**GETTING PETS TO VETS:** FELINE FOCUS EMPATHY AND IDENTIFYING SYMPTOMS OF DISTRESS

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Getting-Pets-to-Vets: Empathy and Identifying Symptoms of Feline Distress
Quantitative and qualitative assessments of client emotions and feline distress influencing Getting-Pets-to-Vets. Help owners understand they are not alone and there are ways to help their pet feel better. Together, Getting-Pets-to-Vets: getting pets out of the living room and into the exam room.

INTRODUCTION

Cats do not adapt to change well. They prefer the constancy and predictable consistency of a daily routine. Going to the vet, even for that annual routine evaluation, disrupts the predictability. Though cats may be distressed, they are stealthy in their ability to hide that distress. Observe feline body language closely postures for even the most subtle signs of anxiety and tension. Cats will hold their ears forward and their tails loosely wrapped when they are most content. The ears are useful indicators or direction of focus and emotional response: the ears may rotate to the side or all the way back when aroused, agitated or stressed. The tail may flip or twitch at the first sign of annoyance. Cats are not wagging their tails –as the rate and intensity of the tail flipping increases, so correlates the cat’s distress. It becomes not only important that we are aware of these signs of distress but more importantly that we give respect to these signs: the cat must have a way to tell people to “please stop” and when the requests are ignored or disregarded, then the cats fear increases and the signally used escalates. In short, as soon as someone says “I’ll do it, I am not afraid of the cat”, then the cats emotional welfare is at risk. A short term distress does become a long term fear or panic and just because a person is willing to face the cat’s teeth and claws without fear, it only makes the situation worse in the long run.

QUANTIFYING THE FEAR

According to the Bayer Studies the overwhelming majority of cat owners consider getting the cat into a carrier and/or the travel itself to the clinic to be a major hindrance, and very often the primary explanation for skipping a veterinary visit. Odds are many more cat owners feel the same, but don’t admit it as readily.

Also, according to the Bayer Studies, just over a quarter of all dog owners and nearly 40 percent of cat owners say just “thinking about a veterinary visit” is stressful. That’s millions of pet owners. There numbers are hardly insignificant. Fo veterinarians there is now an enlightenment toward the recognition and alleviation of distress during the veterinary visit. Dr Marty Becker has organized Fear Free® symposiums at major veterinary conferences and is providing opportunities for veterinary hospitals to become Fear Free® certified.
The symptoms of distress, for cats and people, are not simple to quantify. Owner impressions of feline emotions and levels of distress are difficult to quantify and validate. Clinical signs of fear and/or stress in cats is characterized by body postures, vocalizations and the presence or absence of activities. A tense flattened body position such that the head is lower than the body may be indicative of stress or fear in cats. The posture may be characterized by crouching, fleeing, crawling and muscular tension. The ears may be held flat or sideways and the pupils dilated to indicate greater distress. Vocalizations may include hissing, yowling, growling or screaming and a rapid respiratory rate not associated with (so far as may be determined via physical exam) disease or exertion. Activities representing a fearful or distressed feline state include: freezing, frantic fleeing, avoidance or withdraw from a stimulus, and carrying the tail tucked, low or swishing.

There are a small number of published feline behavior and welfare assessment scales and the Cat Stress Score (CSS) (McCune, 1994; Kessler and Turner, 1997) being the most commonly used. The CSS provides a simple scale of stress responses that can be used flexibly to assess welfare in different environments with different stressors, as used by McCobb et al. (2005) and Dybdall et al. (2007) and Umbellino (2014). The Cat Stress Scale however, has not been physiologically validated, and McCobb et al. (2005) were not able in their study to correlate a behavioral score with urinary cortisol measures in cats housed in traditional or enriched shelter environments. Cats respond to stresses quickly and generally recover to a baseline level quickly. The Cat Stress Score is best used in a context and specific situation and thus be able to compare to subsequent similar contexts and situations. The task of doing the evaluation and testing for any physiological measures, necessarily adds another stressor and context. The challenge with many behavior studies: animals learn. The fear is not stable: the animal may habituate, that is determine for themselves that the stimulus is not dangerous, and thus their fear is reduced. Fear is not stable: the animal may be sensitized and become more fearful with each exposure. Further, the cat is adept at hiding signs of stress and anxiety from all but the most careful observers.

Behavioral studies may include owner observations and interpretations of behavioral signs of fear or distress (e.g., vocalizations, inappetance, or avoidance) and somatic signs (e.g., fleeing, urination, salivation, or scratching). Assessment of response for clinical cases necessitates reliance on owner perceptions of improvement and the impact of learning or introduction of new stressors.

LESSONS FROM DENTISTS

In Australia, dental fear and the impact it has upon people getting appropriate dental care has been researched and modifications have been made to the evaluation scales and ultimately to the recommendations for human patients. The traditional Dental Anxiety and Fear (DAF) scale was found to have theoretical and practical limitations so additional research was implemented to develop and subsequently validate assessment of the reliability and validity of test scores of a new DAF scale for adults. The Index of Dental
Anxiety and Fear (IDAF-4C+) contains 3 modules that measure DAF, dental phobia, and feared dental stimuli. The final 8-item DAF module (IDAF-4C) assesses emotional, behavioral, physiological, and cognitive components of the anxiety and fear response (Armfield 2010, 2013). These scales provided a useful model for the creation of scales for veterinary applications.

OBAFAA: OAKLAND BEFORE-THE-VET ANTICIPATORY FEAR & ANXIETY ASSESSMENT

Only the pet parent and the cat know how distressing it may be to get the cat to the vet. Various factors may influence the owner’s choice to actually take the cat to the vet: fear the cat will get a disease if not examined, fear a minor problem would develop into a more serious problem, denial that there is anything wrong, concerns about the cost of care and busy schedules. Everyone has a limited amount of time and money: the complex factors that determine our daily actions and the choices people make about pet care are beyond the scope of this study.

OBAFAA: OAKLAND BEFORE-THE-VET ANTICIPATORY FEAR & ANXIETY ASSESSMENT is comprised of two sections: one focuses on the PET PARENT SCORE (PPS) and the second portion is the FELINE STRESS SCALE (FSS) and together these will be used to assess the distress that cats and pet parents face during a routine veterinary visit. This scale is designed to objectively measure and monitor the cats stress and anxiety prior to a routine “healthy” veterinary visit. We know cats and their owner’s may be distressed at the veterinary hospital, this survey is regarding owner perception of their cat’s anxiety before arrival. Instructions include: “Please consider your cats’ distress from the moment you first do anything to prepare to leave the house for the trip to the veterinarian such as, taking out the carrier. Observe your cats’ level of stress or “mood” from that first moment of the journey up until your cat begins interacting with a veterinary technician or the veterinarian.”

This is a preliminary survey to assess the range and severity of anxiety among cats that are taken to the veterinary hospital: we know that half of cats do not go to the vet for regular veterinary care.

DO YOU WANT TO HELP US LEARN MORE ABOUT FELINE BEHAVIOR AND REDUCING THE STRESS WHICH PREVENTS GETTING-PETS-TO-VETS?

- Distribute the survey to your clients.
- All healthy cats that come to the vet are eligible to participate
- Both scaredy cats and super social cats are encouraged to participate.
- Encourage pet parents to be thorough and complete every question.
- Partially completed entries cannot be used in the analysis.
- Comments, though appreciated, cannot be used in the analysis.
- Share with colleagues and cat lovers.
- The OBAFFA survey (www.ovrs.com) may be printed for completion and then returned to Theresa DePorter by fax, email or mail.
The Getting-Pets-To-Vets mission is to provide education, research and increase awareness regarding pet distress associated with getting from the home to the clinic and empower trainers, certified dog and cat behavior consultants and the Veterinary Health Care Team (receptionist, technicians and DVM’s), as well as pet owners, to identify and alleviate this distress and improve the welfare of pets and their people. Theresa DePorter and Steve Dale have partnered with Ceva Animal Health. Together so we may bring the fearful pet from the couch to the exam table while enhancing the lives of pets: Together, Beyond Animal Health.

Theresa DePorter and Steve Dale

REFERENCES


