

B-29 PROTOCOL FOR CATS WITH BARBERING, LICKING, OR OVERGROOMING CONDITIONS

1. Treat any underlying infectious condition. Assess the potential for atopic or endocrine disease (rare), but consider a biopsy if the condition is long standing. Biopsy may reveal fungi or dermatophytes that cultures fail to reveal.
2. Start a hypoallergenic diet for 8 to 12 weeks. This is very difficult in cats because part of their preference for certain foods or classes of foods is determined by the texture. It may not be possible to get the cats and the clients to cooperate. A second-best option is to remove all treats from the cat's diet and to feed only chicken- or turkey-based foods. These foods are available in kibble or wet forms, and commercial brands are readily available. They tend to contain two proteins (one is optimal), thus if clients can obtain other single-protein specialty diets, the latter are preferred.
3. Set expectations for the cat. Set feeding times, play times, and attention times. Make sure the cat gets 10 to 15 minutes of concerted attention (grooming, stroking, talking to) at least twice a day on a regular schedule. Identify any sources of stress (washing machines, noisy children, another cat that is not a favorite of the patient's) and minimize contact with them. This may mean giving this cat its own room (or sole access to a favored room) or providing it with company. These are very individual circumstances.
4. Enrich the environment with kitty condos and toys if the cat will use them.
5. Teach the cat to sit and request, by pawing, a food scrap that is within the dietary regimen chosen. The cat will do this first by accident and needs to be rewarded *instantly*. Keep practicing on a regular schedule. This helps the cat learn to relax in exchange for a reward.
6. Pharmacological intervention is almost always an important part of therapy and may facilitate the above. Before *any* drugs are used, a complete chemistry screening profile and blood cell count should be performed by the veterinarian. There are two reasons for this: (1) the cat may have an underlying condition that would preclude the use of drugs that are metabolized through renal and hepatic pathways and (2) if medication is prescribed, the animal's response must be monitored if therapy is long term. To assess the importance of any changes, it is important to know the baseline values.

Drugs that have been successful in such cases

1. Diazepam (Valium) 1 to 2 mg (or 0.2 to 0.4 mg/kg) orally every 12 to 24 hours
2. Amitriptyline (Elavil) 5 mg (or 0.5 to 1.0 mg/kg) orally every 12 to 24 hours
3. Clomipramine (Anafranil) 2.5 mg (or 0.5 mg/kg) orally every 24 hours
4. Buspirone (BuSpar) 5 to 10 mg (or 0.5 to 1.0 mg/kg) orally every 24 hours, or half that every 12 hours
5. Hydrocodone (Hycodan) 2.5 to 5.0 mg (or 0.25 to 0.5 mg/kg) orally every 12 to 24 hours

Drug side effects

1. **Diazepam.** Diazepam is a humanly abusable drug and is *not* the appropriate drug for every household. This drug should be carefully monitored and may necessitate frequent reexaminations attendant with refills of the prescription because of the abuse potential. Benzodiazepines are metabolized through renal and hepatic pathways. Any animal with a preexisting renal or hepatic condition must be monitored carefully. The primary side effects are

ataxia and stupor. Decreasing the dose often alleviates this effect. Any vomiting, inappetence, or profound change in normal behavior should act as a warning to the practitioner that the dose should be changed or the drug discontinued. There have been isolated reports of sudden death in cats that received relatively small amounts of both brand-name and generic diazepam. Sufficient epidemiological data do not exist to postulate an underlying cause for this occurrence, but many individuals have shied away from use of diazepam in cats. There have been relatively few recent cases of sudden death despite two decades of diazepam treatment of cats. More information should be forthcoming in the next few years. If the cat just started to exhibit the condition *and* the client and practitioner can identify an event associated with the start of this activity, diazepam may be a perfectly acceptable first-choice drug. The intermediate metabolite is the active compound (the half-life of diazepam is on the order of seconds); a gross assay of when the cat achieves effective levels of the intermediate metabolite can be gleaned from its behavior. As the cat metabolizes the drug and the metabolite reaches steady-state levels, the cat usually staggers or acts a little ataxic for a few days. This behavior should spontaneously resolve; if it does not, the cat may be receiving too large a dose of the drug. If the cat never exhibits the transient perception changes, the dose may not be high enough.

2. **Amitriptyline.** Amitriptyline is a tricyclic antidepressant (TCA) that acts by inhibiting serotonin reuptake. As a result, more serotonin—one of the neurotransmitters associated with upbeat moods and decreased anxiety—is available. TCAs are metabolized through renal and hepatic pathways. One of the major pathways is the glucuronic acid route. Cats have less efficient glucuronidation than dogs; hence there are longer half-lives for many drugs in cats. Amitriptyline is no exception. Cats that are able to take this drug with none of the common side effects (vomiting, sedation, anorexia, or tachycardia) benefit from its use. About 50% of cats (this is a clinical estimate) experience gastrointestinal (GI) upset when treated with amitriptyline. This upset is usually profound enough to preclude the use of the drug. All side effects appear reversible. Amitriptyline may be the first drug of choice for barbering cats, particularly because the behavioral effects are usually evident within 7 to 10 days.

3. **Clomipramine.** Clomipramine is a more potent TCA than amitriptyline. It has almost no effects on norepinephrine pathways compared with amitriptyline and thus may produce fewer global side effects than amitriptyline. Cats may be more sensitive to its arrhythmogenic cardiac effects than are dogs or people. Clomipramine acts by inhibiting serotonin reuptake. More serotonin—one of the neurotransmitters associated with upbeat moods and decreased anxiety—is available. TCAs are metabolized through renal and hepatic pathways. One of the major pathways used is the glucuronic acid route. Cats have less efficient glucuronidation than dogs; hence the half-lives of many drugs are longer in cats. Clomipramine is no exception. Cats that are able to take this drug with none of the common side effects (vomiting, sedation, anorexia, or tachycardia) benefit from its use. Fluoxetine (Prozac) is another drug that may be useful if the cat cannot tolerate clomipramine; the mode of action is very similar.

4. **Buspirone.** Buspirone is a newer, nonspecific anxiolytic that increases brain levels of both dopamine and serotonin. The side effects include the same renal and hepatic ones as for the other drugs, but overall, most animals do not appear to experience side effects in dosage ranges that are considered therapeutic. This is an advantage for cats. Buspirone may be the drug of first or second choice for barbering cats. It is expensive, whereas amitriptyline is not. If amitriptyline is ineffective or the patient experiences side effects when treated with amitriptyline, buspirone is an excellent replacement drug. Buspirone may not reach therapeutic levels for 3 to 4 weeks in some animals and a minimum of 1 week in most. This is the only reason it is not the drug of first choice.
5. **Hydrocone.** Hydrocone acts by favorably affecting endor-

phin metabolism. It is a humanly abusable drug and may be both physiologically and psychologically addictive in people. Hence it does not belong in every household, even in the minuscule dosages appropriate for a cat. For some cats that mutilate in the course of barbering, this drug can be useful in blocking the cycle. Behavioral effects are noticed within 5 to 10 days. The most common side effects are lethargy (or wakefulness), changes in activity, and anorexia. Decreasing the dosage level may help alleviate these side effects, but it should be noted that cats do not tolerate morphine derivatives as well as dogs do. Frequent monitoring is necessary. These conditions, and the relatively high cost of the drug, make this the last drug of choice for general barbering; however, if mutilation is involved, this drug may be the best choice.