



My Cat is Grooming Himself Bald

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George

7 yr old, MN, DSH, 12#



- Presenting complaint: excessive grooming/barbering, pulling out fur
 - Patchy alopecia
- Episodic – has occurred 3 times
 - Each occurrence coincided with primary caregiver’s extended absence (5 days – 2 weeks)
 - Partial resolution in-between episodes
- Observation of behavior
 - Uses teeth to remove clumps of fur

History

- Adopted at 5 years of age
 - Friends got dog, George got new home
- Lives with Ringo
 - 2 yr old, MN, DLH
- Cat door (basement)
 - George and Ringo go in and out
 - Outdoor cat comes in



Environment – Litter Boxes



	Box #1	Box #2
Type	Open	Open
Age	2 years	5 years
Location	Basement	Basement
Litter type	Clumping clay	Clumping clay
Additives	None	None
Scooping	Every other week	Every other week
Emptying	Every 3 months	Every 3 months


Additional History

- Weekly episodes of vertical urine spraying
- Ringo stalks and chases George
 - George hisses
 - No injuries
 - No affiliative behaviors



Previous Treatments

- Feliway diffusers
- Fluoxetine
 - 2.5 mg dose [0.5 mg/kg] po q24h
 - Difficult to medicate
 - Compliance issue
 - Only gave for 3 days
- Prednisolone
 - Loading dose
 - 1.4 mg/kg po once
 - Tapering dose
 - 0.5 mg/kg po q12h x 7 days, q24h x 5 days, eod
 - Compliance issue
 - Only gave for 7 days



MEDICAL CENTER

NAME _____ AGE _____
ADDRESS _____ DATE _____

Rx

SIGNATURE

LABEL
REFILL 0 1 2 3 4 5 PRN NR

Behavioral Dermatoses



Associations between grooming and anxiety

- Primary skin conditions
 - Influenced by stress
- Primary behavior disorders
 - Secondary dermatological lesions

Grooming

- Maintain coat condition
- Comfort behavior
- Affiliative behavior



Behavioral Dermatoses

- Self chewing / barbering
- Self licking
- Hair pulling
- Over-grooming
 - Psychogenic alopecia
- Flank sucking
- Self-mutilation



Psychogenic Alopecia



- Over-grooming with no underlying medical cause
- Hair loss only on parts of body cat can reach

STEREOTYPIC BEHAVIORS

- Invariant
- Repetitive
- Lack of function or endpoint
- Independent of sensory feedback
- Predictable sequence



Displacement Activities



- Motor programs that seem to discharge tension or anxiety
- Conflict between two incompatible drives
 - Approach and avoidance tendencies
 - Perform unrelated behavior out of context
 - Grooming
 - Self-directed behaviors
 - Measure of anxiety

Obsessive Compulsive and Related Disorders – DSM V



- Obsessive–Compulsive disorder
- Trichotillomania
- Body dysmorphic disorder
- Hoarding disorder**
- Excoriation (skin picking)**

Obsessive–Compulsive Disorder



- Characterized by obsessive thoughts and/or repetitive compulsive physical or mental acts
- **Obsessions**
 - Recurrent and persistent thoughts, urges, or images that are experienced as intrusive and unwanted, and cause marked anxiety and distress AND
 - Person attempts to suppress or ignore such thoughts, impulses, or images or to neutralize them with some other thought or action
- **Compulsions**
 - Repetitive behaviors (hand washing, ordering, checking) or mental acts (counting, repeating words silently) in response to obsession or according to rules that must be applied rigidly
 - Behaviors or mental acts are aimed at preventing or reducing distress
 - Behaviors either are not connected in a way that could realistically neutralize or prevent whatever they are meant to address, or they are clearly excessive

Obsessive–Compulsive Disorder



Common Obsessions

- Contamination
- Safety
- Doubting one's memory or perception
- Scrupulosity (need to do the right thing, fear of committing transgression)
- Need for order or symmetry
- Unwanted, intrusive sexual/aggressive thought

Common Compulsions

- Cleaning/washing
- Checking (eg, locks, stove, iron, safety of children)
- Counting/repeating actions certain number of times or until it "feels right"
- Arranging objects
- Touching/tapping objects
- List making

Compulsive Disorder



- Syndrome of abnormal behaviors that are believed to result from conflict or frustration
- Normal behavioral responses to conflict become *emancipated* from original context
- Behaviors generalize to situations where there is no apparent conflict
 - Repetitive, exaggerated, out of context

Trichotillomania

(Cohen et al., 1995; Stein et al., 1995; Christenson & Crow, 1996; Diefenbach et al., 2000)

- Pulling own hair resulting in alopecia
- Hair pulling results in tension relief
- Distribution varies but scalp most common
- Early age of onset (average 11-13)
- Chronic waxing and waning



Body-Focused Repetitive Behaviors



- Primary medical condition
- Compulsive disorder
- Impulse-control disorder
- Developmental abnormalities
- Something else?

Diagnostic Workup

- CBC
- Chemistry panel
- T4, UA
- Skin scrapings
- Fecal
- Flea control
- Hypoallergenic food trial
- Intradermal skin testing
- Dermatophyte culture
- +/- Skin biopsies



George – Diagnostic Evaluation



Recommended

- CBC
- Chemistry panel
- T4
- UA
- Skin scrapings
- Fecal
- Hypoallergenic food trial
- Declined
- Declined
- Declined
- Declined
- Negative
- Declined
- Declined

Compliance



Compliance is achieved when

- Specific and consistent recommendation is made by veterinary team
- Client accepts that recommendation
- Follow-through occurs

Differential Diagnoses – George



- **Primary dermatological problem**
 - Food allergy
 - Seasonal atopy
 - Flea allergy dermatitis
- **Anxiety-induced displacement behavior**
 - Separation from primary caregiver
 - Intraspecies aggression
 - Poor litter-box care
 - Limited resources

12 Simple Treatment Steps



Initial Treatment Plan



- **S**tray cats
- **I**nteractions with Ringo
- **M**edication
- **P**lay behavior
- **L**itter boxes
- **E**nvironment

Stray Cats

- Remote deterrent • – NO
- Close off cat door • – NO
 - 6 week recheck: owner found stray cat in basement
 - 8 week recheck: stray cat came into basement in front of owner
- Remove cat door • – NO



Interactions with Ringo

- Interrupt stalking behavior
- Reward/praise cats for friendly behaviors
- Train cats to come for treats – YES



Scent Exchange

- Use hand towel or soft toy
- Rub facial and perioral area of cat
 - Make it pleasant
- Use same towel on both cats – YES



Medication



- Paroxetine
 - 2.5 mg dose po q24h
 - Boyfriend is helping give medication
 - YES

Paroxetine (Paxil®)



- Selective serotonin reuptake inhibitor

Paroxetine – Adverse Events



- **Gastrointestinal**
 - Constipation
 - Inappetance
 - Agitation

Play Behavior

- Regular activity schedule
 - Play
 - Petting, grooming
 - Physical activity, climbing, jumping
- Interactions with family
 - Maintain activity schedule when primary caregiver is away



Play Behavior

- Cats are hunters
- Avoid using hands or other body parts as toys



Toy Time

- Chase toys
- Chew toys
- Toys with treats inside



Toy Time



- Avoid coverings or stuffing that are easily shredded
 - Fibers could prove fatal if swallowed
 - Long threads, large diameter fibers, synthetic fibers

Rotate toys and games to
maintain novelty



Litter Boxes



- Replace both litter boxes – NO
- Purchase large storage boxes – NO
- Scoop daily – NO
- Black light – YES
- Treat soiled areas with AIP – YES

Environment

Provide outlets for
species-typical
behaviors



Environment



- Scratching
- Climbing
- Exploration
- Exercise

Environment



- Provide multiple suitable elevated areas
 - Climb, jump, balance
- More cats = more resting areas
 - Avoids competition



Cat Furniture – NO



And here's what I *really* want you to do...



- #1 Deter outside cats
- #2 Improve interactions with Ringo
- #3 Administer anti-anxiety medication

Follow-Up, 6 weeks

- Hair pulling improved
 - Less intense
- More confident
 - Interactions between cats more peaceful
 - Touched noses, no hissing



Follow-Up, 8 weeks

- Alopecia completely resolved
- Definitely more relaxed
- Peaceful coexistence between cats
 - No affiliative behaviors



Follow-Up, 8 months

- Tapering off paroxetine
- No episodes of hair pulling

