# Research

EDITORIAL

# Time to talk about behavioural problems

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WITH their report on discussions between veterinarians and clients during annual examinations, summarised on page 235 in this week's issue of *Veterinary Record*, Roshier and McBride (2012a) have issued a clarion call for improvement in how we train veterinarians. Veterinary medicine is a field that increasingly lauds itself for progress in advanced care and One Health, yet the portrait painted here, in regards to behavioural advice, resembles absent care and half health.

During 17 visits with six veterinarians, clients told veterinarians a total of 58 concerns they had about their dogs' behaviours. Only 10 of these 58 concerns were discussed at all during the consultation, and none was fully pursued. One would be hard pressed to believe that, had the clients complained of finding 58 enlarged lymph nodes, only 17 per cent of them would have been explored.

That such dichotomy still exists within veterinary medicine between the practise of somatic healthcare and mental healthcare is unsatisfactory, both economically and for public health. In the USA, the average practice loses $2200 per relinquished cat and $3300 per relinquished dog, on average, in the most simple, basic services that are not delivered over an average 15-year lifespan (ASPCA 2011). Not included in this estimate is grooming, boarding, products of any kind (including food), any surgery, first year or emergency care. Even when providing only minimal care, veterinary surgeons don't have to lose very many patients to behavioural issues to realise that their lost income could have become the cost of equipment, a retirement plan or an associate.

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In three shelters in Melbourne, Australia, of the top 13 rank-ordered, client-driven reasons for relinquishing a dog, 10 were driven directly by the dog's behaviour (eg, too much time/work/effort) and the remaining three had other reasons (eg, cost) (Salman and others 2000, Marston and others 2005). Most behavioural problems develop or become fully pronounced during social maturity (approximately 10 to 24 months), so dogs euthanased or relinquished for behavioural reasons don't live long enough to need, for example, treatment for neoplasia or endocrine disease, to warrant a consult with a cardiologist or to benefit from physical rehabilitation or specialised nutritional care. The biggest untapped fiscal and intellectual 'growth market' in veterinary medicine is in the pets lost from the veterinary population because of behavioural concerns. Specialty practices that include behaviour services encourage the use of other specialties (Herron and Lord 2012). The same is true for general practices.

Clients recognise that their animals are unwell based on their behavioural changes. If we use any aspect of behavioural change to inform us about somatic illness, we should also be using such changes to inform us about behavioural illness. Yet, as so eloquently reported by Roshier and McBride (2012b), most veterinarians are not sufficiently comfortable with their knowledge of veterinary behavioural medicine to deliver appropriate care. Of the six veterinarians participating in the study, only two had any training in veterinary behaviour and/or behavioural medicine while at veterinary school, and only one conducted behavioural consultations. Of 17 areas of behavioural concern that the veterinarians were specifically asked about,