

Separation Anxiety in Dogs and Cats in a Post-Covid World

Dr. Amy Pike reviews diagnosis and treatment of separation anxiety in dogs and cats.

Speaker Bio:

Amy L. Pike, DVM, DACVB graduated from Colorado State University in 2003 and was commissioned as a Captain in the US Army. There, her experiences with Military Working Dogs lead to her interest in veterinary behavior. After leaving active duty, she continued her work with military working dogs as a civilian at Joint Base Andrews near Washington, D.C. She completed her residency at Veterinary Behavior Consultations under the mentorship of Dr. Debra Horwitz. In October 2015, she became one of fewer than 70 Boarded Veterinary Behaviorists in all of North America. She is now the owner of Animal Behavior Wellness Center in Fairfax, VA where she treats patients with behavioral problems ranging from mild to severe.

Learning Objectives:

1. Understand how to diagnose separation anxiety in a clinical setting
2. Understand how to treat separation anxiety in their patients- practical tools and tips
3. Looking towards a post-COVID world, understand what we can do now to get ahead of these issues.



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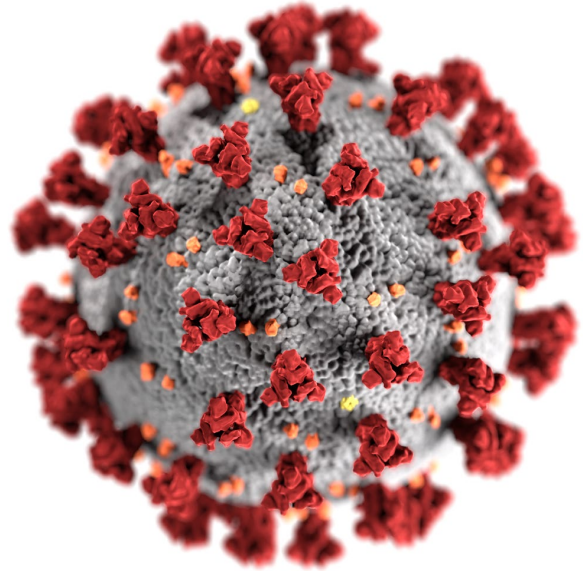


Separation Anxiety in a Post-Covid World

Amy L. Pike, DVM, DACVB

COVID-19 and Separation Anxiety

- Overt separation anxiety
- Mistaken separation anxiety
- Covert separation anxiety
- Diagnosis
- Hyperattachment
- Confinement anxiety
- Comorbidity



Overt Separation Anxiety



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Chief Complaints

- **When left home alone:**

- Urination
- Defecation
- Destruction
- Vocalization

- **Exuberant greeting upon owner return**

- Velcro dog



Charlie Champion

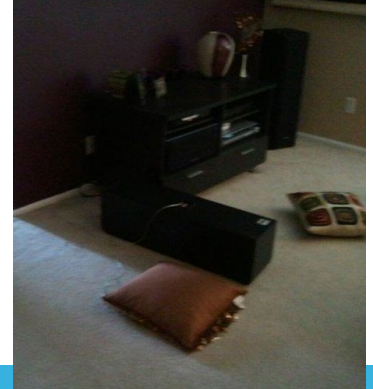


- 18 month old, MN, Dachshund mix (8lbs)



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Mistaken Separation Anxiety



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Chief Complaints

- **When left home alone:**

- Urination
- Defecation
- Destruction
- Vocalization

- **Exuberant greeting upon owner return**

- Velcro dog



Differential Diagnoses



- **When left home alone:**
 - Urination: Incomplete house training, other phobias, medical
 - Defecation: Incomplete house training, other phobias, medical
 - Destruction: lack of environmental enrichment
 - Vocalization: other phobias, medical

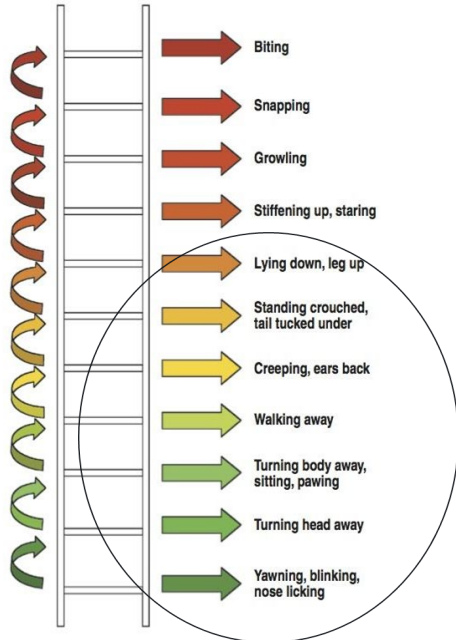
- **Exuberant greeting upon owner return and Velcro dog:**
 - Hyperattachment syndrome

But he looks guilty...



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It's NOT Guilt



He doesn't know what he did wrong, he just knows you're angry.



Mistaken Separation Anxiety



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Covert Separation Anxiety



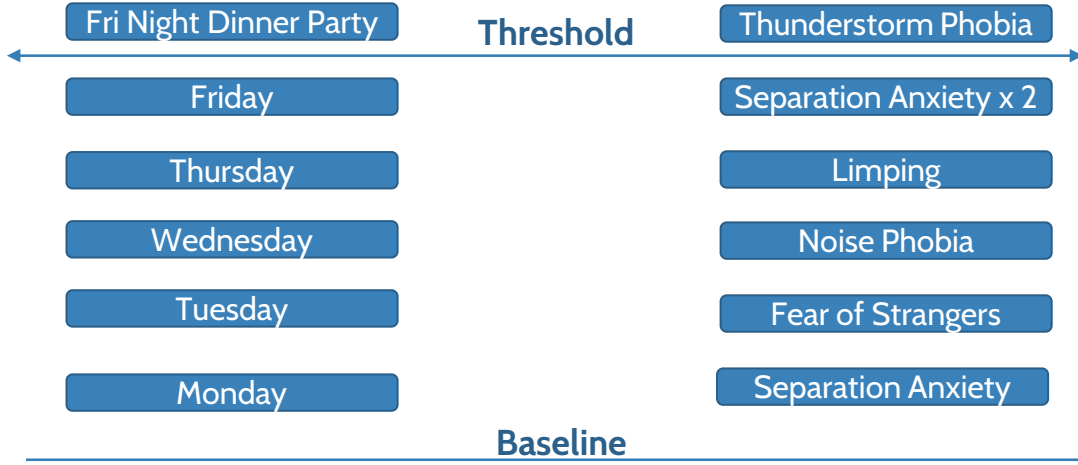
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Chief Complaints



- **Not eating when home alone**
 - Anxiety suppresses appetite
- **Excessive thirst upon owner return**
 - Panting and pacing all day
- **Destroyed bedding**
 - Beyond the age when destruction is “normal”
- **Attempts to block owner’s departure**
 - Physical blocking or aggression
- **Other behavioral disorders worsening on days of departures**
 - Trigger stacking



“Lincoln” 3 year old, MC, Heeler mix



- **Trigger stacking separation anxiety**

- Monday- does well
- Tuesday- does ok
- Wednesday- needs low-dose pre-departure medication
- Thursday- needs mid-range pre-departure medication
- Friday- needs high-dose pre-departure medication
- Weekend departure- FORGET IT!!!

What About Cats?



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Chief Complaints

- **When left home alone:**

- #1- Urination
- Defecation
- Destruction
- Vocalization

- **VERY RARE!**



Diagnosis of Separation Anxiety

- Presenting complaint
- Rule out:
- Medical
 - CBC
 - Chemistry
 - Urinalysis
- Other behavioral disorders



● **Video Options**

- Nanny cam
- Security cam
- Facetime/Skype
- Recording devices:
 - Video camera
 - Old phone
 - Laptop/computer



● **Videos to make**

- Routine departure
- Non-routine departure
- As week goes on
- Departure when it storms

Case of Mistaken Identity



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Hyperattachment

- Can be with or without separation anxiety
- If without, treatment will be focused on developing dog's independence



Confinement Anxiety

- Can be with or without separation anxiety
- Without, treatment is let them be loose in home for departures
- Video monitoring is key!



Comorbidities

Signalment factors, comorbidity, and trends in behavior diagnoses in dogs: 1,644 cases (1991–2001)

Michelle Bamberger, MS, DVM, and Katherine A. Houpt, VMD, PhD, DACVB

Objective—To determine trends in behavior diagnoses; assess the relationship between diagnoses and age, sex, reproductive status, and breed; and evaluate associations between diagnoses within the same dog (comorbidity).

Design—Retrospective case series.

Animals—1,644 dogs.

Procedures—Medical records of dogs evaluated for behavioral problems were reviewed for breed, sex, reproductive status, consultation year, birth date, and diagnoses.

Results—Numbers of dogs with aggression, anxiety, and unruly behavior increased over the course of the study, as did the total number of dogs evaluated for behavioral problems. In general and for aggression, Dalmatians, English Springer Spaniels, German Shepherd Dogs, and mixed-breed dogs were evaluated more often than expected, whereas Labrador Retrievers and Golden Retrievers were evaluated less often than expected. Labrador Retrievers were also underrepresented for anxiety, whereas mixed-breed dogs were overrepresented. Males were overrepresented except for interdog aggression, anxieties, and phobias, whereas females were overrepresented for phobias. Dogs with phobias were evaluated at a median age of 6.5 years, compared with dogs with other problems (median age, 2.5 years). A mean of 1.6 diagnoses/dog was observed, with certain diagnoses clustered.

ABBREVIATIONS
ABC Animal Behavior Clinic at Cornell University
CUHA Cornell University Hospital for Animals

sis. Knowledge of comorbidity may also help the practitioner focus questions during evaluation of the dog history, resulting in a more efficient consultation. With such knowledge, general practitioners can educate their clientele, who may then be more likely to report behavioral problems and seek resolution. Also, if educators understand current behavioral trends and cas demographics, clinical training of veterinary student as well as continuing education may be benefited.

Behavioral problems have been evaluated via owner surveys^{1,6,8} as well as case-review studies.⁷ Several studies^{1,6,8} based on owners' opinions have revealed unruly behavior (barking and jumping up) as the most common problem confronting dog owners whereas others have revealed house soiling^{2,3,9} or non behavioral concerns (sadness when the pet dies, finding care when away, and shedding)¹⁷ as the primary problem. In contrast, results of most canine case studies^{8-15,17,18,20} indicate that aggression is the most prevalent behavioral diagnosis in dogs. Reports of several studies describe age, sex, and breed distributions in dogs with behavioral problems^{15,16,19,41-43} and associations among diagnoses.^{17,20}

Most behavioral studies involve analysis of data

Frequency of nonspecific clinical signs in dogs with separation anxiety, thunderstorm phobia, and noise phobia, alone or in combination

Karen L. Overall, VMD, PhD, DACVB; Arthur E. Dunham, PhD; Diane Frank, DVM, DACVB

Objective—To determine the frequency of nonspecific clinical signs in dogs with separation anxiety, thunderstorm phobia, noise phobia, or any combination of these conditions and determine whether these conditions are associated in dogs.

Design—Case series.

Animals—141 dogs.

Procedure—Diagnoses were established using specific criteria. Owners of dogs completed a questionnaire on how frequently their dogs exhibited destructive behavior, urination, defecation, vocalization, and salivation when the owners were absent and the types and frequency of reactions to thunderstorms, fireworks, and other noises.

Results—Associations of the 3 conditions and of various nonspecific clinical signs within and between diagnoses were nonrandom. The probability that a dog would have separation anxiety given that it had noise phobia was high (0.88) and approximately the same as the probability it would have separation anxiety given that it had thunderstorm phobia (0.86). However, the probability that a dog would have noise phobia given that it had separation anxiety (0.63) was higher than the probability that it would have thunderstorm phobia given that it had separation anxiety (0.52). The probability that a dog would have noise phobia given that it had thunderstorm phobia (0.90) was not equivalent to the converse (0.78).

an accurate diagnosis difficult. Dogs with separation anxiety usually destroy objects in the house, destroy sections of the house, or urinate, defecate, vocalize, or salivate when they are left alone.^{2,4} Dogs with profound separation anxiety can be left alone for no more than minutes before they begin to panic and exhibit the behaviors associated with separation anxiety. In the absence of treatment, affected dogs are often relinquished to a humane society or shelter, abandoned, or euthanized.^{5,6}

Elimination, destruction, and vocalization are the most obvious and, hence, the most commonly reported behaviors associated with separation anxiety.^{2,7} It is important, however, to realize that clients complain about these behaviors most often because they are easy to recognize and cause problems for the client themselves. Dogs that exhibit less obvious signs of distress such as withdrawal, inactivity, salivation, whimpering (or louder vocalizations if there are no nearby neighbors), and pacing may not be identified as having separation anxiety, even though they are equally affected, and owners of such dogs seldom seek treatment for their pets, because the dogs' behaviors are not problems for the clients. Including dogs with these less obvious signs, the population of dogs with separation anxiety, although unknown, is likely to be quite large, and all dogs with separation anxiety can benefit from treatment.

Noise and thunderstorm phobias are among the



Noise Sensitivities in Dogs: An Exploration of Signs in Dogs with and without Musculoskeletal Pain Using Qualitative Content Analysis

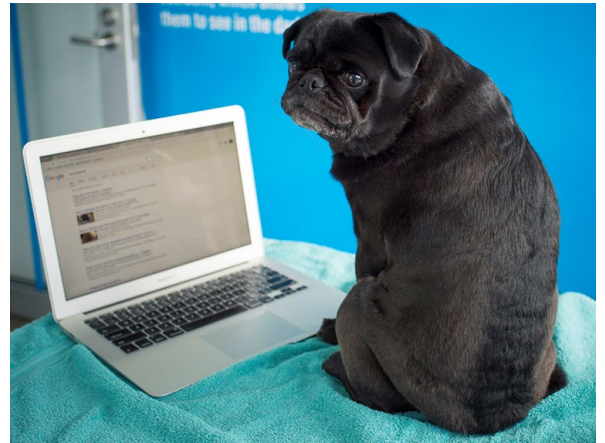
Ana Luisa Lopes Fagundes¹, Lynn Hewison², Kevin J. McPeake^{2*}, Helen Zulch² and Daniel Simon Mills²

¹ Centro Universitário de Belo Horizonte, Belo Horizonte, Brazil, ² Animal Behaviour Clinic, School of Life Sciences, University of Lincoln, Lincoln, United Kingdom

Noise sensitivity is a common behaviour problem in dogs. In humans, there is a well-established relationship between painful conditions and the development of fear-related avoidance responses. Whilst it is likely that a relationship exists between noise sensitivity and pain in dogs, this does not appear to have been investigated. The aim of this study was to explore the signs of noise sensitivity in dogs with and without musculoskeletal pain by comparing case histories using qualitative content analysis. Data were extracted from the clinical records of 20 cases of dogs presenting with noise sensitivity seen by clinical animal behaviourists at the University of Lincoln, composed of 2 groups—10 “clinical cases” with pain and 10 “control cases” without pain. Loud noises as a trigger of noise sensitivity were a common theme in both groups but ubiquitous among “clinical cases.” In “clinical cases” (i.e., those where pain was identified), the age of onset of the noise sensitivity was on average nearly 4 years later than “control cases.” In addition, strong themes emerged relating to widespread generalisation to associated environments and avoidance of other dogs in the “clinical cases,” which did not appear in the “control cases.” “Clinical cases” responded well to treatment once the involvement of pain had been identified. Veterinarians and behaviourists should carefully assess dogs with noise sensitivities for pain-related problems especially if presenting with these characteristics.

Gimlet, 6 yr old, FS, Pug

- **Pain increasing separation anxiety**
 - Previously well-controlled separation anxiety
 - Owner could leave for 6 hours with no medication
 - Pure desensitization training
 - Could not leave her even 45 seconds
 - Cyst in between her toes
 - Implemented pain management & tx
 - Departures returned to 1-2 hours with no stress



Treatment



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Calmer Canine



Electroceutical tPEMF™ Mechanism of Action

- Uses physics (electromagnetic energy) instead of chemistry (drugs) to have a biological effect on the body
- Device emits tPEMF signals
- tPEMF signals increase production of nitrous oxide.
- Nitrous oxide inhibits proinflammatory cytokines and increases anti-inflammatory cytokines
- NO also induces production of endorphins, serotonin, and dopamine
- Net effect is reduction in neuro-inflammation and rebalancing of the overactive, anxious brain



Cytokines are a broad and loose category of small proteins important in cell signaling

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How is Calmer Canine Used?

- Two 15 minutes sessions/day
- Can be handheld or used with convenience vest
- Treatments done when owner is home
- 4-6 weeks = 1 treatment course
- Longer or subsequent treatment courses may be needed in some cases



Wear It

- Thundershirt
- Anxiety Wrap
- Storm Defender



Pheromones



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Nutraceuticals



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- Bifidobacterium longum BL999



Medication



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Pre-departure Medication Options

- Trazodone 5-10 mg/kg PO 2 hrs prior
- Clonidine 0.03-0.05 mg/kg PO 2 hrs prior
- Gabapentin 20-40 mg/kg PO 2 hrs prior
- Benzodiazepines (Lorazepam is my favorite)
- Propranolol 0.25-3.0 mg/kg PO 2 hrs prior

- **ALL THE ABOVE!**



Training



- ① **Be Positive:** Focus on positive behaviors that are critical to the success of behavior modification training. Focus on positive reinforcement; encourage and don't reprimand undesired behaviors. Remember that your dog is not a bad dog!
- ② **Only reward calm behavior:** Ignore attention-seeking behavior such as when your dog is overly excited. And remember that if you get excited, your dog may also! Look for opportunities to spend positive, relaxed time with your dog.
- ③ **No more drama:** When you come and go by ignoring your dog until he is calm. To begin training to achieve this, grab your keys or coat, signaling to your dog that you are about to leave. But rather than leaving, return to your previous activity. Another recommendation is giving your dog a toy or treat 20 – 30 minutes prior to leaving.
- ④ **Develop your dog's independence:** Provide a safe place for your dog to be calm when you are gone; and teach him/her to stay there for increased periods of time in order to increase his distance from you.

Additional Training

- **Uncoupling departure cues**
 - Can be overdone

- **Graduated planned departures**
 - Keep the pet under threshold at **ALL TIMES!**



What NEVER Works

- Punishment
- Get a second pet
- Ignore and do nothing



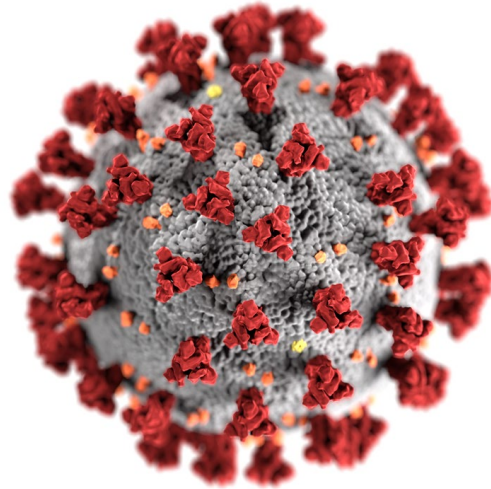
Wean off medication?

- **Depends on the case**
 - Severity level
 - Age
 - Training
 - Medications
- **8-12 months of clinical resolution**
 - Slow wean off one medication at a time
- **Depends on the owner's desires**

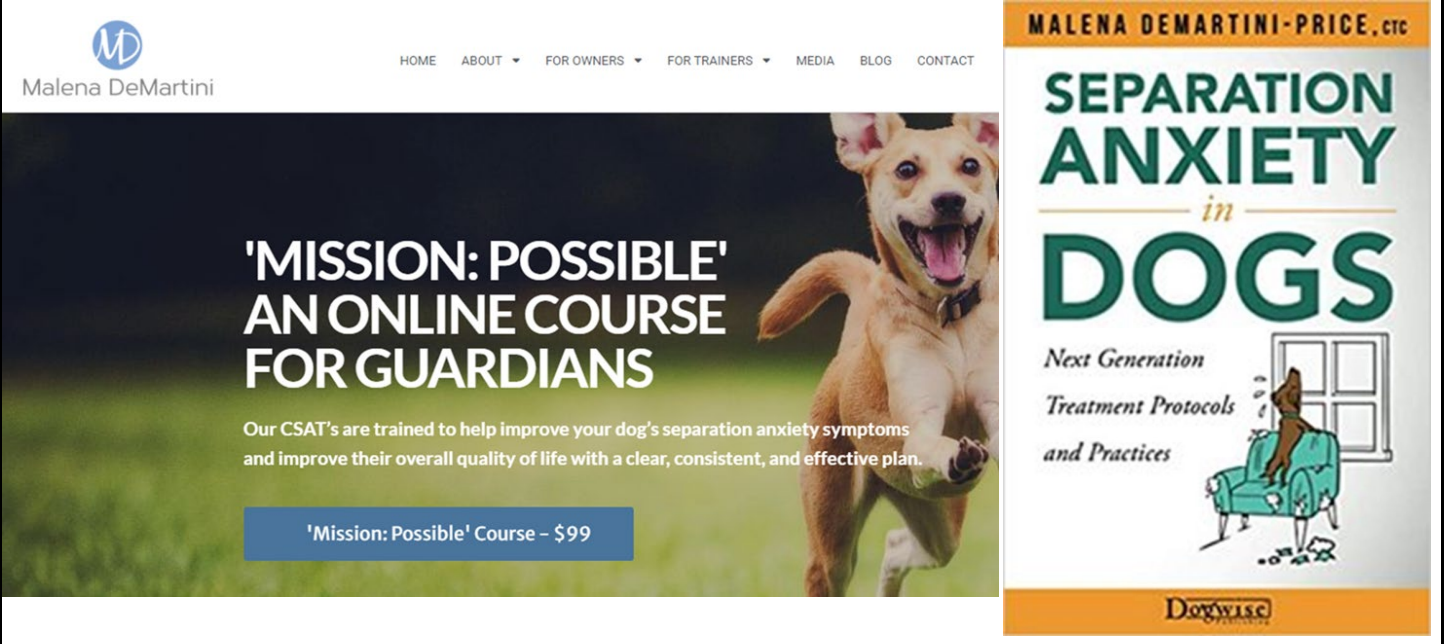


In light of COVID-19

- **Will we see an upswing in separation anxiety cases?**
 - Maybe
 - Anecdotally YES
- **What can be done now?**
 - BOND training
 - Predictable schedules
 - Uncouple departure cues
 - Actual departures
- **Once owners return to work**
 - Video monitor the pet
 - Earliest signs, seek veterinary care



Resources for Owners



The screenshot shows a website for Malena DeMartini. At the top left is her logo (MD) and name. A navigation menu includes HOME, ABOUT, FOR OWNERS, FOR TRAINERS, MEDIA, BLOG, and CONTACT. The main content area features a large image of a happy dog. Text on the left reads: **'MISSION: POSSIBLE' AN ONLINE COURSE FOR GUARDIANS**. Below this, it says: "Our CSAT's are trained to help improve your dog's separation anxiety symptoms and improve their overall quality of life with a clear, consistent, and effective plan." A blue button below the text says: **'Mission: Possible' Course - \$99**. On the right side of the screenshot is a book cover titled **SEPARATION ANXIETY in DOGS** by Malena DeMartini-Price, CTC. The subtitle is *Next Generation Treatment Protocols and Practices*. The cover features an illustration of a dog sitting on a green armchair near a window. The publisher's logo, **Dogwise**, is at the bottom.

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Amy L. Pike, DVM, DACVB

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