In the highlighted portion of this article – only one of the two certified therapy dog groups that are allowed at Johns Hopkins Hospitals are mentioned. Johns Hopkins is also a National Capital Therapy Dogs Facility. Regardless – a great article explaining the benefits of therapy animals!

Media Contacts:
Marin Hedin, 410-502-9429, mhedin2@jhmi.edu
Chanapa Tantibanchachai, 410-502-9433, chanapa@jhmi.edu
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JOHNS HOPKINS BRINGS THERAPY DOGS INTO ICU

At Johns Hopkins, therapy dogs used with critically ill patients help in patient recovery. Credit: iStock

In an editorial that draws on results of previously published studies and experiences in their medical intensive care unit (ICU), a team of Johns Hopkins Medicine professionals say that bringing specially trained dogs into ICUs can safely and substantially ease patients' physical and emotional suffering.

While therapy dogs have long been welcomed as "nonpharmacological interventions" with less sick hospitalized patients, their use with the critically ill is novel for many hospitals.

Writing in the journal *Critical Care* published Feb. 12, Johns Hopkins rehabilitation and ICU experts conclude that a therapy animal is "a great exemplar" of nonpharmacological interventions that can help ICU patients become active and engaged in their recovery as early as possible.

"Doctors and nurses have traditionally been of the mindset that if we just give patients the 'right' medication, their psychological status will improve," says Dale Needham, M.D., Ph.D., professor of medicine and of physical medicine and rehabilitation at the

Johns Hopkins University School of Medicine and senior author of the new editorial. “In fact, we probably need to give less medicine and rely more on nonpharmaceutical interventions, such as music therapy, relaxation training and animal-assisted therapy, to help improve patients’ psychological status.”

ICU patients, the specialists say, often require mechanical ventilators to breathe, feeding tubes, catheters and an array of other technology that “dehumanizes” and demoralizes them. In addition, ICU patients may be sedated and restricted to bed rest, adding to their risks of muscle weakness, confused thinking, depression, anxiety and post-traumatic stress disorder. Studies show that up to 80 percent of ICU patients have delirium—inattention, disorientation, confusion and sometimes hallucinations—during their stays, while evidence is growing that the risk of developing these conditions eases among patients who are more active and less medicated.

Always searching for ways to engage patients in their own medical care and to humanize the ICU, rehabilitation psychologist Megan Hosey, Ph.D., an assistant professor of physical medicine and rehabilitation at the Johns Hopkins University School of Medicine, saw how successful animal-assisted therapy was in the inpatient rehabilitation unit at Johns Hopkins. Patients who participated in animal therapy were able to meet goals faster by involving the animals—standing for longer periods of time while patting a dog, for instance.

Speculating that similar benefits could occur among ICU patients, Hosey worked with ICU physician Needham and other experts to adapt the hospital’s protocol to safely bring dogs to ICU patients who could benefit.

All dogs involved in animal therapy programs at Johns Hopkins must be registered through a program called Pet Partners, which ensures that both handlers and dogs are up to date on training. To qualify for visits, patients must be awake and alert enough to engage calmly with a dog, not at high risk of infections, and be interested in having a dog visit. The typical length of stay in the Johns Hopkins medical ICU is a few days. The 10 patients who received visits from dogs in 2017 ranged in age from their 20s to their 80s, with a variety of medical diagnoses. Each patient had at least one 20- to 30-minute visit from a therapy dog while in the medical ICU.

Given the positive response from patients, the team plans to measure pain, breathing rate and mood in the future.

In a few instances, the animal therapy included a physical therapist or occupational therapist to pair physical rehabilitation with the dog visit and achieve specific functional goals.

“The data from a psychological perspective shows that building motivation to become more active, for example, is a way dogs can help patients,” says Hosey. “Once you have a dog in the room staring up at you expecting a treat or a pat, it’s hard for a patient

to avoid engaging." In other cases, a dog may simply sit on a patient's lap, providing a calm, affectionate presence that has been shown to improve mood and pain ratings.

The editorial makes the case, Hosey says, that other hospital ICUs and other hospital units should consider nonpharmacological interventions including therapy dog visits. She says hospitals considering such therapies need to set clear program goals, include stakeholders who can help overcome barriers, and partner with a program such as Pet Partners or Assistance Dogs International that have credibility in certifying animals. Moreover, launching the program with patients who have the highest likelihood of success and improvement—not those with delirium or communicable diseases, for instance—is recommended.

The Johns Hopkins group says it is planning more detailed assessment of the impact of animal visits on ICU patients. In the meantime, the group hopes its editorial spurs more hospitals to try them. "Animal-assisted therapy is one tool in a toolkit for treating the mind as well as the body," Needham says.

Other authors of the editorial are Janice Jaskulski and Stephen Wegener of Johns Hopkins and Linda Chlan of the Mayo Clinic.

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