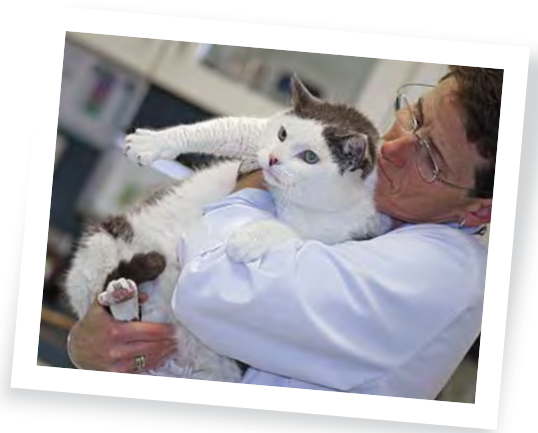


# Obesity in Dogs & Cats

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Many owners think their overweight or obese pets are, in fact, normal. This misperception, coupled with other factors, can contribute to obesity, which can lead to chronic inflammation and a negative energy balance that results in increased difficulty managing comorbidities, predisposing patients to lameness from osteoarthritis, respiratory issues, shortened life expectancy, and poor skin and coat health.

## DISEASE

- Obesity, defined by a mature body weight that exceeds an ideal weight by 15%–20%, is the most common nutritional disease of dogs and cats.<sup>1</sup>
- Like the rate of obesity in humans, the incidence of obesity in pets is increasing.<sup>2</sup>
- Risk factors include neutering, middle age, inactivity, indoor lifestyle, and genetic predisposition.<sup>3,4</sup>
- Effects and mechanics of hyperinsulinism, glucose tolerance, and dietary or supplemental therapy for weight control and concurrent disease treatment are under investigation.<sup>5</sup>

## CAUSES

- The primary cause is a *human enabler*—pets eat what clients provide, and most pet exercise reflects client lifestyle.
- Many clients assume processed

or grain-based foods cause obesity, but obesity results from an excess of calories with a low energy expenditure, leading to weight gain.

## HISTORY

- Obese patients usually show signs of concurrent disease: increased drinking and urinating, lameness and inability to move, increased respiratory effort or panting, and more frequent sleeping.

## EXAMINATION & DIAGNOSTICS

- Body condition score (BCS) and muscle condition score
- Orthopedic examination and joint imaging for lameness or other comorbidities
- Examination to evaluate skin and coat health and ability to groom
- Minimum database (eg, CBC, chemistry panel, urinalysis, thyroid level, blood pressure).

## TREATMENT

- Dietary plans should coincide with exercise treatment plans (eg, walking, swimming, physical rehabilitation).
  - Plan should target 1%–2% body weight loss per week to minimize hunger, prevent loss of lean body mass, and reduce likelihood of rebound weight gain.<sup>5</sup>
  - Diet should contain fewer than 20% fat calories and may be formulated with a moderately fermentable fiber source, fatty acids, high-quality protein, L-carnitine, carbohydrate blends, chromium, or extra vitamin A.<sup>5</sup>
- Psychosocial and behavioral notes (eg, dependent owner eats only if pet shares the meal) are important for methods to implement change.
- Feeding strategies and food diaries (maintained by the client) are beneficial in some cases.<sup>5</sup>

## PREVENTION

- Conscious, lifelong attention to lean body weight and monthly BCS (4/9–9/9)
- Calorie restriction
- At puppy and kitten examinations, begin the conversation of maintaining lean body weight.

Step 2: Team Education Primer

# Dog & Cat Obesity *at a Glance*

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Each team member can help educate clients on proper nutrition, calorie restriction, and obesity, potentially the most overlooked nutritional disease in veterinary medicine.

## BE ON THE LOOKOUT FOR

- ✓ High BCS
- ✓ Lameness
- ✓ Lethargy, dull hair coat, or dermatitis
- ✓ Poor hygiene of skin and hair coat from the inability to groom
- ✓ Other disease signs (eg, diabetes mellitus).

## TREATMENT MEASURES

- Treatment of underlying endocrine disease (eg, hypothyroidism, Cushing's disease)
- Nutritional counseling (eg, calorie counting, proper diet plans)
- Patient-specific nutritional therapy via modification of protein, fat, or complex carbohydrates, fiber, and water (to dilute energy and improve appetite); other essential nutrients modified to ensure adequate intake with energy restriction
- Medical therapy to alter metabolism and facilitate weight loss.

## WHEN TO REFER

- Cases requiring veterinary nutritionist management (eg, obesity with concurrent metabolic disease, euthanasia risk resulting from disease associated with morbid obesity)
- Cases that would benefit from a facility with physical rehabilitation technology and teams to augment current home exercise routine.

## CONSULTATION & FOLLOW-UP TIMELINE

- Day 0: Initial consultation and nutritional counseling
- Days 30, 60, and 90: Presentation for body weight and body condition check, review of body weight goals (eg, 20% weight loss in 3–6 months).

## BOTTOM LINE

- At examination, always assess BCS and calculate weight loss when necessary

- Always document body weight and recommended weight loss
- Discuss prescription, commercial, or home-cooked diet options with clients
- Offer a comprehensive diet and exercise plan; consider client lifestyle and feeding preferences (eg, desire to provide treats).

## Ask the Client!

Take the time to completely explore client lifestyle and feeding preferences for a successful dietary plan:

- Do you prefer feeding commercial food, and do you prefer organic, raw, canned, or dry food?
- Do you prefer to cook your pet's food?
- Does your pet depend on table scraps added to the bowl?
- Can you come to the practice for food?
- Can you limit (eg, count or substitute) the treats your pet receives?
- Can you commit to a 6-month plan with monthly visits to the practice? (Six months provides reasonable time to support gradual weight loss without overwhelming the client.)

## Step 3: Communication Script

# Conversation Opportunities

Jessica Goodman Lee, CVPM  
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## TEAM HOT-BUTTON ISSUE

*"How can I talk about an obese pet when the client is heavy or obese as well?"*

*Any obesity discussion must address exercise, which may feel like a sensitive topic if the client appears to be relatively sedentary.*

Although this may be a touchy subject, you should not confuse your responsibility as an advocate for the patient with your discomfort. Any obesity discussion must include the importance of exercise, which may also feel like a sensitive topic if the client appears to be relatively sedentary. Approach the subject as professionally as you would any other health concern; for example, a client's diabetes would not prevent you from discussing the patient's diabetes health risks.

If a client is self-deprecating and brings up his or her own weight issues with comments such as "As you can tell, we both need a diet," the best thing to do is smile and return the topic of conversation to the patient.

Also, stay focused on the facts, which can be persuasive. Further educate clients at reception and in the examination room by providing handouts that communicate the importance of nutrition, which should be emphasized at every visit. The client may experience an *ah-ha!* moment when learning that dogs with a normal BCS live an average of 2 years longer than overweight dogs.

To help educate clients, provide them with a BCS diagram and ask them to estimate their pet's score. Determine whether their assessment is accurate; if not, educate them through *touch*. Have them stand over the pet and *feel* its body. Many clients are

## Keys to Success

- ✓ Prepare yourself mentally for the conversation, take a deep breath, and remember that your responsibility is to make recommendations in the patient's best interest.
- ✓ Demonstrate active listening to ensure you are receiving all the information.
- ✓ Be gentle yet firm about health risks and provide client education materials to read at home (where they are comfortable [ie, not defensive] and have time to process the information).
- ✓ *Never give up!* Just because you discussed a patient's weight previously does not mean you are exempt from discussing weight and nutrition at every appointment, regardless of whether the owner has been willing to take action in the past.

shocked to learn that their pet should have a visible waistline with ribs they can feel. This *touch-and-talk* method is educational, effective, and pet-centered.

#### CLIENT HOT-BUTTON ISSUE

*"I only feed him a cup in the morning and a cup at night, and he still seems like he's always hungry!"*

Clients may respond defensively when learning their pet is overweight. Although some are truly unaware, others may see it as an affront to their devotion (pet obesity is often a sign of misguided devotion). Take the time to affirm the clients' emotions, because if they perceive that the team is accusing or scolding them, the interaction has failed before it has begun.

After managing the initial emotional reaction, dig into the details. Start by determining the clients' definition of a cup—it could be the large plastic tumbler they brought home from the last ball game. This is a prime opportunity to show them what a

cup truly is (your prescription diet manufacturer may provide these) and ask them whether it is the same size as the cup they are using. Make sure to give them the cup to take home, with a mark that indicates the correct amount of food.

It is critical to be specific—don't leave clients with a simple instruction to "feed less." Not only is "less" subjective, it rarely leads to successful results.

Give clients educational materials (eg, BCS guidelines) to take home and review. They may need time to accept the facts and digest the ramifications of their pet's weight before taking the plunge into lifestyle changes.



*Clients may respond defensively when learning their pet is overweight.*

#### Steps 4 & 5: Team Workflow & Roles

# Team in Action

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## RECEPTIONIST

- ✓ Greet client and patient
- ✓ If practice's protocol is to obtain weight, review previous weight history and highlight changes for technician and veterinarian

## TECHNICIAN/ASSISTANT

- ✓ Escort client and patient into examination room
- ✓ Obtain full history, including diet and exercise
- ✓ If patient is overweight and/or has gained weight, briefly review history to see if this has been addressed
- ✓ Begin discussion on obesity, use a BCS diagram, and provide information on obesity health risks

## STEP 5: Team Roles

1

### RECEPTIONIST

#### ROLE:

Initial point of contact

#### RESPONSIBILITIES:

- ✓ Invite client to enroll in practice's weight-loss program
- ✓ Provide cutting-edge and/or sales information on prescription weight-loss diets
- ✓ Inform client of time, costs, benefits, and limitations of practice's weight-loss program

2

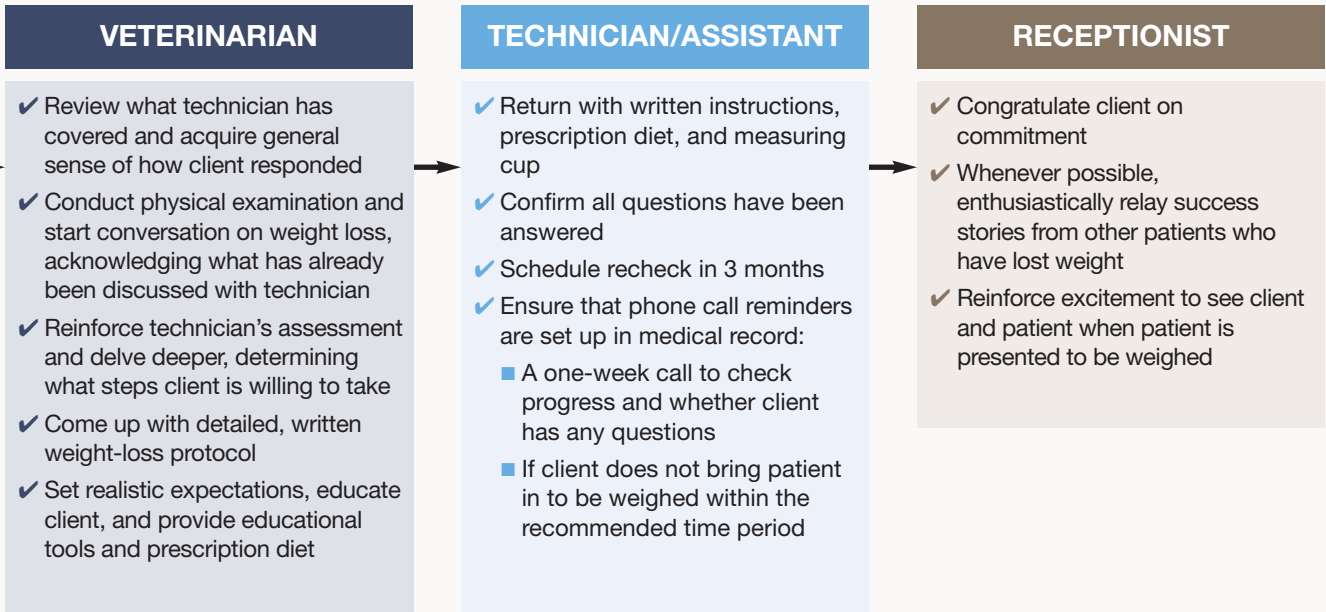
### TECHNICIAN/ASSISTANT

#### ROLE:

Client education & medical assistance

#### RESPONSIBILITIES:

- ✓ Weigh patient and calculate weight loss at follow-up visits
- ✓ Assist veterinarian by recording diet history
- ✓ Reward client and patient when progress is documented
- ✓ Assist veterinarian in evaluation of client's current diet
- ✓ Educate client on nutritional guidelines



3

VETERINARIAN

**ROLE:**  
Medical expert & client educator

**RESPONSIBILITIES:**

- ✓ Provide baseline serologic and urinalysis data that support normal metabolism
- ✓ Educate owner on health benefits of maintaining lean body weight
- ✓ Encourage owner to adhere to practice's weight-management program
- ✓ Calculate calories of patient's current diet based on product and FDA data
- ✓ Provide nutritional plan that optimizes body condition

4

PRACTICE MANAGER

**ROLE:**  
Supervisor of practice protocols & team/client education

**RESPONSIBILITIES:**

- ✓ Support nutrition and obesity services within the practice
- ✓ Establish referral system to veterinary nutritionist
- ✓ Encourage technicians to achieve accreditation through Academy of Veterinary Nutrition Technicians ([nutritiontechs.org](http://nutritiontechs.org))
- ✓ Set up physical rehabilitation program and/or referral system for exercise in obese patients

## Step 6: Team Training Plan



# Creating Team & Client Buy-In

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## CREATE A HABIT

Discussion and documentation of nutrition, diet, and exercise should be a part of every preventive care examination, regardless of whether a patient is overweight.<sup>6</sup> Ensure the practice has a template so that complete information is obtained during preventive care examinations: current BCS, weight, diet and treats, feeding amount and schedule, and exercise regimen, as well as the ideal weight.

*Extra training is needed for role playing and verbal communication skill building.*

In addition, create 9 diagnostic codes in the practice management system, one for each body condition, or simplify by using codes such as *normal weight*, *underweight*, *overweight*, and *obese*.

## BUILDING A WEIGHT-LOSS PROGRAM

A weight-loss contest presents the perfect opportunity to create a task force (that includes at least one person from each department). Not only will the task force generate team enthusiasm and buy-in, but a robust program is simply too much work for one person! The manager's role is to support the task force, hold members accountable for deadlines, assist with logistical and budgetary needs, and make sure all critical decisions and topics are addressed.

## What is the timeline for unveiling the program?

Ensure there is a schedule for team meetings and CE presentations; because of the potential for difficult client conversations, extra training is needed for role playing and verbal communication skill building.

## What written client educational material will be used?

After selecting client education materials, provide a copy to every team member and schedule a quiz on the information.

## Which weight-loss prescription diets will be readily available?

This determines which manufacturers will be approached for CE, client incentives, and sponsorship.

### Will the weight-loss program be à la carte?

Or will there be a package price that includes the first bag of food, weigh-ins, technician consults, and examinations?

### How will patients be monitored?

Consider photographing patients so clients can visualize any weight loss (or gain) of their pet. Although the goal may be to attain ideal BCS, any weight loss is beneficial.

## MAKE IT FUN!



- Create a package (eg, with a journal, individualized goals chart, recipes, calories list) for those committing to the program.



- Have promotional items and prizes for each milestone (1 pound, 10 pounds); positive reinforcement helps maintain client enthusiasm and commitment.



- Present the team with promotional t-shirts and buttons.



- Advertise the program in the practice, on your website, and through social media; acquire client permission to take *before*, *during*, and *after* photos and post them with congratulatory remarks.



- Make a video and upload it to your website and YouTube; consider having a team member interview clients about the program's success.



- Send press releases to local news agencies, which may appreciate pet wellness topics!

*Positive reinforcement helps maintain client enthusiasm and commitment.*



See Aids & Resources, back page, for references & suggested reading.

Step 7: Client Handout



# Checking in on Your Pet's Weight

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*Recommended portions are based on a baseline metabolic rate, and your pet may need a little more or less to achieve or maintain a lean body condition.*



**What is the appropriate amount of food for my pet?**



A variety of foods are available for dogs and cats, each having its own instructions based on recipe and ingredients. It is imperative to review each brand and bag for portion recommendations based on formulation. Remember, recommended portions are based on a baseline metabolic rate, and your pet may need a little more or less to achieve or maintain a lean body condition based on the level of his or her daily activities.

**How should I begin my pet's weight-loss regimen?**

There are many dietary strategies for obese pets to lose an optimum amount of weight. Regardless of which feeding strategy your veterinarian recommends, remember there is *no* magic button for weight loss. A thorough diet history (which may involve logging everything that is fed for a week) may assist you as you begin weight-loss planning. Your veterinarian may also calculate a daily calorie target based on your pet's daily activity. A typical plan involves 20% fewer calories than your pet usually consumes to ensure slow and gradual weight loss.

**What will happen if my pet does not lose weight?**

In some cases, weight loss is difficult because of hormonal imbalances or major family lifestyle changes that are impossible to fix. If obesity is becoming life-threatening and a weight-loss program is not working, talk to your veterinarian about pharmaceutical options.

**How do I know my pet's ideal weight?**

Although this seems like an easy question, breed variations in dogs and cats can make an estimated body condition score, or BCS, difficult. The best tools are your hands; feel along your pet's body and make sure you can feel the ribs (with mild fat coverage) and a gradual waist. Refer to a body condition scale for diagrams that illustrate this. The ideal BCS is 4/9–5/9, but because every pet is different and can vary in caloric needs, calories may need to be adjusted to achieve an ideal lean weight.

**How much exercise should I encourage?**

Consult your veterinarian to ensure exercise recommendations are carefully planned before encouraging your pet to exercise. Never encourage exercise if your pet is in pain or has difficulty walking or breathing. Also, note that some breeds should never be forced to overexert. This is even more critical in hot weather.