

Review

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Veterinary behavioural medicine: a roadmap for the 21st century

Karen L. Overall *

Department of Psychiatry, Center for Neurobiology and Behaviour, School of Medicine, University of Pennsylvania, Philadelphia, PA 19104-6140, USA

Abstract

New areas of endeavour succeed either because they make a compelling case for their worth within an existing paradigm or because a new generation is raised for whom a once heretical paradigm is now the norm. It is difficult to tell which route will lead to the acceptance and growth of veterinary behavioural medicine, but the latter seems likely and, perhaps, necessary. As one of the newest specialities in veterinary medicine, behavioural medicine may suffer more than other specialities from an unclear identity because so many disparate groups who are not rooted in veterinary medicine have participated in its evolution.

There is also the issue of data. Behavioural medicine is often cited as a field for which there are very few hard data; however, it is also a field for which data collection can be difficult and time consuming for non-trivial questions. This is because behaviour is the ultimate integrator of all organ system responses, and as such, is a dynamic outcome resulting from the interactions of complex mechanisms. Understanding such systems is difficult, but progress can occur if an attempt is made to understand all the mechanistic levels that contribute to behavioural patterns and behavioural conditions. For this to happen we need a paradigm shift that moves us away from the medical paradigmatic model and towards a new paradigm that is based on hypothesis formulation and testing between interacting levels of mechanism. Clinical impression and expertise based on outcome must be replaced by a scientific method that provides for phenotypic definitions that are coupled to putative underlying, interacting mechanisms that can be evaluated. Only in this manner can phenotypic description and its clinical application in veterinary behavioural medicine keep pace with advances in molecular biology and genetic epidemiology that deal with genetic liabilities and vulnerabilities inherent in multi-gene and major gene effects.

This paradigmatic shift has the potential to revolutionize the way we view diagnoses in medicine, in general, but has particular implications for the care needed to characterize problematic and truly abnormal behavioural conditions. This approach also has the advantage of alerting us to when we do not know something, and forcing us to consider the needs of our patients on their own terms. A more rigorous scientific approach in this field could also go a long way in making us more humane.

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1. Introduction

This paper is the result of an experiment designed to learn whether one can convene a research meeting that can render credible the concept that veterinary behav-

ioural medicine is a true scientific discipline. Perhaps it is not surprising that veterinary behavioural medicine is still struggling for professional and academic acceptance: the field is a mere 25 years old. Compared to disciplines like surgery, cardiovascular medicine and oncology, disciplines like psychiatry are still considered poor step-children in human medicine. So, the extension that the analogous veterinary field is somehow also

* Tel.: +1 215 573 2893; fax: +1 610 399 4860.
E-mail address: overallk@mail.med.upenn.edu.

‘soft’, ‘touchy-feely’, and heavy on soliloquy and empathy but short on data may be logical.

For those of us who believe that compassion is best based on solid data that allow firm action and redress, the time has come to elevate veterinary behavioural medicine to a cutting-edge discipline. This can only be done by establishing a paradigm founded not on clinical impression, but on the scientific method. Because the field is so new we have the advantage of being unencumbered by hundreds of years of approaches and philosophies that have divided the human medical world into physicians versus scientists. For anyone who disbelieves that this rift exists, the recent focus on ‘evidence-based medicine’ in both the human and veterinary medical fields should be convincing. Veterinary behavioural medicine is uniquely positioned to create a new paradigm where care and treatment is the result of rigour in scientific enquiry and application of the resultant data.

1.1. History

Until the early 1980s most of those interested in helping companion animals with undesirable behaviours were not veterinarians. This task fell almost exclusively to dog trainers, those with a background in psychology, those who had studied animal behaviour, ethology, or sociobiology, and those who were good-hearted and generous but without formal training. The only thing that has changed in a quarter of a century is that veterinarians now also participate in this endeavour.

In the early 1990s the American College of Veterinary Behaviorists (ACVB; www.dacvb.org) began with eight charter diplomates: seven academicians and one research laboratory scientist. In 1995, the first class of candidates sat the exam for board certification, and as of the summer of 2004 there were 36 board-certified specialists members of ACVB, including two Canadians and an Australian. Most diplomates of the ACVB are now private practitioners, a trend that is a concern given the goals stated in this paper.

In Europe in 2003 the first charter diplomates, all of whom come from the practitioner community, were granted permission to create the European College of Veterinary Behavioural Medicine (ECVBM-CA; www.ecvbm-ca.org). The Royal College of Veterinary Surgeons (RCVS) recognized one academic veterinary animal behaviourist as a specialist in 2004. In Australia, two veterinary behaviour specialists have been registered in the past 15 years.

Prior to the creation of these specialty veterinary organizations, even ‘clinical’ behavioural concerns were primarily the purview of non-veterinarians. The Animal Behavior Society (ABS) in the USA has separate certification processes for those holding a PhD and, or a veterinary degree, and those with a Master’s

degree. Because ‘case reports’ describing ‘a rationale for diagnosis and treatment plans’¹ are one requirement for certification, the concern is that such certification procedures have encouraged the practice of medicine without a licence. In the UK, Southampton University has had a certificate programme in applied animal behaviour for a number of years, and both veterinarians and non-veterinarians can earn certificates. Prior to the creation of any veterinary certification groups in the UK, a number of other groups were created to meet the need of pet owners who were distressed about their pets’ behaviours including the Association of Pet Behaviour Counsellors (APBC; www.apbc.org.uk) in the UK and the Association of Pet Dog Trainers (APDT; www.apdt.org) in the USA. While veterinarians were and are members of these groups, the vast majority of the membership is non-veterinary. Many specialists would agree that much of the work done by these individuals is now well within the purview and charter of veterinary medicine, but that the groups can work together (Heath, 2001). As specialty development waxes, the practice of medicine by those not licensed to do so wanes.

Non-specialist veterinarians have also founded their own groups in the USA, Europe, and the UK. The American Veterinary Society of Animal Behavior (AVSAB; www.avma.org/avsab) requires that all voting members be veterinarians, while corresponding members can be licensed veterinary technicians or those with graduate degrees. In the UK, the Companion Animal Behaviour Therapy Study Group (CABSTG; www.cabstg.org) has a comparably broader membership, as does the European Society for Clinical Veterinary Ethology (ESCVE; www.escve.org), with the majority of members now being veterinarians.

Must the academician versus veterinary surgeon/practitioner dichotomy exist within the specialty? Probably not, but we must now consciously consider the effect on the field of such demographics. As discussed, the composition of the American specialty college is now weighted heavily towards those in practice. This change carries with it a proportional decrease in university based residency and post-graduate programmes. In the past 25 years there has been no net growth in full-time veterinary behavioural medicine positions and programmes in American universities, although some have relocated. One wonders where the next generation of veterinary scientists in the field will be trained. This issue is important for one major reason: rigour in the scientific method cannot become a life-long habit without the requisite training commitment and practice. Without this, research cannot advance as the field advances because

¹ Case report Guidelines, 2004, ABS board of professional certification.

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