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Cognitive dysfunction older dogs.

& Cognitive dysfunction syndrome

[Behavior problems in older dogs.](#)

In this Article

[Checklist for Cognitive Dysfunction](#)

[Ruling out Other Causes for Your Dog's Behavior](#)

[Treatment of Cognitive Dysfunction](#)

[Specific Geriatric Behavior Problems and Their Behavioral Treatment](#)

[Excessive Vocalization](#)

[Restlessness / Waking at Night](#)

[House Soiling](#)

[Destructive Behavior](#)

[Fears and Phobias](#)

[Compulsive and Stereotypic Behaviors](#)

[Aggression](#)

Please also read the following;

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As they age, our dogs often suffer a decline in functioning.

Their memory, their ability to learn, to do, their awareness and their senses of sight and hearing can all deteriorate.

This deterioration can cause disturbances in their sleep-wake cycles, making them restless at night but sleepy during the day.

It can increase their activity level (resulting, for example, in staring at objects, wandering aimlessly or vocalizing more) or decrease their activity level (leading to less self-care and poor appetite).

It can make them forget previously learned cues (commands) or habits they once knew well, such as house training and coming when called.

It can increase their anxiety tendency to react aggressively.

It can also change their social relationships with you and other pets in your home.

Some dogs may become more clingy and over dependent, while others become less interested in affection, petting or interaction.

Understanding the changes your dog is undergoing (just love them) it can help you compassionately and effectively deal with behavior problems that may arise in your dog's senior years.

Be sure to report all changes you see to your dog's veterinarian.

Don't assume that your dog is "just getting old" and nothing can be done to help the old dog.

Many changes in behaviour can be signs of treatable medical disorders (please see ruling out specific medical problems), and there are a variety of therapies that can comfort your dog and manage his symptoms, including any pain he might be experiencing.

In addition to seeking professional help from your veterinarian and an animal behavior expert for the age-related behavior issues covered in this article, a key contributing factor to keeping your older dog healthy is to continue to play with and exercise and train the old dog throughout their life.

You will likely need to adapt play and exercise to his slower movements, reduced energy level, declining eyesight and hearing, and any medical conditions the dog may have.

Patiently keeping in mind their slower learning curve, you can have fun sharpening up rusty behaviors the dog once learned and teaching the old dog some new behaviors and tricks.

A CPDT can also help you change your verbal cues to hand signals if your dog has lost their hearing and help you adjust your training for any physical impairments your dog may have developed.

There are many ways to keep your older dog's life interesting and stimulating that don't require vigorous physical effort.

Just as with humans, dogs need to use their brains and bodies to maintain their mental and physical fitness.

As the saying goes, use it or lose it!

Checklist for cognitive dysfunction.

Confusion/spatial disorientation.

Gets lost in familiar locations

Goes to the wrong side of the door (where the hinge is)

Gets stuck and can't navigate around or over obstacles

Relationships/social behavior.

Less interested in petting, interactions, greeting people or other dogs, etc.

Needs constant contact, becomes over dependent and clingy

Activity-increased or repetitive.

Stares, fixates on or snaps at objects

Paces or wanders about aimlessly

Licks you, family members or objects a lot

Vocalizes more

Eats more or eats more food quickly

Activity-decreased, apathetic.

Explores less and responds less to things going on around him

Grooms himself less

Eats less

Anxiety/increased irritability.

Seems restless or agitated

Is anxious about being separated from family members

Behaves more irritably in general

Sleep-wake cycles/reversed day-night schedule.

Sleeps restlessly, awakens at night

Sleeps more during the day

Learning and memory-house soiling.

Eliminates indoors in random locations or in view of you or family members

Eliminates indoors after returning from outside

Eliminates in sleeping areas (for example, in his crate or on the couch or floor).

Uses body language less (body postures and signals associated with feelings)

Develops incontinence (accidental release of bladder)

Learning and memory-work, tasks, cues.

Demonstrates an impaired ability to work or perform tasks

Sometimes seems unable to recognize familiar people and pets

Shows decreased responsiveness to known cues for obedience, tricks, sports and games

Seems unable or slower to learn new tasks or cues

Ruling out other causes for your dog's behavior.

If your dog shows any of the symptoms or changes listed above, your first step is to take him to his veterinarian to determine whether there is a specific medical cause for his behavior.

Any medical or degenerative illness that causes pain, discomfort or decreased mobility-such as arthritis, dental disease, hypothyroidism and cancer impaired sight or hearing, urinary tract disease or Cushing's disease-can lead to increased sensitivity and irritability, increased anxiety about being touched or approached, increased aggression (since your dog may choose to threaten and bite rather than move away), decreased responsiveness to your voice, reduced ability to adapt to change, and reduced ability to get to usual elimination areas.

If medical problems are ruled out, and if primary behavior problems unrelated to aging are ruled out (for example, problems that started years before your dog began aging or those that started in response to recent changes in his environment or family), then these behavioral signs are presumed to be due to the effects of aging on the brain and are diagnosed as "cognitive dysfunction syndrome."

Treatment of cognitive dysfunction.

The primary signs of cognitive dysfunction syndrome can be summarized with the acronym CRASH, which stands for:

Confusion/disorientation

Responsiveness/recognition decreases

Activity changes

Sleep-wake cycle disturbances

House training lapses

Cognitive dysfunction syndrome can be treated by your dog's veterinarian with the drug selegiline hydrochloride (brand name Anipryl[®]) or similar approved.

There are a number of other medications and supplements that you and your vet may consider as well.

It's most effective to combine drug therapy with behavioral treatment that's based on the specific problems your dog is having.

Specific geriatric behavior problems and their behavioral treatment.

Anxiety-including separation anxiety.

Some common concerns reported by guardians of aging dogs are increased sensitivity and irritability, increased fear of unfamiliar pets and people (sometimes accompanied by aggression), decreased tolerance of touch and restraint, increased following and desire for contact, and increased anxiety when left alone.

Noise sensitivity from hearing loss can also make some dogs more anxious and vocal.

Your own frustration and distress over your dog's behavior can add to your dog's anxiety as well.

If house soiling has become a problem, some guardians opt to crate their dogs when they're not home.

Unfortunately, confining a senior dog to a crate can raise his anxiety level if he's never been crated or is no longer accustomed to it.

To make things worse, if he can't get comfortable in the crate, or if he can't control his bowels or bladder, he'll be even more anxious and may attempt to escape.

In these cases, it may be the confinement, not the guardian's departure that causes anxiety.

If it's the guardian's departure and absence that causes a dog's anxiety, it's called separation anxiety.

The cardinal indicators of separation anxiety are:

Pre-departure anxiety: pacing, panting, salivating, hiding, trembling or depression as you prepare to leave

House soiling (or soiling the crate), destructiveness or vocalizing that occur soon after you leave the house

Destructiveness directed at exit points, like windows and doors, and house soiling while you're gone

Refusal to eat when left alone (even if you leave your dog food, treats or a food-stuffed KONG® toy, he doesn't eat at all when you're gone, but does after you return)

The most important factor in diagnosing these behaviors as separation anxiety is that they occur *only* during your absence.

If these behaviors occur while you or your family members are home, other issues may be causing them instead.

For example, if your dog soils in the house both when you're gone *and* when you're home, you probably have a house training problem.

The same is true of destructiveness.

If destructive chewing happens when you're home, it's a training issue, not separation anxiety.

A distinct feature of geriatric (late-onset) separation anxiety is that it can manifest as nighttime anxiety, almost as if your dog views your sleeping as a form of separation.

Your dog may keep you awake by pacing, panting and pawing at you, and demanding attention.

This type of separation anxiety may indicate undiagnosed disease, and it can be relieved by treating the disease or, at minimum, relieving your dog's pain or discomfort.

A thorough examination by your dog's veterinarian is crucial to determine whether there's a medical basis for your dog's anxiety.

Treatment for separation anxiety involves controlling any underlying medical problems and using a behavioral treatment called desensitization and counterconditioning (DSCC).

See [Desensitization and counterconditioning on this website](#) for more information about the effective use of these treatments.

Identifying and changing any of your own responses that might be aggravating your dog's behavior is also helpful.

In conjunction with behavioral treatment, pheromones and drugs can be used to reduce anxiety and improve your dog's cognitive function.

(See [article about separation Anxiety for more detailed information on this disorder and its treatment](#))

Excessive vocalization.

Your senior dog's vocalizing can become a problem if he does it too often or at inappropriate times, like when you're sleeping.

Anxious vocalizing is usually a plaintive howl or excessive whining.

If your dog does it only when you're gone, it could indicate separation anxiety.

If he does it when you're home, then you'll need the help of a behaviorist or veterinary behaviorist to determine what's causing your dog to vocalize so much.

Loss of hearing.

Loss of hearing, cognitive dysfunction, central nervous system disorders and medical conditions can all contribute to your dog's excessive vocalization.

He might whine or howl if he feels the urge to eliminate more, if he's overeating and wants you to give him more food, or if he's in pain.

If your dog has become more fearful and anxious, he might begin vocalizing at things that scare or stress him, like noises or visitors.

Showing your own frustration or punishing your dog for vocalizing can also increase his anxiety and aggravate the problem.

Once any underlying medical problem and cognitive dysfunction are treated, behavioral treatment involves identifying and modifying any of your own responses that might be reinforcing or aggravating your dog's behavior.

For some dogs, training them to be quiet on cue and rewarding quiet behavior is effective.

For other dogs, non-shock bark-control collars, such as the citronella collar, may be needed.

Drug therapy may also help if your dog's vocalizations are motivated by anxiety.

Restlessness / waking at night.

Dogs who sleep more during the day can become more restless and active at night.

Some dogs start overreacting to things they once ignored, like the garage door opening or the newspaper being delivered.

Keeping a record can help you identify what triggers your dog's nighttime activity.

Sensory changes, such as eyesight or hearing loss, can affect your dog's depth of sleep.

His sleep-wake cycles may be affected by cognitive dysfunction or other types of central nervous system disorders.

Ask your dog's veterinarian to do a complete examination to look for medical problems that could cause restlessness, discomfort or an increased need to eliminate.

Any medical problems should be treated first, and then, if necessary, you can gently retrain your dog to reestablish normal sleeping and waking hours.

Try increasing his daytime and evening activity by giving him frequent walks, playing his favorite games, practicing obedience or tricks, and giving him food-puzzle toys and bones to chew.

See [Enriching Your Dog's Life](#) and [Exercise for Dogs](#) for ideas for keeping your dog well exercised, both physically and mentally.

You can also ask his veterinarian about combining your retraining with drugs to induce sleep or, alternatively, drugs to keep your dog more active during the day.

House soiling.

As with all the behavior problems covered here, any number of medical problems can contribute to house soiling, including sensory decline, neuromuscular conditions that affect your dog's mobility, brain tumors, cognitive dysfunction, endocrine system disorders, and any disorder that increases your dog's frequency of elimination or decreases his bladder or bowel control.

If your dog soils in the house only when you're gone and shows other signs of separation anxiety (please see above, [Anxiety-Including Separation Anxiety](#)), then he may be suffering from this disorder.

(See article on this site about [Separation Anxiety](#), for detailed information on this problem and its treatment)

Since they're often less adaptable to change, some older dogs might begin soiling in the house if there's a change in their schedule, environment or household.

Once your dog has used an indoor location to eliminate when you're gone, that area can become established as a preferred spot, even if you've cleaned it thoroughly.

It's often necessary to have a complete behavior history taken by a qualified professional to determine the reason for your dog's house soiling and design effective treatment.

Once your dog's medical issues have been identified and treated-for example, after his anxiety has been eased, his pain reduced or his incontinence controlled through medication-then you'll need to reestablish proper house training with the same methods you used when he was a [puppy](#).

These methods include close supervision indoors, confinement in a crate or other small area away from previously soiled sites when you can't closely supervise, and a regular, frequent schedule of trips outdoors with tasty rewards for outdoor elimination.

You may need to adjust your schedule to accommodate your dog's need for more frequent elimination in his senior years.

If you can't, consider hiring a dog walker or providing your dog with a place indoors to eliminate, such as newspapers, a dog litter box or potty pads.

(See article on re training for house training the old dog on this site - for detailed information about house retraining your dog).

Destructive behavior.

Just as with other behavior problems of senior dogs, the underlying cause of destructive behavior needs to be determined in order to provide effective treatment.

Some destructive behaviors reported in senior dogs are pica (ingesting inedible objects); licking, sucking or chewing body parts, household objects or family members; and scratching and digging.

Each of these may have a different cause, so a thorough medical evaluation combined with a behavioral history is necessary to determine a cause or causes for your dog's behavior.

For example, cognitive dysfunction might be considered in dogs with licking, chewing or pica.

Treatment of underlying medical problems and cognitive dysfunction may resolve some problems but not others.

If your dog is suffering from anxiety, phobia or fear of particular things (people, situations, objects, thunder, etc.), these issues need to be treated.

Please see Fears and Phobias below for more information.

Modifying your home and your dog's environment can be helpful as well.

Prevent access to sites where your dog's destructiveness has occurred or might occur, and provide him with new, interesting toys to chew (or bones, rawhides, bully sticks, food-stuffed KONGs, etc.).

Fears and phobias.

Sensory decline, cognitive dysfunction and anxiety can all contribute to fears and phobias.

The first step in treatment is to control underlying medical problems and cognitive dysfunction.

Older dogs can suffer from fears and phobias of noise and thunderstorms and, less commonly, of going outdoors, entering certain rooms or walking on certain types of surfaces.

Dog guardians' own understandably frustrated reaction to their dogs' behavior can also aggravate the problem-especially punishment is used. Try keeping your dog away from whatever triggers his fears or phobia, or masking the noise with background music.

With guidance training you can also use behavioral treatment to change your dog's emotional response to things that frighten or upset him and, as a result, change his behavior.

See your veterinarian about possible drug or pheromone therapy for panic and anxiety, which can also help ease your dog's fears and anxiety.

Compulsive and stereotypic behaviors.

Compulsive and stereotypic behavior problems encompass a wide variety of behaviors with many possible causes. They're defined as ritualized, repetitive behaviors that have no apparent goal or function. Examples include stereotypic licking or over grooming that results in self-injury ("hot spots," for example), spinning or tail chasing, pacing and jumping, air biting or fly snapping, staring at shadows or walls, flank sucking and pica (eating inedible objects, like rocks).

Some medical conditions, including cognitive dysfunction, can contribute to or cause these behaviors. Compulsive disorders often arise from situations of conflict or anxiety.

Things or situations that make your dog feel conflicted, stressed or anxious can lead him to engage in displacement behaviors, which can then become compulsive over time. (Displacement behaviors are those that occur outside of their normal context when dogs are frustrated, conflicted or stressed.)

An example is a dog who stops suddenly to groom himself while en route to his guardian who has just called him. He may be unsure of whether he's going to be punished, so he expresses his anxiety by grooming, lip licking, yawning or sniffing the ground.) Drug therapy is usually necessary to resolve compulsive disorders. But if you can identify the source of conflict early on and reduce or eliminate it (such as conflict between your pets or inconsistent or delayed punishment from you), behavioral drug therapy may not be necessary.

\ **Aggression.**

A multitude of factors can contribute to an increase in a dog's aggressive behavior. Medical conditions that affect your dog's appetite, mobility, cognition, senses or hormones can lead to increased aggression, as can conditions that cause him pain or irritability. Aggression to family members can occur following changes in the family makeup, such as marriage or divorce, death or birth. Aggression to other pets can occur when a new pet is introduced to the family, as a younger dog matures or as an older dog becomes weaker or less assertive.

Increased aggression toward unfamiliar people and animals can arise from your dog's increasing anxiety and sensitivity as he ages. Aggression can't be effectively treated until a diagnosis has been made and the cause has been determined. Find professional help to guide you and evaluate the situation and help you treat your dog's aggression.

Treatment-whether drug therapy, behavior therapy or making changes in your dog's environment-will depend on the specific type of aggression and its cause or triggers. For example, treatment for fear-based aggression involves desensitization and counterconditioning (DSCC), as well as training to improve your control over your dog. (See article on desensitization and counterconditioning on this site, for a detailed overview of this treatment) Medical problems that can't be resolved, such as sensory decline, may limit what improvements can be achieved. Avoiding or preventing the triggers of your dog's aggression may be the best option in these cases.

Head halters, such as Premier's Gentle Leader[®] Headcollar, can give you more control over your dog and increase everyone's safety.

¹Landsberg, G., Hunthausen. W., & Ackerman, L. (2003). *Handbook of Behavior Problems of the Dog and Cat*. Saunders: New York.
WebMD Veterinary Reference from ASPCA Virtual Pet Behaviorist

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Cognitive dysfunction syndrome.

Ron Hines DVM PhD

Caring for the old, go [here](#) and [here](#) too.

What is cognitive dysfunction syndrome?

As we age, we slow down. So do our dogs.

Canine Cognitive Dysfunction Syndrome (CCDS) is a fancy term for the decline of old age.

It was once called senility.

In people, it is now called Alzheimer's disease.

It is due to destructive changes in the brain that occur over time.

How will it affect my dog?

By the time Cognitive Dysfunction Syndrome affects your dog, it will already have some grey hairs on its muzzle.

It will also have milky white cataracts in its eyes and its vision will not be as good as it once was.

It will be sleeping more, and it probably won't get up as fast when someone knocks on the door or at the gate.

You might experience a problem when you find your dog begins to lose its house training habits or no longer recognizes family members or that the dog is pacing about aimlessly, confused, distant, or no longer able to find its way around the house or yard – the dog has developed obsessive licking, barking, restlessness, separation anxiety or drooling and panting.

These observations came on slowly, steadily and seem to be getting worse very gradually.

These dogs also find it harder to deal with new situations.

They often wander aimlessly or in circles.

The dog might have also become more timid or aggressive than it once was.

In advanced cases the dog may seem to get lost in the house or yard and become trapped in corners or small spaces. But all these old dogs do continue to eat well and enjoy their treats.

When might you see these problems?

By the time dogs are eleven years old, a third of them have some of these signs.

By the time they are sixteen years old – if still alive, some of these signs are present in almost all dogs.

Breeds of dogs do develop Cognitive Dysfunction Syndrome at the same rare.

On the whole, toy breeds seem to develop age-related decline the slowest while the large and giant breeds develop them much sooner.

What are the changes that account for CCDS?

As in humans, the root of this problem is in the brain.

Dogs with Cognitive Dysfunction Syndrome have the same amyloid protein deposits in their brain cells that humans with Alzheimer's disease do.

It also appears that dogs with this problem also have the same depletion of the chemical, dopamine that occurs in humans with this disease.

This chemical is one of a group called neurotransmitters that allow individual brain cells to communicate with one another.

How can this disease be diagnosed in my dog?

If your dog shows these signs, it should be examined by a veterinarian. This is not because there is a cure for Cognitive Dysfunction Syndrome. It is because there are other diseases, with different treatments, that can have similar symptoms and these need to be ruled out.

Similar signs are seen when a dog's liver is failing (hepatic encephalopathy) or with pancreatic tumours (hypoglycemia), kidney failure, or a sluggish thyroid gland.

Blindness can cause similar signs as well.

When none of these other conditions can account for your dog's personality changes, Cognitive Dysfunction Syndrome is diagnosed.

What treatments can you offer?

Medications:

A drug originally developed for human Alzheimer's and Parkinson's disease called "selegiline hydrochloride ([L-deprenyl](#))" and marketed for dogs under the trade name "Anipryl" has proved helpful in treating some cases of this disease.

L-deprenyl prolongs the activity of your dog's remaining dopamine. Some dog owner report near miraculous positive changes in their dog's personality while on "Anipryl" while others note very few positive effects.

"Selegiline" enhances the amount of chemicals within the brain that act as messengers between individual nerve cells.

Selegiline is also available in generic form.

It appears that dogs given this drug for the rest of their lives do live longer.

It can also temporarily reverse some of the changes of Cognitive Dysfunction Syndrome.

It can take up to sixty days to see an improvement so you must have patience.

In England, a medication called "[nicergoline](#)" is being used to treat age-related behavioural disorders in dogs.

It appears to work by enhancing blood circulation in the brain.

Other medications that might have future benefits are "[adrafanil](#), [modafinil](#) and [propentofylline](#)" - which are used to enhance brain activity in humans.

A recent study confirmed that levels of [cholinesterases](#), important chemicals involved in brain and nerve function, decline in dogs as they age.

The study also found that giving either of the two most popular

medications designed to help humans with [Alzheimer's disease](#) appeared to help dogs as well [[rivastigmine](#) (Exelon patch) and [Donepezil](#) (Aricept)].

You can read that study [here](#).

Like any cholinesterase inhibiting drug, giving the wrong dose or using a drug delivery system designed and approved for one species in another species can be quite dangerous.

Nutrition.

Treat this condition with a supplement of omega-3 fatty acids that scavenge free radicals because free radical compounds seem elevated in the brains of Cognitive Dysfunction Syndrome dogs.

Mixed tocopherols

vitamin C

beta-carotene

carotenoids

flavonoids

mitochondrial cofactors ... have all be used with varying success,

Environmental stimulation.

Anything that encourages activity, curiosity and thinking in your dog will help.

Environmental enrichment with things such as another dog or pet – if it is in the dog's temperament to accept such an addition, playing with toys daily and exposure to new learning situations improves the over-all behaviour of dogs with Cognitive Dysfunction Syndrome.

Comment [G1]: