

Canine Separation Anxiety: A common behavior problem and welfare concern
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Learning Objectives: At the conclusion of this lecture, attendees will be able to:

1. Recognize the clinical signs of canine separation anxiety
2. Design a multifocal treatment plan for management of canine separation anxiety.

Introduction:

Canine separation anxiety is a common behavioral disorder, with signs reported in up to 17% of dogs that obtain regular veterinary care. Separation anxiety is thought to be an extreme consequence of the social nature of dogs and their normal attachment to specific individuals. Lack of early socialized may predispose animals to separation anxiety as dogs from shelters are over-represented. Signs of canine separation anxiety occur when an affected dog is left alone or separated from its “significant person.”

Separation anxiety is expressed by distress vocalization, pacing and orienting toward the door of owner egress, destructiveness, housesoiling (in an otherwise well housetrained dog), hypersalivating, and other signs. Dogs may exhibit one or more of these signs, and may live with other dogs who are not affected. The dog’s behavior when left alone is usually in marked contrast to its behavior in the presence of the owner, when it may never exhibit these misbehaviors. The owner may be unaware that the dog’s behavior is due to an anxiety disorder, and may attribute the behavior to spite. Diagnosis is made on the basis of the behavioral history and the exclusion of differential diagnoses, which may be medical or behavioral. To make a definitive diagnosis, the behavioral signs must be restricted to times when the dog is left alone or separated from its “person.” A web cam may confirm the diagnosis, especially in a multi-dog household, and may be useful in assessing the effectiveness of treatment. A video recording of the dog is useful in helping the client appreciate the severe distress that the affected dog is experiencing.

--Clinical signs: Destructiveness

Destructiveness is a common presenting sign that may be very costly to repair. Often the dog’s destructiveness is focused around the door that the owner has exited, but may include other sites of egress, including windows and other doors. The moulding around doors or windows may be chewed and clawed, and the door itself may be extensively damaged. Digging may occur at the base of doors, so that carpeting, or other floor covering, is damaged. Articles of clothing, including shoes worn by the owner may be moved to a new location and chewed. Furniture may be chewed and trash cans overturned. The owner may return home to find the appearance of chaos and destruction inside the house where the dog has been left. Dogs left outside may direct their destructiveness toward the outside of doors and windows as they attempt to get inside the house, which is the route of departure of the owner. Dogs left in crates when the owner leaves may exhibit destructiveness by tearing up bedding or newspapers left in the crate or chewing on the bars of the crate or attempting to dig out of the crate, causing self trauma.

Differential diagnoses include general destructiveness, thunderstorm phobia, and territorial behavior. General destructiveness is especially common in young dogs, who may be particularly destructive when unsupervised by the owner. Dogs fearful of noises such as thunderstorms may exhibit destructive behavior when frightened and the owner is gone. Territorial behavior may be manifest as chewing around the front door and adjacent windows, in an attempt to deter postal workers or delivery persons.

--Clinical signs: Housesoiling

Fecal or urinary elimination in the house is a common presenting sign of canine separation anxiety, related to autonomic arousal. If the dog is crated, the dog may have soiled itself with elimination products. Differential diagnoses include inadequate housetraining, male urine marking, noise phobia, gastrointestinal or urinary tract disorders, or seizures. The behavioral history should be investigated to verify that the dog never eliminates in the house unless the owner is absent.

--Clinical signs: Vocalization

Dogs may vocalize within 10 minutes of the owners’ departure and may continue intermittently or unabated, resulting in complaints from neighbors. The vocalizations include plaintive “distress” whining, howling, or barking.

--Clinical signs: Hypersalivation

Profuse hypersalivation may occur as a clinical sign of separation anxiety. In these cases, the owner may return to find the dog's face, chest, and forelimbs soaked with saliva. Dogs left in crates may be standing in a puddle of saliva at the end of the day. The owner often reports excessive water consumption when he or she returns, as the dog compensates for transient dehydration. When hypersalivation occurs only in the owner's absence, it may be considered pathognomonic for canine separation anxiety.

--Clinical signs: Other behaviors

Dogs with separation anxiety may show altered patterns of motor activity for several hours after the owners' departure, in contrast to normal dogs, including ritualized pacing or circling. Some dogs may exhibit decreased motor activity, often described by the owners from cam recordings as "depressed" or "catatonic". Such dogs may seek a special location, such as a closet or under a bed, and remain immobile until the owner's return. Some dogs tremble when left alone; others lick the floor or object continuously or may self-traumatize themselves.

In many cases, dogs with separation anxiety have highly affiliative relationships with their owners. The following traits are frequently observed: The dog remains close to the owner, following him or her about the house, the dog becomes distressed with increasing distance of the owner, such as when retrieving the mail from the mailbox or taking out the trash. The dog may show signs of agitation or depression as the owner prepares to leave. The dog may be anorexic when the owner is absent and may eat only in the presence of the owner.

Environmental and Behavioral Treatment:

--Treatment consists of environmental control, behavior modification, and pharmacotherapy. Best long-term treatment success is obtained when all of these modalities are used.

--Do not punish the dog retrospectively. Punishment will increase the dog's anxiety and will worsen separation anxiety.

--If possible, do not leave the dog alone until medical therapy has been initiated. It may be possible that the dog can be taken with the owner, boarded for the day, or left with a neighbor.

--About 30 minutes before departure, make any household changes, such as turning off lights, turning on the radio, at least 30 minutes prior to departure to avoid these becoming signals. On departure, be low key.

--Leave the dog in a safe place when it cannot harm itself, with a special food-filled toy, such as a rubber "Kong" filled with favored food items, such as cheese, crackers, p-nut butter, etc. When the owner returns,

--Practice independence training when the owner is at home, rewarding the dog for lying on a comfortable dog bed on the floor while the owner sits in a chair, without physical contact. With success, over weeks, the dog should be taught to lie down while the owner goes to another room for gradually longer periods of time, then returns to reward the dog. These exercises should not be linked to departures.

Behavioral Medication

--Appropriate anti-anxiety medication is critical to successful treatment. A daily "baseline" drug (Table 1), such as fluoxetine or clomipramine should be started immediately at a starting dose, then increased within a week. In addition, a situational agent (Table 1) should be given 1-2 hours prior to departure, regardless of the length of departure.

--Recent studies suggest that the GIT plays a role in anxiety. The addition of a "calming probiotic supplement" (Calming Care, Purina) shows efficacy in treatment of canine anxiety and may be helpful in cases of separation anxiety. It may be given with any medication.

Table 1; Drugs commonly used to treat separation anxiety

Generic Name of Drug	Proprietary Name	Baseline, Given Daily	Situational, Given Prior to Departure
Fluoxetine	Reconcile, Prozac	x	
Clomipramine	Clomicalm	x	
Sertraline	Zoloft	x	
Bifidobacterium BL999**	Calming Care	x	
Trazodone	Desyrel		x
BZ Alprazolam	Xanax		x
BZ Lorazepam	Ativan		x
BZ Clonazepam	Klonopin		x
Clonidine	Vasopres		x
Dexmedetomidine gel	Sileo		x

** GIT supplement, not a drug.

Other Resources: (access via <https://scholar.google.com/>)

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