



LOOKING INWARD

Both employers and employees play a role in fostering a healthy workplace culture in veterinary practices.



MEET THE AUTHOR

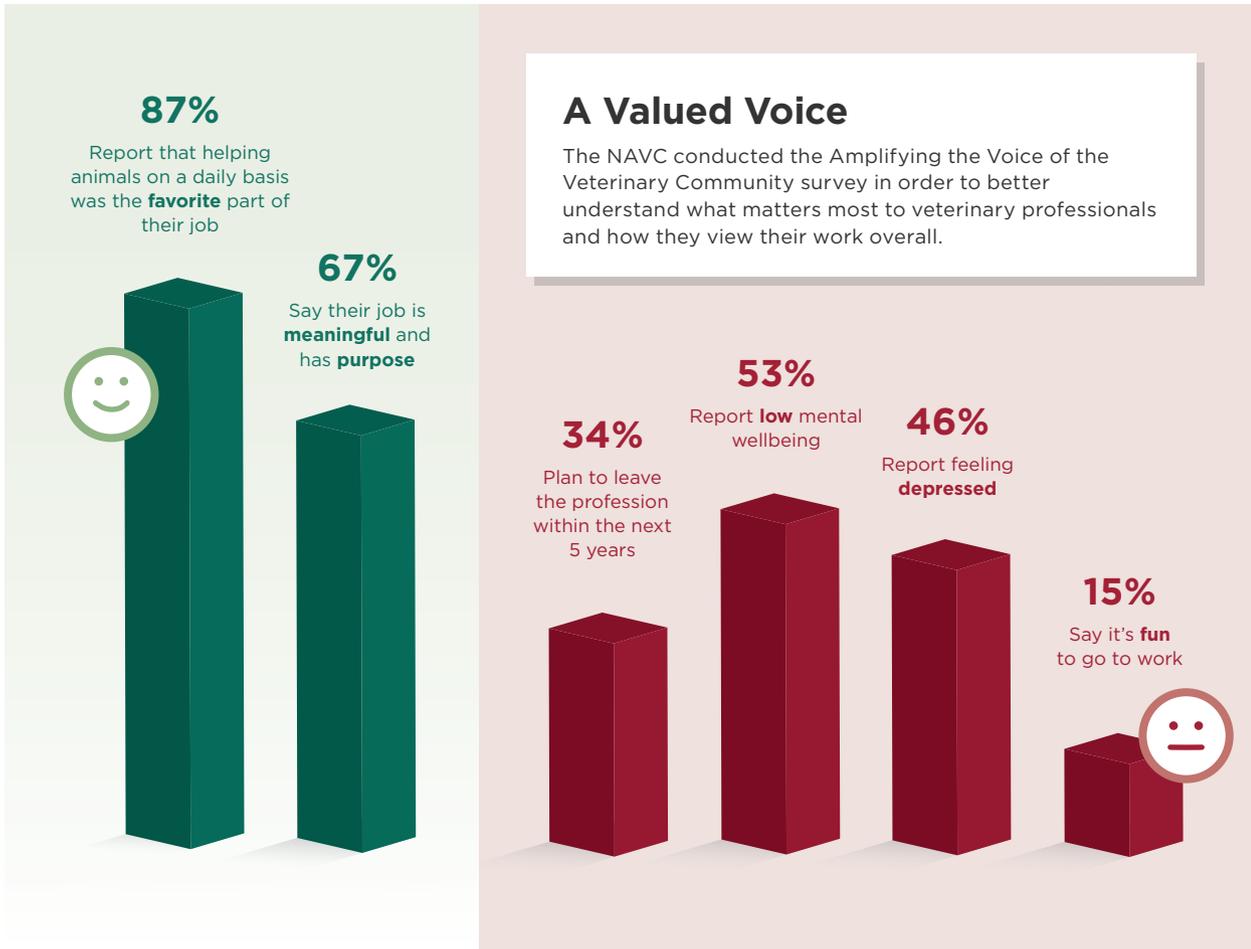
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Wellness Resources for a Whole Team

Are we doing enough for the mental health and wellness of our profession? Can the next steps we take in preventing suicide in the veterinary profession make a difference? We have taken the first step in acknowledging that mental health and wellness concerns are impacting our practice and profession. Long gone are the days of pretending that mental health concerns and general wellness are best left outside of the practice and that employees should leave their “problems” at the door. We recognize that addressing employee mental and emotional health is crucial for the wellbeing of our veterinary practices and profession as a whole.

Jamie Holms has 17 years of experience in the veterinary field, most in emergency and critical care. Prior to that, she was an animal control officer and a veterinary team manager for a 24-hour practice in Los Altos, Calif. She is currently the administrative manager for Dr. Andy Roark and Uncharted Veterinary Conferences. Jamie is passionate about mental health and suicide prevention in the veterinary community and is a firm believer that education reduces stigma and increases survival. She is a certified Mental Health First Aid responder, QPR gatekeeper, and certified gatekeeper instructor. Jamie is an administrative rock star, organizational aficionado, tea geek, and workaholic.

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A report from the Mental Health in the Workplace Summit held in 2018 confirms that mental illness is the leading cause of disability for U.S. adults aged 15 to 44.¹ In fact, the report found, more days are lost to absenteeism due to mental health than to other illnesses or injuries. Mental illness costs the global economy 1 trillion dollars in lost productivity.² The costs of chronic disease, work-related injuries and illnesses, stress, and employee disengagement in the U.S. surpasses 2.2 trillion each year—or 12% of the country’s gross domestic product.³

The NAVC’s Amplifying the Voice of the Veterinary Community survey, conducted in December 2019, found that of the 608 veterinary professionals who responded, 53% of veterinary nurses reported low mental wellbeing and 46% reported feeling depressed.⁴ On a positive note, 87% reported that helping animals on a daily basis was the favorite part of their job, and 67% said their job is meaningful and has purpose. Despite the overwhelmingly positive response regarding their love of animals, only 15% of survey participants

said it was fun to go to work; 34% said they planned to leave the profession within the next 5 years.

It’s interesting to point out that while 85% of our coworkers are not having a good time at work, fewer than half of those people are thinking about leaving the field. That means that the rest of our unhappy coworkers are going to keep coming into work. In fact, that unhappy veterinary nurse might even be you. While I don’t want people to leave the veterinary field, I am a strong believer that people who are not happy doing what they are doing should find something else. I’m also an advocate for personal responsibility. As individuals and as a profession, we are responsible for our day-to-day happiness in our work.

CONTRIBUTING FACTORS

As of 2019, the World Health Organization (WHO) officially recognized workplace burnout as an occupational phenomenon.⁵ While burnout is not classified as a medical condition, it is classified as a



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syndrome resulting from chronic workplace stress that has not been successfully managed. WHO further classifies burnout by the following 3 factors (which are specific to the occupational context and should not be used to describe experiences in other areas of life):⁵

- Feelings of energy depletion or exhaustion
- Increased mental distance from one's job, or feelings of negativism or cynicism related to one's job
- Reduced professional efficacy

The responsibility of the employer or practice manager is to ask employees how they can help them be most successful at work. As employees, we must answer these questions and be responsible for helping to foster a healthy workplace culture in our practices.

3 STEPS TO IMPROVE WORKPLACE WELLBEING

1. Spearhead a workplace wellness initiative and wellness culture shift.

Creating a successful, impactful, long-lasting mental health and wellness initiative requires more than offering a gym membership, health screenings, or yoga and meditation classes. An ideal initiative will involve a culture shift. It encourages teamwork and healthy habits practice-wide. We all know veterinary medicine is a team effort. Our approach to wellness and mental health can be approached from a similar vantage point.

The Do's and Don'ts

Do: Bring it to the team. The first step in a workplace-wide wellness initiative requires finding out which options your coworkers are most interested in and how and if they would like to participate. Include questions about what would help support sustained participation and what

environmental factors could enhance wellness for them. This doesn't have to come from management. Employees can spearhead wellness initiatives as well.

Do: Engage wellness champions. There are people within your practice who are already active, practice good nutrition and mindfulness, and have healthy habits. Invite them to help and give them opportunities to lead.

Do: Make small, incremental changes. It's easy to get overwhelmed when making change. Your wellness initiative should be implemented incrementally to help build healthy habits over time and maintain engagement.

Don't: Make participation mandatory. Not everyone will participate in wellness offerings; some people will be enthusiastic and engage right away, others might need encouragement. Keep in mind that there is not a one-size-fits-all approach to wellness.

Don't: Focus only on employees living with mental illness. Enhancing wellbeing practice-wide will maximize the energy, effectiveness, and positivity of every employee. Wellness is for everyone.

2. Use a multimodal approach to suicide prevention and mental wellness.

Break the stigma around talking about mental health concerns. Remember that suicide prevention needs to be as multimodal as pain control.

The Do's and Don'ts

Do: Get appropriate training. It can be difficult and even inappropriate to speak with your coworkers about their mental health. Enter the professionals. Employee assistance programs (EAPs) have trained professionals who can teach supervisors and coworkers about mental health and how to handle sensitive issues. EAPs are designed to assist companies in "addressing productivity issues" and employees in "identifying and resolving personal concerns."⁶ You can also utilize community and online training opportunities like Mental Health First Aid (mentalhealthfirstaid.org) and ASK (askassessupportknow.com) to educate yourself and your team on mental health and suicide prevention.

Do: Ask if you can post #4EyesSaveLives stickers or magnets on your lockboxes, in break rooms, and in

bathrooms. Talk to your management and coworkers about why this is important to your practice.⁷

Don't: Ignore the signs that a coworker may be struggling with depression.

3. Set the example.

Cultivating a workplace environment centered on healthy habits and good choices begins with you.

The Do's and Don'ts

Do: Take your breaks, and encourage your coworkers to take breaks and get out of the building.

Do: Lead a wellness challenge.

Do: Be open about the wellness challenges you face.

Don't: Work through your lunch. Martyrdom is so last decade.

WHY DOES IT MATTER?

Addressing mental and physical health in the workplace may seem like an insurmountable journey, but it starts with very small but intentional steps. We are in this together. This is your tribe, these are your people. Use the following questions to help you develop the next steps to wellness in your practice. What resources do you already have? Who in your practice is already a wellness champion? Why does this matter to the culture of your practice? What does a wellness shift in yourself and your practice culture look like in 1 year? What 3 small steps will you take in the next 8 weeks to begin this process? **TVN**

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Semintra® (telmisartan oral solution) 10 mg/mL

For oral use in cats only
Angiotensin II Receptor Blocker

Brief Summary: Before using SEMINTRA, please consult the product insert, a summary of which follows:

Caution: Federal law restricts this drug to use by or on the order of a licensed veterinarian.

Description: SEMINTRA (telmisartan oral solution) is a clear, colorless to yellowish viscous solution containing 10 mg/mL telmisartan.

Indication and Usage: SEMINTRA is indicated for the control of systemic hypertension in cats. The initial dose of SEMINTRA is 1.5 mg/kg (0.68 mg/lb) orally twice daily for 14 days, followed by 2 mg/kg (0.91 mg/lb) orally once daily. The dose may be reduced by 0.5 mg/kg (0.23 mg/lb) increments to a minimum of 0.5 mg/kg (0.23 mg/lb) orally once daily to manage SEMINTRA-induced hypotension. SEMINTRA can be administered directly into the mouth, or next to or on top of a small amount of food. Do not mix into food.

SEMINTRA should be administered using the dosing syringe provided in the package. The dosing syringe fits onto the bottle and has 0.1 mL incremental marks. The dose should be rounded to the nearest 0.1 mL. After administration close the bottle tightly with the cap. Rinse the dosing syringe with water and let air dry.

If the cat vomits within 30 minutes of dosing, the cat may be re-dosed.

Information for Cat Owners: Adverse reactions can occur with use of SEMINTRA. The most common adverse reactions reported during the field studies included vomiting, diarrhea, lethargy, weight loss, anemia, and dehydration.

Contraindications: Do not use in cats with a hypersensitivity to telmisartan.

Human Warnings: Not for human use. Keep out of reach of children.

SEMINTRA is an angiotensin II antagonist/angiotensin receptor blocker (ARB). Pregnant women should avoid contact with SEMINTRA because substances that act on the renin-angiotensin-aldosterone system (RAAS) such as angiotensin receptor blockers (ARBs) can cause fetal and neonatal morbidity and death during pregnancy in humans.

Precautions: SEMINTRA can cause mild anemia or non-regenerative anemia. Cats should be monitored for anemia when initiating treatment with SEMINTRA.

SEMINTRA may cause inappetence and weight loss in some cats. Cats should be monitored for weight loss when initiating treatment with SEMINTRA. Use with caution in cats with a history of vomiting, inappetence, or weight loss.

SEMINTRA has not been evaluated in cats with systolic blood pressure >200 mmHg.

The safe use of SEMINTRA in cats with hepatic disease has not been evaluated. SEMINTRA is metabolized by the liver.

The safe use of SEMINTRA has not been evaluated in cats less than 9 months of age, or in cats that are pregnant, lactating, or intended for breeding. See **Human Warnings**.

The safe use with other anti-hypertensive medications has not been evaluated.

Adverse Reactions: The safety of SEMINTRA was evaluated in a 28-day field study in 192 cats. Adverse reactions that occurred include vomiting 46 (24.0%), diarrhea 18 (9.4%), lethargy 13 (6.8%), weight loss 13 (6.8%), decreased appetite/inappetence 13 (6.8%), non-regenerative anemia 11 (5.7%), dehydration 10 (5.2%), retinal lesions (target organ damage) 4 (2.1%).

The long-term safety of SEMINTRA was evaluated in an open-label, 5-month field effectiveness and safety study in 107 cats that received at least one dose of SEMINTRA. Adverse reactions that occurred in this study are weight loss 37 (34.6%), vomiting 32 (29.9%), dehydration 18 (16.8%), non-regenerative anemia 17 (15.8%), anorexia 14 (13.1%), diarrhea 12 (11.2%), lethargy 12 (11.2%), decreased appetite/inappetence 11 (10.3%), heart murmur 10 (9.3%), death, euthanasia, found dead 9 (8.4%), cough 8 (7.5%), and retinal lesions (target organ damage) 6 (5.6%).

Nine cats died or were euthanized during the study. Three cats had progressive chronic kidney disease that may have been affected by telmisartan treatment, concurrent disease, or inadequate control of hypertension. The other six cats died of causes unrelated to treatment (e.g. neoplasia).

To report suspected adverse drug events, for technical assistance, or to obtain a copy of the Safety Data Sheet (SDS), contact Boehringer Ingelheim Vetmedica, Inc. at 1-866-638-2226. For additional information about adverse drug experience reporting for animal drugs, contact FDA at 1-888-FDA-VEIS or at <http://www.fda.gov/AnimalVeterinary/SafetyHealth>.

Effectiveness: Effectiveness was demonstrated in a 28-day multi-center, controlled, randomized and masked field study in client-owned cats with hypertension, and in an open-label 5-month field study.

28-Day Field Study

In a 28-day study, 288 cats with hypertension (systolic blood pressure [SBP] 160-200 mmHg) were enrolled in the study and randomized to treatment with SEMINTRA (telmisartan oral solution) (n=192) or vehicle control (n=96). The study population included cats with hypertension associated with chronic kidney disease or controlled hyperthyroidism, or idiopathic hypertension. The per protocol population for effectiveness was 141 SEMINTRA treated cats and 79 control cats. SEMINTRA was administered orally at 1.5 mg/kg twice daily for 14 days, then 2 mg/kg once daily until study end; the vehicle control was administered at a mL/kg volume equivalent to SEMINTRA. The two primary variables for effectiveness were comparison of the SEMINTRA and control group mean SBP (mSBP) from baseline to Day 14, and a decrease in mSBP >20 mmHg in the SEMINTRA group from baseline to Day 28. Cats with SBP >180 mmHg at Days 14 or 28 were rescued and removed from the study. There was a statistically significant difference between the mSBP for the SEMINTRA group compared to the control group at Day 14 (p=0.0005). At Day 14 the SEMINTRA group mSBP decreased by 23.2 mmHg, and the control group mSBP decreased by 7.3 mmHg. At Day 28, the SEMINTRA group mSBP decreased 23.9 mmHg compared to baseline.

5-Month Field Study

One hundred-seven cats from the SEMINTRA group that had successfully completed the 28-day study were enrolled in a 5-month open-label study. At the beginning of the 5-month study most cats were administered SEMINTRA at 2 mg/kg once daily. Cats that experienced hypotension (defined as SBP <120 mmHg) at 2 mg/kg once daily could have the SEMINTRA dose reduced to 1 mg/kg once daily. Cats that experienced hypotension at 1 mg/kg once daily could have the SEMINTRA dose reduced again to 0.5 mg/kg once daily. Cats were evaluated for SBP, target organ damage (TOD; primarily assessed by retinal photographs), clinical pathology and adverse reactions. SBP was measured on Days 28, 56, 98, 140 and 182 and retinal photographs and clinical pathology were collected on Days 28, 98 and 182. Seventy-three (68.2%) cats completed the study (Day 182), 8 cats were removed for hypertension (SBP >180 mmHg), 2 cats were removed for hypotension, 10 cats were removed by the owner or for owner non-compliance, 8 cats were removed for new or worsening TOD, and 6 cats were removed for adverse reactions unrelated to TOD. Twenty-six cats had dose reductions to 1 mg/kg once daily to manage hypotension. Of these 26 cats, 10 had an additional dose reduction to 0.5 mg/kg once daily.

NADA 141-501, Approved by FDA

Manufactured for:

Boehringer Ingelheim Vetmedica, Inc.
St. Joseph, MO 64506, U.S.A.

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