

# ACHIEVING COMPLIANCE WITH FEEDING RECOMMENDATIONS

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**MIKE DAVIES** BVetMed, CertVR, CertSAO, FRCVS looks into the issue of owners not following nutritional advice for their pets, and provides solutions to some common compliance barriers

**VETERINARY professionals frequently make feeding recommendations for cats and dogs, usually for specific life-stage or therapeutic diets. However, the reported lack of compliance with these recommendations is shocking.**

American Animal Hospital Association (AAHA) surveys in 2003 and 2008 found poor compliance with all veterinary recommendations (including the administration of medicines) and that more than 80 per cent of owners did not follow the feeding instructions given by their practice.

In a survey of 120 practice management-focused UK practices (Fort Dodge Index, 2010), only 5.8 per cent of dogs and 7.7 per cent of cats, were fed life-stage diets provided by the practices, and in a UK study conducted in a practice whose veterinary team provided good nutrition advice, 89 per cent of owners with elderly dogs were not feeding a “senior” ration (Davies, 2012).

The AAHA study of 52 practices found compliance in feeding six canine therapeutic foods (for renal problems, bladder stones/crystals, food allergies, chronic or acute gastrointestinal disease and skin disease) was 19 per cent, while for seven feline diets it was 18 per cent.

By extrapolation, more than 11.6 million dogs and nine million cats in the US were not being fed appropriately for their clinical condition. In addition, 55 per cent of owners supplemented

therapeutic diets with other foods or treats, and the main reason cited was that owners did not know they should not do it.

In a UK survey of more than 2,000 pet owners (PDSA, 2013), 35 per cent of dog and 54 per cent of cat owners give their pet a treat every day, and 53 per cent of dog owners give them human leftover foods.

The most common justifications for providing leftovers were it formed part of the daily ration and it made the pet happy.

The AAHA study identified a serious mismatch in recollection of nutrition advice given during consultations. Veterinarians claimed they mentioned nutrition in more than 90 per cent of consultations, but only 18 per cent to 22 per cent of pet owners recalled the discussion.

Many reasons exist for why there may be a lack of compliance/adherence and some of these with suggested solutions are summarised in **Panel 1**.

Many owners now prefer to feed home-made or raw diets, but more education is needed about the potential health hazards for people handling raw foods.

In the US, the Food and Drug Administration (FDA) has issued public health warnings about these hazards (FDA, 2013), as well as lack of feeding trials to support long-term adequacy, the efficacy and dangers of home-made diets (Remillard, 2010; Stockman, 2013) and unacceptable variations in content of homemade foods made by different people (Davies, 2014).

## **Animal-related issues**

Some of the animal-related issues that can lead to non-compliance with feeding recommendations are listed in **Panel 2**.

## **Multi-pet households**

More than 40 per cent of cats live in multi-cat households (PDSA, 2013).

Perhaps the most common problem in multi-pet households is difficulty controlling excess calorie intake in overweight or obese pets. Unless fed separately, potential always exists for the pet on a low-calorie diet to steal food from other animals in the house, especially if food is available all day. When there are two or more dogs present, competitive feeding may occur – and the dominant one will get more.

Health issues may occur if a pet advised to have a specific diet gets access to other foods (see later). Conversely, therapeutic foods may be inappropriate for other pets in the household, so

measures need to be taken to control which pet eats which food source. This may involve feeding pets in different locations or at different times.

A feeding bowl that allows controlled access based on microchip identification is available and this may offer a valuable tool for owners to help them control dietary access in multi-animal households (SureFeed Microchip Pet Feeder, SureFlap).

Oral medicines often should or can be given with food (for example, NSAIDs or chemotherapeutic agents) and owners find it convenient to do this. However, other pets should not eat any of this food, as they do not need the drug and an adverse reaction to the drug could occur – which could even have a fatal outcome. In addition, if in-feed medication is eaten by another animal the patient it is intended for will not get its full dose.

## Health risks associated with non-compliance

Control of calorie intake is important in the management of excessive bodyweight gain and obesity. Feeding a low-calorie diet, increasing exercise and environmental enrichment may not work if the animal can access additional food sources, such as food for other pets or if people give treats/snacks/table scraps.

Pets on low-calorie diets often beg for food, and owners succumb to this “emotional” pressure. Non-compliance is the most common cause of failure to lose weight or maintain target weight once achieved. Pet owners need regular reinforcement and encouragement during the weight loss process, and rechecks are essential to monitor weight changes.

For cats and dogs with serious diseases, sole feeding of a specific therapeutic diet may be needed to achieve the desired clinical effect, and if the animal consumes other foods the efficacy of the diet might be compromised.

Situations in which strict adherence to a feeding plan is needed include:

- In **renal failure** a specified therapeutic diet should be recommended without any additional foods or supplements, because several nutrient levels need to be controlled, including protein, phosphorus and sodium.
- In the dietary management of **feline hyperthyroidism** using a low-iodine diet (Hill's Prescription Diet feline y/d), the thyroid adenoma will not regress and clinical signs will not resolve if the cat eats any other iodine-containing foods. Furthermore, this diet is so low in iodine content it would be inappropriate to be fed to other healthy cats, unless additional iodine can be supplied.
- **Dissolution of struvite, urate and cystine uroliths** requires feeding a diet with specific formulations, and ingestion of other foods is one of the common reasons why dissolution does not

occur in a timely fashion.

- Pets with dietary intolerances or allergies should be fed a specified diet that has been demonstrated to improve clinical signs, and they should not have access to other foods or snacks that might contain ingredients that could destabilise the animal's condition.
- **Diabetic** pets need to eat the same ration at the same time or times of day in relation to their insulin administration. Access to other foods can destabilise their glucose tolerance.
- Cat and dog **nutritional requirements** are very different (National Research Council, 2006). For example, cats have specific needs for taurine and arachidonic acid in their diets, and it would be inappropriate for cats to eat dog food or vice versa.

## Summary

Veterinary practices could do a lot more to improve compliance and adherence to the feeding recommendations they offer to clients, especially for pets with serious disease. Discussions should be held on how best to manage dietary recommendations, especially in multi-pet households.

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## **Panel 1. Common owner-related barriers leading to lack of compliance/adherence with veterinary recommendations for feeding and solutions to them**

- **OWNER BARRIER TO COMPLIANCE (BARRIER).** Denial or disbelief about the need for dietary change.
- **SOLUTION.** Education about the need and importance of nutrition in health and disease management. Provide simple, clear communication and reinforce with written advice/tools.
- **BARRIER.** Misunderstanding advice given by veterinary staff. Owners with poor literacy or foreign language speakers may not fully understand our verbal and/or written communications, especially if we do not provide our advice in simple, non-technical terminology.
- **SOLUTION.** Communicate clearly with simply written and non-technical advice.
- **BARRIER.** Lack of obvious clinical signs for the condition to be treated with diet.
- **SOLUTION.** Education about the importance of dietary management in disease, even in the absence of obvious signs.
- **BARRIER.** Lack of commitment to follow through with the feeding instruction.
- **SOLUTION.** Emphasise the need to follow through with the feeding recommendation for the health of the pet.
- **BARRIER.** Difficulty following feeding regimen.
- **SOLUTION.** Try to devise a simple feeding regime that is easy for the owner to follow and implement in his or her daily routine.
- **BARRIER.** Ineffective, incomplete or conflicting communication between client and veterinary staff.

- **SOLUTION.** Have a standardised practice policy on dietary recommendations in different situations, and train staff to improve communication skills.
- **BARRIER.** Owner perceptions that home-made or raw diets are healthier for their pets.
- **SOLUTION.** Education about the hazards of handling raw foods, pointing out the lack of feeding trials to support long-term adequacy and efficacy of home-made diets, and also the unacceptable variation in content of home-made foods prepared by different people.
- **BARRIER.** Forgetfulness.
- **SOLUTION.** Reinforce the need to continue with dietary recommendations through regular communications and reminders (telephone, text, letter, email) to pick up repeat batches. Reward success in achieving compliance.
- **BARRIER.** Complacency. Once the animal is perceived to be better, the owner may simply discontinue the dietary recommendation.
- **SOLUTION.** Provide incentives to maintain the dietary regime and reward success in achieving compliance. For example, you could provide a free or heavily discounted bag of the food at set periods.
- **BARRIER.** Cost. This is often thought by veterinarians to be a major factor in owner non-compliance. However, in the AAHA study, only four per cent of owners discontinued or refused therapeutic diets due to cost.
- **SOLUTION.** Provide owners with the actual cost per day to feed and, for therapeutic diets, the net additional cost over the cost of the supplied maintenance ration.
- **BARRIER.** Providing treats/snacks/titbits/nutritional supplements through habit, belief they are important or lack of understanding they are contraindicated.
- **SOLUTION.** Provide clear guidance as to whether additional food can be given, and if so what types.
- **BARRIER.** Unwillingness or inability to take steps to prevent sharing of foods in multi-animal households.
- **SOLUTION.** Provide clear instructions on how to separate animals for feeding. Provide sufficient feeding bowls, feed in different rooms and use controlled-access feeding bowls.

## Panel 2. Animal-related issues leading to non-compliance

- **ANIMAL-RELATED PROBLEM.** Patient refuses to accept a sudden change of diet. Many cats and dogs will accept sudden diet changes, but others resist change, especially if they have been fed the same brand for a long time or if there are significant differences in raw ingredient content altering aroma, texture or palatability.

- **SOLUTION.** A gradual changeover is advisable. Gradually decrease the amount of the initial diet and replace it with the new diet over a five to seven-day period until the animal is on 100 per cent new food. Try different forms (wet versus dry) or mix the two.

Appetite stimulants can be tried, but these may only provide a short-term solution. In extreme cases of non-acceptance, assisted feeding – such as tube-feeding or parenteral nutrition – may be considered

- **ANIMAL-RELATED PROBLEM.** Access to other foods – from other pets in a multi-pet household.

- **SOLUTION.** Do not leave uneaten food down all day – change to timed feeding, rather than ad-lib feeding.

Feed at separate times and/or in separate locations. Consider a controlled access feeding bowl activated by microchip identification to only allow access to the food to specified individuals in a household.

- **ANIMAL-RELATED PROBLEM.** Access to other foods – family, friends or neighbours feeding treats/snacks/supplements.

- **SOLUTION.** Ensure all family, friends and neighbours (including children) know the pet should not be given any additional foods, snacks, supplements or treats. Remove pet from the kitchen/dining areas during food preparation/consumption, minimising the chance of humans succumbing to begging behaviour.

- **ANIMAL-RELATED PROBLEM.** Access to other foods in the environment, for example, scavenging (dogs), prey (cats).

- **SOLUTION.** Prevent access to rubbish containing foodstuffs – either provide physical barriers or dispose of waste promptly. Do not allow pets in food preparation areas so they cannot steal food off surfaces or dropped on to the floor. Discourage cats from hunting and catching prey (this is difficult unless you can confine them to a house or fenced area outside).

- **ANIMAL-RELATED PROBLEM.** Begging behaviour. Few owners can resist slipping a bit of food to their pet if it is begging.

- **SOLUTION.** Ensure the pet is getting enough food to meet its daily energy requirements. If the pet is fed once or twice daily, try splitting the food into smaller, more frequent, meals – for example, four to six times daily.

Feed the pet or provide a food-containing toy to play with, especially during food preparation or meal times. This turns the dog's attention away from begging from the owner.



Vets may dream of a utopia where owners listen to their nutritional guidance, but a survey suggests more than 80 per cent don't follow feeding instructions given by their practice.