

From left to right: a German shepherd dog begins to chase its tail (a)... spins repeatedly (b)... then develops a pre-seizure state and collapses (c).

forwards across the board, they are performing a parallel form of behaviour.

When observing human patients on a hospital psychiatric ward, often obvious signs of stress and stereotypical behaviour can be recognised in ordinary people who have found life temporarily difficult. They may have episodes of continually wringing hands, rubbing arms or thighs or stroking their faces in an effort to discharge their anxieties in a physical way. Unfortunately, there is little enough clinical research on treatments required for people with OCD, and even less so in animals.

We should know much more about why the condition develops in some individuals rather than others. We especially need to know how to relieve the symptoms. In the case of companion animals, we need to understand the signs because animals cannot talk to us about how they are feeling. It would

then be easier to treat the insecurities and subsequent stress that leads to this behaviour. This would prevent behaviours becoming destructive towards our own and the animal's physical and mental health.

Treat the cause

When offering treatment for OCD the first priority in companion animals needs to be helping owners counter any stress factors causing the condition. This should come before actually dealing with the behaviours that are triggered by stress. OCD in dogs or cats cannot be overcome by punishing, shouting or by excessive petting and stroking or attention. This range of owner response reinforces or supports the reactive behaviour and may transmit to an animal that a person is also disturbed or anxious by the same causes.

Pets that are nervous or neurotic – a hyper-alert condition that can be exhibited as mild,

moderate to acute – can develop obsessive or compulsive behaviours. These can be observed as ritualistic or repeated actions, which have been referred to as stress-related behaviours. These include excessive grooming, licking, cleaning, tail-chasing, head weaving and excessive preening. All of these behaviours can be linked to self-rewarding stereotypical behaviour. However, if attention is given during episodes of these behaviours, then reinforcement or promotion can occur and this will inadvertently progress the condition.

Other variants of COCD behaviour displayed by dogs experiencing the effects of stress include shadow chasing, fly chasing, circling patterns, moving from side to side repeatedly and air gulping. Dogs displaying these behaviours regularly suffer from a combination of neural hormonal imbalance linked to canine insecurity. It can be seen in many working breeds, including those used for

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livestock control and gun dogs. Once an animal has been referred (by a vet) to an experienced and suitably qualified behaviourist, it would become necessary to introduce reward signals when the behaviour has ceased – clicker training is ideal, and non-reward signals, such as training discs or a remote-controlled, citronella filled, aversion collar – as the behaviour commences. Owners need to be aware that the animal will learn

that, by performing the particular repetitive behaviour, a reaction or some form of attention will usually follow.

A GSD/collie cross in my clinic was filmed displaying excessive grooming that had become habitual to the extent of triggering lick granulomas. We discovered that the dog did not display the behaviour until its owner entered the room. Whenever the excessive grooming was exhibited the owner would instruct it to stop and so the behaviour was reinforced.

Human parallels can be seen in children that have attention-deficit hyperactivity disorder (ADHD). These children will perform antisocial behaviour, even if it results in punishment, because any form of attention is seen as rewarding and better than being ignored. This aspect of behaviour is referred to as negative reinforcement.

Drug therapies, such as selective serotonin reuptake inhibitors (SSRIs), used in both humans and companion animals suffering from OCD, cannot treat the cause of the condition.

I have been involved in some canine cases where such pharmaceutical programmes may present damaging side effects. Episodes of antisocial behaviours, including agitated and aggressive states, have been presented by some dogs, and these forms become counter-productive to any treatment.

DAVID SANDS

specialises in the treatment of behavioural conditions displayed by dogs, cats, birds, horses and exotic species. He is an internationally established author and photographer with research experience in animal behaviour, psychology and zoology. David gained his doctorate in ethology from the University of Liverpool and is a fellow of the CFBA, council member for the PETbc and a member of ASAB. David's recent publications include *Know Your Dog* and *Cats: 500 Questions Answered*.



It requires a great deal of patience when trying to help a companion animal that is suffering with OCD. We are not always sympathetic with people displaying a psychological condition, so empathy with animals displaying repetitive behaviours may be rarely encountered.

However, it is important that my comment is seen as a generalisation. This observation refers to people who do not understand that companion animals can offer only signs of this condition; unfortunately, they cannot have symptoms.

● The author can be contacted by email at drdavidsands@aol.com

References

- Eilam D, Zor R, Hermesh H and Szechtman H (2005). Rituals, Stereotypy and Compulsive Behavior in Animals and Humans. In Moon-Fanelli A, Canine compulsive Behavior: An overview and phenotypic description of tail chasing in bull terriers, *Neuroscience and Biobehavioral Reviews*, Elsevier 30(4): 456-471.
- Hewson C J, Luescher A U, Parent J M, Conlon P D and Ball R O (1998).

Efficacy of clomipramine in the treatment of canine compulsive disorder, *JAVMA* 213: 1,760-1,766.

Luescher A U (2004). Diagnosis and management of compulsive disorders in dogs and cats, *Clinical Techniques in Small Animal Practice* 19: 233-239.

Garner J P, Meehan C L and Mench J A (2003). Stereotypies in caged parrots, schizophrenia and autism: evidence for a common mechanism, *Behavioural Brain Research*, 145(1-2): 125-134.

Menezies L, Achard S, Chamberlain S R, Fineberg N, Chen C H, Campo N, Sahakian B J, Robbins T W and Bullmore E (2007). Neurocognitive endophenotypes of obsessive-compulsive disorder, *Brain: A Journal of Neurology*, published online September 13, 130(12): 3,223-3,236.

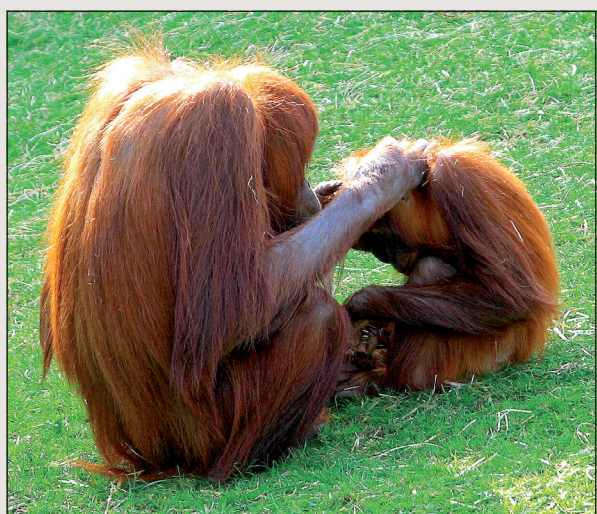
Meyer-Holzapfel M (1968). Abnormal behavior in zoo animals. In Fox M W (ed), *Abnormal Behavior in Animals*, WB Saunders, Philadelphia: 476-503.

Sands D D (2003). *Parrots for Pleasure*, Croft Products.

Sands D D (2005). Stop that, *Candis*. Sands D D (2005). *Cats: 500 Questions Answered*, Hamlyn.

Sands D D (2008). *Know Your Dog*, Hamlyn/Octopus.

Wechsler B (1991). Stereotypies in polar bears, *Zoo Biology* 10: 177-188. ■



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