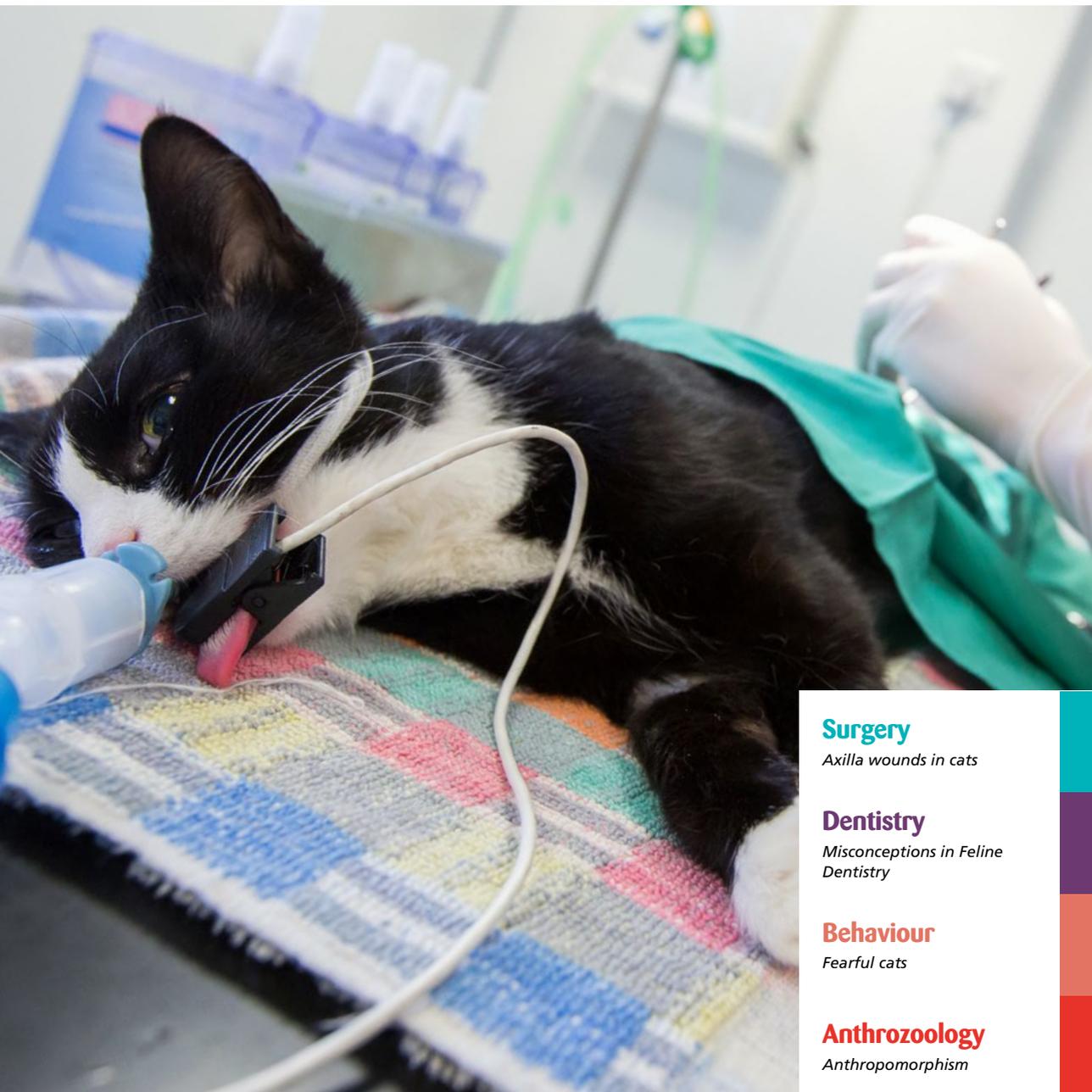


CP/Clinic

The Feline Magazine for Veterinary Professionals / Issue 3 / 2019



Surgery

Axilla wounds in cats

Dentistry

Misconceptions in Feline Dentistry

Behaviour

Fearful cats

Anthrozoology

Anthropomorphism

Axilla wounds in cats can pose a real challenge – read more about how to best approach these on page 4

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Meet the team

Elin Williams BSc (Hons)

How long have you worked for CP? Since April 2019.

What did you do before working for CP? I was working in Pets at Home after graduating from Harper Adams University.

What is your role within CP? Behaviour Officer.

What do you like most about your job? Helping people work through their cats behavioural issues and then seeing them go on to have a great relationship with their cat.

What is your most memorable CP moment? Presenting on kitten socialisation at the National Conference.

Do you/did you have a pet/pets? I have a cat with me here in Sussex, and another cat and a dog at home in Wales.

What are your hobbies/other interests? Reading, horse riding, the gym and cooking.

Where is your favourite place to visit? Somewhere warm and sunny, preferably by the sea.

If I wasn't doing this, I'd probably... be travelling the world.



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VET_4992

Axilla wounds in cats

Laura Owen offers a specialist insight on how to successfully deal with these wounds

Axillary wounds are an uncommon, but challenging problem seen almost exclusively in cats whose forelimb becomes entrapped through their collar. These injuries have reduced in recent years due to improvements in collar design (quick release) and increased use of microchipping, but have not been eliminated, as traditional cat collars are still widely sold. The aim of this article is to highlight the challenges in managing axillary wounds in cats and to raise awareness of the best current methods of treatment.

The problem

Axillary wounds in cats are most commonly caused by entrapment of the skin of the axilla, usually by an identity collar, although they could also arise from any other similar traumatic event. Affected cats have often been missing for a few days and return home with the collar still entrapped. Once the collar is removed the wound is identified and clipping of the hair reveals the true extent of the problem. The tightness of the collar and the duration of the entrapment will determine the depth and length of the wound created.

Clinical assessment

Cats presenting with axillary wounds should have a full clinical examination to ensure that there are no other injuries or concerns. Cats that have been missing for several days may have become dehydrated and those missing for longer may be malnourished. Haematology and a basic biochemical screen should be performed to assess the cat's general health, particularly if older, and all cats should be tested for feline leukaemia (FeLV) and feline immunodeficiency virus (FIV), as a positive result could have implications for wound healing.

Intravenous fluid therapy should be administered to correct dehydration if necessary and appropriate analgesia should be administered.

Once fully assessed, and stabilised where appropriate, cats should be sedated or anaesthetised for further assessment of the wound. A large area around the wound is clipped and the skin aseptically prepared with dilute chlorhexidine solution [Figure 1]. The wound itself is lavaged with a large volume of sterile isotonic crystalloid solution (0.9% saline or Hartmanns) and a bacteriology swab is taken post lavage for culture/sensitivity.

All cats should be tested for feline leukaemia (FeLV) and feline immunodeficiency virus (FIV), as a positive result could have implications for wound healing.



Figure 1: Axillary wound being clipped under sedation.



Figure 2: Indolent pocket wound formed as a result of a chronic axillary wound

Initial management

Open wound management is appropriate for the first few days post presentation (day three to five) to ensure that the wound is clean and healthy before considering other options. The dressing used in this inflammatory stage should debride the wound and remove contamination, while also stimulating the production of granulation tissue. Wet-dry dressings or manuka honey dressings would be examples of appropriate choices. Bandaging of a wound in this area is difficult and the bandage should extend around the thorax to keep it secure or a tie-over dressing can be performed. An Elizabethan collar or medical pet t-shirt are necessary additions to avoid patient interference. Analgesia is continued and broad spectrum antibiotics are administered until a granulation bed has formed. Once the bacterial culture results are received a change of antibiotic therapy may be appropriate if the wound is failing to progress as expected.

Dressings are changed daily during this initial inflammatory phase, after which the dressing interval can be gradually increased. During this time it is important to ensure that the cat receives adequate nutrition, as low food intake can result in catabolism of protein reserves, which in turn will negatively impact wound healing. Attention should be paid to minimising the period of starvation before sedation to six hours and to monitoring food intake in each 24-hour period. Appetite stimulants or feeding tubes may be useful in cats who are not eating voluntarily.

Ongoing management

Some superficial axillary wounds, with a small surface area will heal by second intention healing with ongoing bandaging and wound management, although these are the minority of cases.

Deeper wounds create a cavity between the limb and the sternum and these commonly develop into 'indolent pocket wounds' [Figure 2]. These wounds are highly unlikely to heal by second intention and early decision making to perform surgical reconstruction can yield a much quicker and less expensive resolution. Persistence with open wound management in these cats generally leads to a chronic non-healing wound. This is due to several factors, including:

- excessive movement
- friction between the limb and the sternum
- excessive moisture
- chronic infection

Prolonged open wound management is also stressful for both cat and owner, and involves ongoing sedations, bandages, E-collars and activity restriction which all impact quality of life.

Surgical reconstruction

Attempts at simple suturing of these wounds will inevitably fail in the majority of cases, because the same issues that prevented open wound healing will prevent primary wound healing after suturing i.e friction, movement and excessive moisture. The granulation bed is also often left in situ and may

harbour a biofilm resulting in postoperative wound infection and subsequent wound breakdown.

Several alternative methods of surgical reconstruction are reported for axillary wounds and these vary in both their complexity and their success rate, but all are invariably preferable to a simple primary suturing technique. The simplest of these methods (in the author's view) is the elbow fold reconstruction technique, as described in an article in the *Journal of Small Animal Practice*. Brinkley CH. (2007) Successful closure of feline axillary wounds by reconstruction of the elbow skin fold. *JSAP* 48(2): 111-5

Elbow fold reconstruction

This technique was developed after an observation that the elbow of the cat is able to move freely within the skin fold of the elbow, rather than being adherent as it is in the dog. After injury, the skin of the elbow fold becomes scarred and tightly adherent to the leg, thus eliminating this original elbow fold. Recreation of the fold allows the elbow to move freely once more and ensures that the suture lines are not subject to friction/movement within the axilla. The scar tissue is also excised during this procedure and a surgical drain placed to avoid wound infection [Figures 3, 4 & 5].

Step 1

Excision of the granulation bed and scar tissue within the axilla. The wound bed is palpated to ensure all of this abnormal tissue has been removed.

Step 2

The skin is undermined on all sides of the wound, where scar tissue has formed and the skin has adhered, to free up the original skin fold. Comparison with the contralateral limb is useful to understand what is normal.

Step 3

A Penrose drain is placed to provide passive drainage. This prevents fluid build-up within the wound and reduces the risk of wound complications

Note: An active suction drain is not appropriate in this situation, as it would collapse the newly created elbow fold.

Step 4

The newly undermined skin edges are sutured to recreate the elbow fold and the point of the elbow is observed to move freely within this fold.

Postoperative care

- Appropriate analgesia is provided
- Broad spectrum antibiotics are administered for three to five days
- The drain should remain in place for two to four days postoperatively. It is removed when fluid production is observed to have reduced and the wound edges have sealed
- An E-collar is used until the wound has healed to prevent patient interference
- Activity is restricted until the wound has healed
- Skin sutures are removed in approximately seven to 10 days

Other options for surgical reconstruction include the thoracodorsal axial pattern flap, the omocervical axial pattern flap and the lateral thoracic axial pattern flap. These can be combined with a surgical wound drain (active or passive) or with the use of an omental flap as a biological drain. These options require more extensive surgical knowledge and experience and have not been shown to have a superior outcome to the elbow fold technique.

Figure 3: Immediate postoperative appearance of the elbow fold reconstruction technique with Penrose drain in place.



Prevention

Given the danger of standard cat collars, alternative options for identification of a pet cat should be recommended where possible. These include microchip placement or quick release collars. Education of cat owners can reduce the incidence of these challenging and often expensive wounds.

Key learning points

- Open wound healing is unsuccessful for the majority of axillary wounds in cats and persistence with this technique beyond one to two weeks' duration is unwarranted
- Primary closure of the axillary wound is rarely successful due to friction, movement and moisture within the local wound environment
- Early surgical reconstruction can save valuable time, money and stress for all involved
- Reconstruction of the elbow fold is a simple, effective technique to restore normal anatomy to the cat's elbow and resolve this frustrating problem
- Additional options for surgical reconstruction can be performed should elbow fold reconstruction fail, the most popular choice being the thoracodorsal axial pattern flap

Conclusion

Axillary collar wounds in cats are challenging wounds. Initial wound management is necessary to prepare the wound bed and eliminate infection, because these wounds are predominantly chronic in nature. If open wound healing is unsuccessful over a one to two week period, surgical reconstruction should be strongly considered. The elbow fold reconstruction technique is recommended due to its simplicity and demonstrated efficacy. This can readily be performed by general practitioners and guidance is available from the Veterinary Wound Library if required.

Figure 4 and 5: Appearance of the reconstructed elbow fold after suture removal



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Misconceptions in feline dentistry

Elaine McNamara debunks some more commonly held misconceptions

As general practitioners, feline dentistry is a daily feature of our lives. Whether we are performing it, recommending it or cursing it, we can't escape it. Increased access to good quality Continuing Professional Development (CPD) has significantly improved our dental standards in recent years, but misconceptions still persist. We'll discuss three common misconceptions here, but first, let's address the most notorious: no, it's not okay to burr roots.

Misconception 1: Periodontal disease is not painful

Despite the known high prevalence, feline periodontal disease is underdiagnosed. Because cats are obligate nasal breathers, halitosis and the visible aspects of periodontal disease are hidden. Additionally, as a species, cats tend to mask signs of pain, so pain and disease are difficult to detect, particularly for owners.

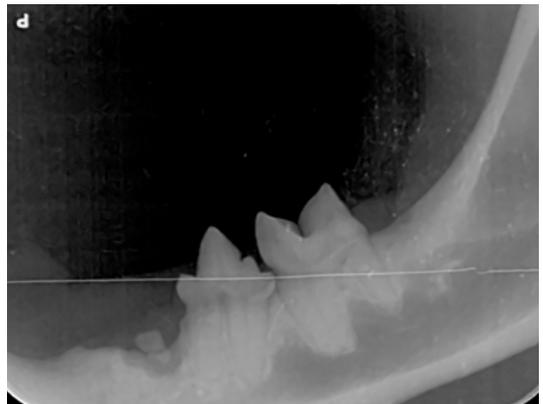
As periodontal disease is not readily detected by owners, it is underrepresented as a presenting condition in the clinic. Often treatment is delayed until late in the disease progression, and may be delayed further by owners' reluctance to bring cats to the vets.

While mild disease may be no more than uncomfortable, severe periodontal disease is painful. Anecdotally, we know this from our own experiences at the dentist and, more significantly, we witness the improved quality of life in our patients following treatment.

Furthermore, the more severe the periodontal disease, the more painful it is. A 2017 behavioural observation study, found that secondary dental parameters (such as halitosis, hypersalivation, difficulty in prehension and multiple attempts to hold food) were associated with higher pain scores. As secondary parameters are markers of more severe disease, we can conclude that pain increases with disease severity.



This cat has minimal visual pathology on gross exam



A radiograph of the same area shows a retained root and abscessation

Misconception 2: Periodontal disease can be diagnosed by visual assessment alone

A persistent misconception is that the amount of dental calculus corresponds to the severity of periodontal disease. In contrast to traditional opinion, calculus is not a primary cause of periodontal disease. It provides a rough surface that predisposes to plaque accumulation, and it increases the available surface area to which plaque can adhere. However, abundant calculus can be associated with only minimal gingivitis, and more advanced gingivitis can be seen in the absence of calculus. Therefore, visual assessment of calculus is not sufficient to determine the severity of periodontal disease.

In fact, there are three main steps in assessing periodontal disease: an oral evaluation in the conscious patient, periodontal probing under general anaesthetic, and dental radiography.

Assessment in the conscious patient provides an overview of disease and allows the clinician to formulate a preliminary diagnostic plan. Initially, a thorough history should be taken focusing particularly on halitosis, dysphagia, ptyalism, head shaking, bruxism, teeth chattering, and behaviours associated with oral pain and dental disease.

Next the clinician should perform a conscious dental examination, assessing oral pain, gingival inflammation, calculus deposits, gingival recession, and bone loss. A test strip to measure dissolved thiol levels can be used to help assess gingival health and periodontal disease. However, although periodontal disease may be detected during the conscious examination, the clinician will probably underestimate the severity of disease. It is only during anaesthesia that a complete periodontal assessment can be accomplished.

The periodontal examination under anaesthetic should be conducted in a structured manner with simultaneous dental charting. Following a thorough investigation of the oral cavity, periodontal probing depth (PPD), gingival hyperplasia, gingival recession, furcation exposure, and mobility should be evaluated.

PPD should be measured using a graduated probe at 4-6 locations on every tooth. The probe is inserted under the free gingival margin of the tooth, directed apically, until resistance is encountered. The normal PPD in cats is less than 0.5mm (1mm for the canine tooth) so a periodontal pocket is diagnosed when PPD exceeds 0.5mm.

However, hyperplasia of the gingiva can lead to the presence of plaque-retaining pseudopockets, where the height of the gingival margin increases without any change to the junctional epithelial attachment. In other words, an increased PPD exists without attachment loss. Conversely, in gingival recession, attachment loss can occur without an increased PPD, ie when gingiva and alveolar bone are lost at the same rate. Both gingival hyperplasia and gingival recession are markers of periodontal disease.

In healthy teeth, the furcation (the area between the roots of multi-rooted teeth) is filled with alveolar bone. If the probe can be inserted into this area, bone loss is present. Bone loss can also be assessed by the degree of tooth mobility; the tooth becomes mobile when the periodontal ligament is weakened, and the supporting alveolar bone is lost.

The remaining essential element of periodontal assessment is radiography. Without radiography, the majority of periodontal pathology cannot be diagnosed, and the clinician cannot formulate an accurate treatment plan. In one study, 41.7% of cats with no abnormal findings on initial examination

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A painful crown fracture secondary to a resorptive lesion



The extraction technique for this canine is based on radiography

were found to have radiographic pathology. In the same study, of the cats that did have abnormal findings on the initial examination, 53.9% were found to have additional radiographic pathology. Dental radiography is, therefore, an essential part of any feline periodontal assessment.

Misconception 3: Feline periodontal disease requires antibiotics

Confusion about the pathogenesis of periodontal disease has, over time, led to the excessive use of antibiotics. Understanding the pathogenesis improves our understanding of proper treatment modalities and allows us to approach treatment logically.

Periodontal disease can be divided into two stages: gingivitis and periodontitis. Gingivitis is the initial, and reversible, stage where inflammation is confined to the gingiva. Periodontitis develops secondarily as inflammation progresses and affects the deeper supporting structures. Periodontitis leads to attachment loss and irreversible bone loss.

Periodontal disease develops when plaque (the specialised biofilm within the oral cavity) incites the host's immune response. The entire oral cavity is covered with a thin layer of glycoproteins called the pellicle, to which free-living bacteria attach. Secondary bacterial colonisers attach to the primary colonisers within a polysaccharide matrix, forming plaque, and a mature biofilm forms within 24 hours.

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Elaine McNamara

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Elaine qualified from the University of Glasgow in 2006 and works in small animal general practice, with a particular interest in feline medicine. She balances being a vet, with being a clinical director, medical writer and mum.

This biofilm protects the bacteria from antibiotics. Antibiotic doses that would kill free-living bacteria often fail to affect those within the biofilm. Furthermore, the bacteria in the biofilm can share resources; antibiotic-resistant bacteria can secrete a protective enzyme to benefit neighbouring bacteria, and plasmid transfer of resistance genes can occur between bacterial species. Consequently, bacteria within a biofilm are 1,000 to 1,500 times more resistant to antibiotics than free-living bacteria. Therefore, antibiotics alone are never an appropriate treatment for feline periodontal disease and should be reserved for patients with local or systemic signs of infection.

Gingivitis can usually be controlled by thorough cleaning. Daily use of chlorhexidine will prevent plaque accumulation and, consequently, gingivitis. However, pre-existing plaque must be removed mechanically. This is achieved either by brushing or by in-clinic treatment of 0.12% chlorhexidine lavage, supra- and subgingival scaling, polishing, and sulcal lavage.

In contrast to gingivitis, periodontitis requires professional periodontal treatment. Periodontal pockets exceeding 0.5mm require deep cleaning and, potentially, perioceutic treatment. Periodontal flap surgery or extraction is necessary when periodontal probing depths extend beyond the mucogingival junction. Similarly, stage 2 or 3 furcation exposures, mobility, and loss of gingiva all require surgery.

Extractions and oral surgery induce a transient bacteremia, which is rapidly eliminated by a healthy immune system. Prophylactic antibiotics during surgery should, therefore, be reserved for immunosuppressed patients that cannot tolerate this bacteremia.

Conclusion

As vets, we meet many clients who would do anything for their cats. However, we frequently encounter ignorance, denial or resistance from clients about the state of their cats' mouths. If we are proactive and debunk the old misconceptions, we can help those clients make the right decisions for their cats.

References available on request

The truth behind the scaredy cat

Daniel Cummings helps us understand fear in our felines

As with most animals, cats can experience the emotion of fear (Heath, 2018). This can be both beneficial and detrimental. As a strategy for survival, animals that have an appropriate fear response to a possibly dangerous stimulus can avoid potentially fatal hazards thus ensuring survival. However, fear is an emotion that causes stress and contributes to the release of cortisol; therefore long-term feelings of fear can be detrimental to the welfare of the individual due to the longer-term implications of stress.

Cats coming into a shelter environment may be more likely to feel emotions of fear or anxiety and this can mean there is a greater challenge ensuring cats have good standards of welfare in care. However, it should also be noted that cats experiencing prolonged periods of fear is a common problem for many owned cats in the home, with

many owners unable to properly identify what their cat may be fearful of, or unable to act accordingly to resolve the issue. It is important to remember when discussing fear and cats that fear is an emotion and not a behaviour. Therefore when people discuss cats acting 'fearful', this does not necessarily describe the behaviours the cat is presenting.

Cats that are feeling fearful can be identified by a number of different behaviours and body language cues. In response to an acute stressor, classic signs to look out for include dilated pupils, ears out to the side or back and a hunched over body posture (Yin, et al., 2011). These can often be subtle changes in body language rather than a dramatic change as some people expect. When cats are feeling fearful or anxious for long periods of time, other behaviours/absence of behaviours to look out for include hiding for extended periods of time, feigning sleep and reduction in appetite. However, this list is by no means exhaustive.

It is also important to be mindful that emotions are not permanent, instead they are a response to the presence or anticipation of a particular stimulus or environment. Therefore, when we really consider cats, we should not be describing them as fearful. A cat that is described as 'fearful' could more accurately be described as a cat that is having prolonged exposure to a number of fear or anxiety causing stimuli. If the stimulus were removed from the cat, it would be less fearful. Fear is not a permanent state or 'type'. Therefore, as we strive to further feline welfare, we should not accept this notion that 'some cats are just fearful' and owners should in fact be encouraged to examine what is causing this fearful emotion within the cat. Following on from that, explore what changes can



Body language of a fearful cat: dilated pupils, ears out to the side or back and a hunched over body posture



Appropriate kitten socialisation aims to get kittens ready for a life in a home environment

be enacted so the cat will more often experience emotions of joy rather than fear. This does also include more complex discussions, such as cats that are fearful of people and the domestic environment in general; a cat like this in a domestic environment would typically be described as 'fearful'. However, if this cat was removed from the domestic environment, would we expect it to exhibit the same frequency of fear-based behaviours?

Both the type and intensity of the stimulus that an individual cat is fearful of, can be impacted on by a number of different factors including genetics, socialisation and previous negative experience. The importance of both genetics and appropriate socialisation is well documented. Including in Sandra McCune's 1995 paper (McCune, 1995), which clearly highlights that cats with 'bold genetics' that received good socialisation are much more comfortable around unknown people than those that had neither. While genetics can be harder to control, there is no reason why every kitten, under human care, going through the socialisation period between two to eight weeks old should not receive good socialisation. The cat is likely to be

more fearful of stimuli throughout its life if it is not appropriately habituated to the same stimuli during the socialisation period (Casey & Bradshaw, 2008). This can include household sounds and handling, for example. Cats that have 'confident' genetics and are well socialised typically cope better in new surroundings such as coming into the shelter environment or moving into a new home. While it would be expected that even the most confident cat will be stressed in a new environment, they are territorial animals that like predictability after all, those that have 'confident' genetics and good socialisation will likely adapt quicker. CP's Kitten socialisation page is a useful resource for veterinary staff and owners alike. www.cats.org.uk/help-and-advice/pregnancy-and-kitten-care/kitten-socialisation

While it may be true for some cats, not every cat that is fearful of people or handling has been ill-treated by people previously. Lack of socialisation can lead to stronger fear responses around new people or an intolerance to handling. However, if a cat has had previous negative experience of a stimuli before, they will be more likely to show a fear-based



CP's Hide & Sleep offers cats the choice to either hide or perch, thereby helping them cope better with stress

response to the same or similar stimuli in the future.

There are easy ways for owners and care-givers to help reduce their cat's feelings of fear. Firstly, never under-estimate the simplicity of asking: is there any way we can reduce the cat's frequency or level of exposure to the fear-evoking stimulus. Secondly, all cats should have access to a hiding place. Cats naturally like to hide in something when feeling threatened, if they don't have the ability to do this, it will increase the level of fear and stress (Kry & Casey, 2007). Good objects to hide in include Cats Protection's Hide & Sleep, an igloo bed or even just a cardboard box. It's also within a cat's ethology to get off-the-ground when feeling threatened so they should be provided with high-up access such as a cat tree or radiator hammock. Additionally, pheromone products, such as FELIWAY® can be used to help make cats feel less stressed and display an increase in natural behaviours (Griffith, et al, 2000).

For any stimulus a cat is fearful of eg people, handling, cat carriers, injections or dogs, it is possible to help the cat feel less fearful towards the stimulus. This is done through the process of desensitisation and counter-conditioning which is the method used by most modern behaviourists and trainers (Turner & Bateson, 2014). Systematic desensitisation (known as 'graded exposure' in human psychology) includes removing the fear-evoking stimulus and gradually reintroducing it at a less potent level, then gradually increasing the potency as the animal becomes more comfortable with it. Counter-conditioning can be used in conjunction with this and is effectively a method of changing the association with the stimulus from something negative to something positive. For example; using desensitisation and counter-conditioning to work on a cat that is fearful

For any stimulus a cat is fearful of eg people, handling, cat carriers, injections or dogs, it is possible to help the cat feel less fearful towards the stimulus. This is done through the process of desensitisation and counter-conditioning

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Daniel graduated with a degree in Zoology with Animal Behaviour from the University of Wales. Since then he has worked at some of the largest rescue and rehoming charities in the UK, most recently working as a behaviourist and trainer for Dogs Trust before becoming the Behaviour Officer with Cats Protection. As Behaviour Officer Daniel works with feline behaviour cases of all natures alongside educating the sector and the public about feline behaviour and welfare.

of fireworks would loosely go as follows: ensure the cat cannot hear any fireworks for the next month (ie don't start this programme around Bonfire Night or New Year's Eve). In a space the cat is comfortable with, play a recording of a firework sound at a low level eg 2%. The cat should not display any fearful body language. Once the cat is happy with the sound at this level on a number of separate occasions, the volume is then systematically increased at a rate the cat can cope with eg repeated exposure at 4%. Using counter-conditioning alongside this would involve giving the cat something it really likes each time it hears the sound of the fireworks. Therefore instead of the sound of the firework eliciting a fear-based response, the cat will grow to have an automatic positive response to it, if carried out correctly. A suitably trained behaviourist or trainer should always be involved when carrying out behaviour modification on any animal, with any stimulus. Whenever faced with a scenario of a cat showing fear-based behaviours for a prolonged period it is important to shift our thinking so that we do not simply accept it as the norm for any individual cat. It is worth reminding ourselves of their ethology. Questions around the availability of resources such as hiding places (both at lower and elevated levels) as well as feeding stations and as much detail as possible around the event eliciting the behaviour can help guide advice and interventions required. A suitably trained behaviourist should always be involved when carrying out behaviour modification on any animal. Vets, behaviourists and care-givers should work together to reduce the number of 'fearful' cats there are.

References available on request



Some cats choose to hide under their bedding despite other opportunities available to them

Anthropomorphism

Helen Crofts explores the different sides of this common human behaviour

To anthropomorphise is to give human characteristics, emotions and motivations to animals. It also applies to inanimate objects and natural phenomena such as cars and storms. Giving human characteristics to anything that is non-human is completely normal and pretty much everyone, everywhere does it. I'm sure I'm not the only one who named their first car and spoke to it soothingly when it threatened not to start in the mornings. People talk to their plants all the time!

The first car! Many of us anthropomorphise and give our first car a name or assign it a gender!

Attributing human-like qualities to our cats is also perfectly normal and stems from a desire to seek a greater connection with them. We have an inherent need to feel close to our pets and giving them humanlike qualities allows us to believe we understand their motivations and feelings. If you have no idea why your cat has just peed on your bed, it is natural to try and make sense of it by placing human motivations onto the behaviour. This is why many owners believe that their cat did it out of 'spite'. If you do not understand how and why cats do certain things it is far easier to ascribe a human motivation to events that would otherwise make no sense from a human perspective.





While on the surface it seems like this is harmless fun, it is actually rather unhelpful and encourages us to misunderstand our cats.

Many of us are quick to call a cat grumpy, spiteful or even evil, none of which are really reflective of the cat's state of mind or character.

Of course, if we really think about it, we will realise that there is no truth in the belief that our cat ruined our freshly made bed out of spite. The cat didn't decide to make a point – they're not seeking revenge for a late meal or for ignoring them earlier – cats don't possess such emotions! Instead to understand why our cat toileted on the bed we need to view the event through a cat's perspective. A trip to the vet for a health check would not go amiss either, just in case illness is the issue. If there is nothing medically wrong, a qualified behaviourist will be a great person to unravel the mystery.

Sadly, when we have forgotten that cats are not little humans, without humanlike thought processes, we can become upset and retaliate when they do things we don't like. The cat might be shouted at or thrown out of the house as a punishment for being 'naughty' which can be hugely distressing for the cat who has no idea why they are being treated this way. If we pretend that cats are mini humans we do not allow ourselves to properly understand and treat them accordingly. The real reason for the unwanted behaviour is missed and a solution not found.

It's understandable that we sometimes forget to see cats as cats, as anthropomorphism is everywhere. Television and social media are full of images of cats

behaving in a human like way. While some of the human qualities we give have harmless associations, such as cuteness or playfulness, unhelpful associations creep in far too often: we often see cats described as 'grumpy' or 'plotting'. We see depictions of them wearing outfits or appearing to be miming to songs.

While on the surface it seems like this is harmless fun, it is actually rather unhelpful and encourages us to misunderstand our cats. Perhaps one of the most common, but also the most inaccurate assumptions about cats is that they are social beings and wish to have friends. It is often assumed a cat might be lonely, yet nothing could be further from the truth. Cats are a solitary species and as such do not need friends. In fact contact with unfamiliar cats can cause them significant stress.

It's not just cats that can be misunderstood through anthropomorphism. Once a personification embeds itself into popular culture, it is very hard for it not to cloud the judgment of future generations. We can acquire certain opinions and mistakenly believe that all foxes are wily (and therefore perhaps deserving of persecution), that deer are innocent and that owls are wise. All characteristics which bear no relation to their true nature.

Anthrozoology

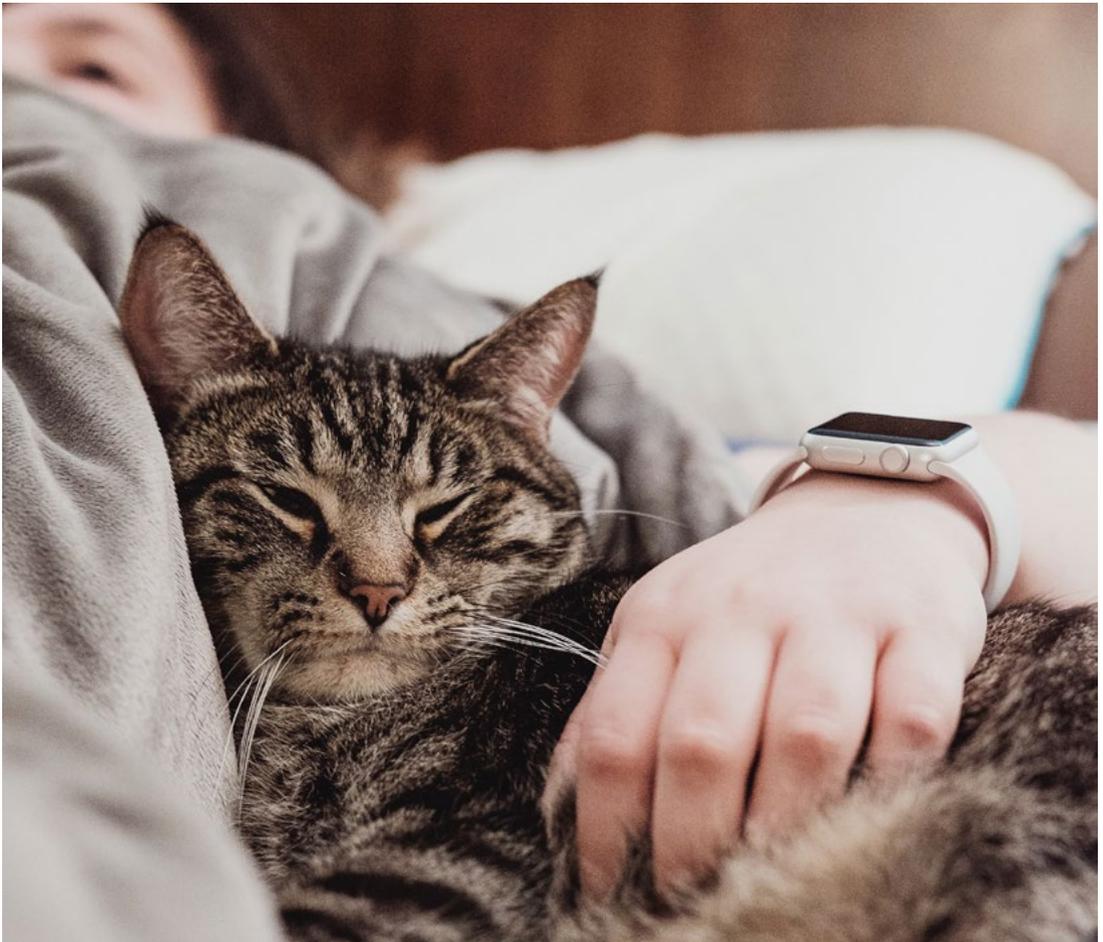
It's ok to give cats thoughts and emotions and it would be wrong to say that they don't have them. It is just that we need to remember that they are not completely the same as ours. Cats do feel happiness, relief, anxiety, fear, frustration, boredom, depression and pain, but it's very important to know that they do not feel emotions such as jealousy, revenge, loneliness, dominance or possession, to name but a few.

It is not all bad though. Anthropomorphism can have its place and be useful for promoting animal welfare, depending on how it is used. For example, it can be extremely effective when trying to generate empathy. It is far easier to generate sympathy for mistreated animals and to promote kindness if describing an animal in human terms. Who hasn't promised to change their shopping habits after

hearing about a distressed orangutan who no longer has a home? Who doesn't feel pity when hearing about a hungry and frightened elephant whose mother has been killed by poachers? By giving the animals emotions, which we can identify with, empathy and compassion for them come naturally and we have a greater willingness to help them.

Much closer to home, and on an individual basis, our cats can benefit from us thinking about them in human terms. When trying to decide if they might be in pain we can remember how we felt after an operation and use the fact that we were in pain to conclude that our cat will probably also be feeling discomfort after their procedure. The benefits to having empathy for our cats is obvious; we are more likely to seek medical help for them when we suspect they might be ill or in pain.

The cat-human relationship and bond can be strong and mutually beneficial



So is it OK to anthropomorphise?

Understanding our cats and having an accurate idea of what they need to make them happy is at the top of most of our lists as cat lovers. We all want to be the person who really 'gets' their cat. To do this we need to realise how giving our cats human characteristics can be both harmful and helpful. We need to acknowledge our differences and respect that a cat needs to be a cat and comes complete with a different set of requirements to our own. As long as we can do this we will be able to keep ourselves in check when about to give our cats human like characteristics – and refrain from complaining that the cat has 'got their revenge' when putting the duvet in the washing machine...

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What's more satisfying than enjoying a shared moment with a purring cat?



Helen Crofts

RVN A1



Helen is a registered veterinary nurse and has spent many years working in private practice. After making the move to the charity sector, Helen is Cats Protection's Veterinary Support Supervisor. She has lots of hands-on experience with cats alongside a wealth of knowledge on general cat care and welfare. She is also a qualified Clinical Coach.

All the latest news from Cats Protection

House Plan online

Can you plan the ideal home (for your cat)?

We are pleased to confirm the launch of Cats Protection's new House Plan, an interactive online tool that is suitable for anyone who owns a cat or who has the pleasure of caring for a cat.

The interactive House Plan has been created as a fun way to help you think about where to put the essential resources for a cat throughout the home and supports the five welfare needs, for example the need for a suitable environment. This focuses on thinking from the cat's perspective rather than placing resources for human convenience. You'll receive feedback throughout on whether or not the position is suitable and the reasons why.

How to access it

It is available to any cat owners, students, veterinary practices and anyone interested in cats. This will help us work towards our vision statement of a world where every cat is treated with kindness and an understanding of its needs. Members of the public can access the House Plan at www.cats.org.uk/help-and-advice/online-learning

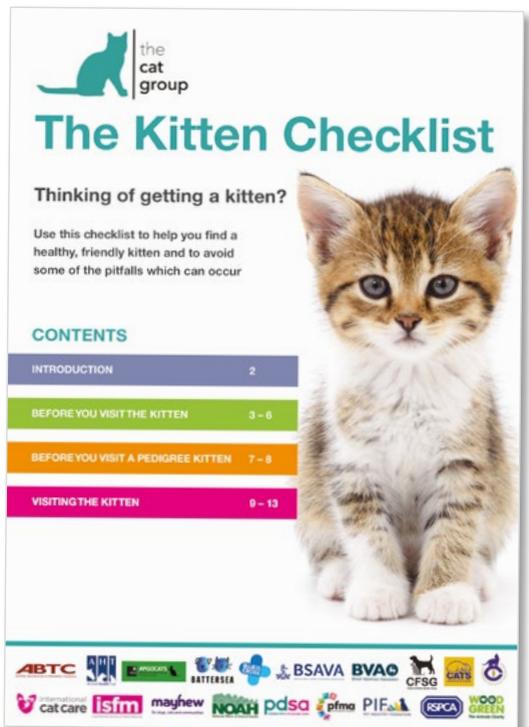


Kitten Checklist launched to help owners avoid heartache

The Cat Group, a collection of professional organisations dedicated to feline welfare of which Cats Protection is a member, has launched the Kitten Checklist to help ensure that anyone considering getting a kitten gets a healthy friendly kitten and avoids some of the pitfalls that can occur.

The Kitten Checklist covers how to identify signs of ill health, how to understand the kitten's behaviour and how to determine how comfortable it is around people. Whether the kitten comes from a neighbour, a pedigree cat breeder or a homing organisation, be it free or paid for, the same advice applies to all. The Kitten Checklist can be found at:

www.cats.org.uk/adopt-a-cat/buying-a-kitten



We need your help – please sign our new petition calling for compulsory microchipping of owned cats



Cats Protection has launched a petition to make microchipping compulsory for owned cats across the UK to help reunite missing cats with their owners.

The petition can be found at: www.cats.org.uk/microchippingpetition

In October, the Government issued a call for evidence on cat microchipping in England. This is a real chance to change the law to help improve the welfare of cats.

According to PDSA there are over three million unchipped cats in the UK¹. Eight out of ten stray cats that Cats Protection's UK adoption centres take in are sadly not microchipped.

Getting a pet cat microchipped is part of responsible pet ownership. Microchipping helps to ensure that an owner has a greater chance of being reunited with a lost cat. If a cat is sadly involved in a road traffic accident and taken to a vet for treatment, an up to date microchip would allow the vet to get consent for any necessary treatment from the owner.

Any new regulations relating to the compulsory microchipping of cats would, like the regulations for dogs, identify an authorised person(s) for enforcement purposes and we expect this to be local authorities.

It is the British Veterinary Association's policy, with regard to dogs, that it is "the responsibility of the vet to inform the keeper of their obligation to have their dog microchipped and the benefits of doing so. It is the keeper's responsibility to ensure their dog is microchipped and registered on one of the authorised commercial databases". We would expect the same to apply to cats. Learning lessons from the microchipping of dogs, Cats Protection would be calling for a strengthened requirement within cat microchipping regulations for the keeper to update the microchip details when they change, eg when moving house.

We need to collect as many signatures as possible to show the support for the compulsory microchipping of owned cats, so please sign our petition and share it with colleagues, friends and family. The submission closes on 4 January 2020 so don't delay! Please sign today.

Thank you!

¹ PDSA Animal Wellbeing (PAW) Report 2019, PDSA



The National Cat of the Year title, and Furrever Friends award, went to Jeffree for helping young owner Finn Hackeson, who has Asperger syndrome, cope with the sudden death of his dad.

National Cat Awards 2019

Cats Protection's National Cat Awards ceremony was held on 8 August with winners announced by celebrity judges including Deborah Meaden, David and Frankie Seaman, Tyger Drew-Honey and Rick Wakeman. The National Cat of the Year title, and Furrever Friends award, went to Jeffree for helping young owner Finn Hackeson, who has Asperger syndrome, cope with the sudden death of his dad. Black cat Jack won the Hero Cat category for alerting owner Marcia McSwegan to oncoming seizures while the Most Caring Cat award went to Sparky for helping owner Kirsty Ayre cope with PTSD after losing both her parents and suffering a random attack that left her blind in one eye.

Nala from Brighton won the Outstanding Rescue Cat category for the support and friendship she gave young owner Charlotte Eades during her battle with terminal brain cancer and Jethro was hailed as the Purina Better Together winner for helping owner Abigail Knight to cope after being discharged from a psychiatric hospital following treatment for serious mental health issues. When Jethro became ill with diabetes and a brain abscess, Abi helped him recover in return.

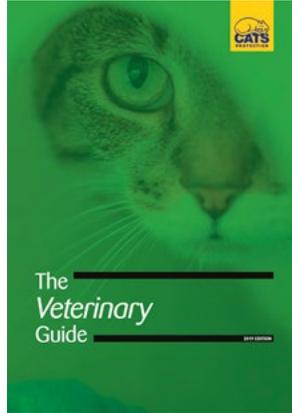
Visit the website to read more about all of this year's incredible category winners
www.cats.org.uk/national-cat-awards

Save the date!

When: 12 and 13 September 2020

For what? A weekend of feline-related learning. A two-day conference consisting of one day focusing on feline behaviour, which is open to members of the veterinary profession, as well as anyone else working with felines (eg shelter staff). The focus of the second day will be on pragmatic medicine and feline welfare and should be useful not just for shelter vets and is open to all members of the veterinary profession.

For further details, please keep an eye on the 'For vets and nurses' section on our website: www.cats.org.uk/help-and-advice/information-for-vets



The Veterinary guide – new edition

This guide, produced for the veterinary profession, provides a current overview of Cats Protection (CP), the UK's leading feline welfare charity.

This guide details the nature of veterinary care

requested for domestic (non-feral) and feral cats in the care of the charity, as well as highlighting some recommendations the charity makes to cat owners.

To download a copy, please click here: www.cats.org.uk/help-and-advice/information-for-vets/vet-protocols-and-resources



Need to talk to someone?

Cats Protection understands just how much your cat means to you and what you may be going through if your pet is missing, had to be rehomed, nearing the end of their life or recently passed away. We have a large range of resources, information and support to help you at this difficult time, including ways to help celebrate the life of your cat.

If you're experiencing the loss of your cat, you can talk to us. Our volunteer listeners can provide emotional support and practical information.

Please get in touch, we're here and ready to listen:

t: 0800 024 9494
(9am-5pm, Mon-Fri) free & confidential
w: www.cats.org.uk/grief

Reg Charity 203644 (England and Wales) and SC037711 (Scotland) DES_4526

