

# Fear and Aggression

## (In Veterinary Visits)

### Basics

#### OVERVIEW

- Fear—involuntary, negative emotional state caused by the anticipation/awareness of danger
- Aggression—warning/intent to cause harm/increase distance in response to perceived threat

#### GENETICS

- Fearful or aggressive (known as “fractious”) temperaments are thought to be inherited

#### SIGNALMENT/DESCRIPTION OF PET

##### Species

- Dogs
- Cats

##### Breed Predilections

- Dogs, cats—any breed

##### Mean Age and Range

- Any age, sometimes signs delayed to early adulthood or later

##### Predominant Sex

- Either

#### SIGNS/OBSERVED CHANGES IN THE PET

##### Historical Findings

- Yawns, lip licking, grooming, panting
- Offensive (fractious) and defensive (fearful) displays
- 4 Fs of behavior: flight, fight, freeze, fidget

#### CAUSES

- Will have previous or current frightening or painful veterinary visits, creating involuntary fear response, so-called “white coat effect”
- Punishment
- Triggers such as travel, other dogs, strangers
- Underlying fearful or anxious temperament, other behavioral disorders

#### RISK FACTORS

- Previous frightening experiences, painful experiences, punishment
- Poor socialization during the key period of 3–12 weeks in dogs, and 2–7 weeks in cats



# Treatment

## HEALTH CARE

- Prior to handling, assess the environment and the patient and use a plan to minimize stress and provide for success

*The animal handler at the clinic (staff, veterinarian) will be educated to apply the following guidelines:*

- The environment should have reduced stimuli such as sound, light, movement, touch, provide pheromones to support the animal (Adaptil, Feliway are examples); eliminate known triggers
- Utilize treats and use surfaces that are not slippery, not shiny or cold to enhance comfort; provide a place for hiding, be covered, feel protected
- Note that change in location, interactions, procedures, and personnel affect the patient
- Assess the animal to identify impending signs of body language reflecting anxiety fear or arousal. Recognizing these signs as they emerge increases safety, effectiveness, and decreases handling time
- Handle with care; avoid direct eye contact, bending over, or putting the face near a fearful patient; bend at the knee, turn the body to the side, and squat down (when safe); avoid reaching out, petting on top of the head, sudden grabbing of the collar or body, or reaching into a carrier; encourage patients to approach, or have the handler the pet feels safe with bring them to the staff/veterinarian, avoid loud talking and sudden movements; work quietly, quickly, and effectively; often a narrow window of opportunity before fear and arousal escalate
- Cat—encourage approach by patting the surface and using a soft voice. Remove carrier tops and allow time to sniff a hand; gently scratch under the chin and pet the side of the head if postures indicate safety; avoid petting beyond the shoulder as it is often arousing; start exam at the head or middle and move back; save socially invasive or painful areas for last
- Dog—hold arms and hands beside the body, patting the leg gently, use soft verbal encouragement, hold the palm open with valued treats if the dog approaches, and allow the dog to sniff and investigate; gently pet under the chin and neck area; slowly move into the desired examination position; start exam at the middle or rear and move towards the head
- Encourage handlers that are fearful of working with specific patients to stop and ask their team for help; reassess if and how to proceed
- Use language that is scientifically accurate and promotes patient empathy—fearful, painful, confused are terms that reflect the compassion felt towards the patient; handler language affects their actions as well as those of others; punishment (verbal, physical, leash corrections, “dominance maneuvers”) must be strictly avoided; negative experiences increase fear, arousal, and aggression and are likely to escalate fractious behavior during subsequent handling interactions at the hospital and possibly at home
- Handling plans are unique to individual patients/working environment, and may require adjustments dependent on patient response. Such a plan has a high payoff in staff safety, decreased future handling time, patient welfare, and caregiver satisfaction; chart information including what worked well and suggested changes to make the next visit even better

### **Guidelines for a Patient Handling Plan**

- Determine if and what the patient can eat that is appropriate and safe for the animal; select appropriate level of restraint for the individual patient and the procedures; select handling tools that increase safety and decrease patient fear and arousal
- Critically consider what needs to be performed—must the procedure be done today, or at all? Consider multiple visits of shorter duration with fewer procedures; place the required procedures in order of most important to least important in the event the patient is unable to tolerate all of them; place those procedures in order of least aversive to most, so early difficult procedures do not inhibit ability to complete later ones; consider pain, invasiveness, number of procedures, and how the patient is coping with minimal handling; consider sending the patient home with a plan for return (oral sedation prior to travel, avoidance of known triggers and environmental management, training for specific handling or tools)
- Have chemical restraint prepared and waiting for at-risk patients; use before patient becomes aroused to promote efficacy, handler safety, and to reduce further advancement of patient fear

### **Utilization of Counter-Conditioning**

- Most effective when food is first offered while the animal is relaxed and feels safe, then just before, during, and after the procedure. Events may be concerning to the patient because they are painful (injections) or socially invasive (rectal temperature, nail trims); stressed animals may need to be fed for the duration of handling to prevent escalation of fear and arousal. Utilize food that can be broken up into small pieces, or use sticky options; palatability must be high (meat baby food, liverwurst) to maximize the animal's interest in eating and increase the power of the positive emotional response. Rejection should cue the handler to reassess patient comfort level, safety and handling plan

### **Safe and Effective Restraint**

- Once the itinerary of procedures has been organized, a restraint plan should be coordinated for each procedure. Avoid the tendency to over-restrain animals. Stress often revolves around the restraint, rather than the procedure itself

### **Guidelines for restraint**

- When greater restraint is needed, provide firm, balanced pressure with global support around the patient
- Slide hands along the patient's body, rather than releasing and grabbing
- If the pet struggles longer than 3 sec., stop, reposition, and try again. Wait until the animal is relaxed, and preferably starts eating, before beginning the procedure. If after 2 or 3 attempts the patient does not relax and/or starts to get fractious, stop altogether and consider whether the procedure is essential
  - ♦ Essential: make a plan for chemical restraint
  - ♦ Non-essential: send the animal home and create a plan for return

### **Handling Tools**

- Designed to expedite veterinary procedures and increase safety. Handling tools also reduce the need for physical restraint and the stressful social interaction. The key is using them correctly, often, and early in the handling plan

### **Pheromones**

- An Adaptil diffuser for dogs and Feliway diffuser for cats in the reception area, examination rooms, and hospital wards may help to lower stress
- A pheromone spray or wipe can be used to reduce stress during travel, crating, on the examination table or in the clinic cages. Dogs might have the spray placed on a bandana around their neck prior to the visit, or can be fitted with an Adaptil collar at least one day in advance
- Never spray directly on the pet

### **Muzzles**

- Basket muzzle (plastic, metal): Allows panting; safer for longer procedures and kenneled dogs
- Food can easily be smeared along the inside of the muzzle, encouraging the dog to place its nose into the muzzle
- Increases safety so lightest restraint can be used; best if owner gets the dog used to muzzle at home and have in place for arrival; if not adapted to muzzle, first consider whether procedure can be postponed and client instructed to adapt to muzzle before the next visit
- For short procedures or to facilitate an injection, a nylon slip-on muzzle might be easier to apply; for cats select a stiff leather or plastic option that covers both mouth and eyes. Provides handler safety and minimizes visual stimuli

### **Elizabethan Collar**

- An alternative to the muzzle for short face conformation, or with fear of the muzzle this collar can be used to provide control of the head. For small dogs and cats a towel or blanket may be preferable

### **Towels**

- Towels or thick bedding can provide low-stress immobilization of cats and small dogs; provides head and body control, reduction of visual stimuli, and firm global pressure of handling; modifications can be made to gain access to the head; allows access for examination and minor procedures; utilized to safely capture fleeing cats, remove from carrier or cage, and administer injections for chemical restraint

### *Calming Cap*

- Limits visual stimuli; reduces anticipation of procedures, perception of handler posture, and known individual triggers (travel, dogs, strangers)
- Utilize during travel, entering the building, procedures, hospitalization, and after chemical restraint
- A muzzle or towel that covers the eyes/head may have the same effect on cats

### *Thundershirt*

- Swaddles the dog or cat, providing firm, balanced pressure around the chest and torso, reducing arousal, anxiety, and fear

### *Classical Music (Through a Dog's Ear/Through a Cat's Ear)*

- Increases behaviors associated with relaxation in animals and people; source of noise cancellation, masking potentially stressful external sounds; relaxes clients, reminds staff to work quietly and slowly

### *Squeeze Cage*

- For essential procedures on dogs that are not safe to muzzle; protected contact used to administer injection of chemical restraint; alternative created with a chain-link panel that swings out from the wall or an existing door

### *Clipnosis (Cats only)*

- Pinch-based inhibition ("trance-like" state, semi-immobile, relaxed) using Clipnosis Gentle Calming Clips or other tools, such as binder clips; produces firm, even pressure when placed on the scruff, provides a hands-free option, typically with behavioral calming; place on cats when calm and relaxed; cats that are averse to pressure on the scruff or are fractious are not candidates

### *Cat Carriers*

- Select type that allows the cat to easily exit on its own or have a removable top that allows the cat to remain in the bottom portion during exam; allows the cat to remain in a familiar area, prevents fleeing, and promotes hiding; soft-sided carriers useful for fractious cats in need of chemical restraint, cat remains in the familiar carrier while the mesh panel is pressed up against the body to allow sedative injection; allow hospitalized cats to have their carrier in their cage; is a more effective tool if cats are conditioned to enter and travel in it comfortably

### *EZ Nabber*

- Mesh netting tightly secured to rectangular metal enclosure; opens and closes manually to allow for capture and quick restraint; valuable for fractious cats who are fleeing or housed in a wall mount kennel; can use to administer chemical restraint through the mesh; cover with a towel once the cat is inside to reduce visual exposure and protect handler; alternately a fish net might be used to cover or wrap the cat

## **DIET**

- Not applicable

## **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

- May be combined with other strategies listed above
- Oral administration of relaxing medication prior to arrival so experience is less fear-provoking, safer, and requires lower doses to achieve effect is generally desirable

### *Injectable Chemical Restraint—Dogs*

- *For young fractious dogs*—dexmedetomidine/butorphanol/ketamine combination may be elected
- *Alternative option*—tiletamine/zolazepam
- *For geriatric fractious dogs*—acepromazine OR dexmedetomidine + butorphanol; if painful, *morphine*, *hydromorphone*, or *oxymorphone* offer superior pain management

### *Oral (transmucosal)—Dogs*

- Combination treatments may be done for healthy young fractious dogs

### *Injectable Chemical Restraint—Cats*

- For young fractious cats—dexmedetomidine OR acepromazine + ketamine + butorphanol combination may be elected
- Alternative option—tiletamine/zolazepam
- For geriatric fractious cats—acepromazine OR dexmedetomidine + ketamine + butorphanol; if painful, morphine, hydromorphone, or oxymorphone offer superior pain management

### *Oral (Transmucosal)—Cats*

- Combination treatments may be done for healthy young fractious cats

### **Oral Sedative/Anti-anxiety**

- Administer 90 minutes prior to travel to relieve mild to moderate fearful/fractious behavior or help patient cope with injectable sedation

### *Dogs*

- Options include: trazodone; clonidine; acepromazine; lorazepam; diazepam; gabapentin

### *Cats*

- Options include: clonidine; acepromazine; lorazepam; gabapentin; buprenorphine

### *Alternative/complementary nutritional supplements*

- These include: Zylkene, Anxitane, Harmonese; note additional medications likely required

## **Follow-Up Care**

### **PATIENT MONITORING**

- Evaluate behavior indicators for evidence of stress response versus improvement
- Long-term success is evident when there is improved behavior with each handling

### **POSSIBLE COMPLICATIONS**

- Ongoing fear/fractious behavior may prevent the pet from effectively receiving routine wellness care
- Bite wounds and associated infections

### **EXPECTED COURSE AND PROGNOSIS**

- Not reported

## **Key Points**

- Early exposure to positive experiences during the socialization period may improve acceptance of future handling
- Fear period (8–10 weeks, 4–11 months in dogs) –unknown in cats; dogs highly sensitive to negative experiences and young fearful puppies or adolescents may not show aggression until maturity (2–4 years of age)
- Fearful and aggressive temperaments may be heritable and predispose to veterinary clinic fear