

Raising the question, “Is your dog leaking?”

Have you ever had the experience of going to a human or veterinarian health care provider and returning home to realize your concern had not been resolved — possibly not even addressed? Clearly you were concerned enough to schedule an appointment and at the very least intended to put your mind at ease about your concern.

So why didn't your issue get resolved or perhaps even addressed? There is plenty of blame to go around when there is a failure to address a health issue, but there are really only two people to consider responsible when our issue doesn't get resolved. Busy health care providers may not always ask pointed questions particularly if they relate to sensitive, potentially embarrassing issues. Similarly, patients and pet owners may be uncomfortable raising awkward issues that they may underestimate the importance of.

Interestingly, human dentists probably do the best job of addressing problems. That may be because of the fact that they are literally looking the problem in the face, making it difficult to say of the patient, “Well, they never told me they had a cavity!” Perhaps more than any health care provider, it is the dentist's role to look for problems that the patient may not be aware of. Gum disease, bad breath, and mouth lesions such as early tumors: these findings may be generally more visible to a dentist well before the patient is aware of them.

On the other hand, we as patients and pet owners may fail to initiate a discussion simply because we forgot. In a rushed and heavily multi-functional office call, it can be easy to forget a subtle-but-serious concern. One way to be sure all of one's problems and concerns are covered is to write them all down on a written list to go over with the health care professional.

“I don't want to talk about it”

Another area we as pet owners or patients fall short is when, for any of a number of reasons, we simply avoid an issue. Without inquiring exploration, these issues might go unaddressed. It might be a matter of embarrassment. It might be a fear of a possible outcome. Issues like sexual dysfunction, clinical depression, excessive food, alcohol, or recreational drug self-medication all seem to be covered by a “don't ask, don't tell” attitude to discussions. The incidence of STDs, drug addiction, and clinical depression would seem to be less frequently discussed than more familiar concerns like obesity, tobacco use or other non-infectious diseases that are more common than widely appreciated. Yet consider the number of doses of anti-depressants, erectile dysfunction drugs, and weight reduction aids.

Asking the right questions

A common problem that is increasing in incidence as our society ages is urinary incontinence or leaky bladder syndromes. Television ads for drugs to aid in bladder control are common. Even more evident is the expanding list of absorptive pads and adult diapers. Clearly there is a market for these products, and yet initiating the discussion is most likely the role of the patient or caregiver. Have you ever had your doctor ask if you are dribbling urine without control?

Urinary incontinence may go undiagnosed for some time before it is approached. Just think how sensitive issues like bed wetting among children or urinary incontinence particularly among post-parturient women can be. So these concerns in people must be pretty uncommon, right? Well, not exactly: 25 percent of men over 65 experience significant erectile dysfunction, and 50 percent of men have experienced intermittent dysfunction. Post-parturient incontinence is often considered a normal sequel to childbirth. Yet it is hardly a daily component of conversation, and unless the patient initiates the conversation, it is unlikely to be discussed. Many patients find it more than a little uncomfortable to raise these concerns with health care providers.

It is the role of the veterinarian to stress the need for preventive care and early diagnosis. Urinary incontinence is surprisingly common in pets, but is frequently undiagnosed. Often by the time the pet owner raises the question, the problem is significant enough to interfere with the pet's relationship with the family. It may be intermittent. It may affect dogs that do not sleep in the house. Dogs that cannot control their bladder generally smell unpleasant and may be relegated to living outdoors. Veterinarians, too, have a need to be proactive in diagnosing this syndrome. The odor of urine on a dog may be the first finding. It is important for veterinarians to inquire about unexplained puddles and odors in all "at-risk" patients.

I would suggest that in addition to the questions that have been advocated by the Partnership for Preventive Healthcare, you add another set of questions:

- 1) Do you ever find unexplained wet areas where your pet sleeps or relaxes?
- 2) Do you ever smell unexplained urine like or sour odors associated with your pet?
- 3) Does your pet ever urinate or leak urine in her sleep?

These simple questions can help initiate the conversation about and clinical diagnostic approach to the diagnosis of urinary incontinence. A complete history, including questions about toilet habits and hygiene, along with a thorough physical examination are the starting point. One should also consider performing a urinalysis with special consideration for urinary infection, and exploratory diagnostic tests to rule out conditions that may be resulting in polydipsia and polyuria.

This condition can generally be controlled using drugs to return normal function to the urinary sphincter reestablishing the quality of life for both the pet and the owner.

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