

WOODVALE PARK

VETERINARY HOSPITAL



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Lack of Appetite

(Anorexia)

Basics

OVERVIEW

- Lack or loss of appetite for food; may be partial or complete lack of appetite; anorexia results in decreased food intake, which then leads to weight loss
- Hunger is aroused by the body's need for food
- “Pseudoanorexia” is difficulty in taking hold of food or swallowing, which results in decreased food intake rather than an actual loss of appetite; “pseudo-” refers to “false,” so the term “pseudoanorexia” is “false lack of appetite”

SIGNALMENT/DESCRIPTION OF PET

Species

- Dogs
- Cats

SIGNS/OBSERVED CHANGES IN THE PET

- Refusal to eat; poor appetite is associated strongly with illness
- Pets with disorders causing dysfunction or pain of the face, neck, back of the mouth/throat (known as the “oropharynx”), and esophagus (the tube from the throat to the stomach) may display interest in food, but cannot eat—these pets are referred to as being “pseudoanorectic”
- Pets lacking sense of smell (known as “anosmia”) often show no sniffing behavior
- Weight loss
- Clinical signs vary depending on the underlying cause; they may include fever; pale gums and other tissues of the body; yellowish discoloration to the gums and moist tissues of the body (known as “jaundice” or “icterus”); pain; changes in organ size; changes in the eyes; abdominal swelling or enlargement; difficulty breathing (known as “dyspnea”); muffled heart and lung sounds; abnormal lung sounds; heart murmurs; and the presence of tumors
- “Pseudoanorectic” pets commonly display weight loss; bad breath (known as “halitosis”); excessive drooling; difficulty in taking hold of food and chewing food; and painful swallowing

CAUSES

Lack or Loss of Appetite (Anorexia)

- Almost any generalized (systemic) disease process can cause lack of appetite (anorexia)
- Psychological lack of appetite—food that is not tasty; food that the pet dislikes or avoids (known as “food aversion”); stress, alterations in routine and environment
- Abnormalities in the pH of the blood and body tissues (known as “acid-base disorders”)
- Heart failure
- Poisons and medications
- Pain
- Hormonal (endocrine) disease and disease caused by accumulation of chemicals or compounds normally produced by the body (known as “metabolic disease”)
- Cancer
- Infectious disease (such as viral or bacterial disease)
- Diseases caused by abnormal immune response (known as “immune-mediated disease”)
- Diseases of the airways and lungs (known as “respiratory disease”) or of the stomach and intestines (known as “gastrointestinal disease”)
- Diseases of the muscles, bones, and nerves
- Lack of appetite related to aging
- Miscellaneous causes, such as motion sickness, high environmental temperature

False Lack of Appetite (Pseudoanorexia)

- Any disease causing pain or difficulty in taking hold of food and chewing food and swallowing
- Inflammation of the mouth (known as “stomatitis”); inflammation of the tongue (known as “glossitis”); inflammation of the gums (known as “gingivitis”); inflammation of the throat (known as “pharyngitis”); and inflammation of the esophagus (the tube from the throat to the stomach; condition known as “esophagitis”)—these can be caused by physical agents, caustic materials, bacterial or viral infections, foreign bodies, immune-mediated diseases, excess levels of urea and other nitrogenous waste products in the blood (known as “uremia” or “azotemia”)
- Disorders involving the tissues behind the throat (known as “retropharyngeal disorders”), such as enlarged lymph nodes (known as “lymphadenopathy”); abscess; localized accumulation or mass of blood (known as a “hematoma”); or cyst containing saliva (known as a “sialocele”)
- Dental disease or inflammation/infection of the gums and supporting tissues of the teeth (known as “periodontal disease”)
- Abscess located behind the eyeball (known as “retrobulbar abscess”)
- Cancer involving the mouth, tongue, throat, or esophagus (the tube from the throat to the stomach)
- Nervous system disorders (such as rabies and central nervous system lesions)
- Disorders of the muscles and/or bones of the head (examples include masticatory myositis, temporomandibular joint disease, fractures, craniomandibular osteopathy, myasthenia gravis, botulism, and cricopharyngeal achalasia)
- Salivary gland cancer or inflammation

Treatment

HEALTH CARE

- The mainstay of treatment is aimed at identifying and correcting the underlying disease
- Symptomatic therapy includes attention to fluid and electrolyte needs, reduction in environmental stressors, and modification of the diet to improve tastiness (palatability)
- Tastiness (palatability) can be improved by adding flavored toppings (such as chicken and beef broth), seasoning with condiments (such as garlic powder), increasing the fat or protein content of the food, and heating the food to body temperature
- As a general rule, dogs and cats with debilitating disease should not go without food for longer than 3–5 days before starting some type of supplemental feeding (such as forced feeding, tube feeding, or intravenous feeding)

DIET

- Tasty (palatable) diet
- May try different consistencies of food—gruel; hard food; soft food; evaluate what is best accepted

SURGERY

- Surgical placement of a feeding tube may be necessary

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

- Diazepam and oxazepam are short-acting appetite stimulants (with sedative properties); used in cats
- Cyproheptadine, an antihistamine, has been used as an appetite stimulant with mixed success (give 10–20 minutes prior to feeding)
- Medications to relieve pain (known as “analgesics”) may promote appetite in painful conditions
- Metoclopramide, ranitidine, or erythromycin may be useful, if lack of appetite (anorexia) is associated with abnormalities in the muscles or function of the stomach or intestines
- Medications to control vomiting or nausea (known as “antiemetics”) are useful to decrease nausea-associated lack of appetite (anorexia); examples include prochlorperazine or metoclopramide

Follow-Up Care

PATIENT MONITORING

- Body weight, body condition score (BCS) assessment (estimate of weight status [under- or overweight] as compared to normal weight), and hydration determination
- Return of appetite

PREVENTIONS AND AVOIDANCE

- Feed highly tasty (palatable) diet

POSSIBLE COMPLICATIONS

- Dehydration, malnutrition, and extreme weight loss with muscle wasting (known as “cachexia”) are most likely; these complications can increase the severity of the underlying disease
- A loss of more than 25–30% of body protein negatively affects the immune system and muscle strength, and death results from infection and/or lung failure
- Disease in which fats and lipids (compounds that contain fats or oils) accumulate in the liver (condition known as “feline hepatic lipidosis”) is a possible complication of lack of appetite (anorexia) in obese cats
- Breakdown of the intestinal lining (mucosal) barrier is a concern in debilitated pets; the intestinal mucosal barrier protects the body as it acts to prevent bacteria and toxins from entering the body through the intestinal tract

EXPECTED COURSE AND PROGNOSIS

- Varies with underlying cause

Key Points

- Anorexia is a lack or loss of appetite for food; may be partial or complete lack of appetite; anorexia results in decreased food intake, which then leads to weight loss
- Hunger is aroused by the body's need for food
- “Pseudoanorexia” is difficulty in taking hold of food or swallowing, which results in decreased food intake rather than an actual loss of appetite
- The mainstay of treatment is aimed at identifying and correcting the underlying disease

Notes

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