

Mellow Yellow: Fixes for canine housesoiling problems

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Differential Diagnosis for Housesoiling

- Medical problems
- Inadequate training
- Submissive urination
- Excitement urination
- Marking
- Separation anxiety
- Management-related problems

Table 1

Medical Causes of Fecal Housesoiling

Conditions that result in an increased frequency of defecation or cause inflammation and pain to be associated with the act can lead to housesoiling (Diarrhea, maldigestion, malabsorption, colitis, etc.) Anything that compromises the neurological control of elimination can cause incontinence and housesoiling (peripheral nerve damage, spinal cord disease, infection, inflammation, age-related degenerative disorders). Impaired cognitive function in elderly pets can cause memory loss, confusion, disorientation and poor perception, and housesoiling.

Medical Causes of Urinary Housesoiling

Polyuria, pollakiuria, dysuria or irritation. Housesoiling is often one of the first signs noticed by owners of dogs that have polyuria due to conditions such as renal disease, hyperadrenal disease, diabetes or pyometra. Lower urinary tract infections or inflammation, and irritation caused by cystic calculi typically lead to an urge to urinate more frequently. Problems such as urinary bladder tumors, large calculi or abdominal masses can result in a decrease in bladder volume and an increased frequency of urination.

Anything that compromises the neurological control of elimination can contribute to housesoiling (tumors, trauma, infection, inflammation and age-related degenerative disorders). Urethral incompetence can be another cause of housesoiling. Impaired cognitive function in some elderly pets can result in housesoiling

Miscellaneous Medical Causes of Housesoiling

Anything that makes it difficult for the pet to get to his elimination area can result in him voiding in the home. Arthritis or weakness can cause the pet to avoid using stairs to the outdoors. Sensory loss can make ambulation difficult, lead to confusion and cause the dog to urinate and defecate indoors. Intolerance to extremes in heat (obesity) or cold (hypothyroidism) may make the pet reluctant to leave the comfortable climate indoors to eliminate outdoors.

Medical Workup

The housesoiling patient should receive a thorough physical and neurologic exam including attention to the pet's state of mental awareness. Pay special attention to the gastrointestinal and urinary systems. Lab tests may include a fecal exam for parasites, urinalysis, serum chemistries, CBC and thyroid function evaluation. Ancillary testing and procedures might include radiographs, adrenal function tests, trypsin-like immunoreactivity and water deprivation testing.

Behavioral History

Once underlying medical problems have been ruled out or treated, some time must be spent gathering historical information to formulate a diagnosis, prognosis and treatment plan. Ask where the pet is housoiling, whether it is urine, stool or both, and get a description of the act of elimination. Any information the owner can provide concerning the initial appearance of the problem may prove to be helpful in understanding the cause of the housoiling. Find out if there were any major changes in the pet's environment, in the family's schedule, or in his relationship with the family preceding the appearance of the housoiling. Diet changes can cause diarrhea, increased frequency of defecation and housoiling. Changing to a high fiber diet may increase the volume of stool produced and a need to defecate more frequently. If the pet is not allowed outdoors more often, he may subsequently defecate in the home. Some medications can cause polyuria or changes in the characteristics of the stool.

Information about the home environment, family members' schedules and individual relationships with the pet will be helpful. If the family schedule results in the pet being left alone for longer than he is able to control elimination, a doggie door or paper training may be necessary. Confinement, supervision and reinforcement of desired behaviors are important parts of the program and should be assigned to individuals depending upon availability and dedication to the pet. Investigate the relationship between the pet and family members to determine the possibility of separation anxiety as an underlying cause. A history of housoiling that started after an abrupt decrease in the amount of time spent with the pet by an owner who has a very close relationship with him may suggest an underlying separation anxiety problem. Anxious behavior when the owner departs and the absence of housoiling when the pet has access to the owner are typical accompanying signs.

If there are specific territorial or anxiety-provoking stimuli that typically precede incidents of urination by a male pet, marking should be a strong consideration. Visits by other pets, visits by owners of pets or visits that are disruptive, such as overnight visits by guests and holiday celebrations, may trigger marking behavior. In most cases, you will find that the pet eliminates out of sight of the family.

General Principles of Houstraining

The main strategies for houstraining involve shaping and rewarding desired behavior, controlling the feeding schedules and controlling the pet's environment in order to prevent elimination in undesirable areas. With patience and consistency, most owners are able to train the pet to eliminate outdoors and avoid eliminating indoors within a couple months.

Teach the desired behavior: Frequently take the pet to the chosen elimination area, mildly praise any sniffing and heartily praise him as he eliminates. Giving a food reward immediately following, before returning indoors.

Feeding schedule: While young puppies tend to eliminate within the first hour after eating, the interval between eating and eliminating can be somewhat longer for adults, as well as more variable. Food should be offered at the same times each day for no longer than 30 minutes. The last meal should be finished three to five hours prior to bedtime. If the pet is more likely to housoil during the day, the morning meal before the family leaves should be very small, or feeding should be limited only to the early evening. Feeding a low fiber diet will reduce the amount of stool produced and may help in some situations. In most cases, water should be available all day, but, unless there are medical reasons not to restrict water intake, water should be taken up an hour prior to departures lasting less than four hours and bedtime.

Confinement/Supervision: Probably the most important consideration is to provide close supervision or confinement for a long enough period of time that eliminating in an appropriate area has been adequately reinforced and the habit of eliminating in inappropriate areas has become extinct. This may take weeks to many months depending on the duration of the problem, the consistency of the family and whether or not the pet was ever houstrained. In general, the pet should not be considered houstrained until he has gone for at least four to eight consecutive weeks without eliminating in an inappropriate area. Until then, he should be within eyesight of a family member 100% of the time. When he can't be watched, he should be confined to a small area or placed outdoors. A leash can be a handy tool to keep the pet within eyesight.

A crate provides an excellent area in which to confine the pet when he cannot be observed. It should not be used for longer than the pet can physically control elimination or for more than four to five hours during the day on a continuous schedule. Older pets sometimes have difficulty adapting to a small

confinement area if this was never used when they were younger. These dogs should be introduced to confinement very gradually. Feeding in the crate, tossing toys in the crate and hiding treats for him to find in the crate should all help adjust the pet to confinement. If the confinement area will be a small room or dog pen in the home, the same techniques can be used, and the owner may also spend some time in the area playing with the pet or simply reading or doing paperwork as the pet rests in the area. If the pet eliminates in inappropriate areas while the family sleeps, but wakes the family if they attempt to crate him at night, they might try tying the pet to the bed on a short leash during the night.

Another consideration is to provide a doggie door so that the pet has ready access to the outdoors. For dogs that soil indoors even when a doggie door is available, the owner should build a small confinement pen around the inside door flap that is just large enough for the pet to rest. Most dogs will then use the door to go outside in order to avoid soiling the sleeping area.

Prevent resoiling: Urine and feces odor must be removed with an effective commercial product. Carpeting should be soaked rather than lightly sprayed. Access to previously soiled areas can be controlled by closing doors or blocking with furniture/gates. The pet can be taught to avoid an area by using a motion-activated alarm. Food, water bowls, bedding or toys can be placed in previously soiled areas in order to discourage elimination at those spots.

Punishment: Physical punishment, harsh scolding and rubbing the pet's nose in urine or feces must be avoided. If the pet is caught in the act of soiling, he should be interrupted with a sharp, novel noise (quick stomp of the foot, handclap, tap on a tabletop or whistle with enough intensity to stop the behavior without frightening the pet.

Submissive Urination

Submissive urination is most commonly seen in puppies, although it may occur at any age. The problem occurs when the pet is confronted with certain gestures or body postures by a person that he perceives to be threatening or socially assertive. Triggers may include approaching, standing over, reaching for the pet, touching him, scolding or attempts to punish him. The pet urinates as he shows signs of submissive signaling, such as ears back, horizontal retraction of lips, tail down, avoidance of eye contact, and cowering. Sometimes the pet will roll onto his side or back while urinating.

The first step in treating submissive urination is to identify and avoid all trigger stimuli. The pet must be approached in a calm, less assertive manner. When greeting a very submissive dog, people may initially need to ignore him, even to the extent of avoiding eye contact. Asking the pet to sit for a treat or fetch a toy during greetings can be very helpful.

Excitement Urination

This problem is similar to submissive urination but accompanying submissive behaviors are absent or less prominent. Treatment is basically the same as for submissive urination. Stimuli for excitement must be removed or changed. The pet should be ignored until he is calm, then should be asked to sit/stay for a treat before petting.

Marking

This problem usually involves an intact male urinating on an upright object. The volume of urine voided is usually less than what is typically voided to empty the bladder. The diagnosis can be confirmed when specific territorial or anxiety-eliciting stimuli consistently precede the act. For example, the owner may have noticed that immediately after barking at a stray dog in the yard, the pet went to the corner of a couch or side of a plant, lifted his leg and voided a small amount of urine.

Consideration should be given to neutering the intact male and preventing exposure to stimuli that elicit urine marking. Preventing the pet from watching other dogs through windows in the home may be helpful. If stray dogs have been marking around doors or windows, all urine residue must be removed from those areas. If the male pet marks when another pet is in estrus, spaying the female may be helpful. New upright objects that are brought into the home should not be placed on the floor until the pet is familiar with them. Setups involving remote corrections may be attempted. An object, such as a suitcase or grocery sack, can be placed in an area where the owner can observe from out of sight. When the pet attempts to mark, the owner can remotely interrupt him by setting off an electronic alarm or

tossing a tin can containing pebbles near the pet. The noise should be aversive enough to stop the behavior but not scare the dog. During training, the owner should closely supervise the pet and confine him when he can't be watched. Medication, such as an SSRI (fluoxetine, paroxetine, sertraline), can be helpful for some pets.

Separation Anxiety

A pet with a very close relationship with his owner may become anxious when he suddenly access. Returning to work after a long stay at home or changes in the owner's work schedule can lead to this type of problem. As the owner prepares to leave, the pet may show signs of pacing, whining, anorexia or depression/withdrawal. These behaviors occur as the pet becomes aware of predeparture cues, such as dressing, putting make up, reaching for keys or picking up a briefcase. When the owner returns, the dog usually exhibits exaggerated greeting behaviors. Separation anxiety can also occur when the owner becomes involved in a relationship or activity that takes a significant amount of attention away from the pet at home (new baby or social relationship). The anxiety becomes the driving force for destructive behavior, self-mutilation, excessive vocalization or housesoiling.

Treatment involves gradually accustoming the pet to absences by the owner. Increased daily exercise and enriching the pet's environment (toys stuffed with treats) or distractions (another pet, radio) may be helpful, although some pets become so anxious that food and distractions are ignored. During the early stages of treatment, a small confinement area, a pet sitter or boarding may be necessary and general principles of housetraining should be followed. Benzodiazepines (clorazepate, alprazolam, diazepam), clonidine, trazodone, selective serotonin reuptake inhibitors (fluoxetine, paroxetine, sertraline), or tricyclic antidepressants (amitriptyline, clomipramine) may be helpful when the anxiety is severe.

The Geriatric Dog

In general, geriatric dogs require access to an elimination area more frequently than younger dogs. Access to a doggie door, a pet sitter or closer observation by the owner may help prevent housesoiling problems from occurring. Arthritis, muscle atrophy and weakness make navigation of stairs more difficult. Ramps and carpeted stairs should make the dog less reluctant to take a trip outdoors. Medication may be necessary to reduce pain and stiffness and make it easier for the pet to get to his elimination area.

Impaired cerebral function can affect the geriatric pet's housetraining by influencing voluntary control of the emptying reflex and by reducing awareness. Loss of voluntary control can result in urge incontinence (the dog has a warning that micturition is about to occur but can't stop it) or unconscious urination (there is no awareness or control). Reduced awareness may also result in the pet being less cognizant of his external environment making him less likely to signal to the owner when he has to eliminate.

A frequent, regular schedule of getting the dog to his elimination area will help. A fixed diet and feeding schedule can also be helpful in preventing problems. Stress should be kept to a minimum. Environmental and social changes should be made gradually. Cold intolerance can be a problem for some older pets. Those dogs should be checked for underlying circulatory problems and hypothyroidism. Anipryl® and b/d Prescription Diet™ may help some pets. For the pet with extensive mental deterioration, confinement to a safe, easily cleaned area may be the only way to manage the housesoiling problem.

Miscellaneous Causes of Housesoiling Problems

Changes in the feeding schedule such that the pet has to eliminate when no one will be available to let him out (moving the meal closer to bedtime or confinement) may lead to housesoiling. Fear of the owner (inappropriate punishment) may cause the pet to avoid approaching the owner to signal when he needs to eliminate. A frightening event that occurred in the pet's elimination area (abuse by a neighbor) or intolerance of inclement weather (thunder, rain, wind, snow) may make the pet hesitant to go outdoors and lead to elimination indoors. Failure to allow the pet to eliminate just prior to confinement can cause a well housetrained pet to eliminate indoors. For example, if the owner was not observant when the pet

was allowed in the yard to eliminate prior to bedtime and the pet spent the allotted time chasing squirrels instead of eliminating, he will likely eliminate in the home during the night.

Reasons A Pet Might Eliminate In Front Of A Family Member

- Lacks physiological control
 - Diarrhea
 - LUTD
 - Incontinence
 - Cognitive problems
- Lacks emotional control
 - Submissive
 - Excited
 - Frightened
- Training
 - Never corrected for soiling in front of family
 - The pet signaled, but the owner was unaware

Summary

Medical causes of housesoiling should first be ruled out. Treatment involves correcting the factors that initiated the problem, rewarding the desired behavior and preventing the undesirable behavior from occurring for a long enough period of time until the habit of eliminating in a desired location is well established. Housesoiling problems usually have a high rate of success, but those due to untreatable medical conditions are not likely to be corrected, merely managed.

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