

Arthritis in Cats

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Osteoarthritis is a very common condition in cats, but frequently unrecognized and under-diagnosed. In one random study of cats in different age groups, 91% of 100 cats had radiographic evidence of arthritis, occurring as early as 6 months of age, and with equal frequency in all age groups. Signs appear to worsen with age.² Cat owners think their cats are “just getting old”, and the common signs that dogs have don’t occur in cats.

Osteoarthritis, or the more accurate term, degenerative joint disease (DJD) includes joint degeneration of either synovial (appendicular) or cartilaginous (intervertebral disc) joints. Feline DJD impacts quality of life and the relationship owners have with their cats.

Why is it difficult to diagnose?

The signs of pain in cats are subtle because of the cats’ tendency to hide pain as a protective mechanism. Additionally, as opposed to the dog, most cats with DJD don’t limp because the disease is bilaterally impacting the same joints. Concurrent conditions occur frequently, and were found in 44% of cats affected with DJD in one study.

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The signs of DJD are often subtle changes in behavior. The signs are so subtle that they are frequently unrecognized, both by owners and veterinary professionals, unless one is aware of what to watch for. Behavioral signs of pain are either loss of normal behaviors, development of new or different behaviors for that individual cat, or abnormal behaviors (See Table 1). Decrease or loss of normal behaviors are the most concerning for owners, and include decreased mobility and a decline in grooming due to stiffness and pain. Toileting outside the litter box can occur because of the challenges to get to the box that is often in the basement, or hidden or raised so that a dog won’t dine on its “tasty treats”. Changes in behavior or abnormal behavior can occur with many other conditions, making it difficult to identify the underlying cause.

Where does it occur?

Feline DJ occurs in both the spine and the appendages. Spinal or axial DJD is more frequently found between thoracic vertebrae T7-T10, but the lumbar vertebrae are affected more severely. Axial DJD increases with age. Lumbar spondylosis previously was considered an incidental finding, but it can be very painful.

The more commonly affected appendicular joints are the hips, elbows, knees, and hocks. As opposed to axial JD, appendicular occurs equally through the ages.

Owner input is critical

Patient history and owner awareness are critical steps to recognize DJD and to help assess response to treatment. Since changes in behavior are the most common sign, and owners know their cats better than anyone, owner input is integral to recognizing pain. However, most cat owners think their cat is just “getting old” – or worse, acting out of spite! Our task therefore is to educate owners that behavior changes, even subtle, can indicate pain or illness.

Although many cats have radiographic evidence on DJD, changes on radiographs do not equate with pain. Additionally, cats that have early DJD without obvious radiographic changes consistent with DJD can also be painful. This makes owner input even more important.

Changes in jumping, going up and down stairs, and hesitation to jump or climb are signs that owners should watch for in addition to all other behavior changes noted in Table 1. Letting owners know that purring is often used to comfort self, and can occur in painful cats.

Handling feline patients to prevent pain:

Because it is difficult to recognize pain, even before it is diagnosed it is important to handle each and every cat regardless of age as potentially having arthritis. Additionally, soft bedding should be provided because hard surfaces can increase the pain of an arthritic cat. Non-skid surfaces prevent slipping. Allow the cat to be where it wants to be, and as comfortable as possible throughout the examination.

Start the examination from a distance as we do to identify respiratory distress. Most cats will not limp, but often one will see stiffness, a subtle change in their gait, and/or hesitancy with jumping. If possible, entice the cat to walk, jump, or at least stand or sit. If you suspect potential pain, a trial dose of buprenorphine is helpful to differentiate between pain and fear.

Examination should start with the least painful parts of the examination, and obtaining heart and respiratory rates as well as blood pressure prior to joint palpation improves accuracy of these results. Palpation and manipulation of joints can be performed gently to assess muscle condition, range of motion, +/- joint discomfort. Analgesia may be needed prior to assessment. Often joints will be thickened or have reduced range of motion. The patient often will tense of palpation of painful joints, but fearful patients are often tense throughout the examination.

Pain assessment should be done for each patient.

Treatment

Treatment options include gabapentin, Adequan, NSAID's and others. NSAID's provide excellent analgesia and have benefits even in patients with chronic kidney disease as long as disease is not advanced and dosing changes are made. Environmental management is an important supportive measure, providing easy access to litter boxes, resting areas, and other favored spots.

Table 1. Behavioral signs of DJD in cats	
<u>Changes in the normal behavior of that individual cat</u>	
• Appetite	- Decline
• Sleep/rest	Increase sleep or restlessness
• Grooming	- Matting due to decreased grooming or overgrooming of the painful area
• Play	- Decreased
• Toileting behavior	- Difficulty getting into litter box - Change in position in box or toileting next to box - Constipation
• Activity	"Slowing down" or "getting old" – most common signs noticed by owners - Jumping and height of jump - Going up and down stairs
• Mobility	- Stiff, may be only when rises - Lameness – not common
• Disposition or attitude	- Irritable: "Grouchy" or "grumpy" - Clingy
• Interactions with people or other animals	- Withdrawn or avoid others
• Attention-seeking	- Irritable to aggressive with handling
• Body posture	- Hunched - Stiff - Not curled up normally when sleeping - Neck stretched out and head lowered
• Facial expression	- fixed gaze, dilated pupils, squinted eyes if acute pain (flare-up)
• Vocalization	- More or less vocal - Purring can occur even if painful

Behavior problems

- Inappropriate urination
- Inappropriate defecation
- Cat-to-human aggression
- Inter-cat aggression

References

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