



Q & A Session for the Veterinary team – 6th April 2021 Long Term of Sound Sensitivities

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(Please note some of the questions have been re-worded to summarise them and additions have been made to a few of the answers. Where it was felt inappropriate or difficult to answer particular questions in an open forum, the questioners have been contacted individually and offered relevant help and advice.)

Q. How do you desensitise dogs where you can't predict the reaction to random sounds such as wind or lorry noise?

A. EBr: BBC sounds library contains a wide variety of noises you can use for DSCC. You can also record the particular sounds that bother your case and use your own recording. It is also worth noting that once a dog starts to cope better with some sounds that you have worked on specifically, the others may follow. This means you can make a list of all of the problem noises but start by working on the practical ones.

EBa: The ad hoc method discussed in the presentation would work well for unpredictable sounds.

Q. Out of interest, which paper did the 49% displaying fearful behaviour to noise and 15% discuss with vet stats come from?

A. EBa: After checking my references, it was from the following paper: Blackwell E et al (2012) Fear responses to noises in domestic dogs. Prevalence, risk factors and co-occurrence with other, fear related behaviour. Applied Animal Behaviour Science; 145: 15-2

Q. How effective have you found Pexion from personal experience of using it?

A. EBr: I have used it quite a lot, more in cases of generalised anxiety where a dog is reacting to other stimuli as well. I have found it to be effective with some. Some have required additional management medication prior to predicted noise events though. The 30mg/kg dose recommended for sound sensitivity can have quite a sedative effect so I start at a lower dose and titrate upwards. I would consider changing to a different drug if I has not seen a significant response within 2-3 weeks.

CW: I have found it works for some, not others. I have had several that have had adverse reactions to it such as sedation or disinhibition.

Q. How often per week would you recommend DSCC to a client?

A. EBr: I ask my clients to try and do it twice a day for 10-20 minutes per session. It is also worth noting that some dogs are so sensitive to the noises, we have to start with the recording in a different room and with sound proofing around the sound system.



Q. Can you describe how clients perform the ad hoc method as very few in my experience follow through with a two-month desensitisation?

A. EBa: We would always advise planned de-sensitisation and counter conditioning because in controlled settings we can ensure the animal is kept below threshold and calm enough to accept food or engage with play. We can ensure the animal is not exposed to noises at too loud a volume which risks further sensitisation. However, for the ad hoc method, just acknowledge any sound in a cheery voice and then throw some food on the floor or engage them briefly in play. It also worth noting that the ad hoc method should be used for unexpected sounds outside the planned sessions and as prevention, ad hoc conditioning that any loud noises predict the arrival of a positive stimulus, is advisable.

Q. Has the Pexion company sorted supply issues yet? I believe they were advising not to start any new patients on it? What would your first alternative be if can't get Pexion?

A. EBr: We can get some sizes of tablet at work but not others – we would always suggest you check with the manufacturer / your supplier

CW: It would be best to speak to the manufacturers about supply issues. If it is unavailable, via the cascade you could use an SSRI or a TCA.

Q. Sorry if I missed it, battery went and had to reconnect, also was wondering about the link between pain and sound sensitivities....?

A EBa: Pain and disease may have a direct effect on a sound sensitive issue. For example: if a dog's coping strategy is to climb a flight of stairs and hide under a bed but they have developed cruciate disease or spinal pain, they may struggle to avoid the sound as they have before. If they are exposed to it at a greater strength, they may become increasingly sensitised to it.

Equally, pain and disease can also have an indirect effect on a sound case. For example; dental disease can be very painful and pyoderma, very irritating. These issues can affect an animal's emotional health and impact on their ability to tolerate other stimuli, that once perhaps, never bothered them.

A study at Lincoln university revealed that dogs who presented with pain in addition to a sound sensitivity presented at a significantly older age so alarm bells should ring if you have a middle aged or older dog who has a sudden onset or sudden deterioration to a sound issue. If you suspect that pain may be a contributing factor then do a gold standard analgesia trial.

This consists of double-combination analgesia for 4-12 weeks. For example an NSAID + gabapentin. Or NSAID + paracetamol or gabapentin + paracetamol. The reason for the double combination is in case one fails to block that pain pathway, you have a second pathway likely being managed. For most dogs, you will be blocking pain from two separate pathways.

The reason for the extended length of the trial is that some types of pain can take a while to "wind down". In addition there are secondary learned effects of pain so an animal may have



learned associations with pain and a learned anticipation of pain in certain contexts and these secondary effects can take a while to extinguish.

Q. How would you manage a case that presented with pain and sound sensitivity?

A. EBr: I would start with investigating the cause of the pain and consider an analgesia trial. I would also undertake situational management during noise events.

Q. What would be your first-line choice for acute sound sensitivities in terms of pharmacotherapy and why?

A. EBr: If you mean in terms of long term medication, it depends of what your emotional and motivational diagnoses are. I have used Pexion for sound sensitivity in cases where dogs are generally anxious but I might choose a different drug if the dog was reacting more aggressively to other animals/people.

EBa: If you mean for emergency management rather than long term treatment, my first line of choice would be a benzodiazepine trial at a quarter dose. If there are no signs of hyperactivity, I would use the benzo at maximum dose +/- trazodone in addition. The benzo gives you anxiolysis and amnesia (and mild sedation), then trazodone gives you heavier sedation. If the animal is coping better, I would try Sileo before the above combination.

Q. Would a vet need to see a dog for a face to face appointment in order to prescribe medication for sound sensitivity/anxiety or could this be done via an online/remote consult?

A. EBa: I would judge this on a case by case basis but there would have to be a good reason for my not seeing the animal.

EBr: I would usually like to see them in order to give them a health check as some of the medications can have cardiovascular effects etc. I do understand with new COVID guidelines that things may be more flexible. We must also be aware that some of our patients are not easy to examine and so we may need to consider whether a physical exam can be carried out safely.

Q. What are your thoughts on using nutraceuticals (e.g. zylkene, yucalm, anixtane) during DSCC and then reach for psycho-pharmacy for more severe cases or during periods of increased exposure (e.g., bonfire night)?

A. EBa: There is a lack of gold-standard, double blind, placebo controlled trials so I would say there is no evidence for their being effective. However, lack of evidence is not the same as evidence of a lack so perhaps in time this will change. Many nutraceuticals vary in their effects within the body according to how well they are absorbed or metabolised so their effects are less consistent.



EBr: There is a lack of evidence and I do not use them very often, but I do find that some cat owners report that zylkene is effective for them. They can be relatively expensive.

CW: We must also consider how fearful the animal is and if something stronger is required.

Q. As a non-vet how would I go about suggesting Pexion without overstepping? (just unsure why a vet has suggested fluoxetine when Pexion sounds like the obvious solution)

A. EBr: We do not know the details of the case so it is hard to comment specifically. Pexion is relatively new to the market. If I have a severe case and especially if there are other behavioural signs I would be more likely to choose an alternative such as an SSRI. Prescribing is the vet's responsibility, but you can make them aware of the research on Pexion.

Q. Do you often come across cases where the dog doesn't seem to respond to recorded fireworks sounds and how do you approach those cases?

A. EBr: Double check that there is no problem with the sound system first of all. However, I find that with these cases, even if the dog does not appear to react in the same way to the recording as the real sound, if you do the training programme, they appear to learn that they can cope with noise and it can still be effective. I suspect many dogs are aware that these noises are different and there won't be other context cues present e.g. changes in air pressure, it being dark, your closing curtains etc. These are other things we suggest you include when you are further into your behaviour modification plan.

EBa: The sounds scary information advises considering taking your sound system outside and playing the sounds through a window to make it more realistic. There was a comment in one paper that the quality of the recording was less important than the clarity of instructions. This was in the conclusion of the following paper: Levine ED. et al (2007) A prospective study of two self help CD based desensitization and counter-conditioning programmes with the use of dog appeasing pheromone for the treatment of fireworks in dogs (*Canis familiaris*). Applied Animal Behaviour Science; 105, 311-329

Q. Do you have any particular advice for cat owners with these cases?

A. EBr: We don't see many cat cases for sound sensitivities beyond management but there is no reason why the same plan is not possible in a cat, if you find something high enough value to a cat and get your timing correct.

Q. What would you advise to a client who is perhaps pushing their animal above their threshold during DSCC?

A. EBr: Firstly, be specific about the type of reaction you wish to see during training. Perhaps the dog pricking their ears up but no more than that. I sometimes record my dog reacting to a noise and send it to any owner for them to see the very low level of reaction they are aiming for. I would then ask them to record a training session (or see them do one live on zoom) so that I could check for myself how the dog was coping. If I felt the dog was being pushed too hard, I



would have a conversation with them about the fine line that exists between de-sensitising a dog and sensitising it and making them worse.

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Sounds Scary noise recording available@ <https://www.dogstrust.org.uk/help-advice/dog-behaviour-health/sound-therapy-for-pets?fbclid=IwAR2A-pLO3fRbXrqs6fYnVfAWo5oUrpOb72Lq4YT-oH9rH7uFXTt3PiA0YYY>