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Having qualified with a Business Degree in Marketing in 1998 Louise was a Business Development Manager with several blue-chip multinational companies. Always having had a passion for animal care, Louise went on to qualify as Veterinary Nurse (BSc) in 2007. Louise spent three years in general veterinary practice where her interests were nutrition, behaviour and geriatrics before joining Royal Canin in 2010. She has brought her experience of the veterinary professions and her business background to assist practices in developing their full retail potential. Over the last number of years, Louise has spoken on behalf of Royal Canin to veterinary organisations on the epidemic of canine and feline obesity and has been a specialist member of Royal Canin's dedicated Weight Management Team since 2014.

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How to encourage management of feline obesity in practice

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ABSTRACT: Feline obesity is a disease the veterinary professional encounters on a daily basis, yet we frequently hear that addressing the disease is more challenging in cats than dogs. Furthermore, obesity in companion animals is now recognised as a chronic incurable disease yet the statistics indicate an increasing trend in overweight and obese cats. The multifactorial causes leading to obesity create challenges in how and who addresses the disease with the client in practice. A whole-practice approach is recommended, involving vets, receptionists and nurses to ensure pet owners receive a consistent message. This article aims to provide guidance, practical solutions for the consult room, how to communicate the problem and follow through with support for clients and patients.

Keywords: Obesity; calories; resources; interactive feeding; Body Condition Scoring (BCS)

Introduction

We know that cats in the wild can be both prey and predator. For our domestic cat, these natural instincts have an influence on both their feeding and exercise, two contributory elements impacting weight management. Furthermore, we now understand that stress, depending on the cat's environmental factors, can be an additional causative factor in feline obesity. So having a knowledge of use and positioning of feline resources is a helpful starting point in advising an owner during a feline weight consultation. Let's briefly review these (*Cats Protection - The Behaviour Guide*, 2017).

Litter – safety is key for the position of the litter area. Ensure the litter tray or unit is not placed in a high-activity area of the home where the cat could be suddenly disturbed and keeping it away from food, water and bedding. Litter trays should be large and deep enough to allow the cat to comfortably turn, toilet and bury their deposits.

Water – cats prefer to drink away from their other resources, in particular food. So some considerations can be: are there multiple water sources

to choose from, where are they positioned in the cat's environment *vis-à-vis* other resources and other cats' needs if it's a multi-cat household? What types of water dispenser are available and at what height levels?

Food – understanding feeding behaviour is an important (Grandjean, 2006) conversation to have with new kitten owners to prevent obesity. The cat when catching prey in the wild will hunt little and often in short bursts of activity at times of its own choosing. So setting meal times as we do for ourselves or even our dogs may not be necessary. Mimicking this natural behaviour can be a key influence in weight management, as was very well illustrated in Dr Ellis and Dr Rowe's *Felix Five a Day* report (2016).

Bedding – the prey instinct of the cat means that having somewhere safe and secure to hide is a valuable resource; consider where bedding is and where the cat chooses to sleep.

At all times ensuring these resources are out of sight from each other and that for each cat there is a minimum of one resource per cat.

Preventing overweight or obesity

Taking the pre-mentioned resource management into consideration can be useful in guiding the cat owner in the area of weight prevention and stress reduction. Early intervention is critical to prevent weight gain and regular kitten weight checks are advised monthly. In an 8.5-year longitudinal study of 80 cats, it was observed that where the cat had an above-ideal bodyweight by the age of one, these cats were at a much higher risk of being overweight throughout adulthood (Serisier, Feugier, Venet, Biourge, & German, 2013).

Dietary change at neutering is also key. Studies show that some cats can become clinically obese within three months of neutering where calorie intake is not addressed (Fettman, 1997). For this reason, post-op neutered weight checks are now very strongly recommended no later than one month following the procedure for both male and female cats.

Focus on energy intake – calorie details

During the management of an overweight or obese cat, focusing on changing calorie intake is the key area RVNs can influence during a weight clinic.

Starting with a detailed history of the cat's current diet and eating habits will help shape the consult and advice provided. Using a food diary or questionnaire (Figure 1) at the outset will provide RVNs

with valuable information and can be very helpful for cat owners to document this history and begin to understand the impact of extra calories.

Given the nature of the obesity disease (Day, 2017; German et al., 2008, 2009) and considering how drastically calories need to be cut to induce weight loss, the use of a specific clinically formulated weight loss diet must be part of the cat's programme (Bissot et al., 2010). Such diets are designed to ensure nutritional balance yet energy restriction to induce weight loss slowly and, more importantly, safely (BSAVA Congress, 2009). Consider using formulations that will best meet the cat's needs, so wet, dry or a combination of both. Studies have indicated that the average rate of weight loss for cats is between 0.5% and 1% per week.

Once a food history is received, take time to interrupt the cat's current calorie intake. To gain an understanding and help communicate with the cat owner, build a picture of calorie content of the "extras" being fed; these could include treats, human food, titbits or rewards. Over time, this can be made easier by building up a quick calorie reference document such as a "Common extras guide" shown in Table 1.

Discuss with the owner what the importance or purpose of providing these additional extras is. Make this the basis of agreeing how the owner can change the feeding habit for a lower-calorie option (Figure 2) or remove it altogether and replace the action of giving an extra with

play or interacting with the cat in a different way.

The PFMA highlights in their Obesity White paper (2014) that 68% of owners use instinct on how much to feed. This is supported by studies indicating the inaccuracy of measuring cups, in particular for small dogs and cats (German et al., 2010). So the message is clear: what is crucial for supporting feline weight management is accurately measured daily food portions which can be achieved using digital food scales. It is important to revisit this point several times throughout the weight loss journey.

Using an accurately measured daily food portion, it is then possible to introduce creative feeding methods. So how can the allowance be used throughout the day to allow the cat to mimic natural hunting behaviour, thus encouraging more mental and physical activity for the cat by "working" for food?

This can be as simple as scattering or hiding kibble for the cat to find. Homemade options can be made using shoe boxes or toilet roll holders as demonstrated in Figure 3, or there is now an array of interactive feeders available for sale, as shown in Figure 4.

Introducing interactive feeding at an early age can be beneficial. Cats will vary and have different preferences, so a suggestion can be to introduce simple methods of interactive feeding initially and then increase the complexity slowly. However, don't give up just because a cat may appear disinterested – try different options to find one that works!

Eating elsewhere

From an RVN's perspective, there may be no magic solution for the cat owner whose cat is visiting neighbouring houses seeking food. However, we can provide valuable support in weight consults by asking a series of guiding questions to help the owner identify a way that can suit them to address the situation. For example:

- Where does the cat go to eat? Does the owner know?
- How can they find out where the cat is going?
- What times does the cat go in and out? How could this be changed?
- If they do know where the cat is going, how can they address this?

WEEKLY DIARY

Week Commencing: _____
 Owner's Name: _____
 Animal's Name: _____



Day	Food Given	Food Eaten	Exercise	Confessions	Comments

Figure 1. Example of a food diary . © ROYAL CANIN®

Table 1. Example of a record of common treats documented from client histories *For demonstration only

Common extras guide		
Treat/extra/human food	Calorie content	Average price
Chicken breast 100 g	157 kcal	£1.00
Dental chew – medium	53 kcal	.33p each
Milk per 100 g	42 kcal	£1 per litre

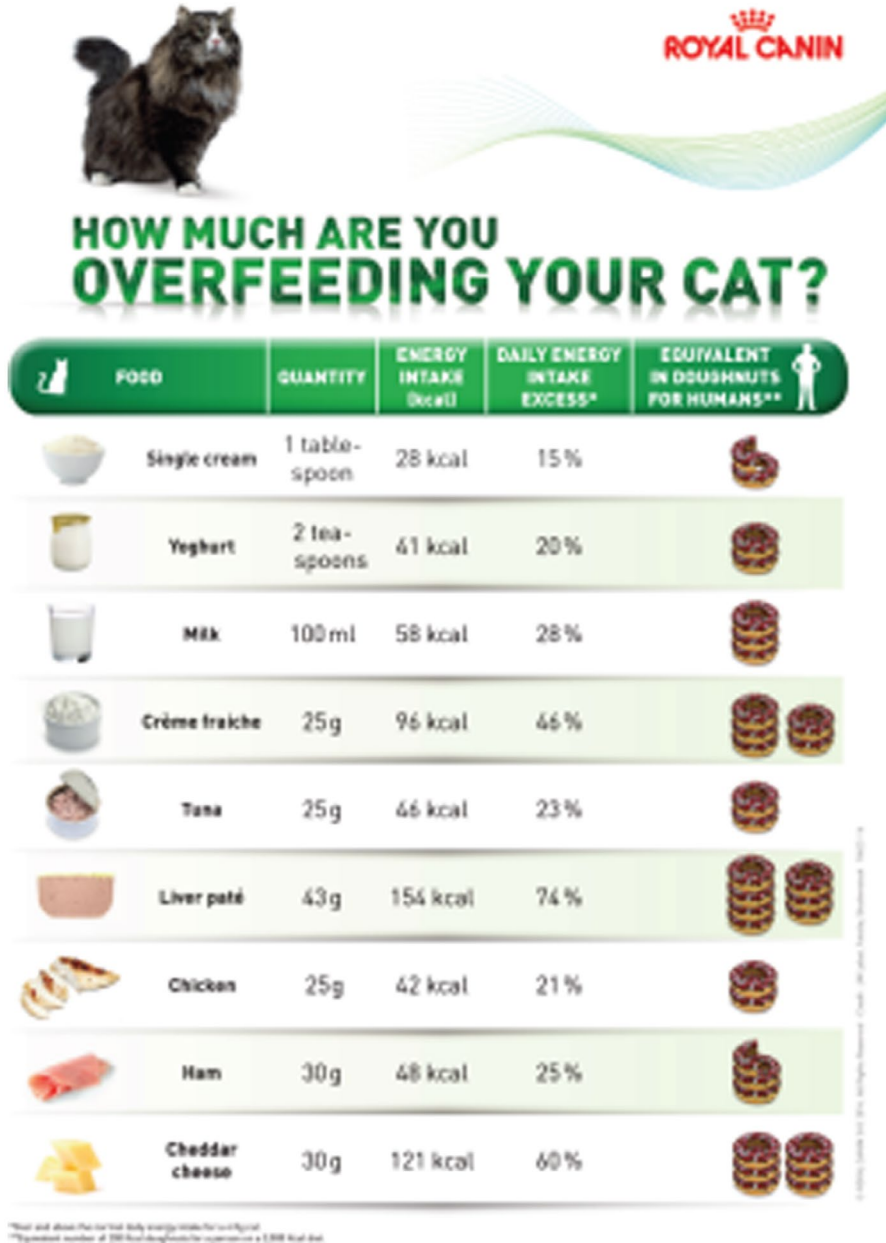


Figure 2. Example of a ROYAL CANIN® calorie content poster. © ROYAL CANIN®

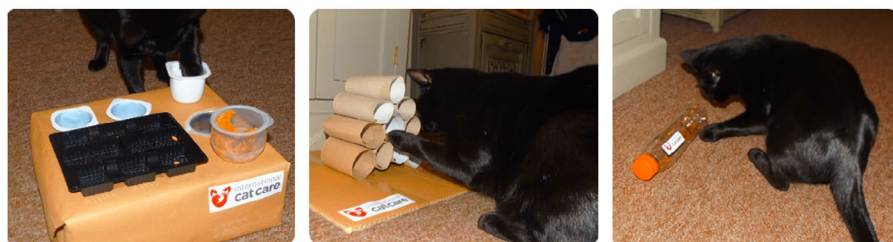


Figure 3. Examples of home-designed interactive feeders. © Dr. Lizzie Rowe of International Cat Care

*International Cat Care <https://indd.adobe.com/view/a0dba2b1-f19b-4a63-ad63-834040e265e8>

- Who do they need to speak to? What do they need to ask of the neighbour?

Identifying the overweight or obese cat

The technique of Body Condition Scoring (BCS) as indicated in Figure 5 is often challenged when it comes to assessing cats due to the continued presence of abdominal distention. To guide us in how to assess feline BCS it is worth analysing the three key areas of BCS. Looking at each of these three areas in turn:

1. Rib palpation – for this first part assess how easy it is to feel the ribs, moving fingers along the ribs in the direction of the hair using a feather light touch. Also understanding the subtle differences between the definitions of:

- BCS 4–5 as “ribs easily palpable”
- BCS 6 “palpable”, usually this requires a slight pressure
- BCS 7 “difficult to palpate”

2. Waist definition – using sight and palpation assess how clearly the waist can be seen and felt and then relating this to the BCS chart paying close attention to the different descriptions
3. Abdominal tuck – using hands-off consulting techniques can allow us to observe a cat if it moves around the consult room and gives an opportunity to assess the abdominal shape.

A helpful communication skill to develop client compliance is to have the owner BCS their cat while in the consult room while using open-ended questions to ask them to describe what they are feeling as they palpate the cat and then guiding them to choosing the most accurate score.

BCS can then be used to quantify the percentage overweight and used to estimate an ideal weight, as indicated in Figure 6.

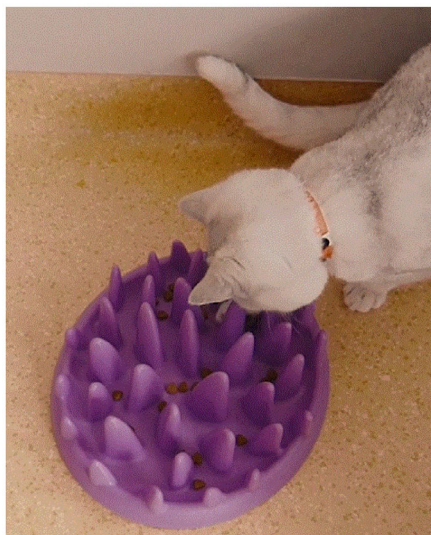


Figure 4. Examples of feline interactive feeders. © ROYAL CANIN®

The exercise factor

We know that overweight and obesity is primarily due to overeating and under-exercising. Understanding the cat's current movement/activity is important to design a specific plan that will work for that cat and its owner (Pibot et al., 2007). Take a full history of how much exercise, movement or play the cat currently does. Build on this history, what new activity can be implemented and what is realistic for the owner and the cat. Always taking into account BCS, any existing illnesses or injuries, age and physical capabilities and environment. Consider discussing what environmental enrichments could encourage exercise, for example with a knowledge of the resources discussed at the outset of the article, how could these

be changed to create more movement but also suit the cat's natural behaviours? This, for example, could be interactive feeding, using cat scratchers/climbing posts, repositioning beds, food and water.

As a general guide, recommend short play sessions of 2 min twice daily is a reasonable time for a cat to be engaged with a toy they like. Find toys that will interest the cat and remember to alternate them to keep the cat interested.

Making the feline weight consult unique and with added benefits for the patient and owner

A feline weight consult is an excellent opportunity to build a calm, positive relationship between the cat and coming to the veterinary practice.

Set up the consult for success by educating owners on how to reduce stress before travelling to the clinic. Organise a consult room to be feline-friendly, using pheromone diffusers like Feliway®.

Hands off weighing. To encourage the cat from the carrier to the scales potentially without any handling, ensure cat scales are on the consult room table PRIOR to the cat coming into the room. Have the scales covered (and reset!) with a nonslip material such as a piece of vet bed. Position the cat carrier so the front opening is facing the scales and where possible remove both the cover and door of the carrier.

Write it down. RVN time is precious; to add value to weight consults, ensure the advice being provided is written down for the owner. Also it is only human that clients do not remember everything we say so documenting the following will support client compliance:

- Weight/BCS/measurements
- Daily calorie intake required for weight loss
- Specific feeding amounts of recommended diets
- Reduction/changing of treats/extras
- Using a digital food scales
- Recommendations of interactive feeders – keep a record of what has been tried
- Exercise recommendations
- Date and time of next consult

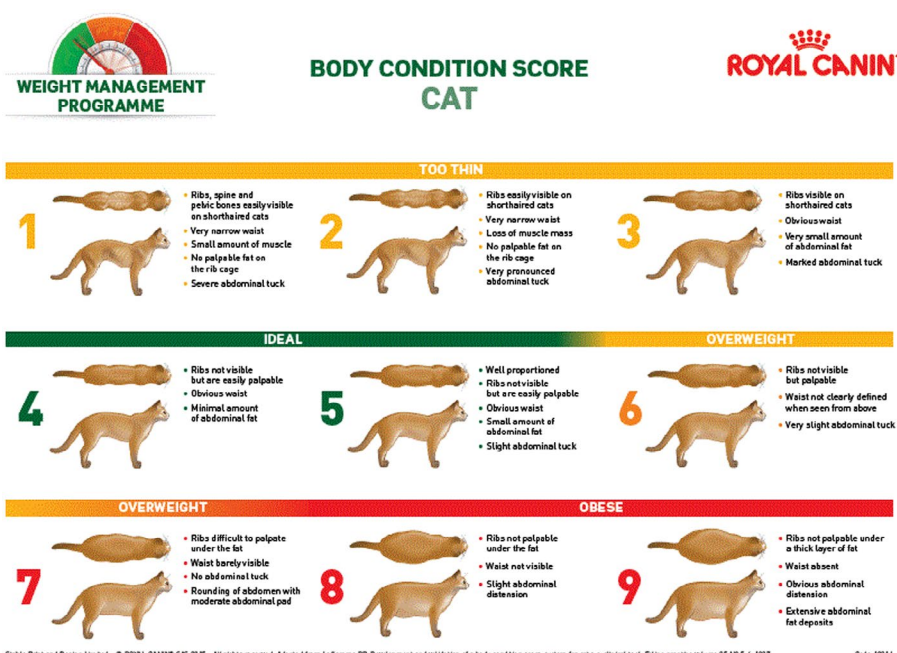


Figure 5. Nine-point feline Body Condition Score chart. © ROYAL CANIN®

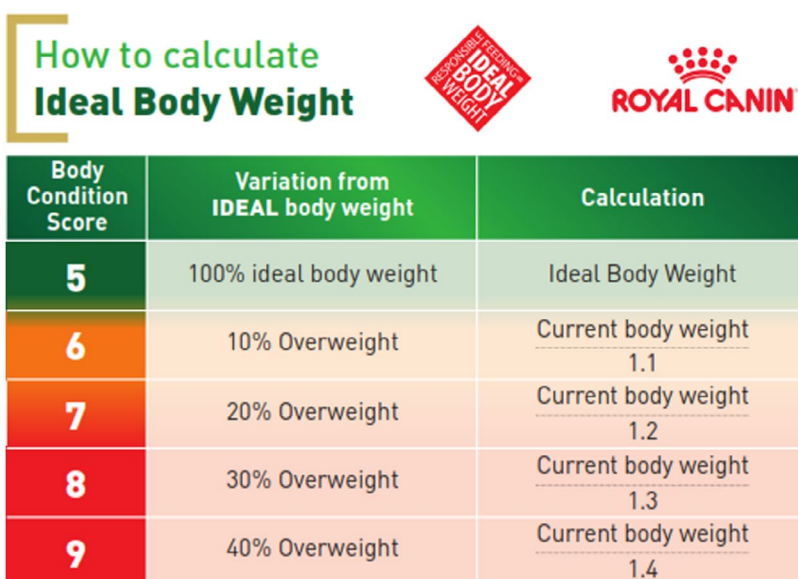


Figure 6. How to calculate ideal body weight. © ROYAL CANIN®

cats has traditionally been thought of as challenging and as the epidemic continues to rise we have a duty of care to address the disease and follow through with management as we would other conditions seen in veterinary practice.

Disclosure statement

The ROYAL CANIN® Weight Management Team are funded by ROYAL CANIN® and are a team dedicated to the reduction of overweight and obesity in cats and dogs in the UK and Ireland. For more information ROYAL CANIN® have designed a Weight Management Academy to support vets, nurses and receptionists deal with the pet obesity epidemic. To learn more about the Academy please contact your local ROYAL CANIN® Veterinary Business Manager. Material produced and copyrighted by ROYAL CANIN and not for reproduction

References

Bissot, T., Servet, E., Vidal, S., Deboise, M., Sergheraert, R., Egron, G., ... German, A. J. (2010). Novel dietary strategies can improve the outcome of weight loss programmes in

obese client-owned cats. *Journal of Feline Medicine and Surgery*, 12, 104–112.

BSAVA Congress (2009). Tackling obesity in dogs and cats. *Veterinary Record*, 164, 542–543.

Cats Protection – The Behaviour Guide. 2017 Edition. <https://www.cats.org.uk/cat-care/cat-behaviour-hub/behaviour-guide>

Day, M. J. (2017). One health approach to preventing obesity in people and their pets. *Journal of Comparative Pathology*, 156, 293–295.

Ellis, S., & Rowe, L. (2016). Retrieved from https://icatcare.org/sites/default/files/PDF/five-a-day_felix_report_final.pdf <https://icatcare.org/advice/general-care/keeping-your-cat-healthy/feeding-your-cat-or-kitten>

Fettman, M. J. (1997). Effects of neutering on bodyweight, metabolic rate and glucose tolerance of domestic cats. *Research in Veterinary Science*, 62, 131–136.

German, A. J., Holden, S., Bissot, T., Morris, P. J. & Biourge, V. (2008). Changes in body composition during weight loss in obese client-owned cats: Loss of lean tissue mass correlates with overall percentage of weight lost. *Journal of Feline Medicine and Surgery*, 10, 452–459.

German, A. J., Hervera, M., Hunter, L., Holden, S. L., Morris, P. J., Biourge, V., & Trayhurn, P. (2009). *Improvements in insulin*

resistance and education in plasma inflammatory adipokines after weight loss in obese dogs.

German, A. J., Holden, S. L., Mason, S. L., Bryner, C., Bouldoires, C., Morris, P. J., ... & Biourge, V. (2010). Imprecision when using measuring cups to weigh out extruded dry kibble food. *Journal of Animal Physiology and Animal Nutrition*, 95, 368–373.

German, A. J., & Marti, L. (2008). Feline obesity; epidemiology, pathophysiology and management. *Encyclopedia of Feline Clinical Nutrition*, pp. 3–49.

Grandjean, D. (2006). *Everything you need to know about the role played by nutrients in the health of dogs & cats*. Paris: Royal Canin (Aniwa SAS).

PFMA White Paper: (2014). *Obesity 5 years on*. PFMA.

Pibot, P., Biourge, V., Elliott, D., German, A. J., & Martin, L. (2010). Feline obesity; epidemiology, pathophysiology and management. *Encyclopedia of Feline Clinical Nutrition*, Chapter 1, pp. 4–49.

Serisier, S., Feugier, A., Venet, C., Biourge, V., & German, A. J. (2013). Faster growth rate in ad libitum-fed cats: A risk factor predicting the likelihood of becoming overweight during adulthood. *Journal of Nutritional Science*, 2, 2013e11.

Multiple Choice Questions

1. Mimicking natural hunting behaviour i.e. hunting little and often with short bursts of activity, can be a key influence in weight management.

- (a) True
- (b) False

2. Cats are at higher risk of being overweight throughout adulthood if they:

- (a) Had an above-ideal weight by age one
- (b) Had a below ideal weight by age one
- (c) Had an above ideal weight by age five
- (d) Had a below ideal weight by age five

3. What percentage of owners use instinct when assessing how much

to feed?

- (a) 28%
- (b) 55%
- (c) 68%
- (d) 80%

4. Studies indicate that the average weight loss per week for cats is:

- (a) 2-4%
- (b) 0.5-1%
- (c) 1-1.5%
- (d) 5%

5. Measuring cups are considered an accurate way of measuring food for cats.

- (a) True
- (b) False

6. A body condition score of 6

indicates the cat is how much overweight?

- (a) 40%
- (b) 30%
- (c) 20%
- (d) 10%

7. Short play sessions twice daily of how many minutes are recommended

- (a) 10mins
- (b) 5mins
- (c) 2mins
- (d) 1min

8. 30g of which substance contains 48 cal?

- (a) Ham
- (b) Tuna
- (c) Chicken
- (d) Liver pate

For the answers to the MCQs, please go to: <http://www.bvna.org.uk/publications/veterinary-nursing-journal>