

Effective Strategies, Dialogues and Tools for a Successful Weight-Management Program

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Abstract

With 40 to 59% of dogs and cats overweight worldwide, now is the time for every practicing veterinarian and their team to take leadership roles to help identify, treat and prevent this problem.^{1,4} Our private practice, located in Madison, Wisconsin, has developed a weight-management program that has evolved over the past 10 years into holding an annual pet weight-loss contest titled “Pets Reducing for Rescues.” The contest has helped motivate clients and raise awareness about pet obesity within our local community. Additionally, it has helped educate and increase the staff's satisfaction with delivering preventive care and strengthened our relationships with local rescue organizations.

Introduction

The high incidence and direct negative effects of obesity on pet quality and quantity of life, with as little as 15% excess body fat shortening a dog's life span,⁵ mandates that it be at the top of every preventive care clinic's priority list. The increased risk of diabetes, orthopedic disease and some types of cancer⁶ further defines this disease as a top priority if we are to truly follow our veterinary oath to prevent disease in dogs and cats. The primary-care veterinarian is the preferred source of nutritional information for pet owners, and the veterinary team is in a pivotal position to address this problem.⁷ Enhancing the owner-pet bond, increasing pets' quality and quantity

Glossary of Abbreviations

AAHA: American Animal Hospital Association
APOP: Association for Pet Obesity Prevention
BCS: Body Condition Score
BW: Body Weight
HRA: Health Risk Assessment
IBW: Ideal Body Weight
MCS: Muscle Condition Score
OTC: Over the Counter
PNA: Pet Nutrition Alliance
RER: Resting Energy Requirement
WSAVA: World Small Animal Veterinary Association

of life, preventing disease, reducing pet health care costs, and increasing job satisfaction are all direct benefits of an effective weight-management program. With the recent publication of the American Animal Hospital Association (AAHA) 2014 Weight Management Guidelines for Dogs and Cats, the previously published AAHA Nutritional Assessment Guidelines for Dogs and Cats, the World Small Animal Veterinary Association (WSAVA) Global Nutritional Guidelines, the pioneering work of Ernie Ward and his Association for Pet Obesity Prevention (APOP) website, and the Pet Nutrition Alliance (PNA) website (with relaunch scheduled for June 2015),

we now have excellent guidelines, resources and tools to help veterinarians and their teams develop and implement an effective weight-management plan. It is the author's hope that some of these strategies and dialogues we have developed, along with the resources and tools provided by the cooperative efforts of the veterinary medical groups just referenced, will result in effective weight management in many more pets in the future.

Basic Components of Our Year-Round Weight-Management Program

Assessment: Per AAHA and WSAVA nutritional guidelines, we perform a screening nutritional assessment at every wellness and medical visit.^{8,9} We take a full diet and environmental factor history to be sure we know what limitations

Effective Weight-Management Resources for Veterinarians	
American Animal Hospital Association (AAHA) 2014 Weight Management Guidelines for Dogs and Cats	https://www.aaha.org/public_documents/professional/guidelines/weight_management_guidelines.pdf
World Small Animal Veterinary Association (WSAVA) Global Nutritional Guidelines	http://www.wsava.org/guidelines/global-nutrition-guidelines
Association for Pet Obesity Prevention (APOP)	http://www.petobesityprevention.org/
Pet Nutrition Alliance (PNA)	http://www.petnutritionalliance.org/

may exist. Taking this detailed history is paramount and includes information about who and how the pet is fed; the client's feelings about food (organic, natural, grain-free, etc.); and ability to exercise, etc. Next, it is vital to our program's success for our patient care team to readily and consistently assess and record body condition score (BCS), muscle condition score (MCS) and ideal body weight (IBW). We train and coach technicians, assistants and new veterinarians to accurately assess IBW. We find this is the most-challenging metric. We use a combination of body condition score applying roughly a 10 to 15 percent adjustment per score and historical weight (ideally using a pet's 1 year of age weight if BCS was 5/9) to determine IBW. Baseline bloodwork is obtained if the pet is more than 20% over its IBW. We try to be as strict as possible in guessing a pet's IBW so we can get good early results that encourage clients to continue their efforts. We prefer to use the phrase "ideal body weight" in discussions with clients as it connotes health benefits and gives a "positive spin" to our dialogue. We have at least two patient care team members compare and discuss their IBW determination to keep it as accurate as possible. We always tell clients that we will reevaluate at subsequent weigh-ins.

Metrics: BCS, MCS and body weight (BW) are the primary metrics we use to provide a baseline and give the client an effective measure they can use at home to gauge their progress. BW is taken and recorded at every pet visit to the clinic, and BCS and MCS at every veterinary exam. BW is our key metric as it is readily available for home monitoring, easy to use and can be tracked by our practice management software. The ability to track trends in body weight over months to years has been extremely helpful as both an exam room tool and a client visual take home tool. (Figure 1) The ability to track

and share BCS and MCS on that same software would be ideal. Early in our program we tried to measure girth but were not able to have consistent results between examiners. Calculating percent BW loss enables us to identify progress toward the goal of IBW, avoid too rapid weight loss, and award prizes in our contest.

Client Dialogues: It has been helpful for us to focus on effective dialogues using open-ended questions whenever possible. Weight management can involve a complex array of client emotions that, if triggered, can impede our efforts to accomplish our goal of IBW. The client's attitudes and beliefs regarding BW, food safety, food ingredients, and even their personal weight issues can provide a veritable minefield of emotional reactions.

Once we understand a client's basic orientation using open-ended questions, we continue with a deeper dialogue that tries to identify strongly held beliefs, myths or "other family member issues," e.g., who else in the family may need persuasion or education besides the client presenting the pet to ensure the success of our plan. This knowledge allows us to work through any strong pet food biases or mistruths if a change in diet is necessary. Many of the pets we see are rescued as adults or are owned by a client who just moved to town so we are starting a fresh dialogue. We do have many clients who have been with the clinic for years as well. Regardless, the dialogue always needs to be focused, delicate, sensitive, and respectful to the previously mentioned emotionally charged areas. These dialogues can be time-consuming and challenging, but if the end goal is to find a way for the pet to lose weight safely and effectively, the time and effort is worthwhile. We always try to keep the dialogue focused on the positive benefits of IBW for the pet, frequently referring to the pet feeling better, living longer and less cost of care in the future. Perhaps the most important dialogue we can have is the discussion of IBW at the first puppy or kitten visit providing general nutrition and weight-management prevention strategies.¹⁰

Food, Calorie and Exercise Recommendations: Following the estimation of IBW, we make a food and calorie recommendation based on client preferences and the pet's percentage of overweight. We strongly urge the use of a prescription weight-management diet whenever the pet is 20% or more above IBW. We usually reduce caloric intake for dogs to be between 60 and 80% of RER of their IBW.^{11,12} Cats have been more challenging, and most have been restricted to between 50 and 70% of IBW RER using the prescription diet with the highest protein, divided into as many feedings per day as possible to simulate their natural diet.¹³ If a pet is less than 20% overweight and the client knows how much they are feeding, we simply recommend a 20 to 25% reduction in

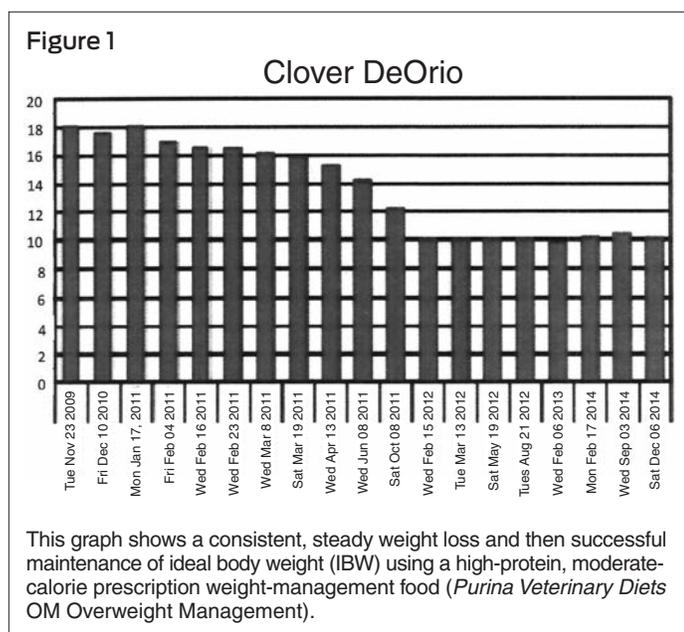


Figure 2

Protein Calculations for Feline Weight Loss Diets



West Towne
Veterinary
Center
6605 Mineral Pt. Rd, Madison
Phone: 608-828-3737

Current weight (lbs): **12.5** Ideal Weight (lbs): **9**

	Purina OM	Royal Canin Calorie Control	Purina Diabetes Management	Hill's R/D	Royal Canin Diabetic	Hill's Metabolic	Purine One Smart Blend	Calculations
% Crude protein (dry matter)	56	39.5	57	36	44	38.7	42.6	= A
Kcal/kg (calories per gram)	3240	3640	4118	3036	3512	3395	1787	= B
Protein Digestibility (grams/1,000 kcal)	173	109	138	119	125	114	238	C = (A/B) *10,000
Kcal/cup	321	259	592	264	423	291	197	= E
Kcal needed daily	Low end: 121		Average: 141		High End: 161			Average = D
Cups to feed per day for ideal weight	0.44	0.54	0.24	0.53	0.33	0.48	0.83	= D/E
Grams protein as fed	24	15	20	17	18	16	39	=C*D/1000
Daily grams protein needed (5grams/kg)	20							

Prescription weight loss diets are indicated when cats are more than 20% over their ideal weight.
-These provide the necessary protein and nutrients when reducing amount fed to achieve weight loss safely
-Weight loss diets usually allow more volume to be fed per day

volume, suggesting the addition of low-calorie, high-fiber treats such as carrots or green beans to replace the missing amount of food for dogs. We make a feeding plan by calculating and recording the calories per cup amount to feed and how many treat calories are allowed. We discuss the importance of high protein^{14,15} and sometimes provide a protein and calorie calculation sheet (Figure 2) that compares the protein of available diet pet foods and includes caloric density, which varies widely in over-the-counter (OTC) weight-loss foods.¹⁶ We recommend limiting treat calories to 10% or less and make an exercise plan based on what the client is willing and able to do. The accuracy in making, and skill in presenting, these feeding and exercise plans perhaps represents the art of getting client compliance. We try to complete these plans during the visit, but often we need to wait for lab work to identify exactly what food/what calorie content, etc., to provide to complete the plan. Accomplishing all of this in a 45-minute appointment can be challenging. We often find it necessary to do an Internet search to find calorie density and protein levels. It would be extremely useful to have ready access to this information for all commonly fed pet foods.

Effective Exam Room Tools: The use of effective exam room tools is vital to a successful weight management program. We routinely use the following tools in the exam room:

- 1) A poster with a 1-9 BCS graphic (Figure 3)
- 2) A historical BW graph if not the first visit
- 3) An exam form that has BCS, MCS IBW and percent over IBW as well as calorie, treat and food calculations and food recommendations (Figure 4)

We routinely send home these tools:

- 1) Commercially provided weight-management brochure
- 2) An 8 oz. measuring cup for dogs and a 2 oz. measuring cup for cats
- 3) Treat and food calorie range sheet (Figure 5)
- 4) Protein/calorie comparison sheet mentioned previously (case by case)

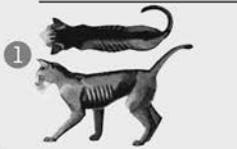
Effective Strategies: Our overriding vision for effective strategies is to approach weight management and the goal of IBW for every pet as always being the pet’s advocate. We have found if we hold this as our utmost goal in any preventive care modality (dentistry, parasite prevention, vaccination, etc.), substrategies will appear, and we can acknowledge and weave around emotional obstacles, cite evidence-based facts when appropriate, yet always emphasize what is best for the pet. Like veterinary dentistry treatment, we try to draw parallels between pets and humans, but with weight management we have to be more careful. We have found that by focusing intently on being the pet’s

Figure 3

PURINA® Body Condition System

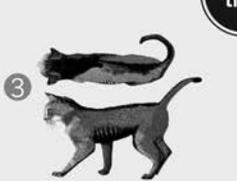


1. Ribs visible on shorthaired cats; no palpable fat; severe abdominal tuck; lumbar vertebrae and wings of ilia easily palpated.

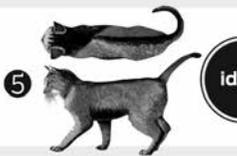


too thin

2. Ribs easily visible on shorthaired cats; lumbar vertebrae obvious with minimal muscle mass; pronounced abdominal tuck; no palpable fat.



3. Ribs easily palpable with minimal fat covering; lumbar vertebrae obvious waist behind ribs; minimal abdominal fat.



ideal

4. Ribs palpable with minimal fat covering; noticeable waist behind ribs; slight abdominal tuck; abdominal fat pad absent.

5. Well-proportioned; observe waist behind ribs; ribs palpable with slight fat covering; abdominal fat pad minimal.

6. Ribs palpable with slight excess fat covering; waist and abdominal fat pad distinguishable but not obvious; abdominal tuck absent.



too heavy

7. Ribs not easily palpated with moderate fat covering; waist poorly discernible; obvious rounding of abdomen; moderate abdominal fat pad.

8. Ribs not palpable with excess fat covering; waist absent; obvious rounding of abdomen with prominent abdominal fat pad; fat deposits present over lumbar area.



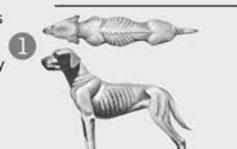
9. Ribs not palpable under heavy fat cover; heavy fat deposits over lumbar area, face and limbs; distention of abdomen with no waist; extensive abdominal fat deposits.

The BODY CONDITION SYSTEM was developed at the Nestlé Purina PetCare Center and has been validated as documented in the following publications:
 Mandy D, Baragos JR, Meyers T et al. *Comparison of body fat estimates by dual-energy x-ray absorptiometry and deuterium oxide dilution in client owned dogs.* *Compendium* 2015; 23 (4): 70
 Laflamme SP. *Development and Validation of a Body Condition Score System of Dogs.* *Canine Practitioner* July/August 1997; 22: 10-15
 Kistly, et al. *Effects of Diet Restriction on Life Span and Age-Related Changes in Dogs.* *JAVMA* 2002; 220: 1315-1320

VET 2899C-0914

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1. Ribs, lumbar vertebrae, pelvic bones and all bony prominences evident from a distance. No discernible body fat. Obvious loss of muscle mass.



too thin

2. Ribs, lumbar vertebrae/pelvic bones easily visible. No palpable fat. Some evidence of other bony prominence. Minimal loss of muscle mass.



3. Ribs easily palpated and may be visible with no palpable fat. Tops of lumbar vertebrae visible, pelvic bones becoming prominent. Obvious waist and abdominal tuck.

4. Ribs easily palpable, with minimal fat covering. Waist easily noted, viewed from above. Abdominal tuck evident.



ideal

5. Ribs palpable, without excess fat covering. Waist observed behind ribs when viewed from above. Abdomen tucked up when viewed from side.

6. Ribs palpable with slight excess fat covering. Waist is discernible viewed from above but is not prominent. Abdominal tuck apparent.



7. Ribs palpable with difficulty; heavy fat cover. Noticeable fat deposits over lumbar area and base of tail. Waist absent or barely visible. Abdominal tuck may be present.

8. Ribs not palpable under very heavy fat cover, or palpable only with significant pressure. Heavy fat deposits over lumbar area and base of tail. Waist absent. No abdominal tuck. Obvious abdominal distention may be present.



too heavy

9. Massive fat deposits over thorax, spine and base of tail. Waist and abdominal tuck absent. Fat deposits on neck and limbs. Obvious abdominal distention.

Call 1-800-222-VETS (8387), weekdays, 8:00 a.m. to 4:30 p.m. CT

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Figure 4

Canine Wellness Exam



Patient Name: Yoshi
 Client: Felicia Beauprey

Date: 02/05/2015

Examined

Weight Today 0.0 lbs

Subjective (History)

3 years and 6 months old MN S. Husky Previous weight/date:

Initials

Objective (Examination)

<p>1. Body Temperature 0.0 °F</p> <p>Pulse /min</p> <p>Respiratory Rate /min</p> <p>MM Color CRT sec</p>	<p>6. Heart</p> <p><input type="checkbox"/> Normal <input type="checkbox"/> Other/NE</p>	<p>13. Urogenital System</p> <p><input type="checkbox"/> Normal <input type="checkbox"/> Other/NE</p>
<p>2. Present Food/Calories/Treats</p> <p>Primary Food</p> <p>Cups/day Cal/cu Cal/da</p>	<p>7. Lungs/Respiratory System</p> <p><input type="checkbox"/> Normal <input type="checkbox"/> Other/NE</p>	<p>14. Lymph Nodes/Thyroid Glands</p> <p><input type="checkbox"/> Normal <input type="checkbox"/> Other/NE</p>
<p>3. Weight Management</p> <p>Body Condition Score</p> <p>Very Thin Ideal Overweight</p> <p>1 2 3 4 5 6 7 8 9</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>Ideal Weight 0.0 lbs</p> <p>Percent Overweight %</p> <p>Each BCS score = 10% over/under ideal wt.</p>	<p>8. Mouth/Teeth/Gums</p> <p>Mild Moderate Heavy Severe</p> <p>Tartar/Calculus <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Gingivitis <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Recession <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Overall <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p style="font-size: small;">* Based on the worst tooth in the mouth</p>	<p>15. Musculoskeletal/Nervous</p> <p><input type="checkbox"/> Normal <input type="checkbox"/> Other/NE</p> <p>16. Abdomen/Gastrointestinal</p> <p><input type="checkbox"/> Normal <input type="checkbox"/> Other/NE</p>
<p>4. Muscle Condition Score</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>No Wasting Mild Moderate Marked</p>	<p>9. Face/Nose/Throat</p> <p><input type="checkbox"/> Normal <input type="checkbox"/> Other/NE</p> <p>10. Eyes</p> <p><input type="checkbox"/> Normal <input type="checkbox"/> Other/NE</p> <p>11. Ears</p> <p><input type="checkbox"/> Normal <input type="checkbox"/> Other/NE</p> <p>12. Skin/Coat/Nails</p> <p><input type="checkbox"/> Normal <input type="checkbox"/> Other/NE</p>	<p>17. Pain Condition Score</p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Severe</p>
<p>5. Attitude</p> <p><input type="checkbox"/> Normal <input type="checkbox"/> Other/NE</p>	<p>17. Recommended Calories</p> <p>Total Cal/day</p> <p>Treat Cal/day (10% of total calories)</p> <p>Food Cal/day</p> <p>18. Recommended Amount of Food</p> <p>Food</p> <p>Cal/cu Cups/day</p>	

Figure 5



**West Towne
Veterinary
Center**

<u>Weight of Pet</u>	<u>Daily Calories Needed</u>
10 pounds	190-210
30 pounds	450-490
60 pounds	900-1000
Average Cat	160-180
<u>Dog Foods</u>	<u>Calories/Cup</u>
Royal Canin® CC HP	234
Hills Prescriptions Diet® R/D	242
Purina® OM	276
NutriSource® Wt. Manag.	320
Fromm® Weight Loss	321
Wellness® Wt. Manag.	325
Canidae® Chicken & Rice	475
Nature's Logic® Chicken	551
<u>Treats</u>	<u>Calories</u>
Medium Rawhide Chew	57
CET Hextra® Rawhide	40
Medium Milkbone®	40
Purina® Lite Snackers	15
1/4 cup green beans	9
Freeze Dried Liver Treats	7
Small slice of GS apple	3
Baby Carrot	3
<u>Not Approved, But...</u>	<u>Calories</u>
Beef Hotdog	180
American Cheese Slice	70
<u>Cats Food</u>	<u>Calories/Cup</u>
Royal Canin® CC HP	222
Hills Prescriptions Diet® R/D	263
Purina® OM	321
Fromm® Mature	370
Wellness® Healthy Weight	450
Nature's Variety® Ck/Br Rice	450
Evo® Chicken Turkey	602
<u>Treats</u>	<u>Calories</u>
Average Mouse	35
Feline Greenies®	7
Pounce®	3
<u>Activity (30 minutes)</u>	<u>Calories burned*</u>
Swimming	100
Walking	58
Sleeping	13

advocate, we are able to avoid any negative association or attention on the client's personal weight issues, if any. We find that keeping the conversation light, pointing out benefits and being supportive are the most helpful. The development of our yearly contest has helped clients focus on a realistic goal that involves friendly competition and a worthy cause. Hinging success with a direct effect on local rescue organizations, the contest provides a positive community-oriented focus and motivates a certain group of clients.

'Pets Reducing for Rescues' Annual Contest

To accomplish our goal of getting more pets to IBW and to enhance our clinic's focus on comprehensive preventive care including "brand independent" preventive and therapeutic nutrition, we decided to hold an annual contest titled

"Pets Reducing for Rescues" that makes weight loss engaging, motivating and fun for pet owners and provides the support needed to carry out our recommendations for effective, safe weight loss. This contest requires considerable veterinarian and team time and advanced education in nutrition, yet has been rewarding in many ways.

Background Period: For five years before our first contest in 2007, we developed in-house forms and attended lectures by board-certified veterinary nutritionists related to basic nutrition and weight-management strategies. We found some of the pet food company-provided weight-management tools useful, but many were too basic or "too branded," either of which we felt might turn our clients off. Madison, Wisconsin, has a highly educated and diverse populace that includes many academic, Internet technology and medical professionals, some who come from an "organic" lifestyle, so we developed tools of our own in order to be able to encompass the divergent philosophies of our clients and conduct a "brand neutral" contest. The first four contests were held at a large 12,000-square-foot clinic, which included a fitness center, grooming area and pet rehabilitation, located in a pet mall that also had a dog day care and boarding center, but it has been just as successful since our relocation/downsize to a 5,000-square-foot wellness, dentistry and grooming center.

Basics: "Pets Reducing for Rescues" is an eight-week free contest with two mandatory weigh-ins and two voluntary midpoint gatherings (one for cats and one for dogs). A kick-off weigh-in is held at our annual wellness fair with vendors, rescue organization representatives, contestants, and clinic staff participating. Between \$1,000 and \$1,500 in pet food prizes are awarded divided in six categories, with prizes awarded to pets that lose the highest percent of their BW over the eight-week contest. The categories are "Biggest 4-Pawed Losers" (cats and dogs 20% or more over their IBW), "Iron Cats" and "Iron Dogs" (pets between 5 and 20% over their IBW). All dog categories are further subdivided into over 40 lbs. and under 40 lbs. Rescue organizations receive \$5 for every pound dog entrants lose and \$20 for every pound cat entrants lose. If clients are unable to attend our kickoff event, we allow late enrollment for up to two weeks. In our 2014 contest, we had 42 total contestants (34 dogs and 8 cats), and in our 2012 contest, we had 53 (36 dogs and 17 cats). No contest was held in 2013 due to the timing of our relocation.

We hold special weigh-ins for cats at our very popular monthly "Cat's Night Out" events, adjusting the timing to coincide as closely as we can with the kickoff, the midpoint and the finale, which is primarily attended by dog entrants. Those cat visits are kept as stress free as possible to be consistent with our "Cat Friendly Practice" certification status. The Grand Finale is well attended and a heartwarming experience for contestants, rescue representatives and staff alike.

Figure 6

 <p>6th Annual </p> <p>“Pets Reducing for Rescues”</p> <p>Ideal Weight Contest</p> <p>For every pound your pet loses we will donate \$5 to your favorite Pet Rescue Organization! See westtownevet.com for details.</p>	 <p> West Towne Veterinary Center</p> <p>6th Annual</p> <p>“Pets Reducing for Rescues”</p> <p>For every pound your pet loses we will donate \$5 to your favorite Pet Rescue Organization. See westtownevet.com for details.</p>
<p>Ideal Weight Assessment</p> <p>Client Name: _____</p> <p>Email: _____</p> <p>Pet Name: _____ Breed: _____ Age: _____</p> <p>Today's Weight: _____ Weight at 1 year: _____</p> <p>Ideal Weight: _____ % Overweight: _____</p> <p>Body Condition Score 1 2 3 4 5 6 7 8 9 (ideal 5)</p> <p>Dr. _____ Rescue _____</p> <p>Please plan to attend the official weigh-in and Pet Wellness Fair on Saturday March 7, 2015 12:30-2 PM (If unable to attend official weigh-in, initial weights will be accepted until Saturday, March 12th at 12:00 PM)</p>	<p>CONTEST DIVISIONS</p> <ul style="list-style-type: none"> ◆ Biggest 4 Pawed Loser (Dogs and Cats) ◆ Iron Dogs/Cats ◆ Dog Pack/Cat Pride Challenge <p>PET WELLNESS FAIR & CONTEST KICK-OFF</p> <p>Saturday, March 7, 2015</p> <p>12:30 - 2:00 PM</p> <p>MIDPOINT WEIGH-IN</p> <p>Wednesday, April 1, 2015</p> <p>5:30 - 6:30 PM</p> <p>FINAL WEIGH-IN & CONTEST FINALE</p> <p>Saturday, May 2, 2015</p> <p>12:30 - 1:30 PM</p>
<p><u>CONTEST DIVISIONS</u></p> <p>Biggest 4 Pawed Loser (Dogs & Cats 20 % or more over ideal weight)</p> <p>Iron Dogs/Cats (Dogs & Cats 5-20% over ideal weight)</p> <p>Dog Pack/Cat Pride Challenge (Packs of 3 + pets from different families)</p>	

Sponsorship/Proceeds to Rescues: We reach out to all the major pet food companies, and they have been quite generous in their support, donating \$500 or more each in free pet food for each contest allowing us to give away between \$1,000 and \$1,500 in free pet food as prizes and incentives for pet owners. Additionally, we ask for and usually receive between \$500 to \$1,500 in cash sponsorships from veterinary biological companies that support preventive care, which goes toward modest local advertising in a weekly newspaper and helps defray minor costs of poster printing, etc. The clinic pledges the aforementioned amounts per pound of weight lost, the client chooses their preferred local rescue, and we encourage matching contributions to be donated at the contest end. This usually totals \$1,000 to \$1,250 in contributions divided among six to eight local rescue groups with two of the larger ones getting checks around \$500.

Contest Participants: The contest participants come overwhelmingly from our clientele, but each contest usually includes one or two referrals from other clinics as well as

several pets that are being fostered or in the care of local rescue groups and local humane societies. In the case of a nonclient participant, we always require a DVM waiver if the pet is over 20% above their IBW. Participants are variably motivated by the idea of joining a group, donating to a rescue, getting a free supply of food, or participating in a friendly competition, or all the above. We begin “prequalifying” pets one to two months before the contest kickoff as we see them for wellness or minor medical issues.

Contest Length and Timing: We use an eight-week contest length, knowing it is only the start of a yearlong/lifelong plan. We stage the contest in our slower late winter/early spring months to take advantage of the end of our inclement weather cycle when pets are typically their most overweight and people may be focused on their personal weight-management programs and be more compliant.

Effective Contest Promotional Tools: In addition to the exam room tools that we use in our year-round weight-

management program, we have developed some special forms for our contest that have proved effective. “Pre-Sign-up” forms are used one to two months before the contest in the exam room (Figure 6). Posters are displayed in the clinic and distributed to local businesses (Figures 7A and 7B). A press release goes out 30 days before the contest to prepare the media and get on their calendars. Reception area posters with before and after pictures of previous years’ winners and a display table of prizes in our reception area have been effective too.

Follow-Up/Engagement Strategies: To keep contestants engaged, we send targeted newsletters to participants with updates showing all contestants in their respective categories and the leaders in each category after the midpoint weigh-in, which is when the fun part of the contest begins. We indicate if a pet is in the contest in our electronic practice management “pop up” alert windows so staff can be aware and personally congratulate or encourage clients. We do regular postings on our main Facebook page and create a special page for contestants for each contest so they can share their stories and pictures. Previous contestants share success stories and strategies at the kickoff and midpoint weigh-ins. We discuss progress at all medical and wellness appointments during the eight-week period, make phone calls and send

emails that motivate, encourage and reward clients. Informal discussions at the front desk and in reception areas are often the most effective. Our monthly “Cats Night Out” events often include discussions and pet weights, which provide some follow-up to those attendees. Motivation of contestants, once in the contest, is challenging. Our drop-out rate has been higher for cats than dogs but fairly consistent from contest to contest. In 2014, 57% of dogs and 29% of cats were retained. In 2012, 63% of dogs and 56% of cats were retained. From the human literature, getting people to self-monitor and engage in physical activity were consistently associated with better weight-loss outcomes.^{17,18,19} These are areas we are excited about investigating so we can improve our retention rate for future contests.

Ongoing Philosophy and Culture:

Although the contest runs only two months of the calendar year, the changes and additions we have made to exam room tools, client handouts and our preventive care forms along with the training in client dialogues and strategies have instilled an awareness for staff and many clients of the need to always monitor exercise, ration food amounts and be aware of the calories in all foods and treats. Many people enroll in subsequent years often “graduating” from “Biggest 4-Pawed Loser” to “Iron Dog” or “Iron Cat.” Our staff is strongly

Figure 7A

**6th Annual
“PETS REDUCING FOR RESCUES”
Ideal Weight Contest
Kickoff & Wellness Fair**
March 7th, 2015 • 12:30 – 2 PM

- CONTEST DIVISIONS-**
IRON DOGS & IRON CATS (5-20% over ideal weight)
BIGGEST 4 PAWED LOSERS--DOGS & CATS (20% or more over ideal weight)
DOG PACK/CAT PRIDE 3 or more dog or cat team from families, friends or co-workers
- CONTEST-**
• Free 8-week contest
• Free nutrition consultations
• \$1000 in prizes
- WELLNESS FAIR-**
• Vendors/free goods
• Clinic & grooming tours
• Preventive care displays & discussion

WEST TOWNE VETERINARY CENTER WILL DONATE \$5 FOR EACH POUND LOST! (TO RESCUE YOU CHOOSE)

IDEAL WEIGHT PETS LIVE LONGER, FEEL BETTER & ARE HEALTHIER!

Heyrex ROYAL CANIN PRO PLAN VETERINARY DIETS zoetis

West Towne Veterinary Center
6605 Mineral Point Rd. • 608.828.3737
2 blocks east of West Towne Mall (near Panera & CVS)
www.westtownevet.com

Figure 7B

**2015 IDEAL WEIGHT CONTEST
PETS REDUCING FOR RESCUES
PRIZE LIST**

	Iron Dog	Iron Dogs	Biggest K9	Biggest K9	Iron Cat	Biggest Feline	Cat Pride	Dog Pack
	>40lbs	<40lbs	Loser >40lbs	Loser <40lbs		Loser		
1 st Place	\$100	\$75	\$100	\$75	\$75	\$75	Special prizes based on number of entries	
2 nd Place	\$75	\$50	\$75	\$50	\$50	\$50		
3 rd Place	\$25	\$25	\$25	\$25	\$25	\$25		

All prizes are for the Royal Canin or Purina food of your choice (up to the printed monetary value)

Heyrex PURINA VETERINARY DIETS ROYAL CANIN zoetis

encouraged to assess and enroll their own pets, which has always made them much better IBW advocates.

Results/Rate of Weight Loss: We developed a spreadsheet to monitor and track weight-loss category winners, percent weight-loss rates and the rescue chosen for donation. This spreadsheet records every weight taken at the clinic whether during grooming, food pickup, a wellness visit, or special weigh-in. It is regularly monitored to detect too rapid or not enough weight loss. With caloric allocations of 50 to 87% of IBW RER, client-owned dogs have been reported to have an average weight loss of 0.85% per week, and cats fed 32 Kcal/kg BW, an average weight loss of 0.8% per week.^{20,21} In our 2014 contest, 34 dogs lost between 0 and 1.8% per week with an average of 0.6%, and 8 cats lost between 0 and 2.5% per week with an average of 0.8%. In our 2012 contest, 36 dogs lost between 0 and 1.7% per week with an average of 0.9%, and 17 cats lost between 0 and 1.5% per week with an average of 0.8%. These averages may not be directly comparable to published studies, yet it is interesting how close the percentages are. Strict analysis is needed to confirm.

Challenges and Opportunities: As mentioned before, this undertaking requires a tremendous amount of staff time that could be directed toward other worthy preventive areas (wellness testing, dentistry, breed-specific wellness, etc.). At the beginning of every year, we set our preventive wellness calendar, and it always seems appropriate to give that time in this area that affects so many of the patients we see. There would be many strictly business reasons (poor return on investment, time-consuming nature of additional continuing education, food inventory, etc.) not to continue it. Despite it not being profitable in a direct sense, it has helped us fill our role as a cutting-edge preventive care clinic, enhanced our bond with clients, and has improved our relationship with local rescue organizations.

What Would Make Implementing a Weight-Management Program/Contest Easier or More Effective in the Future?

Better Tools in the Exam Room: Exam room tools, e.g., easier access to calorie and protein levels of all foods, and better staff training in how to influence client behaviors would be helpful. The use of an electronic pre-exam health risk assessment (HRA) to streamline the history, give the client a preview of the importance of IBW, and expedite the exam-room dialogue is being explored for implementation.

Better Client Motivation/Quantification of Results:

As previously referenced by drawing from studies and successes in human medicine, two components — self-monitoring and exercise — have increased success. To that end, in

our contest this spring we will be using an accelerometer-based system to record pet motion and activity. We hope to do an informal study to determine if these devices are useful to document the effect of different exercise programs and/or the motivation value for clients of trending activity data before, during and after the contest.

Physical Activity/Environmental Enrichment for Cats:

While there has been limited data on the benefits of exercise for weight management for dogs, there is almost none for cats. Knowing the challenges of getting cats to exercise,²² we have remodeled the second level of our veterinary clinic to be a fully equipped “cat gym” that will be used to exercise contestants, and house and treat foster cats with moderate to severe obesity.

Conclusion

This area of veterinary medicine although one of the most challenging because of the lack of evidence-based medicine and its emotionally charged and time-consuming nature, is also one of the most exciting because it provides the potential for us as pet care researchers and primary-care veterinary providers to have a major impact on a large number of pets for little or no cost to the pet owner. In fact by “simply” shaping their behaviors, we can save them money in both feeding and pet care costs and improve the quality and quantity of their pets’ lives. How many other diseases in veterinary medicine could we choose in which we could make as much of a difference?

Continued cooperation from organized veterinary medicine groups like AAHA, WSAVA, AVMA, ACVN, AAVN, NAVTA, etc., and alliances like PNA are crucial as they leverage the expertise of board-certified nutritionists as the gatekeepers of evidence-based nutritional information but include practitioners to keep those tools relevant and useful. As current chair of the PNA Educational Tools Committee, our committee’s primary goal is to provide tools to effectively educate veterinary teams and clients. We applaud the continued research and support from companies like Purina, Hills, Iams, Royal Canin, and Zoetis for all the weight-management and preventive care research they provide to allow us to use as much evidence-based nutrition as possible to battle pet obesity.

References:

1. Lund EM, Armstrong PJ, Kirk CA, et al Prevalence and Risk Factors for Obesity in Adult cats from Private U.S. Veterinary Practices. *Intern J Appl Res Vet M.* 2005;3:88-96.
2. Lund EM, Armstrong PJ, Kirk CA, et al. Prevalence and Risk factors for Obesity in Adult Dogs from Private U.S. Veterinary Practices. *Intern J Appl Res Vet M.* 2006;4(2):177-186.

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3. Courcier EA, O'Higgins R, Mellor DJ, et al. Prevalence and Risk Factors for Feline Obesity in a First Opinion Practice in Glasgow, Scotland. *J Feline Med Surg*. 2010;12(10):746-753.
 4. Courcier EA, Thompson RM, Mellor DJ, et al. An Epidemiologic Study of Environmental Factors Associated with Canine Obesity. *J Small Anim Pract*. 2010;51(7):362-367.
 5. Lawler DF, Evans RH, Larson BT, et al. Influence of Lifetime Food Restriction on Causes, Time, and Predictors of Death in Dogs. *J Am Vet Med Assoc*. 2005;226(2):225-231.
 6. Kealy RD, Lawler DF, Ballam JM, et al. Effects of Diet Restriction on Life Span and Age-Related Changes in Dogs. *J Am Vet Assoc*. 2002;220:1315-1320.
 7. Bartges J, Boynton B, Vogt AH, et al. AAHA 2012 Canine Life Stage Guidelines. *J Am Anim Hosp Assoc*. 2012;48:1-11.
 8. Freeman L, Becvarova I, Cave N, et al. WSAVA Nutritional Assessment Guidelines. *J Small Anim Pract*. 2011;00:1-12.
 9. Baldwin K, Bartges J, Buffington T, et al. AAHA Nutritional Assessment Guidelines for Dogs and Cats. *J Am Anim Hosp Assoc*. 2012;48:1-11.
 10. Buffington T. Importance of Follow-Up to Success of Weight Management. Focus on Obesity and Obesity-Related Diseases. *Nestlé Purina Companion Animal Nutrition Summit Proceedings*. 2011:99-102.
 11. German AJ, Holden SL, Mather NJ, et al. Low-Maintenance Energy Requirements of Obese Dogs After Weight Loss. *Brit J Nutr*. 2011;106(Suppl 1):593-596.
 12. Wakshlag JJ, Struble AM, Warren BS, et al. Evaluation of Dietary Energy Intake and Physical Activity in Dogs Undergoing a Controlled Weight Loss Program. *J Am Vet Med Assoc*. 2012;240(4):413-419.
 13. Zoran DL, Buffington CA. Effects on Nutrition Choices and Lifestage Changes on the Well-Being of Cats, a Carnivore That Has Moved Indoors. *J Am Vet Med Assoc*. 2011;239(5):596-606.
 14. Laflamme DP, Hannah SS. Increased Dietary Protein Promotes Fat Loss and Reduces Loss of Lean Body Mass During Weight Loss in Cats. *Intern J App Res Vet M*. 2005;3:62-68.
 15. Laflamme DP, Hannah SS. Increased Dietary Protein Promotes Fat Loss and Reduces Loss of Lean Body Mass During Weight Loss in Dogs. *J Vet Intern Med*. 1998;12:224.
 16. Linder DE, Freeman LM. Evaluation of Calorie Density and Feeding Directions for Commercially Available Diets Designed for Weight Loss in Dogs and Cats. *J Am Vet Med Assoc*. 2010;236(1):74-77.
 17. Baker RC, Kirschenbaum DS. Self-Monitoring May Be Necessary for Successful Weight Control. *Behav Ther*. 1993;24:377-394.
 18. Jakicik JM. The Effect of Physical Activity on Body Weight. *Obesity*. 2009;17:S34-S38.
 19. Wadden TA, West DS, Neiberg RH, et al. One Year Weight Losses in the Look AHEAD Study: Factors Associated with Success. *Obesity*. 2009;17:713-722.
 20. German AJ, Holden SL, Bissot T, et al. Dietary Energy Restriction and Successful Weight Loss in Obese Client-Owned Dogs. *J Vet Intern Med*. 2007;21:1174-1180.
 21. German AJ, Holden SL, Bissot T, et al. Dietary Energy Restriction and Successful Weight Loss in Obese Client Owned Cats: Loss of Lean Tissue Mass Correlates with Overall Percentage of Weight Lost. *J Feline Med Surg*. 2010;10:452-459.
 22. Vogt AJ, Rodan I, Brown M, et al. AAFP-AAHA Life Stage Guidelines. *J Feline Med Surg*. 2010;12(1):43-54.