Fussy Eaters!

Can you answer yes to any of the following questions about your dog:

- Does your dog regularly have a reduced appetite (hyporexia) or choose not to eat (anorexia)?
- Do they eat new foods but go off them after a few days?
- Does your dog seem hungry, often approaching their bowl but then turning away?
- Are they very anxious or aroused after eating?
- Do they do the prayer position (downward dog) after eating, or dig, do zoomies, pace or are clingy?
- Do they show chomping behaviours or burp a lot?

- Do they every show odd behaviours at meal times, such as:
  - ☐ **Whining or barking at you or at your food?**
  - ☐ **Burying their food or bowl?**

- [ ] **Stopping eating to show displacement behaviours (yawning, licking legs etc.)?**
- [ ] **Not wanting to eat in certain places or out of certain bowls?**

When taking a full clinical history, we will also ask questions that may highlight a concern of allergic disease, such as concurrent skin disease, a history of giardia infection, purchase from a puppy farm, or previous dietary responses.

On examination at the vets, we may find:

- a dog that is underweight, overweight or a normal weight....
- a normal clinical examination
- nothing abnormal on abdominal palpation
- your dog burps occasionally when the cranial abdomen is palpated
- some halitosis (bad breath) but not always.

Annoyingly, an often exceedingly NORMAL examination in the consultation room.

Here are the things in your dog's history and clinical examination that might cause us not to suspect chronic gastrointestinal issues and throw us off the scent:

- your dog is not always underweight, in some cases they can even be fat.
- vomiting or diarrhoea are not often a feature of the disease.
- is the breed an under-stimulated working breed unsuitable for a pet home?
- a positive cPLI result, indicating pancreatitis. Sometimes the pancreatitis present is part of a bigger picture.
- occasionally coughing.
- sometimes "neurological" symptoms such as fly-catching.

However, while taking a full history for your dog and on further questioning, there may be:

- halitosis, but not in all cases.
- a variety of clinical symptoms depending on the:

    (i) time of day; usually worse in the mornings

    (ii) type of food fed; usually high fat and bone content is worse.

- a positive response to antacids, demulcents, pain relief and / or steroids used for one off or unrelated issues.
- a positive response to trying a demulcent supplements like tree barks powders. These soothe and provide a protective coating to protect against irritated or inflamed mucous membranes.
- concurrent dermatological signs therefore increasing the index of suspicion for allergic disease.

Investigations:

As part of the investigations, we would recommend full blood tests including:

- haematology
- biochemistry
- electrolytes
- pancreatic lipase
- folate and cobalamin
- bile acid stimulation test.

Often these bloods are very normal and unremarkable.

There is sometimes a positive cPLI suggesting concurrent pancreatitis.

Folate and cobalamin are often within normal ranges, suggesting normal absorption of vitamins B6 and B12 in the small and large intestine. If low, these can be supplemented.

Occasionally there is a mild regenerative anaemia, thought to possibly be due to a persistent mild bleed from the upper gastrointestinal tract.

Ultrasonography, Endoscopic and histological findings

Ultrasound scans can be performed to examine the stomach, intestines, liver, pancreas, adrenal glands, lymph nodes and more.

Sometimes there is a markedly increased thickness of the gastric (stomach) wall on ultrasound. There may also be delayed stomach emptying, of over 3 hours, with no structural cause such as a foreign body or tumour. However, many of the ultrasound scans showed normal small intestinal anatomy and peristalsis.

Endoscopic biopsies of the stomach and small intestines can be achieved by passing a camera down in the stomach and grasping biopsies which can be examined histologically at an external laboratory.

Common findings include:

- chronic lymphoplasmacytic gastro-enteritis
- mild superficial gastritis, (sometimes this is the only finding)
- evidence of Helicobacter-like infection.

These findings are not usually the primary cause of the inflammation but may be part of the bigger picture.

We now often consider affected dogs to have chronic allergic enteropathies or immune-mediated gastritis.

Response to food trials

As part of the investigations, we will usually recommend a food exclusion trial. This would be with either a novel protein and carbohydrate diet (one that your dog hasn't eaten before) or

with a hydrolysed diet. A hydrolysed diet is one in which the protein is broken down chemically into small particles so the body is less likely to produce an immune response.

Many cases do respond to novel exclusion diets suggesting that there may be an underlying allergy in many dogs.

Diet Recommendations

- a novel, digestible diet - a protein and carbohydrate source that your dog hasn't had before.
- low or ultra low fat diet - often reduces gastric pain and improves gut motility, as reduced fat at the ileum may speed up gastric emptying through ileal feedback.
- increased zinc content - zinc absorption may be reduced when antacids are used and a zinc deficiency can cause chronic gastrointestinal symptoms.
- diet aimed to increase the stomach pH to reduce pain and inflammation.
- therapeutic levels of EPA DHA (approximately 50mg/kg total EPA DHA combined). Be careful to use concentrated distilled sources otherwise an excessive amount of oil will make the gastritis worse.

- use of demulcent foods to reduce inflammation e.g. oats, okra.
- feeding small meals, little and often, especially a small meal last thing before bed.
- B vitamin supplements; malabsorption, poor dietary intakes and deficiencies worsen appetites.

Diet Suggestions

- a low fat home-cooked style diet e.g. Different dog swish fish dish.
- a balanced home-cooked diet. This needs to be done in collaboration with a veterinary nutritionist to ensure that the calories are calculated correctly and there are no deficiencies.
- commercial low fat hydrolysed diets e.g.
    - [ ] **Hills Z/d or D/d**
    - [ ] **Purina HA**
    - [ ] **Dechra Salmon CDD**
    - [ ] **Royal Canin Anallergenic**

BUT, here's the tricky part.....

Most dogs will not eat hydrolysed foods.

Most will go on hunger strike until they have significant weight loss.

Many will have marked gastric pain.

Many will "go off" a novel diet, even if it is home-cooked within 2-3 days.

Sometimes there are very few novel options left as the owners have tried every different meat source already in the hope of getting them eating.

Some dogs will remember when something has caused them pain or nausea and will associate that with the food. They will not push through it like a Labrador!

Treatment options

The aim initially is to bridge the gap whilst changing foods:

1. Pain relief such as paracetamol.

2. Antacids e.g. ranitidine or omeprazole, if vomiting is a feature.
3. Anti-nausea medication e.g. maropitant or ondansetron.
4. Appetite stimulants e.g. mirtazipine or capremelorin ("Entyce"). Dieticians find many dogs have a better response to capremelorin. Some dogs on mirtazipine can get the "munchies" then are uncomfortable for the rest of the day and won't eat. This is thought to be due to the pain from the stomach stretching.
5. Steroids.

We understand sometimes there is a reluctance to medicate and use medication to "cover up" the symptoms. However, dogs by this point are on a cliff edge not wanting to eat, and a bridge is required to get them onto a new food and bring them back from the cliff edge.

Medication would be trialled for 2-4 weeks initially and then we will try gradual removal of medication, one at a time. Meanwhile, we don't change the diet at all until all medications have been withdrawn without recurrence of the pain or inappetence.

This is not always possible and sometimes we have to rely on steroids.

We know that some owners may be at the end of your tether and the thought of trying yet another food is daunting as you think it may fail like many others before. However, we do understand that your dog is perhaps not just fussy and there is an underlying disease process going on and medication can help.

Some cockerpoos (and similar breeds!) may be displaying fussy behaviours due to upper gastrointestinal pain rather than “just being fussy”. Therefore where the history fits, it is wise to consider investigating further as a potential case of inflammatory bowel disease / allergic gastritis. Alternatively, if finances are a concern, a trial response to treatment can be tried.

In summary; although we can try our best to get a dog to eat an exclusion diet, the idea that “they will eat it eventually” may not work for all dogs. They are likely to need medication to switch foods and some may actually benefit from a balanced home-cooked diet if they are more likely to eat it. Alternatively there are some low fat novel home-cooked style diets such as the Different Dog brand.

To book in for your pet in for a health check please call us on 01423 228080 or visit
www.clarohillvets.co.uk