

SURVEY

Preliminary study on attitudes, opinions and knowledge of Italian veterinarians with regard to abdominal visceral pain in dogs

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Abstract

Objective To determine the attitudes, opinions and knowledge of Italian veterinarians regarding abdominal visceral pain in canine practice.

Study design Prospective online survey.

Methods An online questionnaire was created on a Google Form spreadsheet and the weblink was circulated to Italian veterinarians on several mailing lists. The questionnaire, which was available between November 2012 and July 2013, comprised 18 closed, semi-closed and open questions divided into five sections (aetiology, recognition and assessment, drug choices for canine visceral pain, general knowledge about pain management and desire for further education, and demographic information).

Results A total of 527 responses to the questionnaire were completed. Pancreatitis (19%), gastroenteritis (17%) and gastrointestinal obstructions or foreign bodies (9%) were highlighted as the most frequent causes of abdominal visceral pain. Posture, gait and movement changes (32%) and physiological changes (31%) were commonly quoted for pain recognition and assessment. Most

respondents (74%) did not use pain scoring systems. Pancreatitis and peritonitis were considered the most painful abdominal conditions. Opioids (40%), nonsteroidal anti-inflammatory drugs (21%) and tramadol (20%) were cited as drugs for the management of visceral pain. A large percentage of respondents (97%) believed that their knowledge regarding pain management required improvement. There is practitioner interest for more continuing education in the subject. Most respondents were women (66%), aged between 25 and 40 years (57%). Internal medicine (56%), surgery (34%) and anaesthesiology (29%) were the main three speciality areas of interest in this study.

Conclusions and clinical relevance This online survey represents the opinion of a small number of Italian veterinarians regarding the assessment and treatment of canine abdominal visceral pain. The results show that Italian veterinarians are aware of the main causes and clinical signs of canine visceral pain. Pain-scoring systems are not often used for the recognition and assessment of pain; however, according to these veterinarians, visceral pain is commonly diagnosed.

Keywords analgesia, dog, survey, visceral pain.

Introduction

Pain may induce a series of physiological and neurohumoral changes, as well as stress and suffering. In humans, visceral pain is commonly described as poorly localized and may be perceived as pain on the body surface or 'referred pain' (Sengupta 2009).

A fundamental task in veterinary practice is the recognition and treatment of pain, but in canine patients little is known about visceral pain, and current knowledge is primarily derived from studies investigating postoperative analgesia after ovariohysterectomy in dogs (Leece et al. 2005; Camargo et al. 2011; Morgaz et al. 2013; Tsai et al. 2013).

Several surveys have assessed the attitudes and concerns of veterinarians, nurses and students with regard to the recognition, assessment and treatment of perioperative or chronic pain in small animals (Dohoo & Dohoo 1996a,b, 1998; Capner et al. 1999; Hellyer et al. 1999; Lascelles et al. 1999; Raekallio et al. 2003; Hugonnard et al. 2004; Williams et al. 2005; Hewson et al. 2006; Joubert 2006; Coleman & Slingsby 2007; Mich et al. 2010; Keown et al. 2011; Weber et al. 2012; Bell et al. 2014; Lorena et al. 2014; Perret-Gentil et al. 2014). However, none of these studies have specifically addressed canine abdominal visceral pain.

The aim of this study was to gather information on the awareness of Italian veterinary practitioners about the frequency and causes of canine visceral pain and their ability to diagnose and treat it in their daily practice.

Materials and methods

A descriptive survey was designed for the study using convenience sampling.

A preliminary draft of a questionnaire containing closed, semi-closed and open questions pertaining to different aspects of canine abdominal visceral pain was created in Italian.

In order to identify whether respondents understood the questions and whether the meaning of questions was the same for all respondents, a pilot test was conducted in which 10 veterinarians were asked to complete the survey. Because of the nature and the scope of the survey, psychometric properties such as reliability and responsiveness (sensitivity to change) were not evaluated.

After slight modifications of the first draft, the final version of the questionnaire, consisting of five sections and including 18 closed, semi-closed and

open questions, was built using a Google Form spreadsheet (Appendix S1). Table 1 outlines the survey structure translated into English.

The system automatically generated a weblink to the final version of the survey. This, together with a cover letter containing information on the aim of the study, the time by which the survey needed to be completed, the organization behind the study, and an assurance that respondents would remain anonymous, was sent via email to the secretariats of the National Italian Veterinary Association and three pharmaceutical companies (Zoetis Italia, Merial Italia and Boehringer-Ingelheim Italia). They were asked, in turn, to forward both the link and the cover letter to their subscribers. In all cases, there was confirmation that the email had been forwarded. A second invoice was sent 4 months after the first, as a reminder. In addition, the survey was placed on the website of the Centro di Studio sul Dolore Animale (Study Centre on Animal Pain) of the University of Perugia, Italy. The survey was available between November 2012 and July 2013, and could be completed by veterinarians online, with their answers being automatically and anonymously stored in an Excel file generated by the system.

Statistical analysis

For answers to questions 1, 2 and 3 (open questions), different terms meaning the same thing were replaced by a single term (e.g. gastritis, enteritis, enteric inflammation and gastroenteric inflammation were all redefined as 'gastroenteritis').

For Question 1, answers were categorized into the following main items: diseases of the 'gastrointestinal tract', 'pancreas', 'urinary system', 'reproductive system' and 'peritoneum'. When cited conditions did not refer to any specific organ, tissue or system, they were grouped as 'miscellaneous'. In addition, an item entitled 'other' grouped all terms that were mentioned less than 5% of the time. Within each main item, specific diseases were then grouped according to their frequency of citation.

For Question 2, cited conditions were grouped according to their frequency of citation. Answers that were inappropriate to the question (e.g. mentioning thoracic visceral pain, or conditions observed in a different species) or that were mentioned less than 5% of the time were grouped as 'not pertinent' or 'other', respectively.

As for Question 1, answers to Question 3 were categorized into five main items as follows: 'posture,

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