

OBSESSIVE COMPULSIVE TAIL CHASING DISORDER IN A ST. BERNARD DOG-

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A two year old, male St. Bernard dog was presented at Teaching Veterinary Clinical Complex, Nagpur Veterinary College, Nagpur with a major complaint of apparent obsessive compulsive disorder. Clinical examination does not reveal any abnormalities except for the biting wounds at the tail base. Skin scrapping and faecal examination were found negative for parasitic infestation. Treatment with Clomipramine in combination with Clonazepam brought successful control over tail chasing behaviour.

Keywords: Clomipramine , Clonazepam, Obsessive Compulsive Disorder, Tail Chasing.

Obsessive Compulsive Disorder (OCD) in pet dogs and cats is usually recognised because of compulsive component such as ritualistic or stereotypic behaviours. Stereotypic behaviours are typically defined as repetitive behaviours that appear to serve no obvious function (Low, 2003). Obsessive Compulsive behaviour in dogs can include circling, tail chasing, flank sucking, fence running, fly biting, self mutilation, hair and air biting, pica, vocalising, fabric sucking or chewing (Overall, 1992; Luescher, et al., 1991). These behaviours can range from a mild annoyance to owners to severe behavioural problems. It is mostly seen in active herding breeds of dogs that lack appropriate outlets for exercise and activity, chained or confined at one place.

Tail chasing is a classic compulsive behaviour in dogs. A variant of Tail Chasing is 'spinning', in which the affected dog spins rapidly in tight circles without apparent interest in the tail. Tail Chasing is suggested to have a genetic predisposition as it is more common in certain breeds, such as Bull Terriers, German Shepherds (Luescher, 2003) and Staffordshire Bull Terriers (Burn, 2011).

Case History and Observations

A two year old, male St. Bernard dog was presented at Teaching Veterinary Clinical Complex, Nagpur Veterinary College, Nagpur with a major complaint of continuous spinning movements, tail biting and self mutilating wounds on base of tail over a

month. Physical examination revealed all physiological parameters within normal range. Dog had no history of flea or tick infestation and has been regularly dewormed and vaccinated. Clinical examination does not reveal any abnormalities except for the self mutilated wounds at the base of tail and erythematous lesions around the wounds. Skin scrapping and faecal sample examination were found negative for parasitic infestation.

Treatment and Discussion

The treatment was initiated with Tab. Clomipramine @35 mg (1mg/kg body weight) orally in combination with Tab. Clonazepam @ 3.5mg (0.1mg/kg body weight) orally once daily for three weeks. Additionally, Tab. Anxocare® @ 2 tablets daily for a month was given as an anti-stress and behaviour modifier. Head halters like Elizabeth collars were used to interrupt tail chasing or spinning for a more appropriate response. Owner was advised to have more regular interactions, exercise and routine with the dog in order to reduce or diminish the desire to chase tail or spin. The frequency of medication had to be increased to twice daily from the second week of treatment as satisfactory results were not observed by the owner. Remarkable improvement was noticed after the third week of medication and was further advised to continue the same for a week and followed a routine check-up.

Clomipramine has been found effective in controlling signs of OCD and/or separation anxiety, noise phobia as also reported by Seksel and Lindman (2001). Clonazepam is a novel benzodiazepine that uniquely affects serotonergic neurotransmission. It has a rapid onset of antiobsessive action with accompanying decreases in both depression and anxiety as also recorded by Hewlett *et al.* (1990). Anxocare drug therapy reduces anxiety, aggression or stress, which appears to modify brain neurochemistry by altering the serotonin levels as also narrated by Umesh (2000).

The best prevention is to give the dog adequate attention and exercise, a suitable environment and carefully monitoring. It is necessary to determine what really triggers tail-chasing, to obtain meaningful prevalence of pathological and non-pathological tail-chasing, and to identify the most reliable indicators of whether the behaviour is of welfare concern and in the meantime, awareness of the clinical implications of frequent tail-chasing should be increased in the public domain if the associated canine welfare problems are to be addressed.

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