

Behaviour therapy report

**Dog’s name**: Bruce

 **Client**: owner

**Introduction**

Dear owner,

We met to work through the problems as laid out in your initial consultation. You have been having problems with Bruce who sounds like he is showing signs of Canine Cognitive Dysfunction (CCD). CCD a dementia-like syndrome that occurs in approximately 15% of older dogs.

During our session we laid out a plan of action to resolve these issues and discuss if this is CCD in action or just the results of possible pain, a change in activity levels and environmental triggers. This report aims to sum up our strategies.

**Background**

1. Early socialisation and rehoming history

You rehomed Bruce when 8 months of age as original owner’s emigrated. He settled in with no issues. He has been socialised well and has had an active life, which has now declined due to some pain issues/ligament snapped (see below) and with his increasing age.

1. Medical history

Bruce ’s cruciate ligament snapped on rear left leg and he has had three non-malignant masses removed from gum, lip and foot (April 2019). It was thought that the barking was brought on by a severe episode of diarrhoea (see below). Bruce is on supplements for any pain and you are discussing the potential use of the drug selegiline to help improve any decline in cognitive function.

#### The motivation - history of the behaviour

The origins and developments of any behaviour can come from three factors:

* The predisposing factors: those that made your dog most likely to be showing the behaviours that he is currently displaying now.
* The initiating factors: these are the initial triggers which started the very first incidences of the behaviour.
* The maintaining factors: these are the main factors currently supporting the existence of the behaviour.

Predisposing Factors:

It’s possible that his behaviour could be a result of a decline in health due to age and pain issues as discussed above.

Initiating Factors:

You noticed Bruce ’s behaviour first after a serious episode of diarrhoea (as above) this with a combination of change of routine due to age and health issues (less exercise leading to restlessness particularly at night) this could be the main initiating factors.

Maintaining Factors:

I feel a lot of Bruce ’s behaviour is maintained by the reduction of exercise in day, some environmental triggers and the possibility of restlessness at night. We did discuss the possibility of his behaviour being reinforced by you coming downstairs every time he barks; however, I feel there is more underlying pain issues and the restlessness as we’ve discussed above.

**Diagnosis**

CCD is a neurological degenerative disorder characterised by gradual cognitive decline and increasing brain pathology. Progression of the clinical signs is very gradual and owners may fail to recognize the dysfunction is happening. Elderly animals are less able to perform a variety of cognitive tasks compared to younger ones, plus mood may be affected and sleep patterns. It can be treated through behavioural modification and training particularly enrichment and thinking about routine, taking nutrition/supplements, pain therapy and possible medication into account.

Although Bruce does show a lot of the signs of CCD, I am unable to come to a full conclusion that it is CCD that is fully contributing to the issues. So, the diagnosis is based on observations of his behaviour and we will be treating as if he has the condition by using behavioural therapy and training to help increase his mental activity particularly in the day and possibly help to increase his independence from you.

To help fully understand the above I will briefly discuss DISHA:

DISHA refers to Disorientation, Interactions that have been altered between pets and their family members or other pets, Sleep-wake cycle changes, House soiling, and Activity Level changes. With further research into brain aging in dogs and cats, behaviourists have recognised additional signs associated with cognitive dysfunction.

An updated list of signs associated with cognitive dysfunction includes:

• Disorientation

• Interactions

• Sleep-wake cycle changes

• House soiling

• Activity levels

• Anxiety

• Learning and memory

Based on the above Bruce shows all or some of the following symptoms:

* Disorientation

Bruce shows signs of absences in the day, seemingly ‘staring into space’ at times.

* Interactions

Bruce has become a little clingier around you both in the day.

* Sleep-wake cycle changes

Bruce is waking up more frequently at night and in the early mornings. There is no real set pattern. In the day he sleeps for a large percentage of the time.

* House soiling

Bruce has soiled at night.

* Activity levels

Bruce shows signs of reduced activity levels in the day.

* Anxiety

Bruce shows no signs of anxiety around people but does appear more anxious when left alone in day. Although he is seemingly panting a lot. However, factors such as anticipation of food and warmth in the house could be more a cause and it is highly unlikely that he is stressed or over aroused by visitors as he is always very friendly and calm around people.

* Learning and memory

Bruce shows no decline in learning however has not been able to recognise you on several occasions when awakening from a long sleep.

**Prognosis**

Based on the training we looked at in the session Bruce will benefit from an increase in mental and physical (low intensity) training in the day, re looking at his structure and changing a few environmental variables. This in conjunction with pain therapy, supplements and possible medication should see an improvement in his behaviour in the upcoming months. I will discuss this more in the behavioural therapy plan. Bruce shows the traits of a dog who needs a job to do, it’s great to see him sniffing so much and we can use this as a positive outlet.

**Conclusion**

Overall, Bruce is a happy dog however shows some decline in cognitive function. It is hard to put a time on how long it will take to see a positive change, however with a few changes to his life style and routine we should see some minor improvements in the next upcoming weeks. If his behaviour and health does decline, we will re-look at the variables and if necessary, modify our plan of action.