Overcoming potential barriers to investigating and treating myxomatous mitral valve disease

Zoe Belshaw

Achieving a diagnosis of mitral valve disease (MMVD) can be relatively straightforward. Persuading owners to investigate and treat, and then maintaining adherence to a therapeutic regimen can be significantly more challenging. While heart murmurs are most likely to be detected during the annual health check or booster consultation, recent evidence suggests this might not be an ideal time to discuss MMVD. This article reviews some of the potential barriers to owners following practitioners’ recommendations, and suggests some solutions.

Diagnosis of an chronic, potentially progressive condition can be a cause of great concern to owners. Some describe feelings of guilt: ‘Is this my fault? Did I do something wrong?’ While others describe a sense of helplessness: ‘I just didn’t know what to do when my vet told me…’ Detection of a heart murmur can come as a big shock to an animal’s owner when it is made at the preclinical stage before any overt signs of illness. In these circumstances, the routine annual health check or booster consultation unexpectedly becomes something quite different.

How an owner is communicated with is pivotal to what follows. Whether the recommendation is watchful waiting, investigation or treatment, the owner is now aware that the dog has something wrong with its heart that probably cannot be fixed. For some owners, the relationship with their dog may be irrevocably changed. While many owners will opt for investigation and treatment, others decline. This can be incredibly frustrating for vets, and can be associated with a sense of failure as an advocate for that dog’s welfare.

Recent research describing owner perspectives on managing ill pets has highlighted reasons that owners do not, or cannot, follow recommendations. The rest of this article builds on these data using common scenarios to explore why owners might not wish to investigate or treat a cardiac condition, and suggests alternative approaches.

Scenario 1
Owner not engaged in discussion
Mrs Jones, a first-time dog owner, presents her six-year-old female cavalier King Charles spaniel, Poppy, for a routine annual health check and booster. Mrs Jones reports no concerns. During the clinical examination, you detect a loud mitral murmur that is not described in Poppy’s clinical records. You explain to Mrs Jones what you have found and make recommendations for further investigation. Mrs Jones does not seem to engage with this and answers that she will have to think about it. Why might this have happened and what could have been done differently?

Mismatched expectations
Recent evidence [Belshaw and others 2018] suggests that owners use prior experience to form expectations of what will happen during the annual health check/booster consultation. Some with little previous pet ownership experience may expect discussion to always focus on preventative healthcare. In addition, different vets include different content in these consultations. If the focus in all previous health checks had been on disease prevention, Mrs Jones might have been unaware that other topics could be discussed.

Too little time
The average adult dog or cat health check/booster consultation in the UK is allocated 10 to 15 minutes but these consultations might be under considerable time pressure [Robinson and others 2014, Robinson and others 2016]. The multitude of topics to cover can necessitate a more paternalistic consultation style where information is delivered without eliciting the owner’s perspectives or concerns. Mrs Jones might have had questions but perhaps she sensed you were running behind and had a busy waiting room or she was already late to collect her children.

Communication tip: Invite the owner to book a separate consultation specifically to discuss your findings in detail rather than trying to deliver a huge amount of information in a short space of time at the end of a health check/booster consultation. The murmur might have been there months so does not need immediate action and taking more time to explain and discuss options can improve the likelihood of a successful outcome. Reassure the owner that there is no need to worry, that this is a common problem but that there are several options for what to do next and you would like to have time to go through them in a proper discussion. Give them some reading material or direct them to a website, and ask them to generate a list of questions to bring to the following consultation. You can also suggest they bring a family member to this second consultation if that would be useful for them. By explaining what the consultation will include, owners are likely to be more inclined to rebook, and to not argue with being charged a second consultation fee. If you feel you cannot charge for the consultation, it’s still worth rebooking: if the owner agrees to investigate and treat as a result, the profit will far outweigh any loss.

Unaware of the problem
Heart murmurs are something that even the most vigilant owner cannot easily spot for themselves. If Mrs Jones did not know that Poppy was at risk of developing MMVD, your diagnosis will have come as a total surprise [Fig 1], and lack of knowledge is a significant factor in decisions regarding management by owners of ill dogs [Christiansen and others 2016]. Some owners can go into sheer panic at the thought their dog might die. Read the owner’s body language to
This consultation might have gone much better and the information been better received had Mrs Jones known Poppy’s breed was at risk of MMVD. To raise awareness among owners, consider developing a series of social media posts or newsletter articles that are clearly marked as relevant for owners of at-risk breeds providing information on MMVD, its cause, diagnosis and management. Consider running client evenings for owners of susceptible breeds, and perhaps invite some owners of affected dogs to answer questions from the audience. These questions will help develop further social media posts. By introducing wider knowledge to pet owners it will come as less of a suprise to them should a heart murmur be detected.

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My last dog with valve problems didn’t have treatment like this.

I’m not a fan of drugs. There are always side effects. How can I be sure it’s not doing more harm than good?

Are there any alternatives to drugs that I can use instead?

How am I going to know if it’s making a difference?

How much is that going to cost? You’ve said he could live years!

I work shifts. I don’t know if I can get tablets into him at the same time every day.

Colin’s a fussy little monkey. How am I going to get the medication inside him?

How often will I need to come back and what will it involve?

What happens if I decide not to treat?

These questions fall into four broad groups: necessity and efficacy; safety; practicality; and treatment alternatives. This is a useful way to think about the range of information that you aim to provide for any owner when you are considering that their pet is started on long-term medication. As with giving information about a clinical condition, try to make sure: that there is enough time for the discussion; that you are using terminology appropriate for that owner; that you regularly check they understand; that you give them the opportunity to ask questions; and, ideally, that you summarise the key information for them in writing. If you spend time now ensuring the owner knows exactly what they are meant to be doing and why, there is evidence (Granata and Tanem 1999) that there is a greater chance that they will persist with adhering to the recommended treatment.

Treatment necessity and efficacy

The articles in this supplement discuss the evidence base for treating MMVD and provide the key information on treatment necessity and efficacy. People who own one dog at a time might have had previous experience of treating a dog with MMVD, and might consider themselves knowledgeable without being aware that more research has been done. Reassure them that their previous dog was not mistreated and explain why you are recommending something different.

Again, be sensitive when discussing the costs of treatment, and try to provide data for roughly how much per week/month each treatment will cost. Be honest about what we do and don’t know about the management and prognosis of this condition and the necessity of treatment, particularly in preclinical disease. If you are asked questions to which you don’t know the answer, most owners will be very happy for you to give them this information by phone or email at a later date. Ensure owners know what they should be doing at home, when to phone or email at a later date. Ensure owners are happy for you to give them this information by phone or email at a later date.

The relative risks and benefits of treatment, particularly in preclinical disease, but many older people will be aware of statins which work on similar principles, so this could be a useful analogy. Owners into the habit of counting their dog’s heart rate, diurnal breathing rate, and consider asking them to routinely take video clips of their dog while out on a walk so both you and they can spot any subtle signs of exercise intolerance. Owners of dogs with cardiac disease are fearful of not recognising that their dog is suffering (Oyama and others 2008) so these are likely to be receptive to having both things to look out for, and a method of home monitoring.

Treatment safety

Owners’ concerns about the risks of treatment seem to be underestimated by vets, and they might not be willing to introduce the subject themselves (Belshaw and others 2016, Belshaw and others 2018). It is important to openly discuss adverse events, particularly as owners often think they will be much worse than they are, and are likely to search for this information online if it is not provided. Try to proactively provide information about:

The treatment will cost. Be honest about what we can afford and what we can’t.

The costs of treatment, and try to provide data on long-term medication. As with giving information about a clinical condition, try to make sure: that there is enough time for the discussion; that you are using terminology appropriate for that owner; that you regularly check they understand; that you give them the opportunity to ask questions; and, ideally, that you summarise the key information for them in writing. If you spend time now ensuring the owner knows exactly what they are meant to be doing and why, there is evidence (Granata and Tanem 1999) that there is a greater chance that they will persist with adhering to the recommended treatment.

Treatment practicality

Vets treating their own pets may develop rapid sympathy with struggling owners. Adams and others (2005) identified that asking owners whether a dosage schedule fitted in with their work/domestic situation was a powerful predictor of compliance. Ask owners to describe specific concerns, for example an animal’s fussy eating habits or unpredictable work patterns. Sometimes it helps to go through a typical day with the owner to get them to think about practicalities, such as how they will remember to give the medications. If they are still concerned, encourage them to try for a day, then call you to discuss how they are getting on so that you can help them work through any unanticipated challenges. This should make the prospect of long-term medication seem much less daunting. Practice nurses very often have a whole range of great tips and tricks that can be helpful. Ensure you discuss what the owner should do if a dose is missed, whether they need to adjust the timing of a medication within the day and what to do if the animal is sick after receiving the treatment. Again, provide this information in writing or encourage them to write it down.

Treatment alternatives

Treatment alternatives

The internet is awash with stories of pets purportedly harmed by a whole range of treatments, and there are a plethora of plausible but scientifically dubious alternatives. Research suggests that owners are very interested in non-pharmaceutical alternatives as these are often sold as being side-effect free. Engage with owners in this, proactively warning them that they will read about miracle drugs but that many don’t work and some can be harmful. Encourage them to come to you with anything that they may have read about and are considering trying so you can look into it for them. Educating owners about how to fact-check websites for themselves using tools such as www.trustortrash.org would be a useful practice newsletter or social media post.

Scenario 3

Owner stops giving medication

Miss Carter picked up a month’s worth of medication for her dog Freddo but that was three months ago and she has not been back in. You know Freddo is alive and well because one of your nurses sees him in the park each morning.

Relationship with vet

There are a huge range of reasons that owners might stop giving medications, both purposeful and not (Ho and others 2009). Even where owners deliberately withdraw treatment, this can be with the best intentions for their pet’s health (Belshaw and others 2016).

Communication, relationship and time spent with the clinician during the initial consultations have been demonstrated to be important factors in adherence in both human and veterinary medicine (Grave and Tanem 1999, Ho and others 2009, Adams and others 2005, Butow and Sharpe 2013). This evidence suggests that many adherence problems could be mitigated if sufficient time is allocated to discussion before treatment begins, as described in the scenario above. It seems much more difficult to persuade owners to try again once they have stopped. • AQ: This scenario feels short and rushed. I have added subhead above. Please briefly recap the advice on treatment and maximising adherence here in bullet points:

Summary

There is no such thing as a ‘typical’ owner. It is important to ensure that your communication style and consultation content is tailored to the person in front of you as much as possible, that you ascertain their knowledge and views, and actively listen to what they are saying. This inevitably takes time. While it is likely that many heart murmurs will be diagnosed during the annual health check/booster consultation, it is unlikely that you will have enough time for a...
thorough discussion about MMVD. Particularly for dogs with no clinical signs, it is not imperative to rush into diagnostics immediately. If possible, rebook to allow as much time as possible for discussing the situation with owners. Similarly, ensure that the results of any investigations are not rushed and that the necessity, safety, practicalities and alternatives to any treatment are covered in detail. Spending time here should help to minimise the risk of common adherence problems. Finally, vets must accept that for, a whole range of reasons, some owners cannot, or will not, follow our recommendations. It is rarely your fault and it is often not theirs.

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