

PICA AND COPROPHAGIA

(Eating Nonfood Items and Eating Feces)

BASICS

OVERVIEW

- Eating of nonfood items (known as “pica”), including eating of feces or bowel movement (known as “coprophagia”)

SIGNALMENT/DESCRIPTION of ANIMAL

Species

- Dogs and cats

Breed Predispositions

- Oriental breeds of cat tend to eat fabrics
- Nursing dogs frequently eat the feces of their puppies; females, whether intact or spayed, are more likely to exhibit coprophagia

SIGNS/OBSERVED CHANGES in the ANIMAL

- Eating of nonfood items (for example, dogs—rocks and feces; cats—fabrics and plastics)
- Bad breath (halitosis), if problem is coprophagia
- Pale moist tissues of the body (mucous membranes) and weakness if the animal has a low red-blood cell count (anemia)
- Thin body condition if signs are accompanied by abnormal digestion or absorption of food (maldigestion or malabsorption)
- Nervous system signs if behavior caused by neurologic disease

CAUSES

Behavioral Causes

- Nest cleaning
- Displacement activity from unavailable herbivore feces
- Responding to punishment, by removing evidence of soiling
- Imitating owners’ behavior—cleaning the nest
- Compulsive behavior
- Attention-seeking behavior

Medical Causes

- Low levels of digestive enzymes produced by the pancreas (known as “exocrine pancreatic insufficiency”)
- Inflammatory bowel disease
- Excessive number of bacteria in the small intestine (known as “small intestinal bacterial overgrowth”)
- Enlarged esophagus (known as “megaesophagus”) and/or narrowing of a section of the esophagus (known as “esophageal stricture”)
- Intestinal parasitism
- Excessive production of thyroid hormone (known as “hyperthyroidism”)
- Diabetes mellitus
- Excessive production of steroids by the adrenal glands (known as “hyperadrenocorticism” or “Cushing’s disease”)
- Dietary deficiencies—unproven
- Drug induced (such as effect of steroids, progestins, phenobarbital)
- Low red-blood cell count (anemia)—iron deficiency, other
- Abnormal digestion or absorption of food (maldigestion or malabsorption; for example, secondary to exocrine pancreatic insufficiency)
- Hunger
- Nervous system disease—primary central nervous system or secondary to abnormal circulation in the liver (portosystemic shunt) in which excessive ammonia builds up in the body, leading to nervous system signs

Drug-induced Causes

- Administration of steroids or progestins frequently leads to increased appetite and excessive eating (polyphagia) in dogs

RISK FACTORS

- Early weaned oriental-breed cats fed low-roughage diets with no access to prey or grass may be at risk for wool eating
- Confinement of dogs in barren yards with no environmental stimulation or enrichment—especially predisposes to coprophagia
- Underlying disease leading to low red-blood cell counts (anemia), abnormal digestion or absorption of food (maldigestion or malabsorption)

TREATMENT

HEALTH CARE

- Varies depending on whether the cause is medical or behavioral
- Treat any underlying disease (such as hormonal problems, gastrointestinal disease, or disorders of the pancreas) and withdraw any drugs that could cause increased appetite (polyphagia)
- Correct any dietary deficiencies
- When no underlying medical cause exists—(1) limit access to nonfood items to prevent animal from eating them; (2) find a safe substitute that the animal can eat; and (3) change the animal's motivation to ingest the nonfood item

TREATMENT of EATING of NONFOOD ITEMS (PICA)

- If pica is attention-getting, muzzle dog to prevent ingestion and ignore attempts to obtain nonfood items
- Fabric chewing in cats can be treated by: (1) removing plastic and woolen clothes from the cat's environment; (2) applying a pungent or bitter taste to objects, which may discourage consumption; (3) feeding a high-roughage diet or tough meat to chew, or providing a garden of grass or catnip to graze on (interactive owner punishment is not recommended and may increase stress and anxiety that underlie compulsive disorders)

TREATMENT of EATING FECES of BOWEL MOVEMENT (COPROPHAGIA)

- Can treat coprophagia in a number of ways—can decrease access to feces by prompt disposal; walk dogs on a leash to facilitate removal from vicinity of feces
- Use a muzzle or head halter on walks; give the dog a food reward when it defecates, thereby counterconditioning it to expect food rather than search for feces; other recommendations, although unsupported by any published data, include feeding a less digestible diet; use of a meat tenderizer or pancreatic enzymes; and sprinkling noxious tasting/smelling substances on feces
- Bitter and hot substances, such as quinine, cayenne pepper, and commercial products (for example, FOR-BID™, Alpar Laboratories, Inc., La Grange, IL) have yielded variable results
- Taste-aversion learning is another potentially effective method; your pet's veterinarian may suggest treating the feces with an agent that makes the pet nauseated for a short period of time and after a few experiences of coprophagy followed by nausea and not feeling well, the dog may learn to avoid eating feces

DIET

- Feed a good quality, balanced diet
- May need high-fiber or roughage diet

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.

- If the problem is a compulsive disorder, the animal's motivation may be changed by administering psychologically active drugs, such as clomipramine, tricyclic antidepressants (TCAs), or selective serotonin reuptake inhibitors (SSRIs)
- Cyproheptadine

FOLLOW-UP CARE

PATIENT MONITORING

- Monitor and record abnormal eating habits to determine if the animal's pica or coprophagia is decreasing
- Discuss progress in controlling abnormal eating habits with your pet's veterinarian in 10–14 days
- If dietary management changes did not markedly improve the problem, further diagnostic testing and/or medication may be needed

PREVENTIONS AND AVOIDANCE

- Limit access to nonfood items to prevent animal from eating them
- Find a safe substitute that the animal can eat
- Remove plastic and woolen material from the cat's environment
- Apply a pungent or bitter taste to objects, which may discourage consumption

POSSIBLE COMPLICATIONS

- Gastrointestinal complications—foreign bodies, diarrhea, vomiting, bad breath (halitosis)

EXPECTED COURSE AND PROGNOSIS

- Realistic expectations must be understood; changing a behavior that has become a habit is very challenging
- Immediate control of a long-standing problem is unlikely

KEY POINTS

- Ignore the behavior as much as possible and avoid rewarding the behavior
- Abnormal behavior should be evaluated by your veterinarian as soon as possible to determine if a physical cause exists

- Treatment may include behavioral modification and psychologically active drugs if no physical cause is identified
- Realistic expectations must be understood; changing a behavior that has become a habit is very challenging

