Was Sinbad so bad after all? **Vicky Halls** investigates instances in which behaviour problems are not quite what they seem

I am often asked why a veterinary referral is required before consulting a cat behaviour counsellor. After all, the animal isn’t ill but ‘behaving badly’ so why involve the vet? The reality, however, is rather more complicated. It is impossible – and also misleading – to separate an animal’s emotional state from its physical. We all know that our own emotions can affect our physical wellbeing when we succumb to coughs and colds or nagging headaches at times of stress. If we are worried or depressed, it shows in our behaviour; how we move and how we respond to the world. The motivation for any behaviour can only be established by adopting a holistic approach and looking at the whole cat – lifestyle, diet, character, health – rather than an isolated part.

A ‘cantankerous old soul’
This was beautifully illustrated when I visited Jane recently and met Sinbad, a ‘cantankerous old soul’ – his owner’s description – who had taken to biting and hissing and generally being grumpy. He was not a regular visitor to his vet so when I suggested that an appointment was in order to have a thorough physical examination prior to any referral, Jane queried the point. Her comment was “He’s been like this for years and he isn’t ill. He’s eating, drinking and he looks fine. He’s just become aggressive in his old age and I want him to stop.” She had a theory that a neighbour’s cat posed a serious threat to him and that Sinbad felt forced to spend prolonged periods indoors, causing his apparent short temper due to boredom and frustration.

It’s always useful to explore owners’ theories about their cat’s behaviour but, as a pet behaviour counsellor, I have to keep an open mind. Like all good detective work there are many avenues to explore and a thorough behavioural consultation in the home takes anything up to three hours. I was not convinced that all Sinbad’s troubles came from a single cause, even if the neighbourhood bully was somehow involved.

A full check-up
Jane subsequently agreed to take Sinbad to see the vet, the first health check that he had received in many years, where a comprehensive consultation appropriate for a cat of his advancing years took place. The vet also asked Jane about Sinbad’s level of activity and how he filled his day, keen to get some background information about the behaviour that was so worrying. He watched Sinbad move around the consultation floor and took samples of blood and urine for further analysis. A physical examination was carried out involving palpation and manipulation of every part of Sinbad’s body, at which point he showed his feisty side by hissing and lunging with snapping teeth. The vet was probably lucky to escape unharmed.

After careful consideration, the vet confirmed my suspicion that there was indeed a physical reason why Sinbad was behaving aggressively. He diagnosed degenerative joint disease and explained that Sinbad was probably in some degree of pain most of the time*. Cats in pain can show aggression to stop anyone or anything touching the affected area. They soon develop negative associations with handling in general and hiss defensively in response to any approach.

The blood and urine tests showed nothing significant and the vet prescribed an anti-inflammatory medication to relieve the discomfort. Jane reported to me the results of her visit and I asked for a follow-up call a few weeks later just to see how he was going. A fortnight later Jane was delighted to inform me that Sinbad had returned to the pussycat of days gone by; loving and purring without a cross word. He was more active and generally had an air of peace and serenity. Jane was very grateful to the vet for his knowledge and understanding and admitted that she felt somewhat guilty that the idea of pain as a motivator for the aggression had never crossed her mind.

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Vicky Halls is a registered Veterinary Nurse, a member of the FAB’s Feline Behaviour Expert Panel and author of several best-selling cat counselling books. For further information regarding these and to subscribe to Vicky’s free monthly e-newsletter featuring cat behavioural articles, cats in the news, tips for cat owners and competitions, please visit her website at www.vickyhalls.net
Underlying physical causes

Jane is not alone in her thinking as there is a tendency to presume that behaviour problems have a purely psychological origin without considering the possibility that it can be influenced by the presence of pain or disease. There are numerous diseases and conditions that can manifest themselves in aggressive behaviour including Feline Lower Urinary Tract Disease (FLUTD), hyperthyroidism, seizures, Feline Infectious Peritonitis (FIP), cognitive dysfunction and brain tumours to name but a few.

It’s not just aggression that can signal illness. Inappropriate urination for example is one of the most common problems referred to pet behaviour counsellors but the primary cause may be medical, including:

- Cystitis, FLUTD
- Renal failure/disease – causing increased urination
- Diabetes – causing increased urination
- Feline Immunodeficiency Virus (FIV)
- Feline Leukaemia Virus (FeLV)
- Any disease causing urinary incontinence
- Osteoarthritis – causing pain or mobility problems

It could be argued that grooming excessively can be a form of self-appeasement or displacement activity in response to something stressful and therefore a ‘normal’ strategy under those circumstances. However, over-grooming with a purely psychological origin is comparatively rare, despite these cases frequently being brought to the attention of behaviourists first. Diseases associated with over-grooming and, more alarmingly, self-mutilation include:

- Flea allergic dermatitis
- Dietary hypersensitivities
- Feline Idiopathic Cystitis – over-grooming localised to the lower abdomen and thighs
- Feline Oral Pain Syndrome – a condition normally associated with pedigree Burmese and derivative breeds that results in frantic pawing at the mouth and acute pain
- Any trauma or unspecified pain/neuralgia

This is by no means an exhaustive list of all the potential behavioural indicators for disease. Some medical conditions can cause unusual and sometimes bizarre behaviour such as some forms of seizure. Depression, pacing and character changes can indicate forebrain disease yet many owners automatically presume the cause to be a new cat outside, for example, or some other emotional disturbance. General behavioural changes such as hiding or sudden-onset anxiety could be signs of illness or pain.

Problem behaviour that has a physical cause, as in Sinbad’s case, will resolve when the condition or disease is treated successfully. If it relates to a normal behaviour or has occurred as a result of an emotional or psychological issue then assessment and treatment by a pet behaviour counsellor is required. Some conditions, such as cases of stress-related cystitis or over-grooming, require both medical and behavioural intervention but whatever the problem, the veterinary surgeon should always be the first point of contact. The challenge for modern veterinary practice, both medical and behavioural, is to establish all the possible causes for problem behaviour in order to perform the appropriate diagnostic tests and offer the best possible approach to treatment.

If anyone is wondering whether Sinbad’s neighbourhood bully was also in some way responsible for his mood I can report further. Jane called to tell me that Sinbad had started to go outdoors again and that she had the previous week witnessed a tabby cat fleeing from her garden with a large elderly black cat in hot pursuit. The neighbourhood bully hasn’t been seen since and Sinbad is once again lord of all he surveys.

*During a recent conference discussing the prevalence and diagnosis of degenerative joint disease in cats, the speaker, a world renowned expert on pain, reported that the cats with the worst signs of Degenerative Joint Disease were also those most likely to be aggressive when handled.*