Diagnosing Behavior Problems

A Guide for Practitioners

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KEYWORDS

- Canine • Feline • Behavior • Aggression • Anxiety • Behavior history

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KEY POINTS

- Clinicians play an important role in diagnosing problem behaviors as a precursor to treating them. This requires a protocol for gathering historical behavioral and health information, direct observation and examination of the animal, and a broad knowledge base of medical and behavioral differential diagnoses for those findings.
- Aggression and anxiety are the most commonly reported behavior problems in dogs. In cats, elimination problems and aggression are the most prevalent. Other important diagnoses for these species are cognitive dysfunction and abnormal repetitive behaviors.
- A diagnosis of aggression should include the target (owners, unfamiliar people, other dogs, other cats, other animals), and the most likely motivation (fear, territoriality, resource guarding, play, and others).
- Fears, phobias, and anxieties require identification of the triggers, whether being left alone, loud noises, or a combination of many triggers, because treatment is directed at the cause.
- The first question to answer in canine and feline elimination problems must be, "Is this urine marking, toileting, or both?" Treatment plans are different for each of these problems.

INTRODUCTION

The role of the veterinary general practitioner in identifying and treating behavior problems among their patients is a crucial one. An estimated 40% of all pet dogs and cats in the United States exhibit problem behaviors.[1,2] These problems take an enormous toll: in numerous studies, behavior problems are listed as the number one reason for relinquishing a dog and the number two reason, behind surrendering entire litters, for relinquishing a cat.[3]

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Not all veterinarians seem to be equally prepared to address behavioral issues in their patients. In a 2004 article, Siebert and Landsberg[4] outlined findings from several surveys of practicing veterinarians. A 2001 survey by McMillan and Rollin found that only 25% of veterinarians inquire regularly about the patient's behavior.[5] A 2004 survey by Greenfield and colleagues[6] found that veterinarians in small animal practices ranked knowledge about behavior sixteenth among those skills most important for a new veterinary school graduate.

The relative lack of behavior knowledge is apparent to clients, as well. In a 2002 study, Bergman and coworkers[7] found that only 26% of the 500 owners of urine-marking cats that were surveyed had contacted their veterinarians about the problem. The other 74% assumed the veterinarian would be of no help and turned to the Internet and other resources. Of the 70 veterinarians surveyed, only two-thirds could correctly distinguish between urine marking and toileting when given the facts of a case.[7]

One concern is that, in the absence of a good foundation in the diagnosis and treatment of behavioral problems, a clinician's solution might be to send the owners to a nearby trainer to seek resolution. But, thinking of every behavioral problem as a "training problem" and not evaluating the underlying diseases (eg, fear, anxieties), may preclude effective treatment.[8] The two things a veterinarian can do that even the most qualified trainer cannot are to diagnose disease conditions and prescribe medications.

OBSTACLES TO ACCURATE DIAGNOSES
Terminology

One of the more frustrating barriers to a clear, concise behavioral diagnosis is the lack of a consistent, universally accepted lexicon of diagnostic terminology. In many behavioral disorders, the pathophysiologic abnormalities have not been established or agreed on.[8] In others, specialists agree on the basis for certain diagnoses, but not what those diagnoses should be called.[9] The result is that some practitioners use diagnostic categories, whereas others use functional categories to name their diagnoses.[8] Although it would be ideal to have a set naming pattern for behavioral diagnoses, because this would theoretically lead to the most targeted treatment plans, much work has yet to be done.[9] The best a practitioner can do is to be clear in naming a diagnosis about the triggers, response, and context whenever possible.

Confounding Etiologies

Is it medical? Is it behavioral? Is it both? Behavior is often the first noticeable indicator of a medical or disease process; and these processes may affect behavior in several ways:

- An acute illness may present with lethargy, social withdrawal, decreased response to stimuli, decreased appetite, and other signs. It may be that these behaviors are programmed to avoid the spread of disease.[10]
- In chronic disease, behavior changes may be the first clinical signs noted by the owner. Endocrine diseases that cause polyuria and polydipsia may lead to a noticeable increase in water consumption and inappropriate urination. Pain may lead to irritability and reduced activity. Partial seizures may manifest as repetitive behaviors.[10]
- Proinflammatory cytokines, numerous "stress" pathways, gut microbes, medications, dietary supplements, and other factors are increasingly shown to have behavioral manifestations via any number of physiologic processes.[10]

The discussion of medical differentials is presented later.