**Tackling Tough Conversations About Heartworm Treatment Costs**

Q. Breaking the news to an owner that a dog has heartworms and needs treatment isn’t easy, and explaining the costs can compound the difficulty. How do you justify the cost of treatment to a client who has trouble paying for it?

A. No question, heartworm treatment is expensive. In my southern Alabama practice, I work with many clients and rescue groups with limited resources, so I understand how difficult it can be to discuss these costs with clients.

My approach is to explain that I’m recommending what’s best for the pet’s long-term health. Beyond eliminating heartworm infection, the disease caused by damage to the cardiopulmonary system can be long-term. The treatment protocol we use can make a difference in minimizing disease over time.

Q. Please explain the American Heartworm Society (AHS) heartworm treatment protocol and its rationale.

A. The AHS treatment protocol—which I recommend—includes the following:

- **A pretreatment phase** consisting of two months of a macrocyclic lactone preventive, four weeks of doxycycline therapy and applying an EPA-approved repellant. The objectives are to reduce new heartworm infections, eliminate existing susceptible larvae, render the dog unable to serve as a source of infection and to reduce *Wolbachia* numbers in all heartworm stages. Eliminating *Wolbachia* bacteria weakens the adult female worms and reduces their biomass. This is an important factor when worms die later as a result of adulticide therapy.

- **Administration of prednisone** to reduce the inflammatory impact of thromboemboli and mechanical beating of foot-long worms against the pulmonary artery.

- **Three injections of melarsomine** on days 60, 90 and 91 to eliminate adult heartworms.

Q. Are there ways to scale back the protocol? For example, could I give two injections of melarsomine instead of the three injections recommended by the AHS?

A. Many veterinarians ask this question. The melarsomine product label outlines two different treatment programs—a two-injection protocol for Stage 1 and Stage 2 heartworm infections and a three-injection protocol for Stage 3 infection. The AHS protocol includes three injections of melarsomine, regardless of disease stage and symptomology. Why? Because two injections have been shown to kill approximately 90% of adult worms, while three injections have been demonstrated to kill 98% of worms. That is a significant difference.

The AHS protocol is also designed to decrease the respiratory complications and mortality associated with heartworm treatment. Research shows that respiratory complications are 66% less with the AHS protocol than with the two-injection melarsomine protocol with no pretreatment. Once again, the numbers support the protocol.

While the AHS treatment protocol takes time and can be expensive, I have found it to be superior at decreasing complications, increasing patient survival and eliminating infection. Circumstances sometimes necessitate consideration of treatment alternatives, but I believe it is my responsibility to present “best medicine” recommendations to all of my clients.

For more information, visit [heartwormsociety.org](http://heartwormsociety.org)