

Compulsive Disorders—Cats

Basics

OVERVIEW

- Repetitive, relatively constant, exaggerated behavior patterns (often derived from normal behavior, but taken to extreme) with no apparent reason or function; performed to the exclusion of other normal behaviors or to the detriment of the cat
- Behaviors such as psychological hair loss in which the cat grooms excessively (known as “psychogenic alopecia”), fabric chewing, or wool sucking may be considered compulsive disorders, when other reasons for the behavior cannot be identified

SIGNALMENT/DESCRIPTION OF PET

Species

- Cats

Breed Predilections

- Siamese and Burmese, other Asian breeds and crosses are more likely than other cat breeds to demonstrate fabric chewing, and wool sucking; suggests a heritable component

Mean Age and Range

- Age of onset approximately 24 months (range, 12–49 months); generally not seen in kittens; behavioral overgrooming dermatitis/hair loss, 6-12 months; fabric chewing, 12-49 months; hyperesthesia syndrome, 1-5 years

Predominant Sex

- Both males and females are affected equally

SIGNS/OBSERVED CHANGES IN THE PET

- Signs or observed changes are determined by the abnormal behavior itself. A cat may demonstrate one or more abnormal behaviors
 - ♦ Psychogenic alopecia—localized, symmetrical hair loss; most commonly involving the skin of the groin, lower abdomen, and inner thigh or back of thighs; appearance of the skin may be normal or may be abnormal, with redness or abrasions from excessive grooming
 - ♦ Hyperesthesia syndrome: vocalizing, dilated pupils, drooling, and “rippling” skin, inappropriate urination or passing of the bowels, twitching of the tail, frantic grooming or self-directed or owner-directed aggression, escape behaviors
 - ♦ Fabric chewing and wool sucking—secondary gastrointestinal signs, such as irritation-induced vomiting, or digestive tract blockage may develop



CAUSES

- Unknown
- Organic or physical causes for the abnormal behavior should be ruled-out before a psychological basis is presumed

RISK FACTORS

- Changes in surroundings may lead to abnormal behaviors (stress of moving, new household member)
- Behavior may increase in frequency if reinforced with owner attention
- Scolding or punishment may increase anxiety and worsen expression
- Overgrooming may be associated with history of flea exposure or diet change
- Petting along the topline and rump or flea infestation may trigger hyperesthesia syndrome
- More commonly reported in indoor cats

Treatment

HEALTH CARE

- Reduce environmental stress—increase the predictability of household events by establishing a consistent schedule for feeding, playing, exercise, and social time; eliminate unpredictable events as much as possible; avoid confinement
- Identify and remove triggers (triggers are situations or things to which the cat reacts, leading to compulsive behavior) for the behavior, if applicable
- Ignore the behavior as much as possible; distract the cat and initiate acceptable behavior
- Do not reward the behavior
- Note details of the time, place, and social environment so that an alternative positive behavior (such as play or feeding) may be scheduled
- Any punishment for an unwanted behavior associated with the owner's voice, movement, and touch may increase the unpredictability of the cat's environment, may increase the cat's fear or aggressive behavior, and may disrupt the human-animal bond

ACTIVITY

- Playing or exercise on a consistent schedule
- Increase opportunities for social interactions

DIET

- Increase dietary roughage for cats with fabric chewing/sucking behaviors
- For presumptive psychogenic alopecia, consider an exclusion diet (one with novel sources of nutrients that the cat has not been exposed to previously)

SURGERY

- Not applicable

Medications

Medications presented in this section are intended to provide general information about possible treatment. The treatment for a particular condition may evolve as medical advances are made; therefore, the medications should not be considered as all inclusive

- No drugs are approved by the federal Food and Drug Administration (FDA) for the treatment of these disorders in cats; your veterinarian will discuss the risks and benefits of using these drugs
- Goal—use drugs until control is achieved for 2 months; then attempt gradual decrease in dosage; treatment will be resumed at first sign of relapse; may be life-long
- Tricyclic antidepressant (TCA)—amitriptyline or clomipramine
- Selective serotonin reuptake inhibitor (SSRI)—fluoxetine or paroxetine

- Gabapentin may be helpful with hyperesthesia syndrome
- Phenobarbital if considered related to an underlying seizure disorder
- Deprenyl (selegiline), if signs related to cognitive dysfunction (changes in behavior and awareness related to aging of the brain)
- For presumptive psychogenic alopecia, treat with appropriate parasite medicine if suspected, trial course of steroids, exclusion diet

Follow-Up Care

PATIENT MONITORING

- Before initiating treatment, record the frequency of abnormal behavior that occurs each week so that progress can be monitored
- Successful treatment requires a schedule of follow-up examinations
- Environmental modification program and/or psychologically active medications must be adjusted according to the cat's response
- If a medication is not effective after dosage adjustment, another drug may be prescribed or another diagnosis may be considered

PREVENTIONS AND AVOIDANCE

- Create an enriched environment for the cat
- Do not reward the behavior
- Ignore the behavior as much as possible

POSSIBLE COMPLICATIONS

- Treatment failure
- Fabric chewing/wool sucking—gastrointestinal problems, such as vomiting or blockage

EXPECTED COURSE AND PROGNOSIS

- Realistic expectations must be understood; changing a behavior that has become a habit is very challenging
- With treatment, prognosis for improvement is good
- Immediate treatment improves the prognosis, since the outcome is impacted negatively by prolonged problem duration
- Immediate control of a long-standing problem is unlikely

Key Points

- Any cat may develop repetitive, exaggerated behavior patterns that apparently have no reason or function; Asian-origin cats are predisposed
- Ignore the behavior as much as possible and avoid rewarding the behavior
- Abnormal behavior should be evaluated by your veterinarian as soon as possible to determine if a physical cause exists
- Treatment may include behavioral modification and psychologically active drugs, if no physical cause is identified
- Realistic expectations must be understood; changing a behavior that has become a habit is very challenging
- Immediate treatment improves the prognosis, since the outcome is impacted negatively by prolonged problem duration