

Practice Protocol: Cognitive Dysfunction Handout

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GENERAL DESCRIPTION

Cognitive dysfunction describes a series of clinical signs seen in aging dogs and cats. Senility is a familiar concept and most people likely have a relative who appears to have memory issues or has been diagnosed with dementia.

Studies have shown that about 22% of dogs ages 9 to 10 years had signs of cognitive dysfunction; by age 15 that number jumped to 68%. This cannot be definitively diagnosed as a disease while patients are alive. In addition, clients often perceive these changes as a normal part of old age and may not want to intervene.

However, if we start to view these behavioral changes as a disease, we can educate our clients about aging and help improve the lives of our senior patients.

TEAM MEMBER ROLES

All support team members should be informed about the nature of cognitive dysfunction and how to elicit a proper history from an owner. Some aging changes are normal and what may be cognitive dysfunction to one individual may be a perfectly acceptable aging change to another. Identify the effect on the pet's quality of life

and family relationships. If family life is not disrupted, intervention may be of no benefit; however, if the patient's quality of life or the client's bond with the pet is deteriorating, treatment may be appropriate.

CLINICAL SYMPTOMS

The behavioral changes that clients generally report in canine patients include:

- loss of houstraining
- increased anxiety
- disorientation
- sleep and activity changes
- changes in levels of aggression
- a general change in alertness.

In feline patients, the more typical signs include:

- excessive vocalization
- house soiling
- changes in play and levels of aggression
- a tendency to isolate themselves.

LABORATORY TESTS

- Complete blood count
- Chemistry panel
- Further diagnostics depending on the outcome of the initial tests.

The first step is to rule out any underlying issues. Some disorders can mimic cognitive dysfunction or worsen the symptoms.

Classic disorders seen in elderly patients that can affect behavior include:

- Hypothyroidism
- Hypoglycemia (insulinoma)
- Hypocalcemia
- Hepatic encephalopathy
- Hyper or hypoadrenocorticism
- Brain lesions
- Metabolic or electrolyte disturbance.

TREATMENT OPTIONS

1. Treat the presenting clinical symptoms immediately
2. Provide sensory stimulation:
Take daily walks
3. Consider diets and nutraceuticals (*practices should tailor these to the products they carry*)
4. Consider drug therapy (*practices should tailor this to the products they carry*).

CLIENT HANDOUTS

- Cognitive Dysfunction Handout
- Brochures on any nutraceutical or drug therapy products.