



Veterinary Association of Namibia

OFFICIAL
NEWSLETTER
OF THE VET-
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ASSOCIA-
TION OF NA-
MIBIA

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INSIDE THIS ISSUE:

| | |
|----------------------|---------|
| President's Desk | 1 |
| Case report colic | 2- 3 |
| New VAN members | 3 |
| Stress | 4- 7 |

THE MANGA

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Presidents Desk

From the President's Desk

Dear Colleagues

From the VAN EXCO we wish you all a happy and prosperous new year. After a well deserved rest we can hopefully face the challenges of the new year with new energy and enthusiasm.

We can look back at a very successful VAN congress 2012 with high quality Scientific lectures covering a wide field of Veterinary Science, as well as a fantastic support by our partners in the Industry. All the South African companies and reps have to put in a lot of additional effort and expense to attend our congress. We need their support to stage our congress. Therefore it is important that we also support these companies where we can.

The main emphasis of the Scientific Program at this congress was on production animals with a smaller part on companion animals. In general all lectures were very practically orientated to benefit the veterinarian in the field.

Dr Diethardt Rodenwoldt has been appointed as the new VAN Representative to the Veterinary Committee of the NMRC, we appreciate his continuous contribution and commitments to the veterinary profession in Namibia.

I represented VAN at a meeting of the LPO of the Namibian Agricultural Union to discuss the status of Campylobacter and Trichomoniasis in cattle in Namibia. The persistent low fertility in cattle in Namibia is of great concern to the NAU. We as Veterinarians in Namibia must support and assist organised agriculture to establish the importance of Campylobacter and Trichomonas in cattle and to contribute to the eradication of these diseases. Every veterinarian working with livestock, whether state or private, whether clinically or advisory can con-

tribute in this project, either in the field or at farmers days, meetings and through the NAU. We encourage all our members to contribute towards the Campylobacter and Trichomonas problem.

Your contributions and proposals towards CPD, VAN congress, etc. will also be greatly appreciated. In our Association we strive to have continuous contact and discussions between our members. You are welcome to send your contributions in writing to VAN Secretary, or directly to me.

With kind regards,

Anselm Voigts

CASE REPORT —SUSPICIOUS DATURA POISONING IN HORSES

The following report is a summary of a marked increase in colic cases at a riding stable in Swakopmund between September 2011 and February 2012. It is a summary of all the cases seen that we considered to be caused by some kind of intoxication, without going into too much detail of individual case treatments. We could not confirm Datura poisoning, but strongly suspect it to have been the cause in at least a few of the cases.

The riding stables at the coast rely solely on hay from farms and concentrates supplied by various manufacturers as source of food. Following the very good rains in 2010-11, a number of unexplained mild to severe colic cases had to be attended to in the 6 months.

All the cases occurred at one stable in Swakopmund with the exception of one case from Henties Bay. Other stables in the area fed grass from the same suppliers, but no similar cases were observed.

In total 25 calls for colic-like symptoms were attended to, of which 5 were treated for 2-5 days. Of the 5, 3 had to be euthanized.

The **milder cases** showed mild depression, loss of appetite, preferring to lie down, reduced borborygmi and reduced fecal production. Most of them displayed some kind of “phleming” (lifting the upper lip while extending the neck) as well as mild muscle tremors. Some even had more pronounced colic signs with pawing at ground and attempting to roll. Rectal examination was usually negative, although some had mild impactions of the large intestine. Response to painkillers and oral laxatives/liquid paraffin was good, although owners did report a prolonged period of being off-colour. Some horses had repeated episodes and additional deworming /gastric ulcer medication/ activated charcoal was used. Although it was difficult to distinguish these cases from normal colic call-outs, the frequency was just unusual and increased the suspicion of a common cause probably in the food.

The more **severe cases** showed more or less the same symptoms:

The initial call would be for a mild colic. The first examination usually revealed nothing abnormal. Although a painkiller was injected, about 2-3 hours later the condition would change dramatically. Gaseous bloat, reduced to near absent borborygmi, mild muscle tremors to muscle twitching and CNS depression. Tachycardia (60-70 bpm) was always present, but without the usual severe colic signs. On rectal examination gas filled small and large intestinal loops were present, often extending into the pelvis. Dry rectal mucosa and mydriasis was also present. Treatment at this stage included iv fluids, clopamon, painkillers, supportive treatment and trocarisation through the flanks or rectally. Oral fluids/laxatives could not be given due to gastric reflux. Although the trocarisation gave short-lived relief, the borborygmi stayed absent in all 8 quarters. 2 Horses were put down after 18-24hrs, as they got progressively more depressed. A third horse was euthanased after 5 days. 2 survived with gut motility recovering after 24-48hrs respectively.

Any colic case with trembling, severe depression, reluctant to move, tachycardia, dry rectal mucosa, dilated pupils, dirty mucous membranes, atony of the gut, gastric reflux and no response to painkillers would be a definite candidate for surgical intervention, if the owners wants to carry on. As that option is not available in Namibia, euthanasia is often the last resort

Post mortems were done in all 3 cases. The horse that was kept alive for 5 days eventually had a ruptured stomach just before euthanasia. A gas filled gut without any obstructions was the main finding. Histopathology of organs submitted was non specific.

Although we had an extensive look at samples of the grass, concentrates, gut content and faeces of affected horse, no seeds or plant parts resembling Datura could be found.

All *Datura sp* contain parasympatholytic Alkaloids (Atropin, Scopolamine, Hyoscyamine) with an anti-muscarinic effect on the body if ingested. Horses are the most susceptible of all animals. Transmission of autonomic impulses at ganglia and neuromuscular junctions are blocked which can lead to the following symptoms: Mydriasis, dry mucus membranes, colic, tremors, convulsion, respiratory paralysis, coma, gastric dilation and unresponsive ileus to name a few. Urine tested for traces of the active ingredients is the only way to make a positive diagnosis of *Datura* intoxication.

Summary: Although the symptoms presented by the badly affected horses were similar to that seen in more severe "surgical" colic cases, it is worth mentioning some differences.

Tachycardia present very early, not altered by the use of painkillers vs tachycardia linked directly to the level of pain and later the toxic state of the compromised body.

CNS depression seen from the start, again not altered by painkillers vs. depression occurring only with severe pain or terminal endotoxic shock .

Near total absence of borborygmi and gas accumulation not limited to a specific part of the gut vs. segmental gas accumulation and borborygmi absent in some quarters only.

Although the horses appeared to be in a lot of pain, they did not exhibit the normal signs related to severe pain like pawing, rolling, restlessness, crouching etc.

The use of painkillers did not resolve all the symptoms vs. a good response to painkillers and a good indicator to opt for surgery once the response is poor.

With the first severe cases we did think the horses were in uncontrollable pain, and euthanasia was strongly suggested. With the last case in February, the horse was only treated with iv fluids and activated charcoal and made a full recovery after 48 hours. All food was withheld for the two days. Painkillers given initially had no effect and we decided not to repeat them.

At the time grass for the stable was delivered by two suppliers. All affected horses ate grass from one supplier. Once that supplier discontinued his supplies, the cases stopped. A collection of various plants on the farm where the grass originated from, were collected for identification. No plants known to be toxic to horses, were identified.

We would appreciate feedback from colleagues who had similar experiences.

Hartmut Winterbach and Diethardt Rodenwoldt

New VAN members

- 1) Dr. Vimanuka Gibs Mutjavikua, BSc Agric 200, BVSc 2012, currently stationed State Vet Opuwo
- 2) Dr. Annalie Louwrens, BSc 1993, BSc Hon 1995, MSC Agric 1996, MSC Agric TAD 1998, BVSc 2011, currently State Vet Karas region
- 3) Dr. Juliet Ndubu Kabajani, BSc 2005, BVM 2011, currently in Windhoek as Veterinary Diagnostician
- 4) Prof. Japhet Robert Lyaku, BVSc 1985, MVSc 1987, PHD 1994,

STRESS

Stress is what happens to our body when a “pleasant” or “unpleasant” demand is placed upon it. Using this definition, we are all stressed a few times each day! If depression creeps in and deepens, we find it increasingly more difficult to escape from the combined condition often resulting in poor performance at work, breakdown of personal relationships leading to alcohol abuse, drug abuse, attempted /successful suicide or family murders.

The first paragraph is true of any person in any country in the world no matter how safe and secure the environment. South Africa’s high level of crime and violence just magnifies the whole issue!

MYTHS REGARDING STRESS

Myth 1:

Only unpleasant situations are stressful.

Winning a jackpot can be as stressful as losing your job; and falling in love can be as stressful as breaking up.

Myth 2:

What’s stressful to me is stressful to you.

Situations are rarely stressful in and of themselves. What causes one person to “flip out” might not even ruffle another. Stress is not something “out there”, it’s something we create. It’s dependent upon how we interpret situations and how we relate to the world around us. The good news is – if our mind creates our stress, then our mind can decrease our stress!

Myth 3:

In the ideal world, there wouldn’t be any stress.

Too little stress (leading to boredom) can make us as miserable as too much stress. Everyone has an optimal level of stress (i.e. life change). One of the secrets of happiness is determining how much stress is enough and how much is too much – then doing something about it.

THE VETERINARY PROFESSION

A survey of the veterinary and medical professions carried out in the United Kingdom (UK) during the 1970’s revealed that the veterinary profession had the highest divorce rate of all professions surveyed. Dentistry had the highest suicide rate.

In 1993, a report published in *Population Trends* listed occupations in order of Proportional Mortality Ratios (PMR) for suicide. Top of the list were veterinarians. The analysis covered men only, and was based on UK death registrations from 1979 to 1990. Vets had three times the expected number of deaths from suicide, dramatically outstripping their nearest competitors – pharmacists, dentists, farmers and medical practitioners – all of whom had around twice the general population’s expected deaths. The profession with the lowest PMR was physiotherapy.

In 2001, the New Zealand Veterinary Association and Veterinary Council of New Zealand combined to run a stress survey in New Zealand. An Australian state is preparing to run the same survey amongst its veterinarians

New Zealand’s national trends indicate that the suicide rate is rising. Since 1988, death by suicide has increased by 24%, now at around 22 per 100,000 population. Suicide has recently become the leading cause of death due to injury, ahead of motor vehicle accidents and homicide. And for every person who dies from suicide, another 30-40 have attempted it. These trends hold true for the veterinary profession. Rumour suggests that men in their forties and fifties are the most common suicide victims amongst vets however, of the suicide cases reported in New Zealand during the

last 5 years, the majority have been new graduates. Contributing factors could be due to: isolation – both physically and professionally. Many new graduates feel overwhelmed by practice; dealing with clients, long hours and feelings of inadequacy. They are also daunted by the prospect of frequently asking for advice, especially when practice owners unsuccessfully hide impatience from their inexperienced employees. New graduates often blame themselves for the death of patients during this transitional year. Financial responsibilities accumulated from student loans and setting oneself up in practice also contribute to depressive illness leading to self-medication through drug or alcohol abuse.

HOW CAN PROFESSIONAL SUICIDE BE PREVENTED?

Mentor Schemes

These schemes are aimed at helping young vets with the stress of transition from university to practice. Non-university mentor schemes have been tried in many Australian states but the logistics of keeping in touch with new graduates proved impossible. The university-based schemes where the new graduates already know their mentors were more successful. Towards the end of the final year, all students are asked to list in order of preference three faculty members they would like as mentors.

Debriefing

Psychologists believe that crisis points should be better recognised by the profession and vets be encouraged to “de-brief” after such events. Stress is cumulative and if not released, will result in “breakdown”.

De-briefing or release points could include the following: the university’s mentor scheme, friends or family, a sympathetic employer or a professional counsellor.

Transition to practice

Australia recently developed guidelines for New Graduate Friendly Practices. Participating practices commit to providing support, supervision and backup to new graduates. In Australia, employers are legally responsible for the physical and psychological well being of their employees.

Stress proofing - “Vaccinating students for practice”

Veterinary graduates face a lifetime of stress peculiar to the profession. More can be done at the undergraduate level to give people the skills to cope. Be pro-active and stress-proof people. The University of Sydney Veterinary School has planned a new curriculum with a course in the first three years called Professional Practice, covering personal as well as professional skills. Years four and five will include lectures from psychologists. In the USA, some veterinary schools have full time psychologists included in the staff compliment. The University of Melbourne in Australia has a practitioner-in-residence who spends 10 weeks with the graduating class, during which time business advisers, career counsellors and psychologists are asked to give life-skills presentations.

Students must be taught how to recognise signs of depression in themselves and arrest it before they hit the downward spiral.

SIGNS OF STRESS IN YOUR COLLEAGUES:

Increased irritability

Indecision

Overeating or anorexia

Loss of sleep

Increased drinking and or smoking

Tension and anxiety

Physical symptoms such as headaches, indigestion

Loss of sense of humour or well-being

Relationship problems

SIGNS OF MAJOR DEPRESSION:

Persistent sad or empty mood
Low libido or impotence (very strong indicator)
Substance abuse
Feeling hopeless, helpless, guilty, pessimistic, worthless
Fatigue
Disturbance in eating or sleeping
Increased crying or anxiety or panic attacks
Trouble concentrating, remembering things or making decisions
Persistent physical symptoms that don't respond to treatment
Thoughts of suicide or plans for attempts

SIGNS THAT A FRIEND OR COLLEAGUE MAY BE CONSIDERING SUICIDE:

Veiled references to suicide or a general preoccupation with death
- a person might say "I can understand why they might do that"
Talking about feelings of hopelessness
- "I probably messed that up" or "I just can't get it together. Nothing will ever change!"
A depressed person suddenly feels happy
- a major pointer is when a person reaches rock bottom and suddenly seems to spring up again. Watch out for a person ringing old friends and talking in final terms: e.g. "I just want you to know how much you've always meant to me."
Making arrangements
- a new will, giving away possessions, suddenly organising to do something he or she has always wanted.

22 PROVEN STRESS REDUCING TIPS:

- Don't pin negative labels on yourself. Forgetting an appointment only means that you forgot an appointment; it doesn't mean you are "scatterbrained".
- Be careful of falling into an "I want it now" mentality. Computers, fax machines and microwave ovens work fast; people work slower.
- Remember that the best thing about the future is that it comes only one day at a time.
- Talk about your problems with a trusted friend or, if necessary, a health professional.
- Less is more. Being happy with one dog does not mean you'll be twice as happy if you get another dog.
- See "failures" as stepping stones rather than roadblocks.
- Do the things you enjoy but stay out of debt.
- Are you human? Well then, it's OK to make a mistake.
- Do something that will improve your appearance. Looking better can help you feel better.
- Remember that the next best thing to solving a problem is finding some humour in it.
- Organise your home and workspace so that you always know exactly where things are. Put things away where they belong; you won't have the stress of trying to find misplaced things.

- Write your thoughts and feelings down in a journal (or on paper to be thrown away). This will help you clarify things and give you a new perspective.
- Simplify your life. Buy less. Watch TV less. You will have more free time to get the really important things done.
- Do household chores with your kids; make up a game and have fun.
- Create a “buffer zone” between work and home (e.g., exercise, relaxing shower, change of clothes)
- Always be aware of your surroundings. Walk with “purpose” – your body language should say “Don’t mess with me”.
- Inoculate yourself against a feared event. Just as a vaccine containing a virus can protect you from illness, if you expose yourself to one or more of the dreaded aspects of an experience beforehand you’ll probably feel less fearful (e.g., pre-exam tutorial, self defence classes).
- Unplug your phone or switch on your answering machine, while you take a bath, have dinner, etc.
- Remember that the secret to a great relationship is to treat all disasters as incidents and none of the incidents as disasters.
- Ask for help. Other people may not know you’re feeling overwhelmed unless you tell them. Sit down together and decide how others might chip in.
- Be yourself; celebrate yourself. There’s no one else like you anywhere. You have a special purpose for being here. Find out what it is.
- Whatever you do, never lose hope.

Ken Petty