable account of their mode of action, with a summary of studies of their efficacy in cats and dogs. Two more cases conclude the webinar. These are fully investigated, and you are taken through the thinking process and testing that allowed an accurate diagnosis and effective treatment.

These cases are extremely good, full of clinical insights and complement perfectly the more academic part of the webinar.

Why watch this webinar?

- Comprehensive account of the causes of kitten diarrhoea from a world expert
- Clear, informative and at times humorous delivery.
- Superb cases taking you into the clinic showing how investigations enabled a successful outcome with each patient.
A s a result of his clinical research he has developed a worldwide reputation in this field, resulting in many publications and invitations to speak in Scandinavia, New Zealand, and Ireland (at a world congress) in recent years. An inspiration to our farm vet colleagues – there must be many such studies potentially in farm practice! The results of his study figure prominently in this excellent practical webinar.

The essential features of the presentation are that the outcome of recumbent cows can be improved by:

- Thorough clinical examination of the cow to ensure a correct diagnosis
- Appropriate and timely treatment of the specific condition
- Euthanasia if the prognosis is poor
- Understanding the role of secondary damage
- Providing high quality nursing care.

The down cow is unable to stand unassisted, can be in any mental state and any length of time in recumbency. The downer cow is also unable to stand unassisted but is bright, alert and responsive and has been recumbent for more than one day.

The primary causes of 218 downer cows are listed:

- Milk fever 17%
- Pregnancy toxaemia 14%
- Calving paralysis 45%
- Back injury 19%
- Other 5%

Further interesting statistics are that by day 7, 24% had recovered and 76% had not. Of these 46, 7% were euthanised, 7.3% had died and 21% were still being nursed.

The final outcome was that 32% eventually recovered and 68% did not. Of these, 60% were euthanised and 8% died.

Clearly an accurate diagnosis is necessary, and a neurological examination is an important part. A comparison is made between a normal neurological examination of a small animal and that of a cow, made more difficult by its size and recumbent state. It is therefore important to lift the cow to perform a through musculo-skeletal examination, to include the flexor-withdrawal reflexes, (also performed when recumbent) and the patellar reflexes.

In non-specific treatment the use of non-steroidals is discussed along with hobbles, and physiotherapy. A discussion of euthanasia trigger points follows. There are 7 of these and better decided on early rather than prolonging suffering on a hopeless case or on any case in which the intensive nursing, of which details later in the webinar, cannot be delivered for any reason.

In addition to an accurate diagnosis of the primary cause, it is essential that the clinician is able to understand the secondary damage in recumbent cows. These occur commonly irrespective of the primary cause. In the author’s PhD thesis 173 (79% of the 218 cows) suffered ‘clinically important’ secondary damage. 101 cows had more than one type of secondary damage. Of these, only 14% had recovered by day 7 in comparison to 57% in cows without secondary damage.

Some of the more common causes of secondary damage are described with excellent clinical pictures. Included here are secondary muscle damage and its causes, secondary sciatic nerve damage, ‘creepers and crawlers’, and femoral nerve damage. Secondary forelimb paralysis may be caused by lying on the side for extended periods on a hard surface and includes brachial paralysis and radial nerve paralysis. All those mentioned can be diagnosed by the neurological examination mentioned above. Secondary hip dislocation can also occur by falling whilst attempting to stand. Relevant reflexes are demonstrated by very informative videos and illustrations. A more complete list of secondary complications is given in a useful table – worth downloading.

In the management of down cows, it is recommended that we be:

- The vet with veterinary treatment and
- The nurse and be actively engaged in the nursing environment

Good nursing is the most important component of treatment and the essential features of this are:

- The cow must be made comfortable
- Moved to a well bedded loose box within 24 hours
- Soft bedding must be provided
- The cow must be turned several times daily

For this commitment of the farmer is essential and a nursing plan detailed in the webinar is also crucial. This is listed in another comprehensive table detailing the ‘Gold’ standard nursing conditions for down cows. (Another one to download and print out for the farmer.)

The favourable effect of first-class nursing is clear from further studies, which indicated a very significant percentage of cows getting excellent or good nursing eventually recovering, compared to 0% of those with poor nursing.

The conclusion is that high quality nursing care:

- Increased the chance of cows recovering from the primary cause of their recumbency
- Decreased the chance of suffering clinically significant secondary damage
- Improved the chance of recovery from such damage if it occurred.

The rest of this webinar has some details and tips on good nursing.

Why watch it?
In my view, even experienced practitioners will find some useful information here and contrast it with their own experience. The many statistics are interesting in themselves. For younger colleagues, perhaps starting out, the information gives a clear blueprint on how to approach the down cow and advise the farmer on what to expect and how to maximise the possibility of a good outcome.

It is also very good to see optimum animal welfare at the heart of the presentation. I only wish I could have seen this webinar years ago when I was in farm practice!
An open label clinical trial to evaluate the utility of a hydrolysed fish and rice starch elimination diet for the diagnosis of adverse food reactions in dogs

Irina Matricoti and Chiara Noli
Veterinary Dermatology Volume 29 issue 5 pages 408-e134

In this article the basis of the diagnosis of adverse food reaction (AFR) was an 8-week elimination diet. The objective was to evaluate a commercially available hydrolysed fish protein and rice starch diet for the diagnosis of AFR.

For this, 50 dogs entered the trial. 38 completed the elimination diet. 12 did not due to worsening clinical signs (4), low palatability (3) and loss to follow up (4).

In 24 dogs, pruritus improved by greater than 50% and 22 were challenged with their previous diet resulting in 15 dogs with a diagnosis of AFR. Of the 14 dogs that did not improve, some had further diet trials and others had atopic dermatitis.

The authors conclude that hydrolysed fish and rice diet seemed to be a useful elimination diet for the diagnosis of AFR even in those dogs subsequently shown to be allergic to fish or rice.

I have included some articles from the latest edition of Veterinary Dermatology, which may be of interest.
The conclusions of the study are clear and unambiguous: alcohol is a colossal health issue and small reductions in health-related harms at low levels of alcohol intake are outweighed by the increased risk of other health-related harms, including cancer. You may remember that the Chief Medical Officer of the UK issued a guideline this year stating that there is ‘no safe level of alcohol consumption’.

The article goes on to the subject of how to reduce alcohol-related harm. The most effective way is to make the product less affordable by taxation or price regulation including setting a minimum price per unit (MUP), closely followed by marketing regulation and restriction on the physical availability of alcohol.

No surprise there as this strategy has been the most effective means of reducing tobacco related harm. The next bit I did find very surprising not least because I am now a small cog in a study—a very large one at that. I quote verbatim: -

‘The outlook is promising: the UK has just embarked on a huge controlled natural experiment with a progressive evidence-based alcohol strategy in place in Scotland and with similar measures planned in Northern Ireland and Wales, with England as the placebo control (I).’

MUP was introduced in Scotland without as much as a whisper of complaint from the media, the public and politicians. Mortality and morbidity might be expected to diverge dramatically within just a few years, and pressures to extend these measures across Europe and elsewhere will start to rise.

The chief medical officer’s warnings, according to my own observations seem doomed to failure, perhaps making England an easy choice as placebo? This afternoon in Sainsbury’s it was possible to by a bottle of white wine for £3 - I am not volunteering to try it!

If you have never heard of this organism you are probably not alone. It is apparently an emerging cause of opportunistic infections. Deep pyoderma associated with the complex has previously been described in dogs receiving ciclosporin. 4 dogs were investigated. All had a skin culture positive for Burkholderia cepacia. Of these, 2 dogs were receiving ciclosporin, one oclatinib and one with no sign of immunosuppression. 3 of the dogs had dorsally orientated ulcers, crusts and draining tracts and one was associated with a surgical site.

3 were successfully treated with systemic fluoroquinolones or trimethoprim sulfamethoxazole. One dog however was multidrug resistant, developed septicemia and was euthanised.

The conclusion is that dogs receiving immunosuppressive therapy, but also immunocompetent animals, could develop opportunistic infections such as the one described. These infections are clinically challenging and may progress to life-threatening sepsis.

On threats to life an article in the latest edition of The Lancet adds to the gloom for many, or perhaps is a wakeup call if you want to extend your life. Like me, perhaps you have had an eye on ‘recommended’ levels of alcohol considered safe. I had always basked in the comfort zone of 3-4 units daily, (usually achieved except on holiday and at conferences). I also comforted myself with the advice that small amounts of red wine improved cardiovascular health. This has all been trashed recently and the latest piece of evidence is substantial.

Clinical and histopathological features of Burkholderia cepacia complex dermatitis in dogs: a series of four cases
Cain CL and others
Veterinary Dermatology Volume 29 Issue 5 pages 457-e156

If you have never heard of this organism you are probably not alone. It is apparently an emerging cause of opportunistic infections. Deep pyoderma associated with the complex has previously been described in dogs receiving ciclosporin. 4 dogs were investigated. All had a skin culture positive for Burkholderia cepacia. Of these, 2 dogs were receiving ciclosporin, one oclatinib and one with no sign of immunosuppression. 3 of the dogs had dorsally orientated ulcers, crusts and draining tracts and one was associated with a surgical site.

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The conclusion is that dogs receiving immunosuppressive therapy, but also immunocompetent animals, could develop opportunistic infections such as the one described. These infections are clinically challenging and may progress to life-threatening sepsis.

No Level of Alcohol Consumption Improves Health
Robin Burton and Nick Sheron

Referring to ‘Alcohol use and burden in 195 countries and territories 1990-2016’
The Lancet Volume 392 Issue 10152 September 2018 Pages 1015-1035
This is a new concept in the Webinar Vet Gazette; inviting colleagues in the industry to comment on initiatives they may be involved in and other information related to their company of interest to the small animal practising vet team.

Cathy Gurney, (a qualified VN and CEO of Vetruus, a company focused on veterinary dermatology), has emphasised the important benefits to be had by having veterinary nurses trained in veterinary dermatology in the team, and some very useful information on how to achieve this. Nurses can be involved in history taking, be present at the initial consultation and be a contact for the owner with any queries, compliance problems and follow up consultations freeing up the veterinary surgeon’s time. Here she outlines some excellent resources currently available for veterinary nurses interested in dermatology.

Skin and ear cases make up a high proportion of all consultations in practice, some 32% in dogs and 27% in cats. These cases take time and are often expensive to resolve, leaving many owners without a satisfactory conclusion. As a result, some cases go on to become second-opinions at other practices. Also, in a profession taking greater care with its use of antibiotics, skin infections are top of the list of reasons for their use in dogs, whilst accounting for 23-30% of all antimicrobial use in small animal teaching hospitals.

So, it is worth analysing how you approach such a high proportion of cases to ensure you are maximising your chances of success, with the answer lying in collaboration between vet and nurse. Whilst the vet is responsible for the diagnosis and treatment of these cases, the majority of work relating to them can be done by a veterinary nurse; a qualified professional who with additional dermatology training and support, can go on to do all this groundwork for a justified charge, giving the client and the patient the time that they need.

Getting a nurse to begin doing patient side testing in skin cases might seem difficult, but there is support at hand to get them started. First, identify a nurse interested in dermatology in your practice; often this is someone who enjoys lab work and may not have considered dermatology. There is now an organisation set up to help support and grow nurses in this area, the Veterinary Nursing Dermatology Group (VNDG), designed for any nurses interested in dermatology. The group encourages them to interact with each other for clinical insights and advice, specialist and peer support, CPD, social events and other member benefits such as access to a closed Facebook group. Membership is completely free and the group benefits from the support of experienced veterinary dermatology nurses and European specialist veterinary dermatologists. There is also the opportunity to attend whole day VNDG meetings covering a variety of topics.

In terms of dermatology courses, BSAVA runs the Dermatology Nurse Merit Award, which comprises two days of theory and a practical day. Lead by renowned lecturers and dermatologists, the course is designed to provide nurses with highly useful and practical dermatology knowledge with each nurse submitting a case project at the end.

Both the VNDG and the Dermatology Nurse Merit Award benefit from the support of veterinary dermatology specialists, Vetruus Ltd. The company has since 2011 worked closely with the UK veterinary profession to provide innovative and proven dermatological products, as well as training and support to veterinary surgeons and nurses. Its dedicated veterinary support team includes leading European veterinary dermatology specialists.

Find out more at www.vetruus.com

Conclusion

Dermatology is a field with huge potential for the practice team to work together, nurses assisting vets, in the work up and treatment of cases in clinic and supporting clients in the management of skin conditions at home.
If you want to be the best, delegation’s what you need...

Firstly, apologies for those too young to get the Record Breakers reference but here’s a link, so you can see what entertainment we had in the 80s...

The 80s seems like a very long time ago and it’s a good reminder that we are all still working under the Veterinary Surgeons Act of 1966 - and that a lot has changed since then, especially with the role of vet nurses. It wasn’t until 1984 we could even be called vet nurses, and full clarity on our role was secured only in 2014 with the combination of the VSA, the Royal Charter and the Code of Conduct including Schedule III (SIII).

Therefore, it’s not really a surprise that the results of the SIII survey last year showed that while vets would like to utilise nurses’ skills more, they weren’t exactly clear what those skills were; making delegation difficult.

Teamwork

Hopefully the news this week from the RCVS will be gladly received as it’s a case-based guide to delegating SIII skills for vets and vet nurses – check the link here.

The cases cover a variety of situations and show how vet nurses can work under the employment and direction of a vet during dentals, training staff, lone and independent working and more. All situations that happen regularly in practice and where the vet nurse can carry out patient care at the direction of the vet.

Delegating skills to vet nurses can help a team perform better and achieve better care for patients, clients and themselves. The workload can be spread across the team and can free a vet’s time up for ‘vet only’ tasks.

The process of delegation

Delegation is a two-way process, and while these cases are a great way to illustrate how SIII can work in practice it may take time to utilise your nurses fully as you both go through a period of understating how delegation works.

The Cambridge Dictionary defines delegation as:

The act of delegating a particular job, duty, right etc, to someone - see link.

This does not mean you have to accept all delegations, and it’s worth using the RCVS case studies to discuss what would be best in your practice – if you carry out a dental scale and polish is there another suitably qualified person in the team to monitor the anaesthetic?

The process of delegation for many everyday tasks may be a simple one, but for more complex cases and to meet the needs of your team a vet and vet nurse discussion should be part of the delegation. I hope these cases will be used as a good place to start discussions in practice and ensure that delegation is in fact what you need.

Jane’s Blog

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You can find out more here: https://www.anderseneurope.com/

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