

## Dealing with physical, psychiatric problems

Rudy Goldfarb was a lucky dog. He had been rescued by a young professional that lived alone and he was the center of his owner's attention.



**Julie Hass**

Unfortunately, Rudy was also a bad dog. He chased his tail, he bit anyone who interfered with his activities, chewed valuable furniture and clothing, and he would get on the dining room table and growl at the owner as he stood over the owner's dinner. Rudy even refused to share the TV remote with the owner!

Rudy was a 2-year-old Bull Terrier that was in serious trouble

and now he and his distraught owner were in my examination room. The veterinarians and trainers that referred Rudy to my office felt that it was quite likely that he had a neurological condition. After visiting with Mr. Goldfarb and examining the patient we agreed on some preliminary testing, but my initial impression was that Rudy suffered from behavioral disorder.

Actually, I don't like the term "behavioral" since it really doesn't address the idea that these problems are just like psychiatric conditions in people. Psychiatry implies that both the biochemistry of the individual, their neurochemistry and the environment are all integrated. Often psychiatric patients need the benefit of modifying their behavior, changing their environment and require

medications to assist in their treatment. To relegate a dog like Rudy to the category of behavioral problems, something a little training might help, was a vast oversimplification.

As pets have become a bigger part of our lives, their behavioral and psychiatric problems have become more of an issue.

Sometimes the behavioral problems are related to the owner's expectations of a particular pet; for example, a person that lives in the city, with a long work day, getting a herding dog as a apartment pet. Herding dogs are high energy, they want to be busy, they need a job. Left to their own devices, they are going to find other ways to release pent up energy. This may include activities like eating molding, destroying clothes and tearing up furni-

ture. Their behavior needs to be modified through behavioral changes when a new pet of a new human is introduced into the household or when the family moves to a new home. These otherwise normal pets may benefit from training to cope with their new surroundings.

What I would refer to as more "psychiatric" are the problems we see with someone like Rudy: Compulsive and obsessive behaviors like his tail chasing and inappropriate aggression. We see odd compulsive behaviors in cats as well. One such syndrome, we used to think the cats were in pain because they would run through the house screaming and groom excessively. Then we discovered that anticonvulsants and antidepressants treated the condition far more effectively than

pain medication or treatment for skin diseases.

Rudy's veterinary psychiatric therapy did not involve his laying on a couch (he would have eaten the couch anyway). However, just like a human, his therapy did involve modifying his environment, teaching him new ways to behave, teaching his owner how to manage him and the judicious use of medications. Over time, Rudy demonstrated remarkable improvement and lived happily with Mr. Goldfarb.

*Dr. Julie Hass, DVM, MS, is a veterinarian specializing in neurology at Veterinary Care Specialists, located at 205 Rowe Road in Milford Township. She can be reached at (248) 684-0468.*