



October 2017

Reminder: the deadline for feedback on the proposed changes to the Veterinary Medicines section of the Code is now **Tuesday 31 October**. Contact [Wayne Ricketts](#) for more information.

Ministry of Justice's work on family violence

The Ministry of Justice has contacted us about policies that veterinary clinics may have to address family violence issues. Abuse of animals is known to be associated with family violence, and many of you will be familiar with [this brochure](#) which outlines what to do if you encounter it at your practice.

Please read the following from Andrew Zielinski at the Ministry of Justice, and respond to him directly if you'd like to help.



The Government's Family Violence Multi-Agency Team is undertaking work to support practitioners, like veterinarians, who come into contact family violence situations, to be able to identify the violence and respond appropriately. Having policies and procedures in place that indicate how a practice will respond in such situations are an important aspect of addressing family violence.

The Family Violence Multi-Agency Team is interested to learn about what family violence policies veterinary practices have in place currently, with a view to considering what sorts of policies might be appropriate to promote and what other support might be helpful. If your practice has a policy in place that you're willing to share or have ideas on this matter, please contact Andrew Zielinski – Andrew.zielinski@justice.govt.nz or (04) 466-1881.

The Multi-Agency Team is undertaking a wide range of work in this area. In June 2017 the Ministers of Justice and Social Development launched two frameworks relevant to a wide range of practitioners

.The Family Violence Risk Assessment and Management Framework (RAMF) provides a common approach to screening, assessing and managing family violence risk across all organisations and practitioners. It contains useful information to support a common understanding of the nature of family violence.

The Family Violence, Sexual Violence and Violence within Whānau: Workforce Capability Framework (WCF) describes the competencies, knowledge, skills and organisational support needed across the workforce to lift capability.

Ministers have asked that the broad family violence sector read these documents, and consider what they would mean if applied in practice. They are not requirements, but some organisations have volunteered to test the frameworks and supporting material.

[Read about the frameworks and more background here](#)

Contact [Andrew](#) on 04 466 1881.



Zebra hoofbeats: the risk of pattern matching

A patient under treatment for Cushing's presented with malaise, retching and inappetance. After visits to five separate veterinarians over a 24 hour period, the dog was put down.

As part of its investigation into the dog's care, the Complaints Assessment Committee (CAC) sought comments from a specialist in small animal medicine. The committee found it was highly probable the dog suffered an Addisonian crisis, which was not diagnosed by any of the clinicians overseeing its care.

None of the veterinarians who assessed this dog considered Addison's or contemplated taking blood samples, or administering steroids or fluid therapy.

It's possible that anyone could be caught out when presented with what appeared to be a simple case of gastro. 'Common things occur commonly', and we can often catch ourselves saying, '*do not overthink this case, the symptoms fit with disease 'X' so let's treat that*'.

In this instance, 'pattern matching' thinking may have cost this patient her life. A review of the history, assessment of tests and symptoms found:

- a previous diagnosis of Cushings
- the dog was receiving treatment with Vetoryl (trilostane) – known to cause Hypoadrenocorticism (see reference below)

- symptoms of inappetance, nausea, dry retching
- referral ultrasonography indicating enlarged adrenals
- abnormal Na⁺/K⁺ ratio on recent blood testing
- continued deterioration and collapse over a 12 hour period.

Differential diagnoses

- Addisonian crisis arising from the use of trilostane was a reasonable possibility
- Primary gastrointestinal disease, including infiltrative cancer or ulcers, could not be ruled out.

The CAC felt that all the veterinarians involved in this dog's care should have recognised the possibility of an Addisonian crisis. Some of the veterinarians did not list differential diagnoses in their notes so it isn't clear whether or not they considered Addison's. One of the veterinarians mentioned 'overtreating Cushing's' as a possibility but it wasn't followed up in subsequent examinations and treatments.

The CAC was critical of the lack of basal cortisol level testing in the days leading up to this incident. This could have ruled out the possibility of a trilostane overdose. There wasn't any documented consideration of, or treatment for, potential Addison's disease with a glucocorticoid.

Given that five vets were involved in this case, the CAC considered that this could indicate a widespread failing. The CAC wanted to bring this to the attention of Council and the profession, as this may represent a more general failing within the profession in adequately diagnosing and treating Addisonian crises in patients under treatment for Cushing's disease (see references below).

What can I do?

- Perform more than a cursory review of all the patient's history and symptoms, especially patients with an ongoing condition
- Perform a thorough examination
- Assess the patient AND list differential diagnoses
- Plan the care and eliminate causes through testing and appropriate treatment trials.

As veterinarians, we need to remember that all drugs can have side effects. When an animal has clinical signs of something when they are being treated with any drug, we need to look at that drug's side effects and any drug interactions if there are multiple medication treatments.

Thank you to Dr Seton Butler for writing this article. Dr Butler was Chair of the CAC investigating this case.

References

Canine hypoadrenocorticism: Part I Susan C. Klein, Mark E. Peterson. *Can Vet J* 2010;51:63–69
Trilostane (Vetoryl, Dechra Veterinary Products, Overland Park, Kansas, USA) has recently gained popularity in treating pituitary-dependent hyperadrenocorticism. It reversibly and competitively inhibits the enzyme 3B-

hydroxysteroid dehydrogenase. This causes a decrease in conversion of progesterone to cortisol, aldosterone, and androstenedione, resulting in decreased mineralocorticoids and glucocorticoids (1,15). Trilostane was initially touted as a medical alternative to mitotane that carried few safety risks; however, there are reports of adrenal necrosis severe enough to lead to clinical and biochemical changes compatible with primary and secondary hypoadrenocorticism in dogs receiving trilostane (16,17). In some dogs, prolonged suppression of the adrenal cortex has occurred with eventual recovery, but in other dogs the loss has remained permanent (18–20). In 1 recent report, approximately 25% of the dogs treated with trilostane experienced at least 1 episode of hypoadrenocorticism during the treatment period (18). In the same study, trilostane was permanently discontinued in 11% of dogs because of prolonged cortisol suppression, although only 2% of the dogs required long-term glucocorticoid and mineralocorticoid supplementation (18). Prolonged hypoadrenocorticism occurs more commonly in dogs receiving trilostane for more than 1 y (18,19). Death of some dogs secondary to adrenocortical loss has been reported as well (16).

VETORYL® CAPSULES (trilostane) package insert

WARNINGS: Hypoadrenocorticism can develop at any dose of VETORYL Capsules. In some cases, it may take months for adrenal function to return and some dogs never regain adequate adrenal function. All dogs should undergo a thorough history and physical examination before initiation of therapy with VETORYL Capsules. Other conditions, such as primary hepatic and/or renal disease should be considered when the patient is exhibiting signs of illness in addition to signs of hyperadrenocorticism (e.g. vomiting, diarrhea, poor/reduced appetite, weight loss, and lethargy).

Meet the Council in Hamilton

VCNZ is holding a Q and A session for local vets in Hamilton on 22 November. This is your opportunity to come along and talk to your Council. Veterinarians based in the Hamilton area should have received an invitation with details. If you haven't received yours, [contact us](#) for details.