

# How Do We Decide When to Stop Routine Care for Older Pets

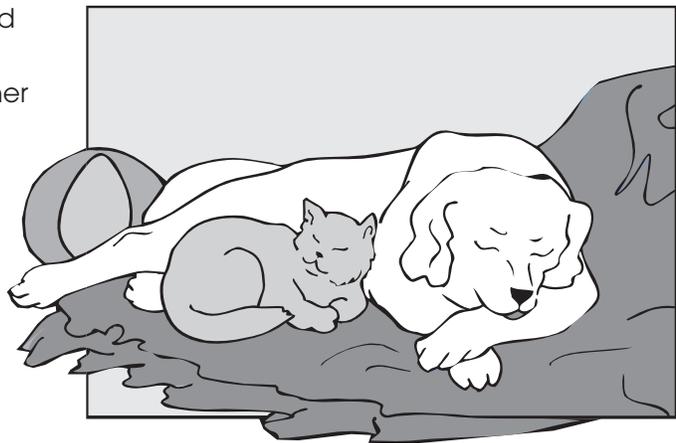
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We often have discussions with clients about what care to deliver to elderly pets – should we still be vaccinating them, is anesthesia dangerous, do we really need to keep testing for heartworm. These decisions are customized to the individual pet and its specific health problems but here are some guidelines:

Age itself doesn't factor much into our decisions. Some pets live to amazing ages and we don't have a crystal ball to determine how many months or years a pet has left. Therefore we base our recommendations more on health status than age. Once a dog or cat has been diagnosed with a fatal disease and we have an idea how long it will live, we generally stop testing for heartworm and giving vaccinations as their life winds down. It's no longer appropriate to be thinking about long-term preventative care but more about short-term comfort. We recommend continuing parasite prevention, however, so that your yard doesn't become a parasite breeding ground and your pet doesn't spread disease to your neighbors' pets.

Keep in mind that elderly pets, just like elderly people, can be considered immune-compromised. They have higher risk for infectious diseases and parasites than adult age pets. Just as an elderly person is more likely to get pneumonia secondary to catching the flu, an old dog is more likely to get pneumonia if he or she gets kennel cough. A geriatric cat has less resistance to Rhinotracheitis if he's not vaccinated. We usually continue Rabies vaccinations because they are required by law. We may discontinue distemper and Lyme vaccinations but at least some vaccinations are usually continued until we know we are close to the end.

Whether we keep up with laboratory screening tests will depend on the situation. If there is a chance that test results will change the treatments we are doing then we should test. If not, then maybe we would forego the testing. For example, if a cat is on medication for moderate kidney disease and we have additional medication we would introduce if the disease progressed to severe, then we should test. If the cat is already in severe kidney failure and the owner is already doing every available treatment, there may not be any sense in testing to see how much worse the problem is getting. Our focus at that point would be more to the question of how well the cat is feeling and acting.



Ideally, we wouldn't have to make tough decisions about care. Every dog and cat would live to be twenty and then die peacefully in their sleep. Unfortunately, life is seldom like that and the best we can do is to make the best decisions we can. We're here to help you do that.

The goal for most elderly pets, no matter what their conditions, is to prevent suffering. We want to manage pain, nausea, appetite and overall comfort so that elderly patients have the best quality of life possible. Because dental disease can be very painful and tumors can cause discomfort, inflammation or outright pain, owners often have to make difficult decisions about whether to do anesthetic procedures such as dental cleanings and lump removals. We try hard to come up with the best solution for each case, while keeping in mind that the risk of anesthesia is usually not as big a risk as clients think it is.

I usually tell my clients about a case report in one of my journals many years ago. The story concerned a woman who had a 19 year old collie with a tumor on the spleen. Her friends and family all told her she was crazy but her dog was in good health otherwise so she went ahead and had

surgery done. The dog lived to be 21! Yes, it was a major procedure with an uncertain prognosis, and a significant expense besides, but for a couple weeks of post-operative discomfort she gained two more years with her pet. For her veterinarians, the worry was whether she would feel she got her money's worth if the pet didn't live long afterwards, not the anesthesia.

Everyone has their own thoughts and philosophy about what is appropriate care for a pet, whether it is young, old or in-between. The choices get more difficult as a pet (or human) ages, though. Sometimes people are sure they won't do something, such as chemotherapy, and then their pet needs it and the thought of losing the pet changes their mind instantly. Sometimes a client does everything for one pet and it doesn't work so they won't try anything for the next one – or they choose not to treat the first one and then kick themselves later for not trying. Our life experiences with other pets, and especially in the case of cancer with our friends or relatives, shape our responses and decisions. Our job at Best Friends is to work with you to make decisions you are comfortable with, and to make sure you understand the pros and cons of each choice you make. We don't want you to regret later on what you did or didn't do.

Caring People Helping Pets



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