CONSERVATIVE TREATMENT OF DJD

Pet owners do not want their pets in pain. Period. Arthritis is something they understand and often experience themselves; they do not want that experience for their pets. Understandable.

In veterinary medicine, it IS NOT as easy as, "Here is a pill. Cured. No arthritis pain."

To do it right…to achieve the goal of a more comfortable pet with confirmed arthritis, we need to do more.

First, we need to confirm "arthritis" and help owners characterize its significance. So many time, I hear owners say their pet has arthritis. When I ask how they know that, they say it was an injury from puppyhood or they are having trouble jumping on the bed or they are just old so "they must have it".

I completely understand the approach, "let's treat and see if it helps" vs. doing diagnostic tests. I use that approach a lot. The key for me is to phrase it that way with owners and re-enforce that we DON'T KNOW if the pet has arthritis and if things aren't getting better/getting worse with treatment trial, *we need to have a new plan*.

If it is reasonable to confirm a joint is afflicted using a physical exam (i.e it hurts when I push on it, it is thickened, or the patient winces when I do a forced flex or extend) or radiographs, then document that and keep the owner clear on what that likely looks like in their pet's daily life. Front foot arthritis will not likely change whether the pet chooses to jump on the bed. It will create a limp when overworked or walking on surfaces that create stress on the digits (i.e. soft bedding, deep grass, crusty snow).

And a progressive polyneuropathy, so common in large breeds for example, will look like "trouble getting up" but be completely pain-free. Just giving the owner that peace of mind…a non-painful disability…may be the kindest thing you can do. Or a case of L-S disease that is wickedly painful, may be best treated with surgical intervention on the middle-aged dog, instead of waiting years on insufficient pain medications for incontinence to set in.

And then there is osteosarcoma…that sneaky beast that can come on slowly in middle-late years and fool us all unless we stay vigilant with our physical exams of these dogs "assigned" arthritis by their owners.

Another component to recognizing and confirming DJD/arthritis is helping the owner to better characterize the disability and its **significance to daily life**. We all (will) live with DJD; we won't all suffer with DJD. It is part of living with a mammalian body, and we adjust and accommodate it as we move through life. I don't lift as heavy as I used to. I don't jump down those last 3 stairs like I used to. I remain daily low-impact active so I don't stiffen up. Accommodating a pet's lifestyle and putting DJD in perspective can be a very kind "therapeutic" for owners—to assuage their worry. Then we can pick and choose from the below list to go beyond that medically.

Treatment for chronic arthritis/degenerative joint disease will have several components:

- ❑ The first three are *weight loss, weight loss, weight loss*. No kidding, that is how I phrase it to pet owners…immeasurably, the most effective thing to treat (AND prevent) arthritis pain in an overweight/obese pet.

- Then we use the "acute pain" drugs. NSAIDs are it. Tramadol is a wimp; not doing much based on one clean study and personal experience. I advise "as needed" NSAIDs use for a chronic patient, and coach owners to use lowest effective dose. Meloxicam, with its easily adjustable dosing and low morbidity profile, is my choice for this application. One day is a 20# day, then the day after a weekend at the lake is a 50# day.
- Chronic use of gabapentin for this application is still up for debate, but worth trialling.
- Chronic supplements come in two types. I really like the effect I get from *high dose fish oil….1g / 10-15#* is my target (yes, big dose; many capsules). And I don't get fussy with EPA/DHA calculations, though those are our good guys. I offer human OTC or veterinary products, shooting for close to ~1g capsules for human product (range seems to be 700-1200mg (total omega-3) caps). (I have a 16y7mo golden retriever (as of this writing) on this dose since 10yrs…must be doing something for DJD and life!) (*Therapeutic use of fish oils in companion animals. JAVMA*, Vol 239, No. 11, December 1, 2011)

Table 1—Approximate dosages of EPA and DHA recommended as adjunctive dietary treatment for various clinical disorders in dogs.

Clinical disorder	Dosage (mg/kg$^{0.75}$)*	Approximate EPA and DHA dose for a 10-kg (22-lb) dog (mg)†
Idiopathic hyperlipidemia	120	675
Kidney disease	140‡	790
Cardiovascular disorders	115	645
Osteoarthritis	310‡	1,745
Inflammatory or immunologic (atopy or IBD)	125	700
NRC recommended allowance[22]	30	170
NRC safe upper limit	370	2,080

*Calculated on a metabolic BW basis; if BW is recorded in pounds, it must first be divided by 2.2 to convert it to kilograms for use in this equation. †Values have been rounded to the nearest 5 mg. ‡Dosage may be increased (depending on the severity and chronicity of the disorder) up to the NRC safe upper limit.

- Glucosamine supplementation remain up for debate too, but I recommend their use if owners want "something" and are clear that there may be minimal advantage (and minimal side effects). Glucosamine / Chondroitin / MSM are my go-tos; many veterinary and human products out there. (I dose based on the chondroitin fraction; see Plumb.)
- On the intervention side, we have *surgical denervation for the hip joint*. Low morbidity, low risk surgery. May reduce or eliminate need for NSAIDs longterm.
- Joint injections with *hyaluronic acid (HA)* may carry some early arthritic joints over a longterm, topping up every 3-6mo. Low risk, but need to repeat/maintain. Elbows can be injected without sedation in 95% of patients; food bribes work wonders. Other joints require a quick down-n-up with Propofol or equivalent.
- *Joint injections with steroids* can be used as an initial "quiet down" in an aggravated DJD joint, then followed with HA or just the ramping up of supplements. Or, if a joint is severe on radiographs and/or the pet is

geriatric, steroids can be used more liberally, if the owner recognizes the risk of joint infection and progression of DJD with steroid use.

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