

PROTOCOL FOR UNDERSTANDING AND TREATING OBSESSIVE-COMPULSIVE DISORDER

Understanding Obsessive-Compulsive Disorder

Obsessive-compulsive disorder (OCD) (also sometimes called compulsive disorder [CD]) can afflict both cats and dogs, although the factors contributing to it appear to differ between species. OCD is defined as repetitive, stereotypic motor, locomotory, grooming, ingestive, or hallucinogenic behaviors that occur out of context to their normal occurrence, or in a frequency or duration that is in excess of that required to accomplish the ostensible goal. We can be fairly certain that this diagnosis can be confidently made if these behaviors also occur in a manner that interferes with the animal's ability to otherwise normally function in his social environment.

One can debate whether animals can obsess because we cannot directly confirm that they do so. The way we learn if humans obsess, or whether there is a component of repetitive thoughts to their condition, is to ask them, an avenue of inquiry that is simply not available for dogs and cats. If we watch afflicted dogs and cats carefully, we can see in their own responses to these abnormal behaviors that they perceive and experience concern, so it's likely that they can and do obsess as part of this disorder. In fact, it may be the obsessional part of this condition that drives the compulsive or motor part. Any discussion of what dogs or cats can and cannot do needs to account for divergent evolutionary histories for animals that rely heavily on structured language and those that do not.

It's important that we acknowledge this **cognitive component** of the condition because unless we work to change it, we may be able to suppress the behaviors but not the animal's desire or need to do them. When this happens, the behaviors may be less annoying for the humans who have to live with the animals, but the cats and dogs still suffer. If we can extrapolate from what we believe about humans, this type of "mental" suffering may even be more debilitating than that associated with physical pain.

It's important that we distinguish nonspecific behaviors that may be quirky from the true diagnostic criteria required to make this diagnosis. The issue of intensity of action can help here: Whether a behavior is excessive or a manifestation of OCD may be a determination of degree. Careful description and recording of behaviors using tick lists, narrative descriptions of the behavior and its durations, and videos could provide data that would permit evaluation of the extent to which such behaviors may lie on a continuum.

As for any behavioral condition, it is *essential* that you keep notes on actual behaviors, on the intensity of the condition, and on duration of each bout (seconds, minutes, hours) so that you and your veterinarian can understand if the cat or dog is becoming better or worse with time and treatment. In fact, if you and your veterinarian are unsure of whether the behaviors truly meet the criteria for making a diagnosis of OCD, any uncertainty can usually be resolved by comparing changes over time. In this age of video equipment, you can supplement the descriptive logs and tick lists with videos taken in similar situations over time. This will allow everyone to see if the behaviors have changed in intensity, duration, or some basic qualitative feature (e.g., the dog is spinning in tighter circles with the tail more tightly wrapped).

Almost no fully developed cases of OCD will improve without treatment that includes medication, so accurate diagnosis is very important. The behavioral changes seen in OCD can be non-specific and may be shared by a number of other conditions. For example, some OCDs can resemble seizure-like activity that may be associated with epilepsy. By definition, epileptic or seizure-like activity is stereotypic, but it may not meet the criteria for OCD. This is why very explicit and specific diagnostic criteria that first rule out underlying medical conditions are needed for behavioral conditions. That said, there are huge areas of overlap between behavioral and neurological conditions that are currently poorly understood. What we call these will become less important than what drives them in the future as we understand more about the genetics and molecular biology of behavior.

Patterns of Behaviors

From studies of patients who meet the stated diagnostic criteria for OCD and who have been treated for the condition, we understand some basic patterns that will help you work with affected dogs and cats.

- Both dogs and cats appear to exhibit both *sporadic* and *heritable* forms of OCD. This means that some animals can develop OCD when no other family member has ever shown a hint of it (the sporadic form) and that some animals who develop OCD will come from families where multiple members are also affected.
- As is also true for humans, the form of the OCD differs between family members. This means that if one dog chases shadows, another may run fences, and if one cat licks her fur, another may suck on plastic.
- Finally, some breeds are over-represented among animals exhibiting OCD. The data on breeds are so incomplete that it would be really inappropriate for you to think that we fully understand the associations, but we know that Siamese cats, when they exhibit OCD, tend to chew on or suck fabrics (and it is likely that chewing and sucking differ at the neurochemical level), that when German shepherds develop OCD, they chase their tails and circle, and that rottweilers and dalmatians who are affected chase or run from things that are not there (hallucinations).

Because of the unfortunate tendency for people to assume that breeds in dogs mean that behavior is deterministic, it is critical that we recognize normal breed-associated behaviors and evaluate them carefully before assuming either that the behavior requires treatment or that it is normal and does not require treatment. For example, a border collie who comes from working lines and fetches balls all day long likely does not have OCD. The dog can be asked to stop and although she doesn't want to do so, she will. The less her needs are met, the more likely that the behaviors will strike people as extreme. However, you will be able to distinguish normal from abnormal: if play with the dog is intensified and she becomes less extreme, she does not have OCD.

Conversely, a border collie or sheltie who circles may suffer needlessly because people believe that "all shelties/border collies circle." *If the dog cannot be called out of the behavior, if it's out of context (most shelties and collies stop circling if they play with other dogs), or an increase in*

stimulation and exercise makes no difference, and the dog is distressed, regardless of breed biases, it's important to consider that the dog likely has OCD.

As in most things, cats are different. For all dogs and cats with OCD, which is truly an anxiety disorder, household, environmental, and social stresses will all worsen their condition. If there are human divorces, marriages, moves, loss or gain of jobs, the addition of children or other pets, the loss of pets, et cetera, OCD that is well controlled may become dysregulated, and untreated OCD may worsen. For cats, however, regardless of whether the form is sporadic or heritable, social stress acts as a trigger. This is *not* the case for dogs, although any stressor will be a risk factor for making the condition worse in dogs.

- For dogs, OCD appears to correlate with the onset and period of social maturity that begins somewhere between 18 and 24 months of age. At this time neurochemistry begins to change, and it is likely those changes are encoded genetically. Something goes awry in what's translated and dogs begin to worsen. Left untreated the dogs continue to decline, although there are groups of dogs who worsen quickly and groups of dogs who worsen slowly.
- For cats, the onset of the condition also appears to coincide with social maturity (~2 to 4 years of age), but a social trigger is almost always involved. Frequently, this trigger is the addition of a new cat, or a change in the behavior of one of the resident cats as the patient reaches social maturity.

This means that if you know that your dogs or cats come from lines where OCD has been demonstrated or is suspected, and you add new cats to the household, you should be aware that your pets may be more at risk, and you can seek help as early in the development and expression of the condition as possible.

Treatment of Obsessive-Compulsive Disorder

Like all anxiety-related conditions, the earlier in the course of the condition that the patient is diagnosed and treated, the better. Even when behaviors are abnormal, practice allows the animal to improve how well they perform those behaviors. Accordingly, one step in the treatment of these problems is to interrupt the behavior and redirect the animal to a behavior that is (a) pleasurable and (b) directly contradictory to the OCD behavior in which they are engaged. This means that every time the cat starts to lick intensely, she is distracted with a fishing toy and play. Such behaviors are directly competitive with those exhibited in the OCD and are enjoyable to the cat.

If the OCD is fully developed by the time a diagnosis is made, even the first step of interrupting the behavior is likely to be impossible for you to successfully execute. The reason medication is so important in the treatment of this condition is that the medication allows external instruction to penetrate the fog of the obsessions. The medications that are most efficacious in this condition include the tricyclic antidepressant, clomipramine (Anafranil/Clomicalm) and the selective serotonin reuptake inhibitor, fluoxetine (Prozac/Reconcile).

Neither of these is licensed for use in cats or dogs for the treatment of OCD in the United States, but this is not the case in other countries. For more information on these medications, and medication in general see the **Protocol for Using Behavioral Medication Successfully**. Once the medication begins to allow the animal to be calmer and less anxious, which generally starts within a few weeks of treatment, interruption of the undesirable and damaging behaviors should be easier. Once you become accustomed to the joint task of gently and humanely interrupting the troublesome behavior and directing the pet to something that is competitive but fun, you will find this easier to do and the cat or dog will improve.

Once you are able to successfully interrupt the problem behaviors, you can start active behavior modification. Active behavior modification for OCD involves teaching the animal behaviors that actually encourage relaxation and that prohibit the animal from engaging in the OCD-related behavior. For some dogs who want to chase their tails, this may mean that they are encouraged to lie down completely flush with the ground with their head and neck stretched out. When the dog stretches out and takes a deep breath he gets a terrific food treat. If the cat has to lick, she can be encouraged instead to sit and rub into someone's hand. The intent of this type of active behavior mod is to help teach the animals that when they are rewarded for the physical signs that correlate with changes in underlying physiological state, they will feel not just the pleasure of the reward, but relief from the condition. This is a form of biofeedback for dogs and cats. If done correctly and consistently, the dogs and cats will learn that when they become distressed, they can alleviate that distress by exhibiting these competitive and relaxing behaviors. This is a lot of work, but if you can do it well, it will make a huge difference in the life of the dog or cat, and may allow you to decrease the amount of medication the pet requires. Clients can model the behavior mod they use here after that discussed in the **Protocol for Relaxation: Behavior Modification Tier 1** and **Protocol for Teaching Your Dog to Take a Deep Breath and Use Other Biofeedback Methods as Part of Relaxation**.

Long-term treatment is almost always the rule in OCD. This means that medication and behavior mod will be life-long. Expect this. If the condition has been recognized very early it's possible that this will not be so, but realistic expectations are helpful for successful management of canine and feline OCD. As animals age, alterations, generally decreases in medication, may be possible or needed. If any of the stressors discussed occurs, more intensive behavior mod, changes in medication doses, or the addition of another anti-anxiety or anti-panic drug may be needed temporarily, but if ever there was a condition where you should be encouraged to "stay the course" with respect to treatment, this is it.

If you understand that you can manage OCD, you will become less distressed with the ups and downs of the condition and your pet will benefit. This is one condition where the humane aspects cannot be over-emphasized and where you benefit from understanding what it means to have a "special-needs" pet.