

Fears, Phobias, and Anxieties in Dogs

Basics

OVERVIEW

- Fear is the feeling of apprehension resulting from the nearness of some situation, person, or object presenting an external threat; the response of the autonomic nervous system prepares the body for “freeze, fight, or flight”; as such, it is a normal behavior, essential for adaptation and survival; context determines whether fear response is normal or abnormal/inappropriate; most abnormal reactions are learned and can be unlearned with gradual exposure
- A phobia is a marked, irrational, and excessive fear of a specific stimulus, (such as a sound, animal, situation, person, object); immediate, excessive body reaction and anxiety response is characteristic: the most common phobias are associated with noises (such as thunderstorms or firecrackers)
- Anxiety is the anticipation of future dangers or memory of past danger that results in normal body reactions (known as “physiologic” reactions) and psychological response associated with fear; the original stimulus does not have to be present to cause the dog's response



GENETICS

- Heredity influences the development of fears and phobias, although it is unclear at this time to what extent specific fears (for example, noise) are inherited

SIGNALMENT/DESCRIPTION OF PET

Species

- Dogs

Mean Age and Range

- Fears, phobias, and anxieties can develop at any age

SIGNS/OBSERVED CHANGES IN THE PET

- Hypervigilance (condition of excessive sensitivity to sights and sounds of environment with exaggerated behavior in anticipation of danger)
- Sympathetic autonomic nervous system activation, will cause rapid heart rate, diarrhea, and other signs; the autonomic nervous system is involved in the control of muscles in the heart, blood vessels, gastrointestinal tract, and other organs; it is composed of two parts—the sympathetic and the parasympathetic parts; the two parts

cause opposing responses

- Catatonia (condition characterized by having an immobile, statue-like stance and rigid muscles); “frozen”
- Increased muscle activity
- Urination, defecation, or both
- Destructive behavior
- Excessive barking or whining (vocalization)
- Increased drooling
- Panting
- Hiding
- Trembling
- Attempting to escape
- Fearful body language (for example, hunched appearance, head low, tail tucked, ears back and flattened against head)
- Physical examination findings usually normal, except for self-induced injuries possible

CAUSES

- Inadequate socialization
- Traumatic event (inability to escape stimulus)
- Fearful or anxious dam or sire; possible hereditary
- Illnesses or painful physical conditions
- Cognitive decline

RISK FACTORS

- General—existing fears, anxieties, and phobias; inadequate socialization; re-homing; anxious, fearful, or physically ill mother dog (known as a “dam” or “bitch”); traumatic event, especially when the dog was alone

Treatment

HEALTH CARE

- Typically outpatient
- Inpatient—day boarding or daycare when fear-/phobia-/anxiety-inducing stimulus cannot be avoided, and when the pet is causing self-injury, or when anti-anxiety medication is not yet effective
- Treatment plan includes caregiver education, safety, behavior modification, environmental modification, distraction
- Diagnose and treat any medical condition that may cause pain, discomfort, or changes in mood, as well as any injuries
- Caregivers should not physically manipulate the pet when frightened or hiding; instead, attempt to move/distract the dog with food or a toy; avoid crates, and limit access to potentially harmful things such as wires, windows, doors, water lines
- In public, if the dog has shown aggression when fearful or anxious, use appropriate control devices (such as a Gentle Leader™, Halti™, or a basket muzzle); avoid situations that are triggers for the dog's fearfulness or anxiety; triggers are situations or things to which the dog reacts, leading to fearful or anxious behaviors

BEHAVIOR MODIFICATION

- Avoid stimulus for 2–8 weeks, depending on severity of dog's reaction, while teaching the dog coping skills (for example, “Sit,” “Watch,” “Relax”)
- Set up a safe zone for the dog
- Utilize structured interactions with the owner (for example, dog has to sit for all interactions, such as petting)
- Independence exercises to have sit/down/stay with food/toy
- Avoid coddling the dog when it is fearful or anxious; instead, play with the dog or offer a food or toy
- Absolutely avoid punishment for behavior related to fear, phobia, or anxiety (no yelling, hitting, shock collar, choke collar)

- Desensitization and counter-conditioning—begin after coping tools have been taught; should be attempted with supervision as it can sensitize the dog to the stimulus, causing the behavior to worsen; “desensitization” is the repeated, controlled exposure to the stimulus that usually causes a fearful or anxious response, in such a way that the dog does not respond with the undesirable response; with repeated efforts, the goal is to decrease the dog's undesirable response; “counter-conditioning” is training the dog to perform a positive behavior in place of the negative behavior (in this case, fear or anxiety)—for example, teaching “Sit/stay” and when performed, the dog is rewarded; then when the dog is placed in a situation where it might show the undesirable response, have it “Sit/stay”

ENVIRONMENTAL MODIFICATION

- Create a safe spot where exposure to fear-producing stimuli can be limited
- Consider dayboarding or daycare
- Limit use of a crate, unless the dog is trained to crate and easily enters the crate and does not panic when confined
- Increase exercise
- Rotate toys

ACTIVITY

- Increased exercise will act as environmental enrichment for the pet but will not by itself significantly lower fear/anxiety disorders

Medications

Medications presented in this section are intended to provide general information about possible treatment. The treatment for a particular condition may evolve as medical advances are made; therefore, the medications should not be considered as all inclusive

- It is essential that any drug be prescribed with a complete treatment plan in order to be compliant with the best chance of success
- Any therapy will be long-term, perhaps years and minimum is 6 months with behavioral modification
- Medications that can be used in the treatment of fear, phobias, and anxiety in dogs include tricyclic antidepressants (TCAs), selective serotonin reuptake inhibitors (SSRIs), serotonin antagonist/reuptake inhibitors (SARIs), and benzodiazepines
- TCAs—clomipramine—up to 6 weeks to take effect
- SSRIs—sertraline, fluoxetine—up to 6 weeks to take effect
- SARIs—trazodone
- Alpha 2 agonist—clonidine
- Benzodiazepines—diazepam, clorazepate, alprazolam
- Talk to your pet's veterinarian about the use of these medications, as only two are labeled for dogs by FDA in the United States—so they will discuss their use further since some mood altering drugs have potential to increase agitation, fear and aggression
- Alternative medications include the following supplements: L-theanine product not for those on elimination diets, NoviSAME, Zylkene®, and melatonin; discuss the use of any supplements with your pet's veterinarian

Follow-Up Care

PATIENT MONITORING

- Discuss the treatment plan and the dog's response with your pet's veterinarian at 2-week intervals for the first 6–8 weeks of treatment; typically the treatment plan will need to be modified
- Complete blood count (CBC), biochemistry profile, thyroid (T4 and free T4) levels, and urinalysis should be obtained every 12 months for dogs less than 8 years of age that are receiving daily medication and every 6 months and perhaps more frequently for dogs greater than 8 years of age

PREVENTIONS AND AVOIDANCE

- Proper socialization at 8–12 weeks of age, including puppy classes starting at 8 weeks of age
- Structured relationship between the owner and dog (sit for all interactions)
- Basic obedience training
- Treat traumatic experiences immediately

POSSIBLE COMPLICATIONS

- If left untreated or if treated with medication only, these disorders are likely to progress

EXPECTED COURSE AND PROGNOSIS

- Course of treatment depends on the client's ability to perform behavior modification, suitability of the environment, and response to medication
- Most treatment will be long term, possibly years
- Treatment duration varies from 2 to 12 months, depending on severity and number of problems; only dogs that respond well to behavior modification and environmental modification can be expected to be able to be weaned off medication
- Typically, treatment will continue to some extent throughout the dog's life

Key Points

- The pet is not being spiteful or guilty during episodes of fearful or anxious behavior
- A long course of treatment (possibly years) may be necessary for the dog with fears, phobias, and anxieties; most likely conditions can be managed but will not be cured
- Signs indicating the stress response may be subtle
- Early treatment with behavioral and environmental modifications and medication is key; if left untreated or treated with medication alone, these disorders are likely to progress
- Avoid reassuring the dog when it is experiencing fear or anxiety; the dog may interpret this as a reward for its behavior
- Absolutely avoid punishment for behavior related to fear, phobia, or anxiety
- Sometimes senior dog cognitive changes can present as new fears and anxieties