**Short Communication / Kısa Bilimsel Çalışma**

**Psychogenic alopecia in five cats**

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**Summary:** Psychogenic alopecia in cats is an obsessive-compulsive disorder, leading to displacement behavior. In this paper, observation of the role of behavior disorders in the pathogenesis is targeted. Five indoor cats, with regional alopecia, referred to our clinics. Fluoxetine was used in four cats for 4 weeks in two different doses. One cat had not given any treatments. However, while clinical symptoms were resolved in two cats which used high dosed fluoxetine; no changes had been observed in the others. It was observed that, there had been a definite withdrawal in clinical appearance with the elimination of the potential stressors by the time, in the untreated cat. It was concluded that antidepressants may not be always efficient in the psychogenic alopecia of cats.

**Key words:** Cat, fluoxetine, psychogenic alopecia, stressor

Healthy cats typically spend a great part of each day grooming themselves which is a common displacement behavior in cats (3). Compulsive behaviors associated with dermatologic signs are most commonly classified as grooming compulsive disorders, although some may be neurotic in origin. In feline patients, compulsive behaviors include feline psychogenic alopecia or feline psychogenic dermatitis (5). The condition occurs in cats of any ages, sex and breed. However, it is seen most frequently in Siamese, Burmese, Himalayan and Abyssinian cats (1). The predominant clinical sign is alopecia, particularly in the area of the medial forelegs, caudal abdomen, inguinal region, tail, and, or dorsal lumbar areas in which medical causes have been ruled out (4). Psychogenic alopecia is reported to be more prevalent in strictly indoor cats (3). A geographic alteration, a sudden change in companionship, access to the outdoors, various medical conditions and physiological states, initiate or provoke inappropriate grooming behavior that is excessive, out of context, and leads to depilation and alopecia (3). Cats may then use coping mechanisms such as grooming in response to these situations. In fact, behavior problems are the most common reasons cited by the owners for the surrender or euthanasia of cats (4). Diagnosis is based on the history, physical signs, confirmation of self-induced alopecia and dermatitis, and elimination of physical causes for lesions (1). Pharmacologic support with anxiolytics may be necessary to obtain a clinical response, particularly in cases where sufficient environmental and social modification is problematic (5). Before instituting treatment, it is important to investigate and, if possible, remove the underlying cause of the behavioral disturbance.

Five cats were examined and diagnosed as having psychogenic alopecia because of their underlying emotional, various medical conditional and environmental stressors. Clinical history was noted as excessive grooming that may result from an anxiety. The cats were between 2-9 years old and there were no age and sex predilections. Only one cat breed was Burmese which predisposed to psychogenic alopecia (1), the others were local breeds.
Alopecia as a lesion was observed in the inguinal area, in the back, inside of the tight, the caudal of abdomen and on the back (caudomedial thighs and ventrum with a symmetric alopecia) (Figure 1). Lesions were bright red with no ulceration or secondary infection. Flea bite hypersensitivity; intradermal allergen test, fungal and skin scraping tests were carried out which were all negative. Placing an Elizabeth collar on the cats were resulted in hair grove in previously groomed areas. Four cats were treated with a 30 day course of fluoxetine. 0.5 mg/kg/PO SID had given two of them. The other two cats had given higher dose 1 mg/kg/PO SID to break the habit. There was only one cat which was untreated by any medical therapy.

The most effective treatment, and possibly the only cure, is to remove whatever is causing the emotional stress that leads to the fur pulling behavior. This may be practically impossible in some cases. The retrospective studies reveal that potential stressors in the cat’s environment must be eliminated for psychogenic alopecia to resolve (3). Behavior modification and environmental changes designed to produce a more predictable daily routine should be considered the first line of therapy in the treatment of compulsive disorders. Pharmacotherapy should ordinarily be reserved for those cases that are refractory to conservative management or that involve self mutilation (2). If environmental stresses can not be eliminated, than the cat may have to be maintained on antidepressants continuously.

Figure 1. Extensive symmetrical alopecia on the ventral body surfaces caused by excessive grooming.

Only in two cats, clinical symptoms were resolved after fluoxetine with the dose of 1 mg/kg/PO SID; no changes had been observed in the other fluoxetine with the dose of 0.5 mg/kg/PO SID used cats. The problem was easily solved just by changing the environmental modification as reported by Sawyer et al., (1999), of the cat in which no psychotropic drugs were used.

References

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