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## Overweight and Obesity-Treatable Conditions

**Obesity remains the most common nutritional health problem in dogs and cats.**

Adipose tissue was long considered metabolically inert, and its primary role in disease was attributed to stress on the joints and increased workload on the heart. Adipose tissue is now known to be metabolically active and is a major endocrine organ in the body. In addition to secreting hormones, adipose tissue produces protein signals and factors that are linked to inflammation and the inflammatory response. Thus, obesity is considered a chronic inflammatory disease, and many obesity-related risks can be attributed to this inflammatory state.

**Obesity** is the excessive accumulation of adipose tissue and occurs when dogs/cats are > 20% above ideal weight (only 2 pounds for a small dog/cat or 10 pounds for a larger dog!). Dogs/cats 10% to 20% above ideal weight are considered overweight.

### Associated Diseases

Your pet's weight problem can put him/her at risk for developing:

- Diabetes
- Breathing difficulties
- Increased anesthetic risks
- High blood pressure
- Skin and hair coat problems
- Cushings
- Arthritis
- Heart and liver disease
- Many more!

### Incidence/Prevalence

The number of overweight or obese dogs in the U.S. has reached epidemic proportions. **An estimated 24% to 44% of U.S. dogs/cats are overweight or obese, and about 50% of dogs age 5 to 10 years are overweight or obese.**

### Breed Predislection

Some breeds are predisposed to obesity, including Labrador retrievers, miniature schnauzers, dachshunds, shelties, cocker spaniels, beagles, basset hounds, and Cairn terriers.

### Gender

Obesity is more common in females than males, and neutered females are almost twice as likely to be overweight or obese as intact female dogs.

### Risk Factors

- The most common risk factor for obesity is overeating and lack of adequate exercise.
- Age: Metabolic rate decreases as a dog ages; lean muscle mass decreases and fat mass increases.

- *Endocrine disorders:* Hypothyroidism and hyperadrenocorticism are the most common endocrine causes of obesity in dogs.
- *Drugs:* Corticosteroids and phenobarbital increase appetite.

**We need to be aware of total quantity and frequency of feeding of all pet foods, snacks, treats, and human foods.**

## Definitive Diagnosis

- Ribs should be easily felt (slight fat cover).
- Overhead view should show a well-proportioned lumbar waist.
- Side view should show abdominal tuck in front of the hind legs.
- Tail base should have a smooth contour; bones should be felt under a thin layer of fat.

## Laboratory Findings

Obese dogs should be screened for hypothyroidism before starting a weight loss program, even those without obvious clinical signs. Other tests may be warranted on the basis of clinical signs.

## Treatment

1. **Acknowledge that obesity is present.**
2. **Obtain thorough diet history from owner.**
3. **Form a partnership with the owner.** Success of a weight loss program largely depends on the client's acceptance of the need for weight loss and willingness to perform the tasks necessary to achieve it. Lifestyle changes are necessary!
4. **Correct and control any underlying diseases.**
5. **Induce a negative energy balance.** The most effective way to do this is to combine energy restriction with exercise.
6. **Choose an appropriate diet for weight loss.** Most pet food companies that make therapeutic diets also make a diet intended for weight loss programs (such as R/d or d/m).
7. **Divide total daily caloric intake into 2 meals.**
8. **Allow treats.** Provide low-calorie treat options and limit the amount of treats to < 10% of the dog's total caloric intake.
9. **Decide on a rate of weight loss.** A weight loss rate of 1-2% of body weight per week is safe.
10. **Weigh the dog at least once every 2 weeks.** This frequency allows early detection of weight loss slowing or plateauing.

Lack of owner compliance is the single most important factor in the failure of weight loss programs.

## Pharmacologic Approach - Dirlotapide (Slentrol; pfizerah.com)

- 90% of weight loss comes from eating less due to a smaller appetite.
- The remaining 10% of the drug's effect is due to less total fat being absorbed.
- Dirlotapide comes in a liquid form that is administered orally Q 24 H. The drug has a neutral flavor and is generally well accepted by dogs.
- The most commonly reported side effects with dirlotapide are vomiting, diarrhea, and lethargy. Mild to moderate elevations in liver enzymes occur in some dogs, but levels usually return to normal after discontinuation of drug therapy.
- Dirlotapide is contraindicated in:
  - All cats
  - Dogs with liver disease
  - Dogs receiving long-term corticosteroid therapy
- The safety of dirlotapide in dogs has been evaluated for 1 year.