PAIN ASSESSMENT IN INTERNAL MEDICAL DISEASES IN DOG: PRELIMINARY OBSERVATIONS

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Objectives - Pain is not always clearly identified, especially in no verbilizing patients. In order to reduce the effects of variability between operators, pain scales have been developed in humans and some of them have been adapted to dogs undergoing surgery [1,21]. However, little has been done to assess pain associated to internal medical diseases (IMD). The purpose of this work is to provide the results of a preliminary study, carried out in a group of dogs referred to the Teaching Veterinary Hospital of the Faculty of Perugia, aimed to recognise pain in subjects affected by IMD.

Methods - 61 dogs of different breeds, gender and age were divided into 4 groups: Group A: gastroenteric diseases (n°18); Group B: respiratory diseases (n°20); Group C: urinary tract diseases (n°13); Group D (control group): clinically healthy dogs (n°10). Each animal was evaluated by 3 groups of operators whom have different levels of training (students, recent graduates, teachers). Animals were observed for a time ranging from 20 to 30 minutes, the observation began with the patients being placed in the hospital's cages, then in the treatment room, free to walk around and ultimately outdoors walking on a leash. The observers, whom were familiar with the patient's history, reviewed a questionnaire filled out by the owner, which contained information on the usual behaviour of the animal, and then performed a clinical examination. Hospitalized dogs were assessed each day 4-5 times. Observations were then recorded in a pain score sheet developed by extrapolating pain indicators from existing animal pain scales and contributing new ones. Obtained results were compared with those achieved by Simple Descriptive Scale (SDS), Numerical Rating Scale (NRS) and Glasgow Composite Pain Tool.
Results and discussion - This procedure easily allowed to differentiate between reactions related to fear and pain, also keeping a record of the animal's behaviour in different situations. By using SDS and NRS, mild to moderate pain was identified in most cases: gastrointestinal disorders appeared to be the most painful conditions, or at least the most easily recognizable. The Glasgow Composite Pain Tool proved to be inappropriate in the assessment of pain due to fMD, as it was indeed expected. During the clinical examination, antalgic postures, such as false kyphosis, were confirmed as reliable indicators of acute pain. Other parameters, such as heart and respiratory rate, were increased both in diseased subjects and in controls with respect to basal values: moreover, scores resulted to be higher in patients with acute gastro-intestinal and respiratory diseases. Most of the dogs with a score from 3 to 6 (mostly belonging to groups A and C), appeared as calm as control subjects. This attitude, if associated with an average pain score, should lead to a suspicion of malaise. In hospitalized subjects, the possibility of serial repetitions of observations was useful to refine previous scores: by reevaluating the animal several times, all operators tended to give higher scores than the initial ones. With regard to the inter-operator variability, scores were almost superimposable in the 3 groups, although Group 1 always gave slightly higher scores than other ones, which may be related to the student's less rational approach, but also to a prolonged contact established with animals, especially if hospitalized. In our experience, although limited, introduction of a combined approach, including not only a semi-objective assess as obtained from scales already validated, but also a behavioural observation and thorough clinical examination, allowed to recognize pain, also of slight entity, in disorders in which analgesics are rarely used. Such experience must however be improved by increasing the sample size and the number of diseases taken into account, and including both acute and chronic pathologies.