

“What Would You Do, Doc?”- Assessing Quality of Life

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Thanks to Dr. Alice Villalobos, veterinary oncologist in California, for crafting the Quality of Life (QoL) Scale for pets. It is this QoL scale that will guide much of today’s discussion. It is a useful, straightforward, user-friendly tool in practice.

Nearly all senior pets will develop one or more medical conditions that worsen over time. Examples include:

- CRD
- CHF
- OA/DJD
- Cancer

Think in terms of “life-limiting” disease versus “terminal” disease - - we could make the case that life itself is “terminal”. Pets are living longer and better, and more and more are living to very advanced ages. The longer a pet lives, the more complex the medical picture can become. The longer a pet lives, the stronger the bond between the family and the pet. This complicates the emotional component of the family-pet relationship. Every pet has certain needs that should be recognized and respected. It may be time to recognize the “end-of-life” time as a distinct pet life-stage.

A QoL evaluation allows quantification of a very subjective process. An end-of-life (EOL) focus for care prioritizes QoL, and the QoL assessment provides a framework within which to discuss day-to-day life and lifestyle of the pet. Day-to-day life and lifestyle can be called “activities of daily living” - - ADLs. Identifying, clarifying, and prioritizing ADLs helps us help pet owners at the EOL.

Veterinarians are charged with serving and managing medical care for pets through entire lifetime, yet fewer than 5% report providing comprehensive care at EOL - - specifically palliative and hospice care. QoL evaluations and candid discussions with pet owners opens the door to change that statistic.

The QoL Scale considers 7 parameters scored 1 – 10 (10 is best). A score above 5 in each category with an overall score of 35 or greater suggests an acceptable QoL. While each scoring is important, the *trend* of scores over time is a more accurate representation of how the pet is doing. We need to evaluate dropping scores carefully. If a score drops in a particular category, is there some “fine-tuning” of palliative care, pain management, wound care, etc. that could improve that score? QoL scoring is just one framework for viewing approaching death. Pet owners are emotional and vulnerable at this time - - have a euthanasia plan in place ahead of time.

Dr. Villalobos’ QoL Scale evaluates 7 parameters using an HHHHHMM mnemonic:

- Hurt
- Hunger
- Hydration
- Hygiene
- Happiness
- Mobility
- More good days than bad

Hurt

Adequate pain management/pain control is a cornerstone of QoL, and intractable pain is a “deal-breaker” for ongoing supportive care to sustain life. If pain cannot be controlled, then euthanasia is the only reasonable choice. If euthanasia is not an option due to personal/religious beliefs, aggressive pain management with resulting sedation must be undertaken. The ability to breathe comfortably is a pain management issue, and oxygen at home may not be as challenging as you think!

Create a schedule for regular professional pain/comfort evaluations. Create a multi-modal pain management strategy and be ready to escalate dosing of pain medications that can be increased safely (e.g. gabapentin, morphine). Be creative in combining pharmacologic and non-pharmacologic pain management strategies. Put as many pain management strategies/treatments into the hands of owners as possible. Maintain very open channels of communication for these patients.

Hunger

If a pet is unwilling (or unable) to eat on its own, try hand-feeding. Blended or liquid diets may provide an alternative. If the other parameters of QoL are still at reasonable levels and the pet remains interactive with the family, consider a feeding tube. The least invasive is the e-tube. Placement involves a 5 minute surgery, and they are well tolerated by even debilitated pets (be very mindful of anaesthesia choices for these pets). They are easy to place, easy to maintain, and easy to use. E-tubes make delivery of oral medication completely easy. When pain medications are involved, we need to get these meds into the patient! The longest e-tube duration in our practice was a cat with mandible issue – she wore her e-tube for 2 years.

As death approaches, the pet may lose all interest in food/eating, and this is not really a problem so long as family interactions and the rest of the QoL measurements are reasonable. Measure the use of/need for a feeding tube within the larger context of the patient and family. Every case is different.

Hydration

Fluid intake is more important than food intake for comfort at the EOL. We can rely on water, electrolyte mix, broth (no Na), oral liquids through a feeding tube, and SQ fluids. SQ fluids are generally well-tolerated - - not heroic, relatively non-invasive, keeps dehydration at bay, and helps animals feel better.

Hygiene

(See notes under “Palliative Care”) Self-grooming decreases, so can the pet be brushed/combed to prevent mats? Is the coat matted? Is it appropriate to consider a “puppy cut” or a “lion cut”? What about waterless shampoo?

Can the pet move away from urine or stool if there is an accident? Is there a tumor that has outgrown its blood supply and now has an odor or discharge? What about tumor-reductive surgery? Dilute lemon juice in water may work for wiping away discharge.

Is the pet mobile or bed-ridden? Cleanliness and preventing pressure sores is a high priority. Use moisture-wicking fabric, “diapers”, or sanitary napkins in belly-bands. Bandages work to cover, protect, and keep chronic wounds clean.

Consider hypo-allergenic “baby wipes” to assist with cleanliness. Turn/move bedridden pets regularly to prevent pressure sores and to keep compromised skin as vital as possible. Wash/clean bedding/bed coverings regularly. Consider alternatives to clay litter to maximize feline foot cleanliness.

Happiness

The pet’s mental state is another critical component of QoL. Is there joy? Mental stimulation? Cats and dogs communicate with their eyes and facial expressions as well as their body postures. Distressed and painful cats often purr, so do not be deceived!

Our pets are social creatures and they appreciate interaction. With decreased mobility, hearing loss, visual impairment, consider positioning pets in proximity to family activities. Keep them with their “pack”. Happiness is the “will to live”.

Mobility

Be ready to recommend an appropriate mobility device early to maximize function and comfort (biomechanics). Options include:

- Sling
- “Bottoms Up” leash
- Ramps
- Carpeted steps
- Ruff Wear vests
- Wheelchairs/carts
 - K-9 Carts West
 - K-9 Cart Company East
 - Eddie’s Wheels
 - Doggon’ Wheels
 - Dewey’s Wheelchairs for Dogs
 - Walkin’ Wheels
- Snugglies/backpacks
- Wagon (e.g. garden wagon with a padded bed, Red Flier wagon)

More good days than bad

If the pet is “turned off” to life, or there are many bad days in a row, then QoL is compromised. Bad days = nausea, vomiting, diarrhea, seizures, unrelenting pain, difficulty breathing.

A healthy Human-Animal Bond is a 2-way street. Dying pets need and deserve to be differentiated from dying humans. There is no “reconciliation” or “spiritual enrichment” to come from allowing a pet to suffer to death. Pet owners may unwittingly wish for a “natural” death without understanding the potential negative consequences. A plan and regular QoL assessments can prevent a bad outcome.

QoL discussion

Start with an initial consultation to assess client goals, beliefs, concerns, and financial constraints. Assess co-morbidities to ensure all issues are being addressed to maximize comfort & function. Provide/schedule regular QoL Scale evaluations and pain assessments.

Provide regular, ongoing client guidance about comfortable bedding, safe surroundings, medications, feeding, wound management, assistive devices, physical medicine, etc. Put together a preparedness plan for the inevitable decline in the pet's health status - - advanced directive, 24-hour euthanasia options. Plan for unexpected escalations of pain or discomfort. Plan/preparedness for in-home euthanasia when desired. Plan for body-handling ahead of time to reduce stress during time of crisis. Have a plan in place for referral to grief support services if needed.

References

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May 2011, Volume 41, Number 3