

Fearful Fido Goes to the Vet



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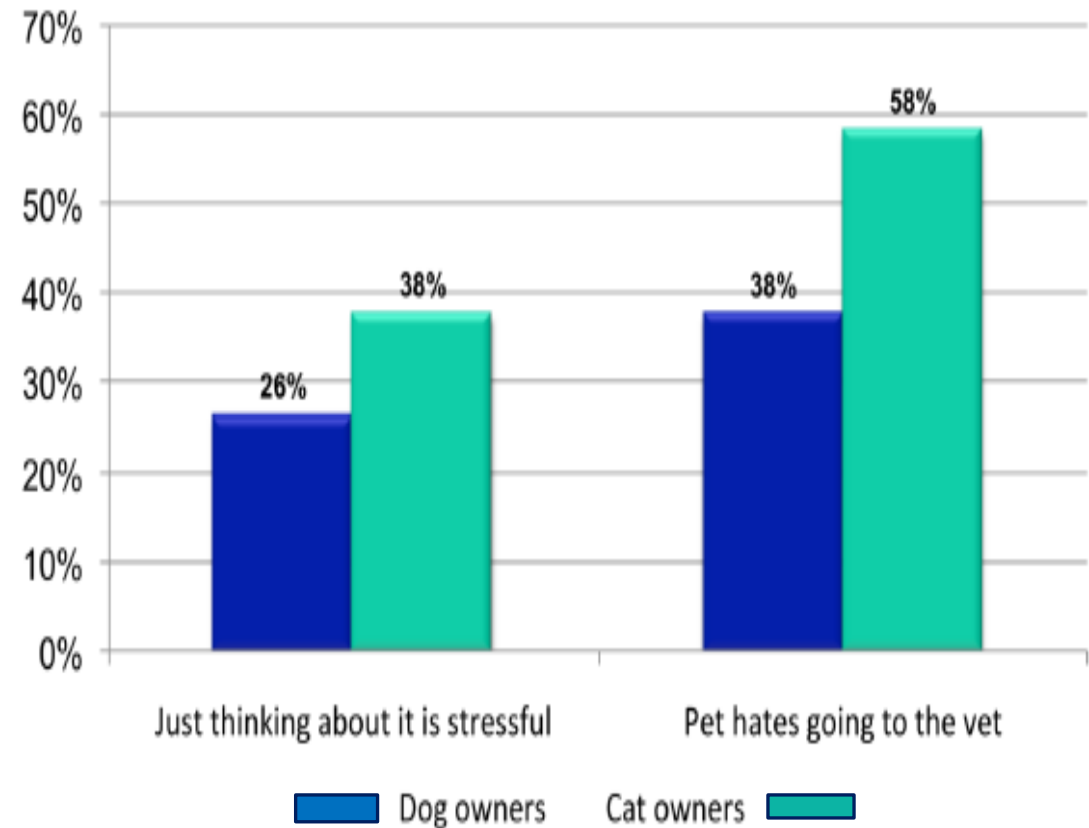
Veterinary Fear, Anxiety, Stress – Overview



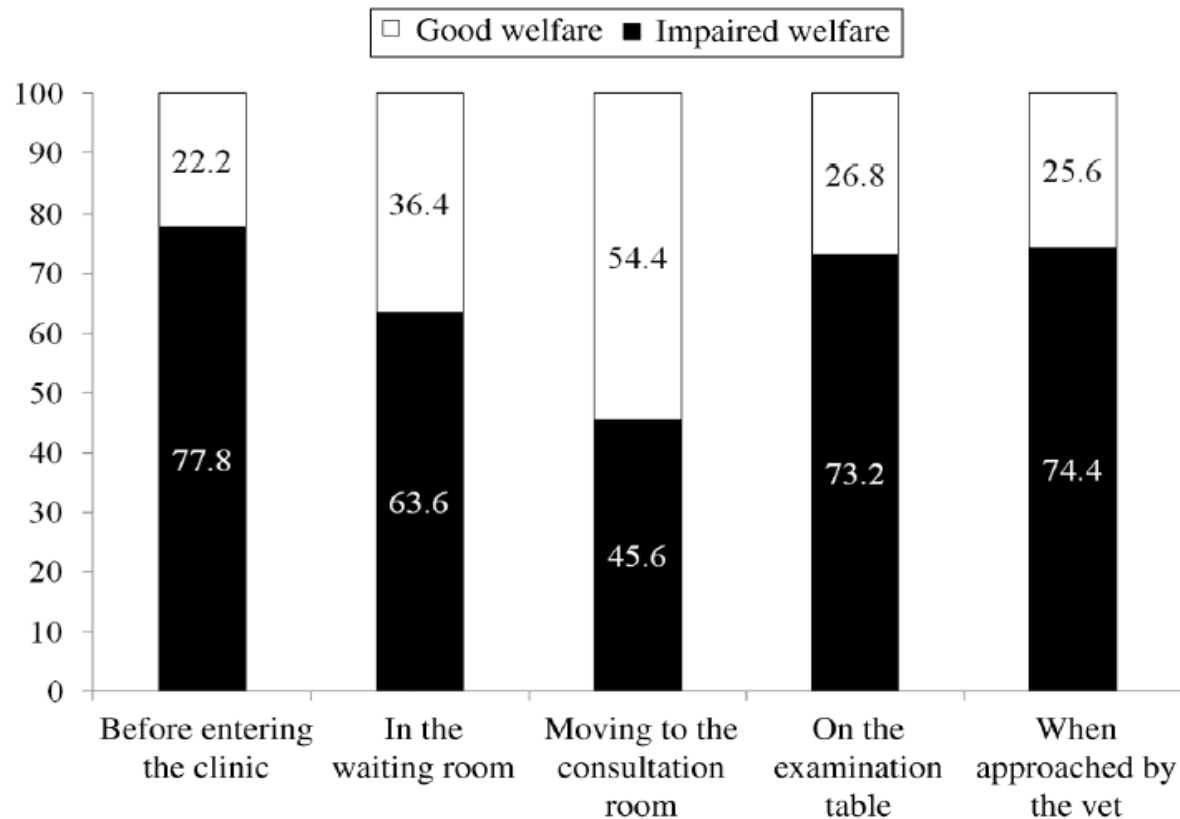
- The Science: Prevalence and Consequences
 - [Fearfreepets.com/fear-free-research](https://fearfreepets.com/fear-free-research)
- Low stress – Cat Friendly – Fear Free
 - Home to Hospital to Home Again
- Read, Recognize and Respond
- Managing Fear, Anxiety, Stress (FAS) and Pain (FASP)
 - Revise and Reschedule
 - Don't wait – If you can't abate - Medicate

Why Fear Free?

- FAS obstacles to pet care and good health
- 51% dogs/cats hate going to vet (2014)
- Would visit more frequently if less stressful
 - 22% dog owners / 28% cat owners
- 18% change vets due to attitude to pet
- Decrease FAS
 - Increased frequency of care
 - Increased compliance

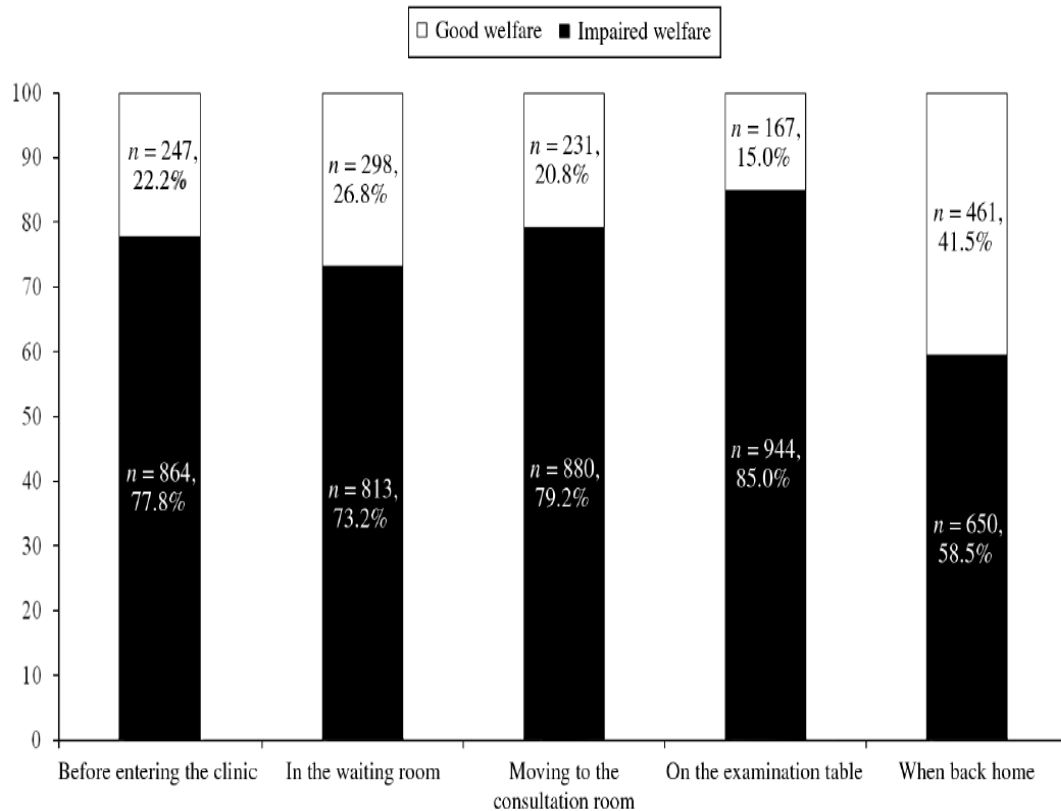


Dogs: Home to Hospital



- Fear - 86.6% - 22% severe
- Aggressive - 37.3% - 8.1% severe
- Fearful / indifferent puppy visit - increase fear
- Positive experience – less fear
- White coat: CBC, HR, BP, Temp, BP, pant, catecholamines, cortisol – sick or stressed?
- Emotional / immune / healing / disease
- Exam room with owner ↓ stress vs treatment
- Pet parent presence – secure vs. nervousness
- Outdoors - ↓ HR / cortisol - ↑ treats, play

Cats - Home to Hospital to Home Again



- 78% before entering - 51% at home
- 60% fear travel
- White coat – cbc, glucose, bp, HR, RR, temp
- Emotional, immune, healing, disease
- Exam room less stress than treatment
- Pet parent - familiarity
- Stressed by carrier / dogs
- Stressed/unfriendly returning home

Why Fear Free[®] – Low Stress Handling[®] – Cat Friendly[®]

- Veterinarians must **care for** the physical, emotional and behavioral well-being of pets and their caregivers - FIRST DO NO HARM
- More manageable, cooperative, happy patients
- Provide optimal preventive / wellness and veterinary health care
- Improve pet emotional, behavioral, and physical health – healing, recovery
- Safer and more efficient environment
- Strengthen client relationships – veterinary care compliance - retention
- Increase patient visits - quality, level and success /fulfillment of care

Health Care Visits - Human vs. Pet

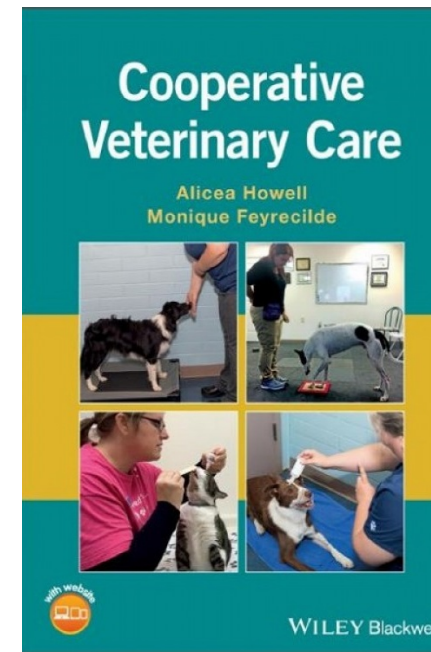
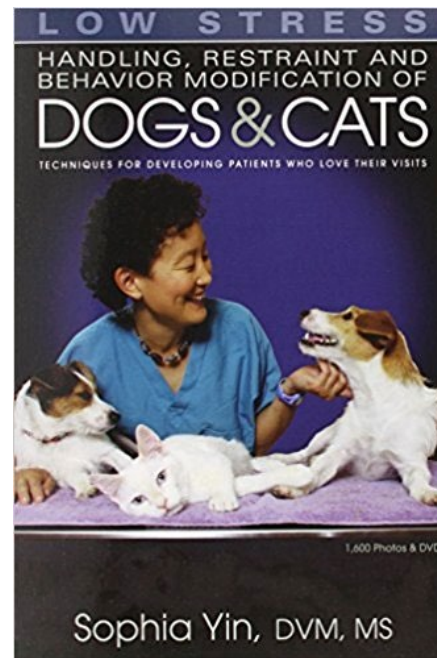
Human Health Care	Pet Veterinary Care
Control – voluntary – choice	No control / choice – to avoid perceived threat
Predictable: where, what, when, how?	Unpredictable: where, what, when, how?
Predictable duration/relief - end ↓ FAS	Unpredictable duration/relief – end - ↓ FAS
Why? Benefits – Knows / wants help	Doesn't know benefits / help
	FUN vs indifferent vs FASP (fear and hurt)



Accentuate the positive, eliminate the negative
and don't mess with somewhere in between

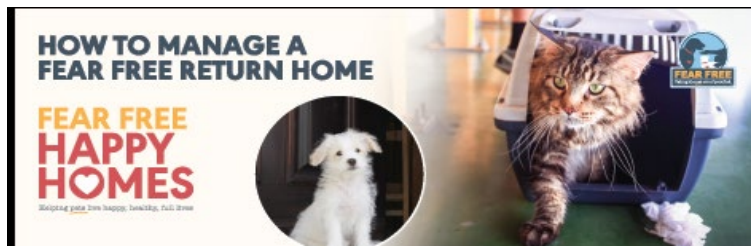
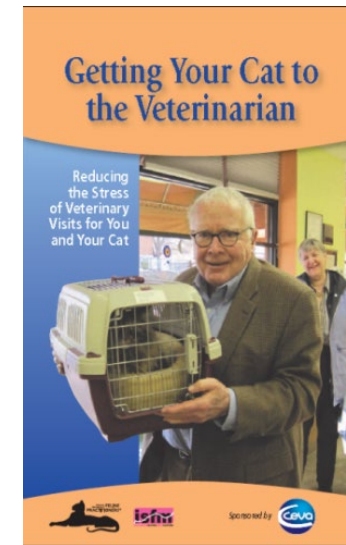
Pet Friendly Resources, Courses and Certification

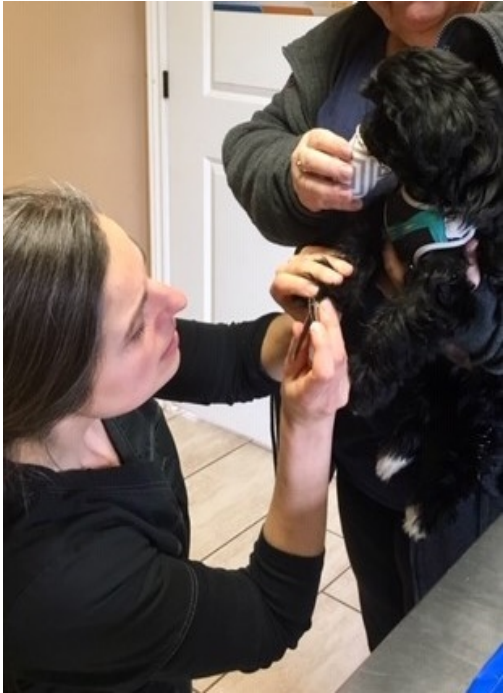
- fearfreepets.com – complimentary vet students / faculty – FFLANDSBERG21 (20% off)
- fearfreehappyhomes.com (free); fearfreeshelters.com (free shelter personnel)
- Lowstresshandling.com
- catfriendly.com
- clickertraining.com
- lauramonacotorelli.com



Home to Hospital to Home Again – Happy Visits Getting there is half the battle ~~is~~ FUN

- Outcomes/associations – social, environment – from 1st visit
 - Carrier / travel
 - Catvets.com, catalystcouncil.org, fearfreehappyhomes.com
 - prevent / positive / pleasant
- Summation of stressors / Trigger stacking
 - Home ⇒ hospital ⇒ exam room ⇒ handling





Accentuate the Positive

- Reward Hierarchy: treat, toy, catnip/silver vine, social
- Positive association / Pleasant – Calm / Comfortable
 - Environment / Social – people / pets
 - Pet parent: secure base, calm, positive, distract
 - Safety: table, rod, cup, toy, syringe, muzzle
 - Emotional contagion – visual, odor, sound

Sights

Sounds

Smells

Taste

Touch

Eliminate the Negative

- Comfort / Secure – Prevent / Avoid / Reduce

Sights

Sounds

Smells

Taste

Touch



Stimulus prevention



Managing Fearful Pets



Managing, Modifying and Medicating Fearful Pets



1. Read, Recognize, Respond – Record

Unable to return to baseline

2. Reset and Resume

3. Reschedule and Revise

Some patients show more signs of FAS, delayed return to baseline

4. Medicate

- Now or next
- Pre-visit
- In-clinic

All patients probably experience some stress, but quickly return to baseline





Cornerstones of Pet Friendly Care

Fear Free principles, practices and terms

- Read, Recognize, Respond - FAS Score, Pain Score, Medical/behavioral record
- **Putting the Treat in Treatment:** Positive practices – Rewards
- **Considerate Approach:** Approach in the calmest, least confrontational way
 - Social and environmental inputs
- **Gentle Control:** Comfortably and safely positioning of the patient
- **Touch gradient:** Progressing from most accepted to intense
- **Happy visits/Victory Visits:** Positive emotional response -Desensitize/Countercondition
- **Medication without hesitation:** Proactive- Preventive – before FAS, pain

Reading and Recognizing – Stop, look, listen

- Monitor / Observe / Recognize - FASP - active vs. passive signs
- Resources, courses, scales – Training, Recognition
 - Pet Parents – children
 - Veterinarians, students
- Behavior Record - likes/dislikes – Pain record
- **FAS ↔ Pain ↔ Fear** – welfare, healing, recovery
- Pain and behavior problems (28-80%)



Fear and Pain Resources

- FAS - FF body language, FF Spectrum
- Maddie's fund, Lilly Chin, Family Dog
- Pain – Glasgow, Grimace, Colorado

CALM or FEAR?

- | | | | |
|---|--|---|--|
|  | C lose Proximity
Patient approaches and never retreats |  | F reeze, Flight, or Fight
Patient becomes stiff, stops moving, moves away, or shows self-defense. |
|  | A ccepts Food and Tactile
Patient accepts food or tactile rewards without pause, even during procedures. |  | E ars and Eyes
Tense muscles pull ears to the side or back. Wide eyes may show whites, dilated pupils. |
|  | L oose Body Language
Relaxed ears, eyes, and body. No stiffness, trembling, or tucked tail. |  | A voidance
Patient avoids eye contact, looks away, turns away, and moves away. |
|  | M outh is Relaxed
Takes treats softly, lips are loose. No vocalizations, panting, or grimace. |  | R efuses Food
Patient will not accept food, or will only accept it after a period of time. |

Figure 4.1 CALM or FEAR? Patient assessment is complex and fluid. Use these basics as a good starting point.

THE SPECTRUM OF FEAR, ANXIETY & STRESS

RED: SEVERE SIGNS - FIGHT/AGGRESSION (FAS 5)

- Offensive aggression: lunging forward, ears forward, tail up, hair may be up on the shoulders, rump, and tail, showing only the front teeth, lip juckers lips pulled forward, tongue tight and thin, pupils possibly dilated or constricted.
- Defensive aggression: hair may be up on the back and rump, dilated pupils, direct eye contact, showing all teeth including molars, body crouched and retreating, tail tucked, ears back.



RED: SEVERE SIGNS - FLIGHT/FREEZE/FRET (FAS 4)

- Flight: ears back, tail tucked, actively trying to escape - slinking away or running, mouth closed or excessive panting - tongue tight instead of loose out of mouth, showing whites of eyes, brow furrowed, pupils dilated.
- Freeze/Fret: tonic immobility, pupils dilated, increased respiratory rate, trembling, some closed mouth, ears back, tail tucked, body hunched.



YELLOW: MODERATE SIGNS (FAS 3)

- Similar to FAS 2 but turning head away, may relax treats for brief moments or take treats roughly, may be hesitant to interact but not completely avoiding interaction.



YELLOW: MODERATE SIGNS (FAS 2)

- Ears slightly back or to the side, tail down but not necessarily completely tucked, furrowed brow, slow movements or unable to settle, fidgeting, attention seeking to owner, panting with a tighter mouth, moderate pupil dilation.



GREEN: MILD/SUBTLE SIGNS (FAS 1)

- Lip licking, avoids eye contact, turns head away without moving away, lifts paw, partially dilated pupils, slight panting but commissure of lips are relaxed.



GREEN: ALERT/EXCITED/ANXIOUS? (FAS 0-1)

- Tail up higher, looking directly, mouth closed, eyes more intense, more pupil dilation, brow tense, hair may be just slightly up on the back and tail, may be expectant and excited or highly aroused.



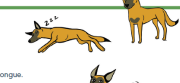
GREEN: PERKED/INTERESTED/ANXIOUS? (FAS 0-1)

- Looking directly but not intensely, tail up slightly, mouth open slightly but loose lips, ears perked forward, slight pupil dilation.



GREEN: RELAXED (FAS 0)

- Sleeping.
- Neutral: ears in neutral position, not perked forward, brow soft, eyes soft, mouth closed but lips relaxed, body loose, tail carriage neutral, pupils normal dilation.
- Friendly greeting: slow back and forth tail and butt wags, ears just slightly back, relaxed brow and eyes, may have mouth slightly open with relaxed lips and loose tongue.



THE SPECTRUM OF FEAR, ANXIETY & STRESS

RED: SEVERE SIGNS - FIGHT/AGGRESSION (FAS 5)

- Offensive aggression: pupils constricted or dilated, tail leaning forward, ears forward, moving forward, whiskers forward, tail is an inverted L (first inch of tail is horizontal with ground then the tail drops down), rump raised higher than front (on tip toes), staring, may be growling.
- Defensive aggression: ears back, pupils dilated, hunkered down, tail tight or tucked or tail thrashing, whiskers back, rising lips pulled back, staring, furrowed brow, could be sneezing.



RED: SEVERE SIGNS - FLIGHT/FREEZE/FRET (FAS 4)

- Flight: actively trying to escape, pupils dilated, ears back, whiskers back, tail down and bottle brushed, fleeing, turning to look at stimulus.
- Freeze/Fret: tonic immobility, dilated pupils, body flattened and tense, tail tucked, increased respiratory rate, ears back, staring, whiskers back.



YELLOW: MODERATE SIGNS (FAS 2-3)

- Ears further to the side, more pupil dilation but not completely dilated, increase in respiratory rate, brow furrowed, looking at stimulus instead of looking away, tail tight to body, possible tips of tail moving some, whiskers back, body crouched and leaning away.



GREEN: MILD/SUBTLE SIGNS (FAS 1)

- Avoids eye contact, turns head away without moving away, partially dilated pupils, head held just slightly down, slight brow furrowing, whiskers slightly back, ears partially to the side, body shifted slightly away, tail tight with possibly some slight flicking.



GREEN: PERKED/INTERESTED/ANXIOUS? (FAS 0-1)

- Looking directly but not intensely, tail up and winding, mouth closed with loose lips, ears perked forward, whiskers forward, slight pupil dilation.



GREEN: RELAXED (FAS 0)

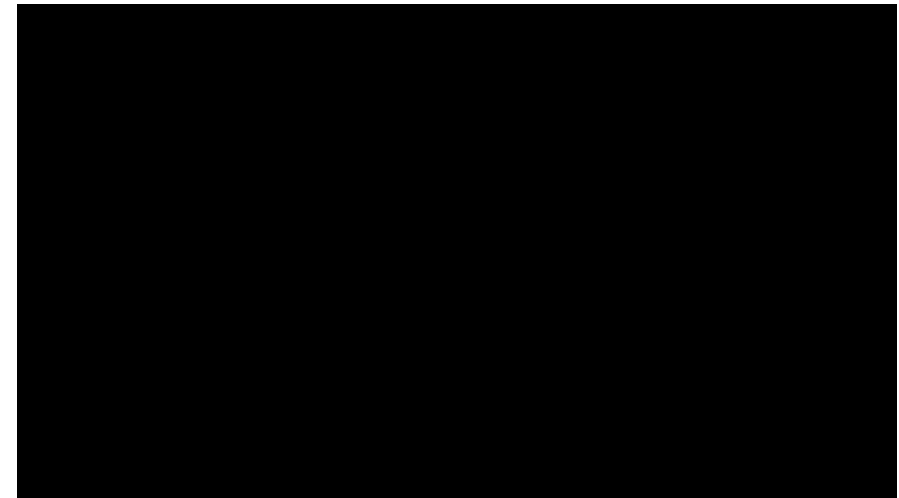
- Sleeping.
- Neutral: ears in neutral position, brow soft, eyes soft, mouth closed with relaxed lips, body loose, tail carriage U-shaped, pupils normal dilation.
- Friendly greeting: tail up and winding, may elevate rear end slightly by standing on toes, ears neutral, forward, or slightly back, might have squinty eyes, brow relaxed, might cheek mark or rub on person or object.





1. Reset and Resume

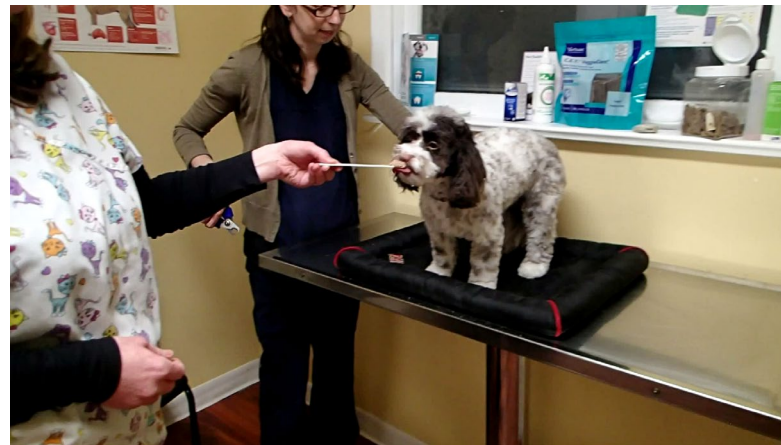
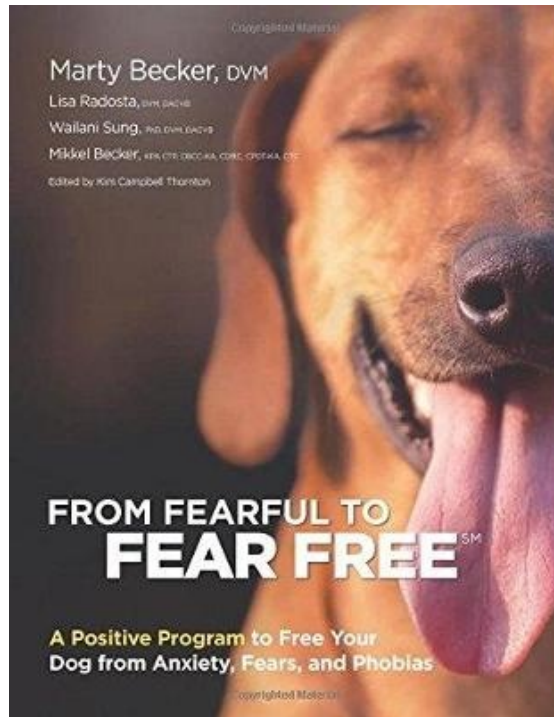
- Recognize - Pause - Re-set / Return to Calm Baseline
- Modify / adjust approach
 - Identify / eliminate negatives / stressors
 - Motivate – treat ladder – distract – cue / reward
 - Considerate Approach – social, environment
 - Gentle Control – Gradient of touch
- Handling Tools - Muzzle, towels, halters, e-collar
- Nutraceuticals / Drugs before next visit



From Fearful



To Fear Free



Positive / Motivate – Gentle / Considerate

Treat / reward menu / ladder – motivate – favored or novel

Classical condition – stimulus – reward / association

Distract – prevent – continuous / frequent – varied / same



Figure 5.3 Level One feline patient.



Mac Animal Hospital

Considerate Approach – Social / Environment

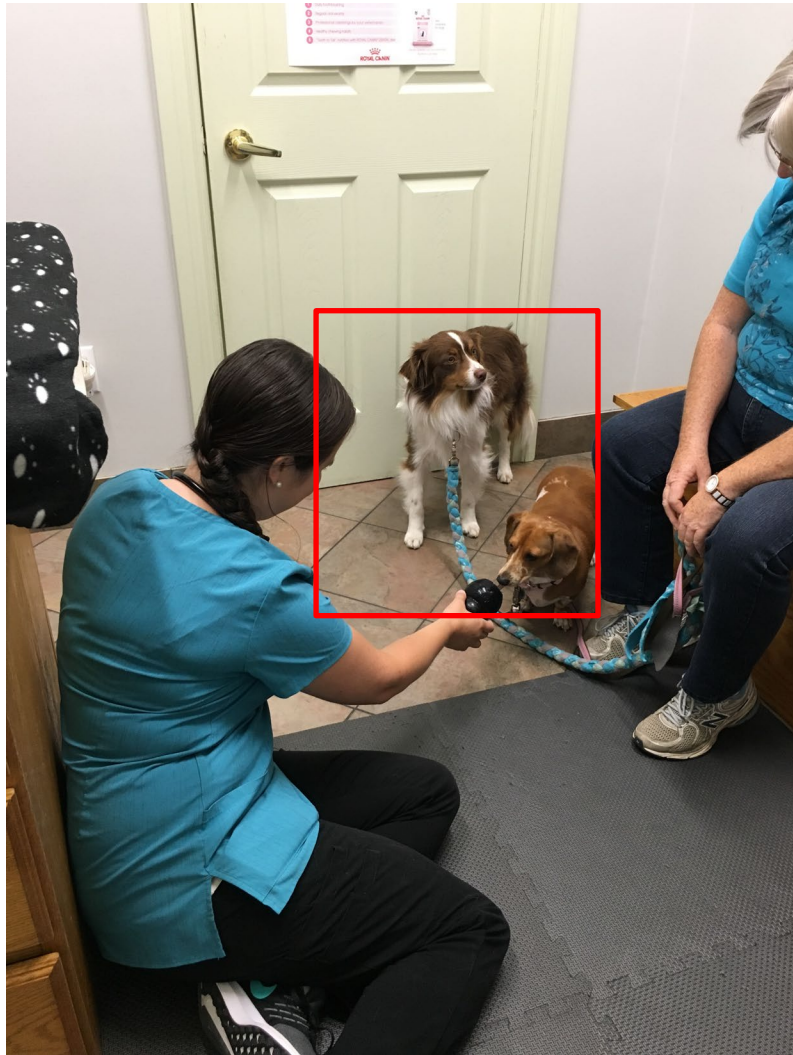
- Pet – voluntary / choice - explore / approach – time
- Entice, motivate, cue – where / how pet wants - reward
- Calm, slow steady – least confrontation - avoid reach / stare – from side



Figure 5.6 Cat following food treats while coming out of the carrier.

Cooperative Veterinary Care, First Edition. Alicea Howell and Monique Freyreclide.
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Companion website: www.wiley.com/go/howell/cooperative

WILEY Blackwell



Lakeshore Veterinary Clinic – Sarnia

Recognize, Reset and Resume



Lakeshore Veterinary Clinic – Sarnia

Recognize, Reset and Resume

Considerate Approach

Cue - Communicate – Pet Control / Choice – Reward – Doggy speak

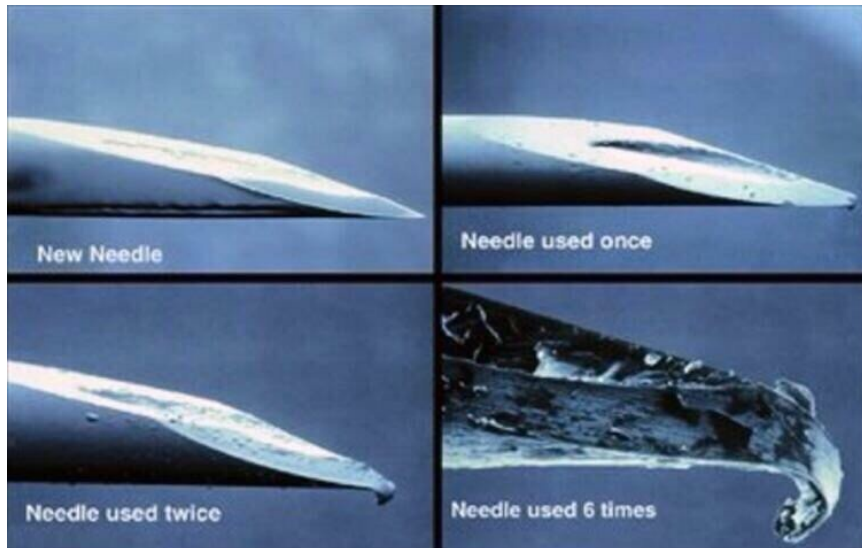
Sit – Touch – Watch - Paw – Mat



Recognize, Reset and Resume

Considerate Environment - Eliminate the negative

- Positive / familiar vs. mask / mute / reduce / comfort / avoid
- Injection – gauge, volume, temp - EMLA

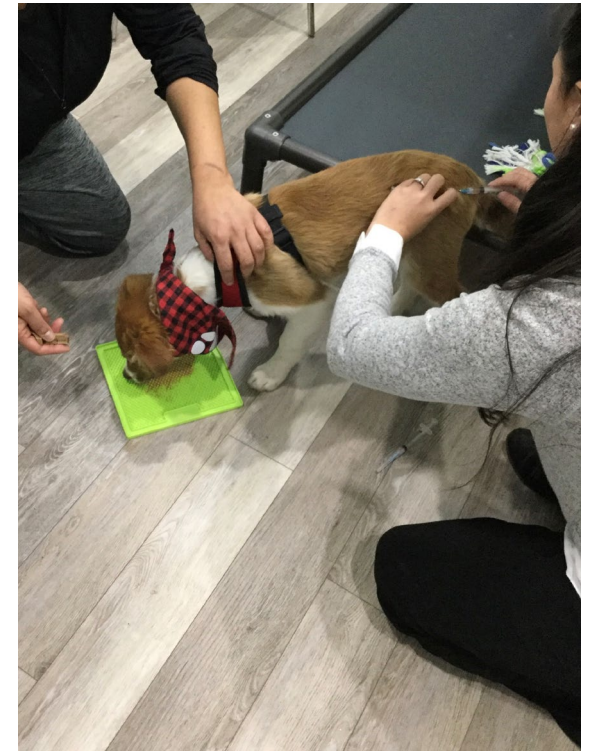


Gentle Control

Comfortable and safe positioning
Handle / Position vs. restrain
What / where / how the pet wants
Gradient – touch, procedures
Management products

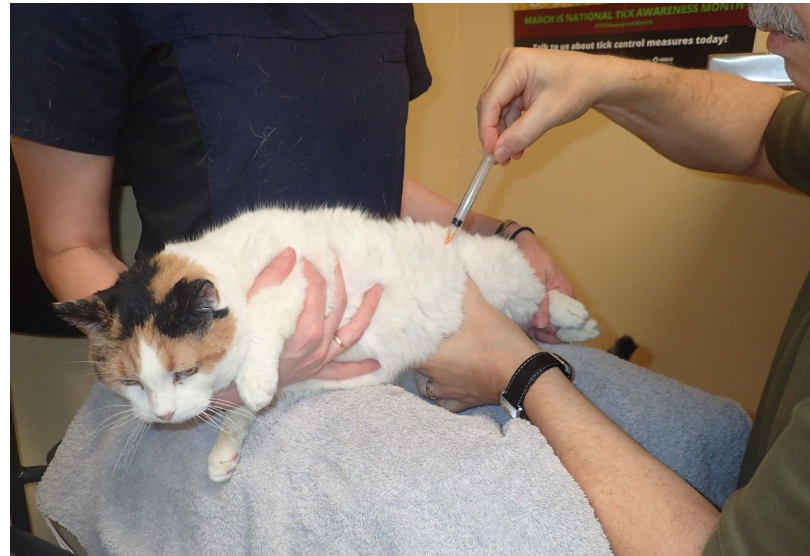
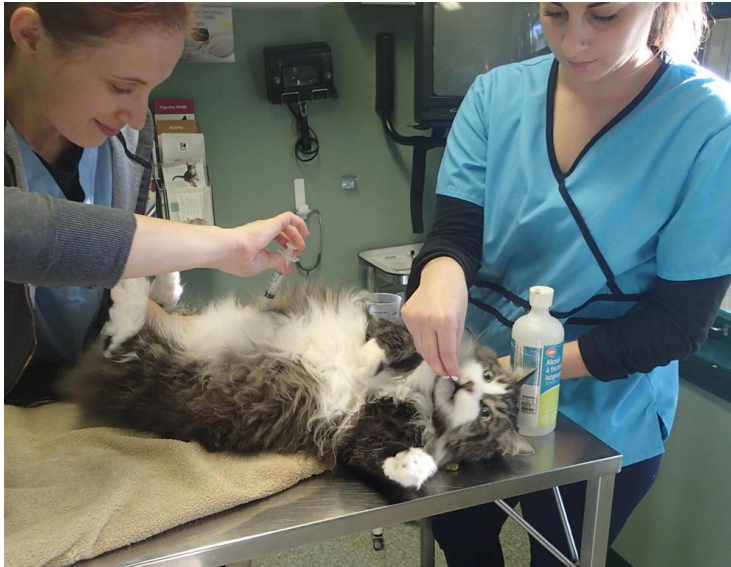


FIGURE 9-7 Examination of an anxious cat in the bottom half of its carrier.



Gentle Control

- Natural positioning – Pet choice - where, how
- Gentle – steady - even – calm



Revise and Resume

- Location / room – pet preference – return to baseline
- Floor, table, lap, exam, outdoors - reward – treat, play

Outdoor exam space for dogs

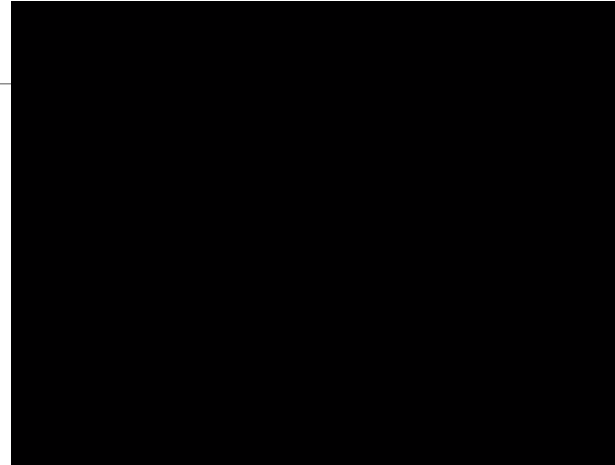


Hardin Valley Animal Hospital - Knoxville, TN



Management Products

Prevent / Safety / Comfort / Gentle
Revise and Resume
Pre-condition – Adapt / revisit
Muzzleup.com



2. Stop - Reschedule and Revise



Moderate to Marked FAS – Stop - Reschedule

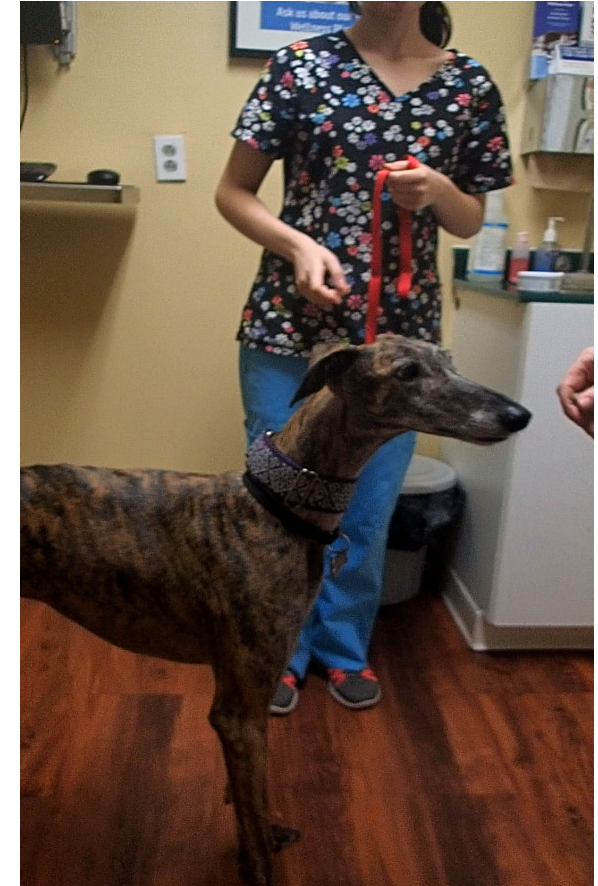
Change plan – Scheduling / Behavior plan / Products

Desensitize/countercondition to procedure, product, clinic

Cooperative Care - to facilitate exam – Touch, Chin, Mat

Support - resources, reinforcement trainer, technician

Pre-visit medication +/- natural – FIRST DO NO HARM



Desensitize / Countercondition

Stimuli / Triggers – social, environment, interactions, tools

Desensitize – Threshold / tolerance

- Stimulus Gradient - Exposure ladder
- Control exposure – Increments - Baby steps

Countercondition

- Positive emotional response
- Reward Hierarchy – pair favored
- Relaxed behavior - operant

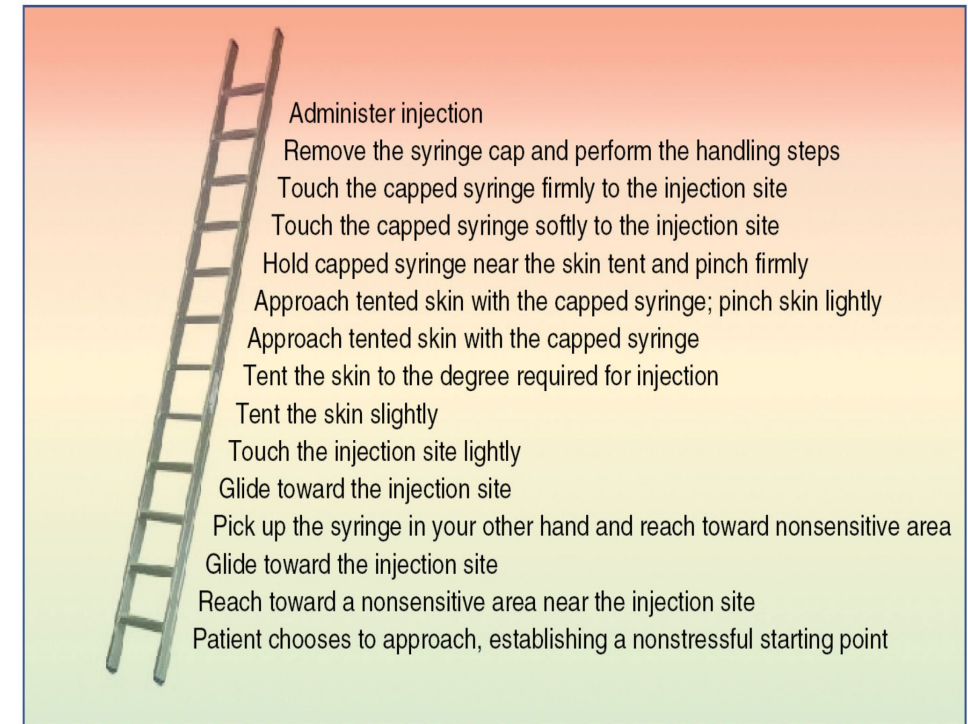
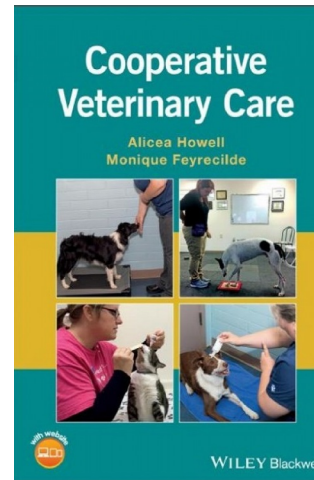


Figure 6.7 Example exposure ladder for injection training.

Stop, Reschedule and Revise



3. If You Can't abate – Medicate

Proactive – Prevent – Alleviate – FASP - sympathetic arousal, emesis

Pre-visit Pharmaceuticals and Complementary / Integrative – travel, veterinary visit

- Health, safety and behavioral welfare of patient, owner, and staff - FIRST DO NO HARM
- Prevent the “Fear Cascade” – trigger stacking – summation of stressors
- Before SAM / HPA activation – autonomic activation – precludes conscious control
- Facilitate positive outcomes / associations – prevent negative – owner perception
- Complete procedures – administer injectable sedation

In clinic medication – immediate where indicated FASP / Procedure

Pre-visit Medications and Natural

Indications

- Known or expected FAS, aggression, pain, emesis
- Procedures requiring sedation, anesthesia, analgesia

Limitations: Extra label – evidence - pharmacokinetics

- Select based on FAS, pain, health, medications, procedures
- Greater FAS / arousal – less effect, higher dose, safety
- Variability – test trial - dose, effect, peak, duration, tolerance
- Natural: plausible scientific mechanism, evidence, measurable

1. Start with single medication in dose range – titrate

2. Change / combine / begin day before – 12+ hours

- Concurrent – pain, emesis, health – contraindications?

Pre-visit Natural and Complementary

Show me the evidence – environmental, topical, oral / functional food

- Olfactory / VNO – pheromones – aromatherapy – catnip/silver vine
- Audible – music - classical, reggae, pet specific, talking book
- Pressure wraps – targeted pulsed electromagnetic (Calmer canine)
- Alpha-casozepine: tryptic hydrolysate of milk protein – Diets, supplement
- L-theanine: structure similar to glutamic acid – alone or combination
- L-tryptophan – ratio to other LNAA – common transporter – Calm / stress diets
- Combinations - Solliquin - Phellodendron, magnolia, whey protein, l-theanine
- Melatonin, valerian, souroubea, fish hydrolysate, probiotic BL999 – CBD?



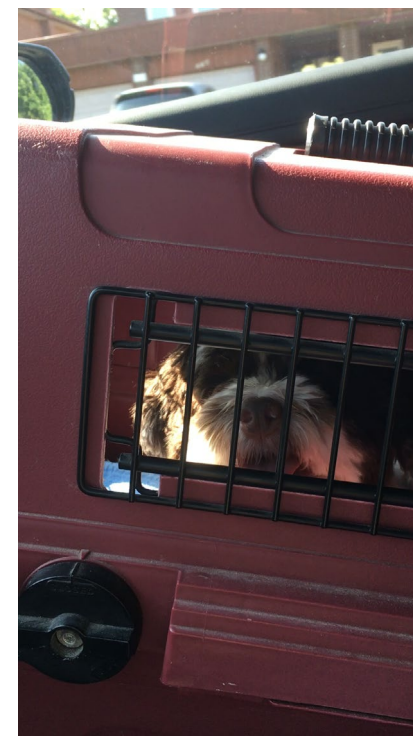
Canine Situational Anxiety Doses

*Veterinary evidence-based study

Drug	Dose	Time in advance	Comment
Trazodone*	3-10 mg/kg	1-2 hrs – delayed by feeding	Caution with serotonin drugs
Dexmedetomidine OMG*	125µg/m ²	20-40 minutes	Condition to dose syringe
Clonidine	0.01-0.05 mg/kg	1-2 hours	Not with alpha-2 agonists
Gabapentin*	10-50 mg/kg	1-2 hours	May begin evening prior
Alprazolam	0.02-0.1 mg/kg	30-60 minutes	
Lorazepam	0.02-0.1 mg/kg	45-90 minutes	
Diazepam	0.5-2 mg/kg	30-60 minutes	
Imepitoin	20-30 mg/kg	2 hours prior	Begin bid 2 days prior

- Insufficient response or high FAS – combine for effects, add sedation (acepromazine 0.5-2 mg/kg) or transmucosal

Trazodone travel



Feline Situational Anxiety Doses

*Veterinary evidence based study

Drug	Dose	Time prior to travel
Trazodone*	50-100 mg/cat	1-2 hours
Gabapentin*	50-100 mg/cat	1 -2 hours before May begin evening prior
Alprazolam	0.01-0.1 mg/kg or .125-0.25 mg/cat	30-60 minutes
Lorazepam	0.02-0.1 mg/kg or 0.25-0.5 mg/cat	45-90 minutes

- Insufficient response or high FAS: Combine, add sedation (acepromazine 0.5-2 mg/kg) or transmucosal

Injectable Sedation

Indications – FAS, aggression, pain, emesis – procedures / recovery

Selection based on ***ASA risk / health, level of FAS, pain, procedure***

Prompt injection with least stress – Pre-emptive / Preventive

Greater fear/arousal at dosing - less effect, higher dose, safety

Pain - ↑ hemodynamic variability, increased stress, slow recovery

Stress - immunosuppression, impaired healing, recovery

Better cooperative and behavior scores – less restraint, personnel, time, cost

In-Clinic Sedation

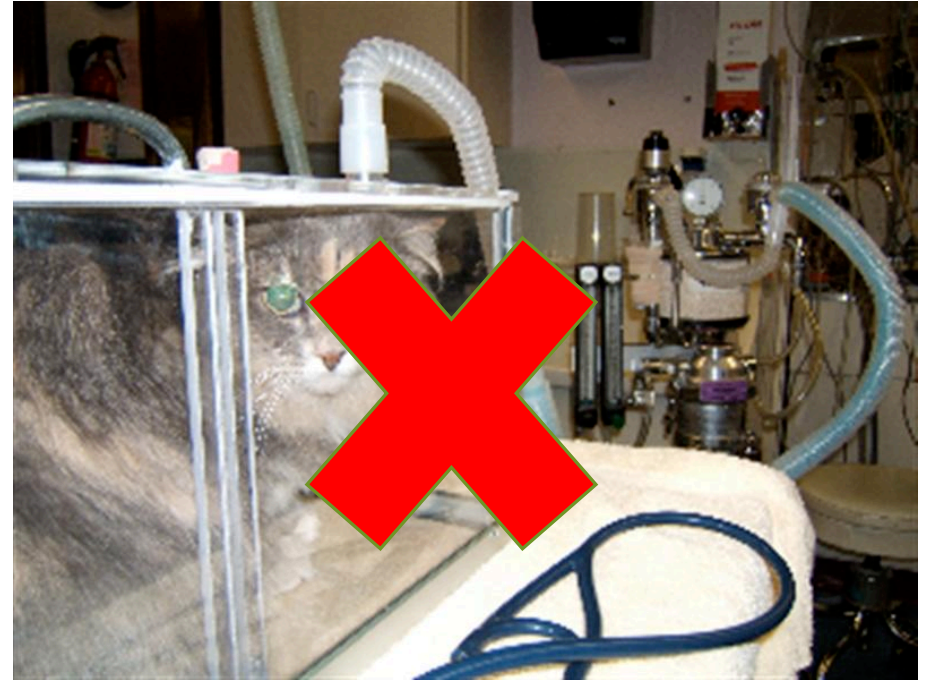
Pet, Owner, Personnel
FASP / Safety
Successful care
Sedation / Pre-anesthesia

Sedation	Butorphanol* Dexmedetomidine +/-Midazolam	0.2 mg/kg (.1-.4) 0.005-0.01 mg/kg dog 0.005-0.015 mg/kg cat 0.2 mg/kg
Greater fear / refractory	Butorphanol* Dexmedetomidine** +/- Midazolam	0.2 mg/kg (.1-.4) 0.01-0.02 mg/kg dog 0.02-0.04 mg/kg cat 0.2 mg/kg
Additional sedation	Ketamine (small dog/cat) Alfaxalone Tiletamine/zolazepam	1-2 mg/kg 0.5-1.0 mg/kg IM 1-2 mg/kg
Geriatric / ill	Butorphanol* + Midazolam	0.2 mg/kg

*Select opioid based on level of pain / hospital use

- Mild: butorphanol; Mild/moderate: buprenorphine
- Moderate/severe: hydromorphone, morphine, methadone

** Or acepromazine (+ midazolam) 0.01 to 0.05 mg/kg - up to .2 mg/kg



Florida Veterinary Behavior Services Dr.
Lisa Radosta

Q & A

Special thanks to our sponsor Nutramax Laboratories



And for videos and photos to Fear Free



- Monique Feyrecilde, Alicea Howell
- Dr. Jonathan Bloom
- Dr. Kelly Moffat
- Laura Monaco Torelli
- Pepper
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