

0:00:04.0 Katie Berlin: Hi. Welcome back to Central Line. I'm your host, Katie Berlin, and I am here with one of the co-chairs of the very first AAHA Management of Allergic Disease Guidelines, Dr. Julia Miller. Welcome to Central Line, Julia.

0:00:20.9 Julia Miller: Hi. Thank you so much for having me. It's great to be here.

0:00:24.5 Katie Berlin: Julia and I are connected by a thin thread in that we both went to Cornell and actually overlapped by a very little bit. And I also learned dermatology from your dad, which is pretty cool.

[chuckle]

0:00:38.4 Julia Miller: Yes. It's a small world. And this apple tried to fall far from the tree, but I just kept...

0:00:45.0 Katie Berlin: Yeah, that's... No.

0:00:45.3 Julia Miller: No, kept coming back to the tree.

[laughter]

0:00:47.7 Katie Berlin: That's right. You were not going to be a vet at first, right?

0:00:53.0 Julia Miller: Yeah. Back in the day, I actually wanted to be an opera singer, so I went to school for opera. And then as I was kind of figuring out whether I liked singing for a career or not, I decided I didn't like singing for a career and I went back to the vet school route.

0:01:09.7 Katie Berlin: Amazing. Well, vet school was my second try too, at a career. I was an art history major in college so... [chuckle] And then I was like, "No, got to go back to the childhood dreams."

0:01:19.9 Julia Miller: I love that. I feel like the arts and dermatology, or the arts and veterinary medicine, really seem to go hand-in-hand for lots of people. That's kind of a common thread.

0:01:28.6 Katie Berlin: It's so true. I think one of the practices I worked at, I think four of the veterinarians there were like some kind of liberal arts major, like philosophy or art, it's like studio art. And then me. It was just... It was cool. And I feel like we are putting so much more emphasis on communication now that having good communication skills as we get in other fields is actually super helpful and relevant. So anyway, totally off track. Dermatology was like a breath of fresh air, not always literally because sometimes it smelled really bad, but it was a breath of fresh air after a long stretch of 14 hours days in the clinic for me. And I remember sitting in the pod and then this dog goes by and someone's like, "Oh, this dog needs anal glands done or whatever." And Danny Scott, God love him, leaped up off of his stool and expressed that dog's anal glands with his bare hand in the middle of the room. It scarred me. [laughter] That was like 2008, and it's burned into my brain.

0:02:36.2 Julia Miller: Yeah.

[laughter]

0:02:37.5 Katie Berlin: Anyway...

0:02:38.9 Julia Miller: You are not the only vet student that has that story. I've heard that story a couple of times, so part of me thinks it was kind of like a little party trick he did just to...

0:02:47.4 Katie Berlin: Yeah, I have zero doubt. [laughter] Anyway, Julia, would you give us a little bit of an intro to yourself besides that you can sing really well and what it is you're passionate about now?

0:03:00.7 Julia Miller: Yeah. So, obviously, I love singing, did that for a long time, but I also grew up a horse girl. I've ridden since I was a little kid. So when I did go to vet school, I actually went to farrier school right before vet school 'cause I wanted to be an equine podiatrist. That was my initial goal. Spoiler alert, I'm gonna let you know that I am the poster child for changing your career can be very good for you, and you should be open and flexible to how your interests may change.

0:03:27.9 Katie Berlin: Totally.

0:03:31.7 Julia Miller: So I went to... I was equine at Cornell Equine Track, and then after Cornell, I did a large animal rotating internship at the University of Georgia. So after my internship, I didn't want to pursue specialty work because I was just burned out from doing the internship. So I wanted to go into general practice, also because I really saw the value during my internship, being a specialist that people referred to, I saw the value in having a really solid general practitioner who knew what they were doing, knew how to work up cases, and then could refer appropriately.

0:04:03.4 Julia Miller: So I went into general practice after my internship and I did mixed animal practice, which was a surprise to me. I was absolutely one of the first people in vet school that when I finished my small animal medicine rotation, I was like, "Done. Never doing that again. Cat diabetes, see you later." [chuckle] And then I became a mixed animal practitioner and promptly ate all of those words and definitely treated a lot of cat diabetes throughout the years. So I really enjoyed the large animal aspect of practice tremendously, but I found myself gravitating towards the small animal side of things more than I thought I would have, and I gravitated towards dermatology more than I thought I would have.

0:04:46.6 Julia Miller: I also really enjoyed surgery. So as I moved forward in practice, I sort of started to develop a love for specialization again. And I decided, did I want to do more surgery or more dermatology? And as it turned out, derm won. So I ended up coming back to Cornell and doing a derm residency, and then I stayed on at Cornell after my residency as faculty for a couple years, which was wonderful. I had a great experience teaching vet students, but now I'm in private practice in Kentucky working with Animal dermatology Clinic in Louisville. And I love it. I love derm. Give me the grossest stuff, the smelliest things, the chronic diseases that you can't cure, I'm all about it.

[laughter]

0:05:28.5 Katie Berlin: I love it. And thank goodness for you because some of us don't love all of that. [laughter]

0:05:36.2 Julia Miller: Yes.

0:05:36.4 Katie Berlin: So what about in your free time now? You obviously have tried a lot of different aspects of vet-med and have found your place, at least for now. [chuckle]

0:05:46.0 Julia Miller: True.

0:05:46.5 Katie Berlin: We won't say forever, but do you have a third space where you can just be Julia and you don't have to be a specialist or doctor or anything?

0:05:54.6 Julia Miller: Yeah. Weirdly enough it's at karaoke. I adore karaoke. [chuckle] It's so fun. I love going there. There's actually a real dive bar here called Mr. Jeans, and I go there on Thursday nights and have a blast just doing karaoke and hanging out with strangers, making friends. The beautiful thing about living in the south or in Kentucky is that you never meet a stranger here. So I enjoy doing that, and it gives me a little break from being Dr. Miller.

0:06:23.6 Katie Berlin: Oh, love it. Well I don't... Do you know Alyssa Mages?

0:06:26.4 Julia Miller: Yeah.

0:06:27.7 Katie Berlin: Because she is a karaoke fan. And so some vet conference, I have a feeling there's going to be a karaoke night with you there.

0:06:34.8 Julia Miller: Heck, yeah. Sign me up.

0:06:38.6 Katie Berlin: I feel that coming.

0:06:39.2 Julia Miller: Sign me up.

0:06:39.6 Katie Berlin: Okay. Alyssa, if you're listening, you got a victim. [chuckle] So, okay, back to the guidelines. So this is the first time, and I can hardly believe it, but this is the first time that AAHA has published guidelines for the management of allergic disease in dogs and cats. And I think that's really freaking cool, and I'm really excited to see how the guidelines are received. We're recording this in early October, but they'll be out by the time this episode airs, which is gonna come out... They're going to come out with the next issue of JAAHA, so end of this month, October 31st. And it's a massive topic, massive. What was it like co-chairing that task force?

0:07:28.4 Julia Miller: It was such a unique experience for me. I have never been a part of anything consensus related and I really enjoyed it. I thought it was very rewarding to work with a group of not just specialists, I really liked that we also had general practitioner people who are teaching the spectrum of care at the university setting, so teaching students actively, technicians involved as well. I really enjoyed the sort of breadth of knowledge that was brought into the group, and I found it fascinating. Derm is... I always say dermatology is the gray area.

0:08:05.6 Julia Miller: There's not one way to fix every case, which is why I love it and many people hate it or find it frustrating. I guess many people are frustrated by it. And the truth is we can't, and I wish we could, but, man, we can't. But what I loved about the consensus was, even though there were individual differences, the basis was all the same. We really were able to come

together on a lot of things and work through the minute details and come to a consensus, honestly, fairly easily. Considering how difficult I thought it could be, I thought we did a pretty good job coming to a consensus. So I really enjoyed working with everybody and seeing what their different lived experiences were and how we could bring that to a consensus to move forward for general practitioners, technicians, things of that nature. It was a very rewarding experience for me.

0:08:54.9 Katie Berlin: Oh, I'm so glad. And I know the AAHA team is really excited for these guidelines too. The veterinarians especially, have been waiting for something like this to come along, and so it was really important to Dr. Taylor, Dr. Ingrid Taylor, who's our Guidelines Director, and Dr. Vogelsang, our Chief Medical Officer, they're both just really stoked for this release. But there are a lot of resources out there for management of allergic disease, and it seems like new ones are popping up all the time. What makes the guidelines different from what's available already?

0:09:31.3 Julia Miller: Yeah. There's a lot of excellent resources out there, and as someone who had to take dermatology boards in the last 10 years, I've probably read every single one of them.

0:09:40.4 Katie Berlin: Yeah.

[laughter]

0:09:40.8 Julia Miller: But what I can tell you about these guidelines and this consensus is that it really is geared towards the general practitioner, the veterinary technician too, as well as even vet students. So what I love about our guidelines is that they are concise, they're digestible, they give you bullet points and flowcharts, charts of things to do. So it's all very compact. And we did that on purpose. We didn't want it to be overly wordy or overly, I don't want to say research, 'cause it definitely is research, but we didn't want it to just be a piece of academic stuff. We want it to be very practical and we want it to be very approachable and condensed.

0:10:21.0 Julia Miller: And I think that that's the benefit of these guidelines, is it's a lovely resource that it's not gonna take you 3 hours to read it. You can sit down, read it, get a good idea of how to work through things, and then you can reread it and re-reference it later. You can go back and look at a flowchart and say, "Hey, I've got a food allergic dog. I don't remember how long I'm supposed to feed this diet, let me turn to this page and go through the flowchart that's there and remind myself very quickly, very easily on how to work through that." So I think the approachability of it is really one of the benefits of these particular guidelines.

0:10:54.8 Katie Berlin: So important. It doesn't matter what kind of great resources you have, if you need them in a pinch and they're not accessible, or it takes you 12 clicks to find it, or you have to find a big textbook and bring it to wherever you are, you're not going to use them. And so I love that. And I also love what you said about how it's geared towards not just the general practitioner, but their team as well, and to vet students who are entering the profession feeling... I don't know about people listening, but when I got out of vet school, I knew how to treat the weird stuff.

0:11:30.7 Katie Berlin: I could manage the endocrine disaster in the ICU, and I had no idea how to treat otitis, just your run of the mill case of otitis, with what was on the shelf at the clinic. And so having something that just is sort of like a CliffsNotes of all of that for when you're deer in the headlights, overwhelmed, is very, very helpful. And having technicians involved is something that I

definitely want to talk about. And actually we could just jump to that right now because... So Amanda Friedeck, who's a VTS in dermatology was on the task force as well, and I feel like that's a unicorn thing, to find a VTS in dermatology.

[chuckle]

0:12:12.5 Katie Berlin: And she just wrote actually a great article on technician utilization in derm cases for the October issue of Trends. It's a great piece. And I'm interested to hear about some of her input. Did you find that having a technician on the task force changed how you saw some of the things that you would otherwise have wanted to say or changed your point of view in any way?

0:12:39.7 Julia Miller: Yeah. It was so lovely having her there because I always like to see things from another side. And seeing things from the technician side to a doctor, I think, is such an important perspective to have, whether you're a specialist, a general practitioner in industry, I don't think it matters. Technicians are just... Their opinion and the way they see things is so invaluable. So having her being able to chime in for us was great. She definitely had some direct influence on what we said and how we can utilize technicians and where we should put that in. And I think the value of the technician in a dermatology workup is incredible. We can't overstate their value, truthfully, because the way I look at it, they are an integral part of just about every piece of our workup. So right from the moment that pet enters the room, in dermatology history taking is critical. It's a big part of what we need, a big part of what we do. That's not necessarily true, if you got a limping dog, it's my pit bull who wrecked her cruciate, who really cares how she did it, who really knows how she did it.

0:13:44.8 Julia Miller: But in dermatology we care. When did the itch start? What is the level of the itch? What treatments have you used? The history taking is a huge part of the derm workup. And by the way, the consensus guidelines we have that detailed down to the question for you. So what an awesome resource for your technicians, assistants, vet students to read, to get an idea for what you should be asking. But right off the bat, your technician is your first line of defense. They're the ones that you can train to get that excellent history, and that's going to set you in the correct direction on the case. Second piece we talked about a lot in the consensus is cytology. Dermatologists say it like a broken record, I'm ready to get it tattooed on my forehead. "Did you do cytology?" Is I think what is going to be tattooed on my forehead at some point. [chuckle]

0:14:32.4 Katie Berlin: I might have to go for the bangs.

0:14:35.1 Julia Miller: Yeah.

0:14:35.6 Katie Berlin: Just for some social situation sort of thing.

0:14:39.4 Julia Miller: [chuckle] Bangs are a beanie. That seems reasonable to me I love it. Maybe I'll do like my forearm, something like that. [laughter] But technicians are another gigantic part of making cytology feasible for ears, you talked about otitis externa. When I worked at my practice, my general practice in North Carolina, I taught all of my technicians how to sample the ears, how to interpret the ear sample. I didn't even sit at that microscope when it came to ear stuff. So and if you have a savvy technician, you can also teach them how to take your skin cytologies for you, so that by the time you're walking in the room, you've already got all that behind you. And your technician can really help you be more efficient, but also more accurate, which I love.

0:15:16.6 Julia Miller: And then once you make your diagnostics, you figure everything out you're doing, you're going to talk with the client, it's going to go half over their head, they're a deer in the headlights, we just talked about a chronic long term disease that we're not going to cure, and then you leave the room. But then you got to remember that, again, that line of defense you have is your technician. And they can go back in, they're the ones who can reiterate everything, say, "Did you understand what she said? Let me show you how to put the ear medication in. Let me show you how to use the mousse. Here's your Apoquel. This is twice a day," and that sort of a thing.

0:15:51.2 Julia Miller: So utilizing technicians for derm cases, I think, is just so incredibly important. And we have a lot of that in the guidelines as to where to use them, because I think that it's very important that we recognize their value, and then we also give them things to do that aren't just holding a dog and squeezing a butt gland. I think that there's a lot of value, and our technicians are very trainable, very teachable, and can do a lot for us in these cases.

0:16:17.5 Katie Berlin: Yeah. That's so true. I don't know what I would have done in my last practice. We had a lot of credentialed technicians who read all the cytologies and in many cases took the samples, skin scrapings and whatnot, and it was... We wouldn't have gotten through the day otherwise. I'm sure I drove them all crazy, like doing the thing where you're hanging around in the vicinity of the microscope and then, "Are you sure?" And looking in the microscope. And they were always sure. They were great and knew what they were doing. And it made me feel so much more confident having an extra set of skilled hands there, hands and eyes to make sure that I wasn't missing stuff in my derm cases.

0:17:00.0 Katie Berlin: And one of the things that I love about hearing you talk about working with Amanda on the task force is that that process, really, the task force process and the creation of these guidelines really sets... Is a model for how we should be working with technicians in practice, which is they're members of the team. They're educated. They have their own experience and their own opinions about how we should be doing things, and we should listen. There's no reason why veterinarians should think they have all the answers when the technicians are right there on the floor with them, and in many cases, for a lot longer [chuckle] while we're typing up charts. So I love that so much. So thank you for weighing in on that. Do you want to give any shoutouts to any particular technicians that you've worked with or work with now?

0:17:49.0 Julia Miller: I have been blessed with so many incredible technicians in my life. I could get teary talking about all the ways I've been shaped as a veterinarian by the people that I have worked with, because it's been... They've truly been incredible. My derm techs at Cornell, Joby and Tara, that went through my residency with me, man, love them to death. And then there is actually a technician that... My first job in North Carolina, her name was Ms. Nise, and she's kind of one of the classic been around the block technicians, but she was just so wonderful to me.

0:18:19.3 Julia Miller: She was the kind of person that would say, "Dr. Julia, stand up," when I was in surgery and I was bending over and she'd look out for my back. [chuckle] She'd make sure that she shared her crackers with me at lunchtime if I wasn't eating. She would, if I was in surgery with just a blank look on my face, she'd say, "Calm down. Take a breath. You got this." And she'd remind me that I really did know what I was doing, and I will never forget her and the kind of value and experience she gave to things. So shout out Nise, you're an incredible human being.

0:18:49.0 Katie Berlin: Love it. Okay. So let's talk about something else that you mentioned briefly before, which was spectrum of care. You said that you were working with people who were actually teaching and talking about spectrum of care in dermatology cases. Can you elaborate a little bit more on that, what that means and why you think it's so important?

0:19:12.7 Julia Miller: Yeah. I think spectrum of care is something we're talking a lot more about in veterinary medicine and also talking more about teaching it to the vet students. Because the way I look at life, there's the gold standard, the ivory tower, the best of the best, and then there's a lot of stuff beneath that that's still really good veterinary medicine and really good care towards a patient. And I know that firsthand, when I practiced in general practice, I was in rural North Carolina for my first job and gold standard, best of the best just was not economically, emotionally, physically feasible for many of my clients.

0:19:45.8 Julia Miller: And I think the important thing to do is that we look at the whole case and how can we provide the best medicine with everything that we're given. So to me, spectrum of care means that there is more than one way to fry an egg, there's a lot of different ways to approach a case and we need to look at what people can do, what people can afford, and how to help our patients in the best way possible. So we thought about that a lot in these guidelines. Of course I might say every single case needs these 10 things every single time, but you can absolutely still treat cases and work cases up without doing every single thing, every single time. So we tried to kind of take into consideration what you can do, how to work with what you have effectively, and still get really good care for our patients.

0:20:32.4 Katie Berlin: That is so refreshing to hear. I know a lot of people will have mixed opinions about that, because I think a lot of people think of the AAHA guidelines as best medicine or gold standard or whatever those phrases mean. But I think over the last, at least the last couple of years, when I've been at AAHA, I've seen the definition of best medicine change dramatically from the ivory tower like, "This is what you learn in school, in the textbooks, and you get tested on kind of thing," to, "Best medicine is what's best for that pet and that client in that room at that moment." And that sometimes does not look... Often, does not look like the textbook solution. And what's worse, doing something less than "gold standard" or sending that pet home without care? So do you feel like spectrum of care approaches will help to improve compliance with clients and trust in the veterinary team?

0:21:36.9 Julia Miller: Yeah. I really do think they will. And I think especially in dermatology, it can get really expensive really fast. And it's not all about money, it never is all about money, but that's a very real thing. So, for example, steroids for a chronically allergic dog, I've had clients... Now currently as a specialist, I've had clients that that's just all they can afford.

0:21:58.0 Julia Miller: And I think taking the stigma off of things and saying, "Hey, if this is what you can do for your pet to be comfortable, I'm working with you. I'm with you to try to help your dog. If you can't afford this very expensive skin culture, guess what's cheap? Bleach. Bleach is cheap. This topical mousse, this shampoo that we have is pretty cheap." Your dog has widespread bacterial infection, but you are never gonna do a topical because it's a crazy pit bull who doesn't sit still, you can have an oral antibiotic because that's what will work for you and your patient.

0:22:32.1 Julia Miller: These are all the things that I think we try to take into consideration with spectrum of care. And I'm very happy that the guidelines we're able to address some of that and take

a little bit of the shame. Let's get rid of the shame. We all practice vet med, we're all here for the clients and the patients. And I think it's just important that in the end we try to do what we can do to make the pet feel better and also to make the client feel better and to make the client trust that we're not trying to just sell them Apoquel, or sell them this, or sell them Baytril, that we're actually trying to work with them to help their pet feel better.

0:23:05.8 Katie Berlin: Same thing, I would imagine, if a client has some kind of disability or limitation where they can't use the treatment that you ideally would want to, they work two jobs and they're gone from the house 16 hours a day or they can't get down on the floor and they have this tiny dog and no one to help them or whatever. And those things I think are such an important consideration when you said it's not all about the money and in many cases there are lots of other factors. So I think a lot of people are gonna be really excited to see that that was taken into consideration for these guidelines. It just feels like a more modern and realistic approach to treating one of the most common things that we see.

0:23:49.6 Katie Berlin: Yeah. And you bring up... Communication is everything in derm cases. And even I in the room...

0:23:54.5 Julia Miller: Sorry folks.

[chuckle]

0:23:55.4 Julia Miller: I know. It's like, "It's what we gotta do." I think maybe that's why I love it, 'cause I love to talk, so there's also that. But even in the room I was in today, every single time I say, "Can you treat your dog's ears every day? Does that work out for you?" I have that conversation every single time before I prescribe a medication. And if the client says, "No, I can't," then I pivot. Then maybe the long acting ear med was not my first choice, but it is the choice I'll make today because it's the choice that works for that pet and for that client. So I think derm is gray land, you do have a lot of areas that you can pivot and make adjustments. And all of the specialists that were in the task force felt really good about trying to take the shame off of things and not saying, "It has to be this way. You have to do this, you have to do this every single time," that there are other options and other ways to very effectively work up and manage these cases.

0:25:31.1 Katie Berlin: What about referral? Because you said these were... These are geared towards general practice teams. And general practice, as we all know, we see derm day in, day out, particularly [chuckle] at certain times of the year, depending on where you live, but that was the bread and butter besides like wellness exams at my practice in Pennsylvania. And one of the things that I struggled with and sometimes struggled with with colleagues was when to refer derm cases. Because when clients get differing messages from different doctors in the practice or different team members in the practice, it's sometimes hard to convince them that referral is warranted or is in the best interest of that pet, even if they have the money, because they're like, "Well, so and so will just treat it."

0:26:13.0 Katie Berlin: But there's a big difference between throwing cephalexin at the problem over and over again and actually getting a diagnosis and trying to figure out what's gonna work best for the pet. And that is a challenge for me and I'm sure many other people in practices, particularly multi-doctor practices, out there. What would you like general practitioners to know about referring

derm case? Now's your chance. Everyone wants to know.

[laughter]

0:26:44.6 Julia Miller: Oh, listen. Referral, give it to me. No, I think there's a few things. Referral, obviously I want you to refer all the things to me all the time 'cause I love being busy, but at the same time, I recognize that referral is not an option for every patient and every client. So the big thing I would say with referral is if you think that you've got a client who might be interested, start the conversation early. And they don't have to refer early, but you can just drop the fact that a dermatologist does exist into the conversation early-ish. Because I can't tell you how many of my clients come and tell me... Now, I don't take everything with a grain of salt, but they say, "I had no idea you existed. I've been going to my vet for 10 years with this itchy dog and I didn't know a veterinary dermatologist existed."

0:27:29.2 Julia Miller: Now maybe they'd been told about me a hundred times and they just forgot, but I also do think it's important for us to mention that. Because also I remember in practice some clients will surprise you. Clients you would never think would've referred will be like, "Oh, yeah. I'll go. Yeah, I'll go tomorrow." So talk about it early. I think bring it up early if there's a case. We could talk about derm referral for weird skin and stuff like that all day long, but I think for the allergic pets, particularly what we're trying to get at with this consensus, when you have an allergic pet that you're having some difficulty managing, you're needing more drugs, you're stacking drugs on top of each other, you're using a lot of antibiotics, it really seems to be that repeat offender, early referral of those patients is truly critical.

0:28:13.5 Julia Miller: If that gets sent to me six years down the line, sometimes there are skin changes that are irreversible. There's allergic itch that I'll never get under control without high potency steroids at that point in time. So if you have a client that's interested, early referral for the allergic cases is a great idea. Let us get that under control and you can have the dog back for all of the other things that's gonna happen. We talk about, for example, allergy testing. And that's something that if you're sending us the 12-year-old Labrador for allergy testing, well, it can take a year for immunotherapy to kick in. And that's a 12-year-old Lab and that ship has kind of sailed a little bit.

0:28:52.4 Julia Miller: So younger patients, getting them in the door. The benefit of us... Here's how I feel about dermatologists and derm referral. We are not that much different than you GPs. In fact, I think GPs are the unsung heroes, some of the smartest people I know. You are more than capable of doing everything I do. Let's be perfectly honest. You are. But what do I have that you don't? I have time. I have time on my side. I remember what it was like to be in 15 minute appointments and have a C-section and seven parvo puppies coming in the back. And, "How am I gonna get this dental and also do those five cat neuters?" I remember those days. I don't have that anymore, man. [laughter] All I do all day is I work on skin, so I have the time, I have the luxury of being able to sit with that client.

0:29:40.3 Julia Miller: And derm is so much communication, that I can do that. I have specialty trained technicians who also can do that communication for me. And again, it's all I do all day. So I think about cute little tricks and the other things that I can do. So send them to me early if you can, because that's gonna give the patient and the client the best chance at achieving success, or at least start having the conversation early. I recognize that a lot of clients won't come right away, but if

you drop the hints and say, "A dermatologist does exist. You've been here for bacterial infection four times this summer, maybe we should start thinking about seeking some extra help." I think that can be really important.

0:30:17.0 Julia Miller: And another big thing with dermatology that I like to, whenever I lecture, I talk about it is that many people are not gonna do TPLOs if they're not fully trained in how to do a TPLO, because if you're not good at it, the potential consequences are catastrophic. They don't think that way about derm cases because it's not catastrophic. But the reality is it kind of is, because you get people who don't like their animals anymore because they can't stand the way they smell, they can't stand listening to them bleat all night long.

0:30:52.0 Julia Miller: So that the pet owner bond gets damaged by chronic derm. The amount of money they will spend is ungodly, when they're visiting and this drug and that drug and this antibiotic and whatnot. So financially it can be very taxing on clients. And then the other thing is, if you're... If clients aren't happy with how you're working up their case in a derm sense, they're less likely to bring that pet back to you for other things. So they're more likely to seek another veterinarian for all of that animal's care. So it also kind of loses you business in some sense and loses your ability to have that relationship with that pet for the rest of their life. So early referral is important. I encourage people not to think of during cases as just like, "Ah, I can tinker. Who really cares?" No, you should care. These are serious things. And there's a reason we exist. [laughter] So send them to us.

0:31:44.4 Katie Berlin: That is also helpful. I wish I'd had that early in my career. I wish that I had heard that early on because I think I felt very judged sometimes if I referred a pet to derm, because technically, like you said, I could do it, but it probably would involve a lot of calls and mooching of information [chuckle] off of the dermatologist which, God love you, you guys are all so helpful and kind and willing to talk. And I shout out to Long Green Veterinary Dermatology [chuckle] in Pennsylvania or Maryland, Maryland, Pennsylvania, because they were absolutely fantastic with all of my million questions for clients that wouldn't refer. But I'm just thinking of like the average English bulldog, I feel like you should just refer them when they're like 14 weeks old, sometimes earlier, because there's gonna be... You don't have to wonder if, you just wonder when, and you know when it comes it's not gonna be easy. And you know that no matter what you say, the client is not going to have seen all of it coming.

0:32:50.3 Katie Berlin: And some relationships just should exist from an early age. But not having come up with that mindset through my years in practice, it was hard to justify that to myself and to people around me, I think, much less to clients, especially if they'd been seeing like my boss who barely referred a derm case ever. It just wasn't something that they did. So I think that's super helpful to keep in mind. And also I love what you said about how you have time and you have trained team members and you have all the handouts ready. And you have all the discharge instructions already made up. And those are just things that not only do we not have to do, but then we can learn from, 'cause we'll see those records and can actually just absorb that knowledge when we're reading those discharge statements. I've learned so much from specialists, just from what they've done, years later thinking about what they did with a patient of mine. So I really appreciate that perspective.

0:33:51.4 Julia Miller: And there's definitely clients that won't refer, and I totally understand that. And the other thing is there are practitioners out there that love dermatology and I love that. Like I

said, you're pretty dang capable of doing most of what I do. But having taught the curriculum at a vet school and having talked to a lot of vet students from different vet schools about how much dermatology they get, there's no way you can get enough of it in school. There's just no way. There's not enough hours in the day for us to teach you all the dermatology we need to teach you, considering how much you're gonna see when you're out in practice. So if you happen to be one of those practitioners that's just like, "I adore dermatology. I'm pumped about it, I wanna do more and be better." Go to CE's. There's so many dermatology lectures at conferences, read up in the literature, go to the CE, you can absolutely improve your dermatology practice and be incredible at what you do too by continuing your own education as well.

0:34:47.2 Katie Berlin: Yeah, for sure. Okay. Last question that I have for you is, okay, these guidelines are packed. They're so meaty, just absolutely packed with information. Like you said, it's digestible, but if you had one, or let's say up to three... [laughter]

0:35:07.5 Julia Miller: Yeah. Sure.

0:35:07.6 Katie Berlin: 'Cause there's a lot in there.

0:35:07.6 Julia Miller: There is, yeah.

0:35:07.8 Katie Berlin: Pearl of wisdom from them that you're like, "Okay. If you take one thing away from these guidelines, I want it to be this," what would it be?

0:35:16.3 Julia Miller: I was thinking about that, and that is such a... It is very hard to have one pearl of wisdom. I think that there's a couple of mantras in dermatology that I even think that these guidelines really bring up. And one of those is, if at first you don't succeed, you missed something, do more diagnostics. So we talk a lot in these guidelines about, if you are using Cytopoint for itch control and it's going great, and then all of a sudden it's not going great, the dog is itching all over the place, did you make... See if there's a bacterial infection with your cytology, is there now Malassezia dermatitis? Does the dog have scabies or fleas because they stopped their flea preventative? So if something that worked stopped working, do more diagnostics. Just don't switch that dog to Apoquel and say, "Oh, I guess Cytopoint isn't working anymore, we need to move it."

0:36:04.2 Julia Miller: Make sure that you use all of the things you have at your disposal to try to get to the bottom of why things change. So if at first you don't succeed, do more diagnostics, you missed something, something's going on there. And another thing I think that's really important that we talk a lot about in the guidelines is as frustrating as it is, there is no one-size-fits-all that works for every patient. So it is really important to have lots of communication with your client about how they're doing things, how successful is the thing, do we need to pivot? That kind of thing. And if one drug doesn't work, try another drug. Don't just keep trying the same drug over and over again and expect different results. You may need to pivot or you may need to change, 'cause all of these patients are very unique in the way they present and all of them are very unique in the way they respond to our treatments.

0:36:54.8 Julia Miller: And then I think last but not least for me, man, history taking matters so much. We have a whole... Both of these things have whole big sections about history taking for a reason. In dermatology, it really does matter because when you're talking about environmental allergy versus food allergy, it's all in the history. It's not in your physical. They look the same.

They're identical dogs. It's all in the history taking. So utilize your technicians, train your technicians, please, to be... To ask more than just vomiting, diarrhea, how you're doing at home. Make sure you're getting that thorough history, 'cause that really does make... Is a huge part of your workup.

0:37:34.5 Katie Berlin: That's a mic drop right there. And the guidelines will help everyone watching and listening to do a, I won't say a better job because I know a lot of people are doing a really fantastic job already, of working up these allergy cases, but we could all use a little extra help, just given the sheer number that we see and how frustrated people get. That's another thing that I had meant to come back to is what you said about how some people, by the time they see you, don't even like the pet anymore. And I have seen that so often and it's so sad and I don't blame them at all. Your average bulldog is gross. [laughter] And it's not their fault, but they smell weird and there's discharge everywhere and the wrinkles and they're licking everything, if they can reach it even.

0:38:23.0 Katie Berlin: And if they're not licking it, they're scooting it and I just... I don't blame owners at all for being like, "Oh my God. What am I gonna do?" And like, "I don't wanna even have people over to my house because it smells like this dog," and at the same time you know they really love those dogs. And so that, if nothing else, is motivation to try to get these under control sooner, and if not, send them to you. It's not a write off, it's a leveling up of that dog's care to somebody who has a lot, like you said, a lot more time to spend on it.

0:39:00.6 Julia Miller: Yeah. I think a lot of people... Well, my dad used to always say, "Derm cases don't die, they just smell like it."

[laughter]

0:39:08.4 Katie Berlin: I think I remember that.

0:39:10.3 Julia Miller: Yep. And he's correct, he's 100% correct. But I do think... I think it is important that we take our derm cases seriously and make sure that we don't approach them... Like a lot of people are ready to refer eyeballs because it's like, "Man, if I mess up, the dog loses an eye." Well, think about that same way for your derm cases. If you mess up, they might send the pet to a shelter, and then that's lost. So the consequences can be negative if we don't manage our derm cases appropriately, and I think it's important that people take that and think about it, that it's not just about a little Proin or a little cephalexin, it does go a little bit deeper there.

0:39:47.9 Katie Berlin: Absolutely. Well, Dr. Julia Miller, thank you so much for joining me on Central Line. It's been a pleasure to have you, and always a pleasure to meet a fellow Cornellian. And I'm sure your dad is super proud, even if this isn't what you meant to do and you were like, "Dad, that's never gonna happen." I'm sure he is super proud. And it's really been great to chat with you. Thank you so much for spending this time.

0:40:16.4 Julia Miller: Thank you. I appreciate it. And I hope everybody reads the guidelines. You got any questions, let me know, but I think they're gonna be really helpful, a nice concise thing for you to take a look at. Have a drink of coffee in the morning, read the guidelines, make sure you're up to date. But thank you so much for having me, it's been a pleasure chatting with you.

0:40:33.0 Katie Berlin: Terrific. Thanks again. And thanks to all of you for watching and listening. We'll catch you next time on Central Line.