

Preventing Feline Aggression at the Veterinary Practice

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Fear, pain, and anxiety are the causes of feline aggression in the veterinary practice. It helps to remember that cats are not evil, bad, or nasty; they are only fearful, painful, or anxious. We can prevent these problems if we recognize them, and know how to resolve them. Unfortunately, training to understand the cat is still lacking in many veterinary schools, leading to our stress and injury, and many veterinarians preferring to work with dogs. Improve the veterinary experience and quality of life for cats by inviting cats to your practice, and showing them and their people that you know how to work with them.

Fear and anxiety

Fear is an emotional state in response to an immediate stressor, whereas anxiety is defined as the emotional anticipation of an adverse event – which may or may not be real. A cat that has a fearful or painful experience at a previous veterinary visit will often demonstrate anxiety at future visits.

Fear surrounding the veterinary visit has multiple causes – the cat being chased at home and shoved into the carrier by their person who is acting out of character, a car ride, and unfamiliar and perhaps uncomfortable handling, smells, sounds, and more at the veterinary practice. Any cat will try to defend itself if it feels threatened. This is normal feline behavior derived from predator avoidance behavior in the wild. Fortunately, the first 3 stages of fear are not aggressive, but rather the cat trying to communicate its fear.

What does fear look like?

To protect selves, cats possess heightened fight-or-flight responses in response to fear. If cats are forced to leave their familiar territory (e.g., to go to the veterinary practice) or a suspected threat enters their territory (e.g., a home veterinary visit), they respond to the confrontation by avoiding or hiding, with fighting occurring only as a last resort. The 4 main responses to fear—freeze, fiddle or fidget, flight, and fight—are all normal behaviors. The cat prefers any of the first 3 responses, fighting only as a last resort.

Recognizing body postures associated with fear helps us to prevent escalation of the fear and possible injury to all involved. Fearful animals usually engage in one of the flight-and-fight responses. A cat that “freezes” crouches and becomes immobile. This usually occurs at the beginning of the trigger stimulus or when the trigger stimulus is relatively low. It is an attempt to hide even when there is no place to hide. Flight is when the cat actively avoids the trigger stimulus (e.g., cat darts into a corner to avoid being picked up). Fiddle or fidget is a displacement activity when faced with a fear-eliciting stimulus (e.g., overgrooming). This happens more frequently at home than in the veterinary practice. “Fight” is the last resort, a defensive aggression to avoid a frightening stimulus (e.g., a cat at the back of a cage becomes aggressive to protect itself when we try to pick it up because it has no escape route). Put in other terms, the aggressive cat has progressed through the earlier stages of fear – often within seconds or minutes – and doesn’t want to fight, but feels it has no other alternative.

If we can recognize the body postures to prevent aggression, the experience will be better for all involved. Facial signals change even more quickly than body postures and provide more immediate indications of a cat’s fear and aggression level. Ear position and changes in the size and shape of the pupils are most recognizable. Cats innately understand these subtle differences and use them to prevent fights. If we recognize these signs, we too can prevent escalation to fighting.

What does pain look like?

Cats have subtle signs of pain and illness, a normal protective mechanism for a solitary hunter. These signs are changes in the individual cat’s normal behaviors, which can include loss of normal behaviors, (e.g., grooming), or abnormal behaviors (e.g., house soiling). Changes in body posture, such as hunched position or squinted eyes, are common signs of pain. Other signs of pain are changes in interactions with family members at home, such as being more withdrawn or hiding, or cuddling more than usual. At the practice, we often see a cat that is acting differently than they have during previous visits – a cat that is aggressive when it never has been, or quiet when usually hissing. We may see a cat that is fine until we palpate a certain area, and then it turns to bite. Some cats may vocalize while others are silent.

Preventing fear and pain

Handling principles

The following handling principles will make the veterinary experience better for all involved:

- Give the cat a sense of control
- The fewer the handlers, the better.
- Stay calm and speak in a soft voice.

- Move slowly to obtain quicker results.
- Do not stare at the cat, but rather look from the side or “wink”.
- Cats like the familiar – have owner bring what’s familiar.
- Cats prefer to be massaged or petted around the face – under the chin, in the cheek area, and between the ears – always try to do this instead of scruffing or “clipping”, which don’t allow the cat a sense of control.
- Cats want places to hide (boxes, towels or blankets, tall-sided cat beds)
- When cats feel more secure, they also like places to perch to oversee their environment (kitty condominiums, the top of a box, shelf, etc.
- Punishment usually backfires – cats learn from rewarding desired behavior
- Stand to the side instead of looming over the cat – we are big and scary! – when getting out of a carrier or cage.

Preventing fear and pain throughout the appointment

Collecting the history

If the cat is not highly aroused when placed in the exam room, allow the cat a sense of control by obtaining the history with the carrier on the floor, and with the door open so that the cat can come out and inspect the environment on its own. If the cat is highly aroused, cover the carrier with a large towel – either one from home or one sprayed with feline pheromone analog spray – over the carrier to block the cat’s vision of us.

If the owner indicates that they think the cat is painful or if you notice the cat acting painfully while collecting the history, a cursory exam can be done and then buprenorphine given to prevent pain during the rest of examination and sample collection.

The examination

The cat can then be examined in a lap, on the floor, a bench or wherever the cat is most comfortable. If the cat chooses not to come out of the carrier, the carrier top can be removed and the cat examined while remaining in the bottom half of the carrier.

Many cats prefer to remain in the bottom half of the carrier for as much of the examination as possible. Some cats do well also on our lap or the lap of the client’s as long as the cat is calm in their lap. When we sit on a stool near the client with the cat in our lap, we are now on the same physical level as the client (as most clients tend to sit on the chairs/benches in the exam rooms), which creates the sense of being an equal partner with the client in the care of their cat. This increases value and respect by the client for what we do and how we do it. When we are standing and the client is sitting, the height difference is huge, conveying different levels which can create a barrier to engaging the client. Also, without a physical barrier, such as an exam table between us, the communication is more open.

To prevent both fear and pain, it is best to take the cat out of the carrier only once; for example, the exam can be done in the bottom half of the carrier, ending with the weight. After weighing, collect lab samples if indicated. It is much less stressful for the feline patient if lab samples are collected in the examination room instead of the treatment area. Once a cat has acclimated to one room, the stress of moving to another alerts the cat once again to potential danger, increasing blood pressure and other parameters.

If the client brings in more than one cat for an examination, and the cats are not getting along well in the unfamiliar environment, or if one cat is very stressed, separate the cats into different examination rooms, and work with each individually. Discuss the potential problems and how to deal with them if the cats still don’t get along well when they return home.

Lab sample collection

Collect samples with the least amount of people and minimal handling. Usually only one holder is needed. Speak softly or distract with food, treats, or toys. Allow the cat to remain in a natural position, and without stretching or holding legs tightly; this prevents both pain and fear. Have a blanket or something soft for them to lie on, preferably one that smells like home. Older, arthritic, and underweight cats are especially uncomfortable on cold and hard surfaces, and need thick padding or fleece underneath them. Gently wrapping the cat in a towel can increase security.

Senior cats and cats of any age with chronic kidney disease or hyperthyroidism should have blood pressures measurements taken. Blood pressure should be measured before other diagnostic tests, while keeping the patient as relaxed and calm as possible to avoid white coat hypertension. The environment should be quiet, away from other animals and generally have the owner present.

Measuring blood pressure is usually best conducted in the exam room, rather than in the treatment area, because it takes 5-10 minutes for the cat to acclimate to a new room; obtaining the history and performing the examination prior to blood pressure measurement will take approximately that time, allowing the cat to adapt to the exam room.

It is best to collect all lab samples in the examination room to prevent additional fear for the cat. Many clients prefer to watch blood pressure evaluation, venipuncture, and cystocentesis instead of worrying about what’s happening to their cat “in the back”. It is great client education and increases perception of value. If the client prefers not to watch, they can wait in the reception area while samples are collected in the exam room. When all procedures are completed, allow the cat to return to the carrier if it wishes to while the client is educated about necessary treatments and next veterinary visits.

The above applies as well if fine needle aspirates or samples for a dermatologic workup are taken. Pain relief should be given if these conditions are painful.

Radiographs

Since more exact positioning needs to occur for radiographs, pre-treating with buprenorphine is helpful. Sedation is indicated for fear aggressive cats and those that still resist handling despite opioid treatment.

Getting a cat out of a cage

If cats have options of hiding places and perches, they will be more secure in the environment, and there are other options to remove the cat from the cage instead of pulling the cat out of the cage against its will. If the cat is in a cat bed or basket, remove the bedding as well so that the cat can remain in the bedding.

Stand to the side of the cage instead of in front of the cage, which can be threatening to the cat. Put your hand out calmly and slowly and let the cat choose whether it wants to come to you, and even rub on you. Then gently and calmly remove the cat from the carrier.

Analgesia

Pain relief should be given to cats with painful conditions, regardless of whether that is what the cat presents for. For example, a cat that presents with weight loss and vomiting, but is painfully arthritic and cannot be comfortably examined.

Chemical restraint

Chemical restraint may increase safety and reduce stress for the cat, client and veterinary team. It is always better to use restraint pre-emptively because, once the cat is agitated, chemical restraint is less effective or reliable. Low-dose dexmedetomidine (which is reversible), combined with an opioid is an excellent option for sedation; if more sedation is needed, ketamine can be added.

Preventing anxiety at future visits

Alprazolam and gabapentin are both medications that are helpful to prevent anxiety at future veterinary visits. Gabapentin at 100mg per cat given 90 minutes prior to the veterinary visit is helpful in many cases where cats were still anxious or fear-aggressive with alprazolam.

Helpful resources

- AAFP Cat Friendly Practice
- AAFP and ISFM Feline-Friendly Handling Guidelines
- CATalyst Council Handling Videos
 - The Best Place to Examine a Cat: <http://www.youtube.com/watch?v=izUsUH5SRUM&feature=relmfu>
 - Massage to calm an anxious cat: http://www.youtube.com/watch?v=6-IPmWta_0o&feature=relmfu
 - Tips for handling a fearful cat:
<http://www.youtube.com/watch?v=dZDSoYyMs9Y&feature=channel&list=UL>
 - Handling a Cat for Lab Sample Collection: <http://www.youtube.com/watch?v=C8iAexzg710&feature=relmfu>
 - Getting a cat out of a cage: <http://www.youtube.com/watch?v=Xr5W91nFK4M&feature=relmfu>
 - Cats and Carriers: Friends not
Foes: <http://www.youtube.com/watch?v=9RGY5oSKVfo&feature=channel&list=UL>
- Cat Clicker Training into Carrier with Dr. Jacqui Neilson and Bug:
<http://www.youtube.com/watch?v=JRgKJ8FCH94&feature=channel&list=UL> and
<http://www.youtube.com/watch?v=b6Bz6K6HqXg&feature=channel&list=UL>
- Tips for taking your cat to the veterinarian:
<http://www.youtube.com/watch?v=VAaGJTcX0zI&feature=channel&list=UL>
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