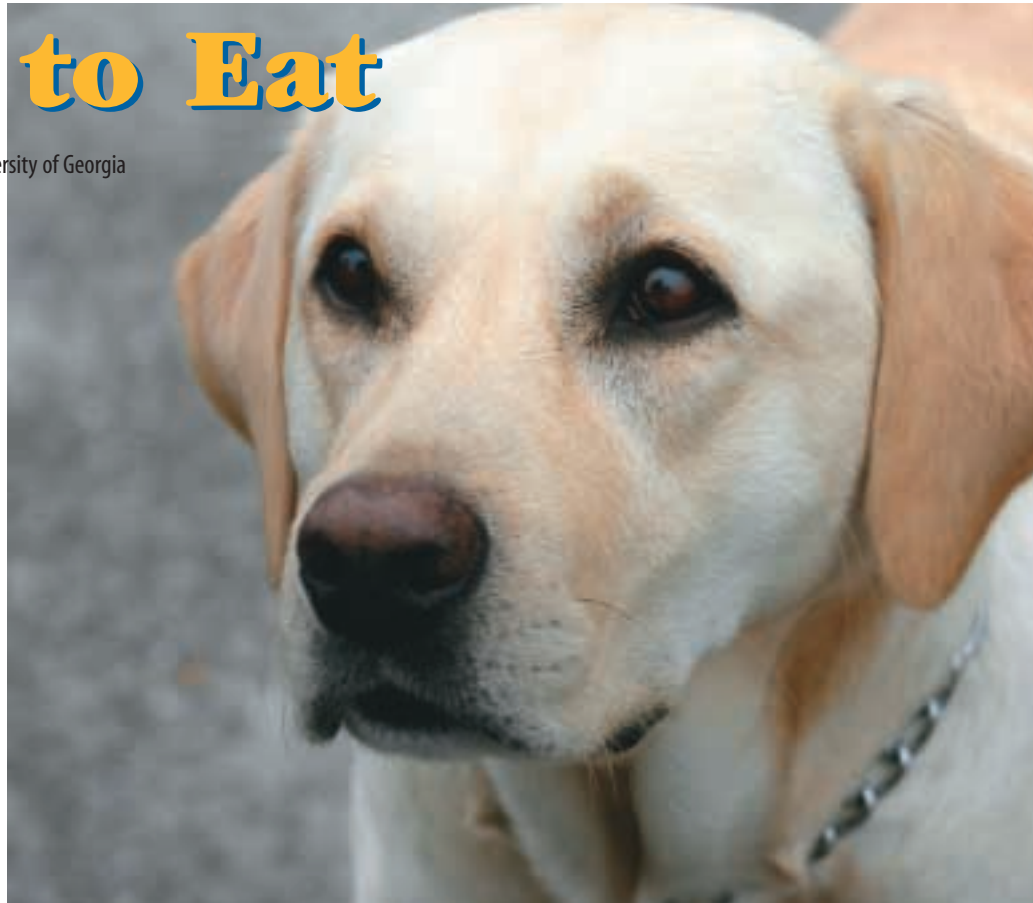


Refusal to Eat

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Shilo has stopped eating. Could it be because Rusty died last week?



This question was asked by the distressed owner of a 5-year-old, neutered male Labrador retriever. Rusty was a 7-year-old Labrador that died after battling cancer for several months. He had been Shilo's companion since he was 6 weeks old.

Many medical problems can cause decreased or complete loss of appetite. Several systemic diseases, such as kidney or gastrointestinal disease, are associated with poor appetite. Pain in the mouth caused by such problems as oral ulcers, gingivitis, tooth abscesses, jaw fractures, and

temporomandibular joint disease can all result in active avoidance of food. Certain medications can also cause a decreased appetite. To confirm whether the decreased appetite is secondary to a medical problem, a thorough physical examination, CBC, blood chemistry and urinalysis, with the possible addition of further tests, are recommended.

Anorexia as a Behavioral Issue

Once such conditions have been ruled out, behavioral issues can be addressed. Emotional stress and other environmental issues can also result in anorexia. Behavior changes secondary to grief are often described in dogs and cats, although grieving in animals is not yet recognized in the scientific literature. While we can-

not know what emotions the animal is actually experiencing, anxiety and/or depression related to the loss of a companion is likely, and many animals exhibit measurable behavior changes that are consistent with these emotions after the loss of an animal or human to which they were socially attached. Behavior changes may include decreased appetite or activity, loss of interest in play, and appearing to "search" persistently for the missing companion. Fortunately, the grief response is usually short-lived, but sometimes it can be life-threatening, as in the case of a cat that retreated to the top of the refrigerator and refused to come down or eat after the death of her owner, to whom she was clearly bonded.

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Intervening for Grief

Grief responses are most appropriately managed by actively intervening in the animal's social and environmental life—for example, by keeping the patient involved in activities. Owners need to make repeated, active attempts to engage the patient in play, go on walks, and encourage other normal activities, in addition to eating. Sometimes the pet's recovery may be slowed because the owner is experiencing grief, too. In such cases, it may benefit the owner (and by extension, the pet) to see a grief counselor. In some cases, short-term use of a benzodiazepine for the pet, which is both an appetite stimulant and an anxiolytic, may be necessary. For cats, diazepam should be avoided because of the possibility of liver failure and a safer benzodiazepine, such as oxazepam, should be used. Even in the dog, benzodiazepines cause rare paradoxical agitation, so the animal should be closely monitored.

Anxiety Disorders

Loss of appetite in dogs and cats can also be associated with anxiety disorders. For example, some dogs will not eat unless their owners are not only in the house but in the same room. This becomes particularly problematic if owners must leave dogs in a kennel during an extended trip; they may return to find that their pets have lost weight in spite of extensive attempts by kennel personnel to coax the dogs to eat. Others will not eat during storms, fireworks, or other anxiety-producing events. Even the specific stimuli associated with meals, such as the reflective surface or noises produced by the food bowl, can lead to fear and avoidance. In these cases, it is important to identify the primary anxiety disorder and treat it appropriately.

Social conflict can be another source of apparent anorexia: High-ranking, dominant animals may keep the subordinate animals away from food. Dog owners usually readily recognize conflict-related behaviors in dominant dogs, such as



staring, stiffening, growling, or displacement of the other dog. In cats, dominance aggression may be obvious in some relationships but subtle in others. The dominant cat may simply sit within a few feet of the food bowl and stare at the approaching subordinate, unnoticed by the owner. When the subordinate cat refuses to approach the food bowl or even enter the room where food is put down, the owner may conclude that the cat is “not hungry.” In either species, separate feeding, with closed doors between high- and low-ranking animals, is important while the primary social conflict is treated. In some households, feeding pets separately may need to be a permanent arrangement.

Learned Behavior

Food refusal in healthy animals can sometimes be a learned response. If an initial incident of food refusal—either because the pet is not hungry or it has a mild, transient, medically induced anorexia—results in extensive owner attention (coaxing) and the offering of intensely palatable food, such as steak or ice cream, the pet will learn that refusing to eat results in offerings of tastier foods. This phenomenon should be suspected if the physical examination and laboratory testing reveal that the pet is healthy and refuses to eat high-quality pet food but does eat certain “special” foods with owner coaxing. In this case, owners need to stop coaxing and providing such foods. Once or twice a day they should give the pet a high-quality food that is age- and species-appropriate, leave it for 20 to 30 minutes, and then remove it. It may take 3 or 4 days, but a healthy pet should eventually eat. (If he does not, the owner should be advised to discontinue these efforts after several days. Further testing or trial hospitalization may be necessary to diagnose the problem.) This phenomenon is particularly problematic in cats because of their susceptibility to liver disorders after only brief periods of anorexia. With cats, it may be necessary to offer 2 or 3 different types of highly palatable cat food; mixing cat food with other types of food the cat has learned to prefer may be helpful.

Preventive Measures

Experience with a varied diet is important to prevent anorexia in animals needing a medically indicated diet. If the pet has only eaten dry kibble of a particular flavor during his lifetime and he develops a medical condition for which only canned food with a substantially different flavor is available, he may be unwilling even to taste the new diet. While most pets are kept on a single, balanced food as the “core” component of their diet, at least side dishes of alternative textures and flavors should be regularly offered to prevent the pet from learning to avoid certain diets. ■