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RESUMEN

animales de compañía



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Se recibió en la Universidad del Estado de Kansas. Trabajó en práctica mixta en Abilene, Kansas. Luego volvió a su alma mater como Instructora Clínica en Práctica Comunitaria donde trabajó los siguientes 10 años. En agosto de 2003, fue nombrada Profesora Asociada de la Clínica en Práctica Comunitaria, en la Universidad de Auburn (USA). Sus intereses incluyen el comportamiento de animales de compañía y la reproducción canina.

IDENTIFICATION AND MANAGEMENT OF SEPARATION ANXIETY IN DOGS

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INTRODUCTION

Separation anxiety (SA) is a common behavior disorder that affects dogs of any age, breed or sex. Dogs with SA become distressed when isolated from their owner or primary attachment figure. («Owner» and «primary attachment figure» are used interchangeably through the text of these notes.) Many of the affected dogs are orphaned, hand-raised or adopted from a shelter or rescue. In some dogs, symptoms of SA may be transient (present for only 3 – 4 months) without treatment; however, most cases require behavior modification and pharmacologic intervention for improvement to occur.

CLINICAL SIGNS

The four most common manifestations of SA include one or a combination of the following in the owner's absence: **

- VOCALIZATION
- DESTRUCTION
- HYPERSALIVATION (EXCESSIVE DROOLING)
- ELIMINATION (urine and/ or feces)

Other symptoms may include inappetence, depression, stress colitis, aggression or stereotypical behaviors.

***A dog diagnosed with SA exclusively will not exhibit these behaviors in the presence of the owner. Dogs with SA may also have other behavioral disorders that may complicate SA; therefore, it is important to investigate all behaviors exhibited by the dog.*

DIAGNOSIS AND HISTORY

A thorough history is the single most important diagnostic tool for establishing a diagnosis of SA. Ask the owner to detail a typical 24-hour day including the activities of each household member as well as the dog's activities and responses. Video or audio recordings of the «home alone» dog are often necessary to diagnose SA and determine severity. A dog with SA is likely to be a «Velcro» dog when the primary attachment figure is home and often will exhibit extreme excitement upon the owner's return home. Some owners think these behaviors are cute and fail to mention these behaviors because they do not perceive either behavior as a problem. **Additionally, dogs with SA often suffer from noise phobia; likewise, dogs with noise phobias may also have concurrent SA.** It is imperative to ask detailed questions regarding the dog's reaction to loud noises such as thunderstorms and fireworks because failure to address associated noise phobias may prevent successful treatment of SA.

RULE OUTS

Alternative causes of clinical signs, both medical and behavioral, must be ruled out before a diagnosis of SA can be made. Lack of housetraining, fear, generalized anxiety and lack of physical and/or mental stimulation are other behavior problems to consider, while diseases of the CNS, urinary tract, endocrine, hepatic and gastrointestinal systems are potential medical causes.

BEHAVIOR MODIFICATION AND TECHNIQUES

How do we help these dogs and their owners? Behavior modification is necessary for all dogs with SA. All but mild cases of SA will also require pharmacological intervention. Behavior modification requires willingness, cooperation and patience among all persons in the dog's home. Our goal is to: 1) reduce the dog's anxiety associated with the owner's departure and absence; and 2) teach the dog to be independent.

Behavior modification techniques may include the following:

1) **Ignore dog 20 – 30 minutes before departure**

The dog should be placed in room or crate away from departure door at least 20 minutes prior to the owner's departure. This should be done as calmly and quietly as possible. The owner should

be instructed to ignore the dog after this time. The owner should NOT return to the dog to say goodbye before leaving. The owner should leave the house as quietly as possible.

2) **Distraction with highly desired toy or food**

An attempt should be made to distract the dog at the time of confinement to room or crate. Chew toys / objects (Kong toys, Buster Cube, etc) can be filled with peanut butter, squeeze cheese, dog biscuits, dry kibble, etc. Alternatively, the dog can be distracted with a game of fetch or mental exercises (sit, shake, etc) if there is someone that is remaining at home when the primary attachment figure leaves the home.

3) **Identify and remove pre-departure cues**

A pre-departure cue can be any object or activity that triggers the dog's anxiety prior to the owner's departure. Commonly identified cues include objects that are picked up by the owner prior to departure (car keys, purse, briefcase, hat, coat, etc), specific articles of clothing worn by owner (hat, coat, work shoes), or specific routines that are performed by the owner prior to leaving the house (locking doors and windows, closing blinds, drying hair, etc.). If the owner is having difficulty identifying specific cues, the owner should focus on the differences in the household routine on the dog's «good days» and «bad days».

4) **Graduated departures**

Graduated departures may be difficult to accomplish early in treatment. The goal is to gradually train the dog to relax when the owner gradually moves away and out of sight from the dog. Often anti-anxiety medications are often required to facilitate relaxation and behavior modification.

5) **Low key greetings**

The owner should ignore the dog (do not touch or talk to the dog) upon return to the house. The owner may greet the dog with a quiet, calming voice once the dog is showing a more relaxed behavior (not jumping up, whining, etc).

6) **Do not reward or punish anxious behavior**

Punishing an already anxious dog will only create more anxiety for the dog. The owner should ignore anxious behavior, then calmly praise the dog once the dog is relaxed. Make certain the owner understands that talking to or touching an anxious dog may inadvertently reward the anxious behavior. Punishment, verbal or physical, should NEVER be used to «correct» the behavior or an anxious dog. Punishment will only increase anxiety, making the behavior worse and treatment more difficult.

7) **Independence Training**

Training exercises are essential to facilitate behavior modification and resolution of SA. It is important for all dogs, especially dogs with anxiety disorders to have a predictable routine, or rule structure. The dog does not have to master difficult tasks, but does need to know how to sit on command. Head collars (such as a Gentle Leader or Halti) can be very useful to facilitate training exercises. Specific exercises should include teaching deference, or «Nothing in life is free». To perform this, the dog must sit before getting anything he wants or needs. This includes food, treats, attention, petting, etc. Reinforcing relaxed behavior is also helpful. The relaxed dog has a relaxed facial expression and body posture and is breathing slowly.

PHARMACOLOGIC PRINCIPLES AND APPLICATIONS FOR SA IN DOGS

The neurotransmitter, serotonin, is reported to influence social attachment behaviors; therefore the use of pharmacologic agents which increase serotonin may be useful for treatment of dogs with separation anxiety. **Tricyclic antidepressants (TCA)** and **selective serotonin reuptake inhibitors (SSRI)** facilitate serotonergic activity and are commonly used as adjunctive therapy with behavior modification. TCA's may also affect anticholinergic, antihistaminic, adrenergic and noradrenergic neurotransmitters.

Side effects of TCA's are sedation, dry mouth, constipation, urine retention, cardiac conduction abnormalities and should be used cautiously in patients with pre-existing heart disease, urinary tract infections and seizure disorders. **Clomipramine (CLOMICALM)** is a TCA with more selective serotonin activity than amitriptyline and is the only drug approved for the treatment of SA in dogs. The labeled dose is 2 - 4 mg / kg PO and may be given once daily or divided q 12 h. **Administration twice daily is most effective and higher doses may be required (i.e. 4 – 6 mg / kg q 12 h).** Other TCA's: **Amitriptyline** 2.2 - 4.4 mg / kg PO BID. Selective serotonin reuptake inhibitors (SSRI) such as **fluoxetine (PROZAC)**, 1 mg / kg PO

SID, may be useful in the treatment of SA in dogs; however, use is considered extra - label. Side effects are generally less severe than those of TCA's. Gastrointestinal distress may also be seen with SSRI's.

Alprazolam, a benzodiazepine, may be useful in severe cases of SA in conjunction with a TCA or SSRI. It is used to reduce the panic response that may accompany an abrupt change in the dog's daily schedule. The reported dose is 0.01 - 0.1 mg / kg PO SID to BID (not to exceed 4 mg / day) on as needed basis. Benzodiazepines are not useful as sole medications in the treatment of SA because of the need for frequent dosing, side effects, tolerance / dependency and abuse potential. Additionally, benzodiazepines interfere with learning ability, which reduces the effectiveness of behavior modification training.

Pharmacological agents may be useful for treatment of dogs with SA. It should be noted that while drugs alone may be helpful, the best treatment results are achieved when combined with appropriate behavior modification techniques. A minimum database (CBC, Chem, UA, +/- T4) should be obtained prior to the initiation of drug therapy and periodically while on drug therapy. If the response to drug therapy is favorable, the medication should be continued at the lowest effective dose for a period of time to facilitate and reinforce behavior modification. Gradual tapering over several months is recommended; however, some dogs may require lifelong drug therapy.

PROGNOSIS

Predicting the outcome in dogs with SA is difficult at best. It is important to discuss the goal of the client at the onset of treatment because some owners may have unrealistic expectations. Owners must be patient and commit to lifelong behavior modification therapy for the dog. Dogs receiving anti-anxiety medication may require only months of medication, whereas others may require years or lifelong therapy.