

HELPING OWNERS UNDERSTAND THE LINKS BETWEEN OBESITY AND URINARY CONDITIONS



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Obesity is a well known risk factor for Feline Lower Urinary Tract Disease (FLUTD). However, discussing pet obesity with owners can be challenging for the veterinarian. In this article we explore the extent of this challenge and suggest different approaches that can help overcome owners' resistance to discussing their pets' weight – leading to better communication and more successful treatment of both obesity and urinary conditions.

Obesity is the hardest word

Owner perception of healthy body shape is one of the biggest challenges vets face when treating obesity. An Australian study¹ found that words like "chubby" and "fluffy" used by owners to describe their overweight cats are synonymous with "cute". Often, the word "obese" can be taken as an insult, making it harder to have an open conversation about their cat's health and impeding effective management of the condition.

This is a significant problem when treating obesity. Studies^{2,3} show that for a group of cats diagnosed as obese by the vet, over 56% of owners did not perceive their cat to be obese. Even worse, cats whose owners do not perceive them to be obese are seven times more likely to stay obese even when the owner is advised that their cat is overweight and should be given a low-calorie diet³.

These findings are backed up by a Swedish study⁴ that compared perceptions of obesity between vets and owners in a cohort of cats. When examined by vets, 45% of the cats were identified as being obese – whereas owners identified only 22% of cats as obese.

Furthermore, as cats get older, owners are more likely to misunderstand what healthy weight looks like. At six months old, only 7% of owners reported a body condition score (BCS) of 7 as "ideal" (figure 2). However, this increased to 11% of owners for cats that were two years old.

Common risk factors

There are many risk factors in common for both obesity and FLUTD.

A retrospective Australian survey¹ has identified risk factors for obesity that include lack of access to outdoors, eating behaviour and food composition. These same factors can also predispose cats to

developing FLUTD, meaning the two conditions often go hand in hand⁵.

Access to outdoors is protective against obesity and FLUTD. Studies^{2,3} have shown that increased physical and cognitive activity in cats with access to the outdoors reduces the risk of obesity three fold.

A predominantly dry diet is one of the main risks for cats developing urinary diseases. Cats fed diets consisting of >75% dry food are also more prone to obesity. In the Bristol cohort study³, the follow-up at two years confirmed that cats who eat mainly dry food (>50%) at one and two years of age have a twofold risk of obesity. A mixed or wet diet can counterbalance the risk factors for FLUTD by increasing water intake, whilst also helping to reduce the risk of obesity as wet food is less calorie dense.

Obesity is itself a risk factor for FLUTD. White adipose tissue is a playground for immune cells which secrete pro-inflammatory cytokines⁶, leading to chronic inflammation. This can have secondary systemic effects including FLUTD. One study⁴ found that FLUTD is more frequent in cats with a BCS of over 6,2 (+/- 1,6). Cats with a BCS of 8 or 9 are also at much greater risk of upper urinary and chronic kidney conditions¹.

Shared risk factors for both obesity and FLUTD⁵

- Cats affected by stress: perceived threats (others cats, sounds), no safe hiding places
- Boredom, lack of cognitive activities
- Neutered cats
- Sedentary life-style
- Indoor cats
- Lower water consumption

Dietary management

For cats with FLUTD, diet modifications are key to preventing relapses as well as for managing concomitant conditions such as obesity. These modifications need to be understood and acknowledged by the owner first, and then accepted by the cat who has the last word on food choice.

Introducing a variable proportion of wet food to the daily regimen will be beneficial for cats who were dry only eaters previously. Switching from a dry diet with a moisture content of 6.3% to a wet diet with a moisture content of 73.3% will improve hydration⁷ and increase urinary elimination (by up to 36%⁸), which is essential for FLUTD prevention and will help reduce the risk of urinary stone formation⁷.

Food transition should be progressive^{9,10}. For cats used to a dry-only diet, giving them a choice between two textures (mousses, terrines, chunks in jelly or gravy) on separate plates will allow them to express their preference⁹.

For some cats who do not tolerate mixed-feeding, dry food may be the only option. In this case, puzzle feeders can help to reduce begging behaviour and a urinary diet with low caloric density can help manage both FLUTD and obesity.

Educating the owner

Giving preventative care advice to owners can be a challenge for the veterinary team, especially when a cat is suffering from a chronic disease such as FLUTD and the owner does not see obesity as a risk factor for health issues.

For this reason, it is essential for vets to take the time to understand the owner and their relationship with the cat – especially any obstacles to achieving healthy weight, including their shared lifestyle, feeding habits, and whether the cat is a greedy eater or a grazer.

This understanding will help the vet to create a tailored nutrition plan and ensure that the owner is ready to follow the plan¹⁰. For some owners, it may be important to factor in some treats to the diet plan to improve compliance. As vets, we can also empower owners in the weight management process and help to align perceptions on ideal body weight by teaching them to use the BCS¹⁰.

Underweight

- 1 Ribs and spine are evident from a distance and easily palpated/felt. Severe abdominal tuck and muscle mass loss.
- 2 Ribs and spine are easily visible. Pronounced abdominal tuck. No palpable fat.
- 3 Ribs are easily palpable with minimal fat covering. Obvious waist and minimal abdominal fat. Lumbar vertebrae obvious.
- 4 Ribs are palpable with minimal fat covering. Noticeable waist. Slight abdominal tuck. No abdominal fat pad.



Ideal weight

- 5 Ribs are palpable with slight fat covering. Noticeable waist and minimal abdominal fat pad.



Overweight

- 6 Ribs are slightly palpable with slight fat covering. Noticeable, but not obvious waist and abdominal fat pad. No abdominal tuck.
- 7 Ribs are not easily palpable with moderate fat covering. Rounded abdomen with moderate abdominal fat pad.
- 8 Ribs are not palpable with excess fat covering. Waist absent. Obvious rounding of abdomen. Prominent abdominal fat pad and lumbar fat.
- 9 Ribs are not palpable under heavy fat cover. Obvious abdominal distention and extensive fat deposits. Heavy fat deposits over lumbar area, face and limbs.



Figure 2: Achieving ideal weight will help prevent FLUTD relapse, as well as other chronic diseases like osteoarthritis that are associated with obesity.

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