Pica and Coprophagia
(Eating Non-food Items and Eating Feces)

Basics

OVERVIEW
- Eating of non-food items (known as “pica”), including eating of feces of bowel movement (known as “coprophagia”)
- Coprophagia is not uncommon in dogs; it is rare in cats

SIGNALMENT/DESCRIPTION OF PET

Species
- Dogs and cats

Breed Predilections
- Oriental breeds of cat, such as the Siamese, may be at greater risk of pica than other cat breeds

Mean Age and Range
- Pica occurs more often in puppies than in adult dogs
- Pica is most likely to begin during the first year of life in cats

SIGNS/OBSERVED CHANGES IN THE PET
- Eating of non-food items (for example, dogs—rocks, clothing, and feces; cats—fabrics and plastics)
- Bad breath (halitosis), if problem is coprophagia
- Damage to teeth if the dog eats hard objects
- Pale moist tissues of the body (mucous membranes) and weakness if the pet has a low red blood cell count (known as “anemia”)
- Poor body condition if signs are accompanied by abnormal digestion or absorption of food (known as “maldigestion” or “malabsorption,” respectively)
- Nervous system signs if behavior caused by neurological disease

CAUSES

Behavioral Causes
- Coprophagia is considered normal maternal behavior; the mother dog (bitch) or cat (queen) licks the area under the tail of the newborn puppy or kitten to stimulate elimination and then eats the feces
- Dogs seek out cat feces because it is high in protein and therefore appealing
- Herbivore feces are appealing to dogs, apparently due to partially digested vegetable matter
- Dogs on highly restricted diets may have a voracious appetite, leading to coprophagia and pica
- Feces are appetizing to dogs, so the behavior is self-rewarding
- Dogs that have been punished for eliminating in the house may learn to eat their own feces in an apparent attempt to avoid punishment
Nest cleaning
Response to anxiety
Compulsive behavior
Attention-seeking behavior

Medical Causes
- Low red blood cell count (anemia)
- Poor nutrition (malnutrition) leading to excessive food intake (known as “polyphagia”)
- Diseases involving the endocrine system—excessive levels of thyroid hormone in the blood (known as “hyperthyroidism”); condition characterized by high levels of glucose (sugar) in the blood (condition known as “diabetes mellitus” or “sugar diabetes”; excessive levels of steroids produced by the adrenal glands (known as “hyperadrenocorticism” or “Cushing’s syndrome”)
- Abnormal digestion (maldigestion) or absorption of food (malabsorption)
- Low levels of digestive enzymes produced by the pancreas (known as “exocrine pancreatic insufficiency”)
- Inflammatory bowel disease
- Excessive number of bacteria in the small intestine (known as “small intestinal bacterial overgrowth”)
- Central nervous system disease
- Portosystemic shunt (condition of abnormal blood flow in the liver due to high blood pressure in the portal vein, the vein carrying blood from the digestive organs to the liver)
- Intestinal parasitism

Drug-Induced Causes
- Administration of medications such as steroids, progestins, or benzodiazepines may lead to increased appetite and excessive eating (polyphagia)

RISK FACTORS
- Early weaning of kittens has been suggested as a possible cause of sucking on and eating of fabrics
- Cats fed low-roughage diets and/or not allowed access to roughage sources (such as grass)
- Dogs not provided with an appropriately stimulating environment, adequate activity, or social interactions may be at risk for pica, coprophagy, or both
- Confinement of dogs in barren yards may predispose to coprophagia

Treatment

HEALTH CARE
- Varies depending on whether the cause is medical or behavioral
- Treat any underlying disease (such as hormonal problems, gastrointestinal disease, or disorders of the pancreas) and withdraw any drugs that could cause increased appetite and excessive eating (polyphagia)
- Correct any dietary deficiencies

Treatment of Eating of Non-food Items (Pica)
- Prevent access to non-food items that are likely to be eaten
  - Confine pet away from interesting non-food items
  - Muzzle dogs; watch for signs of overheating in warm climates and when muzzle is worn for prolonged periods of time
  - “Booby traps” may be used to keep pet away from certain areas or items
  - Change to a diet higher in fiber
- Teach dog a “Drop it” or “Leave it” command, so owner can prevent consumption of inappropriate items

Treatment of Eating Feces of Bowel Movement (Coprophagia)
- Prevent access to feces
  - Walk dog on leash and pick up feces immediately
  - Muzzle dogs; watch for signs of overheating in warm climates
  - Use head collar (such as Gentle Leader or Halti) for increased ability to guide pet away from feces; reward for “turning away” after defecation
  - Change the character of the feces
    - Add ForBid or meat tenderizer to feed so that feces become less tasty and attractive to the dog
• Changing the diet to one that causes a softer, less formed stool may decrease the stool's appeal to the dog
• Use a remote-activated citronella collar to distract the dog every time it tries to sniff or eat feces
  • This technique must be used every time the dog has access to feces in order for it to be effective
  • Dogs should be rewarded with a tasty treat for returning to owner on command
• Taste aversion can be taught by using a powerfully aversive substance (such as hot sauce or cayenne pepper)
  • All feces with which the dog may come in contact must be included for this technique to be effective
  • Dogs can learn to recognize the smell of the “aversive substance”—coated feces and avoid them, while looking for non-coated feces

**ACTIVITY**
• Increased activity levels may help in the treatment and prevention of pica or coprophagia
• More regular, predictable schedules of interaction and exercise can decrease anxiety and may aid in the treatment of pica or coprophagia

**DIET**
• Feed a good-quality, balanced diet
• Change to a diet higher in fiber
• Dietary changes may be helpful in some cases of coprophagia
• A more highly digestible diet or the addition of plant-based enzyme supplements has been successful in decreasing coprophagia in some cases

**Medications**
Medications presented in this section are intended to provide general information about possible treatment. The treatment for a particular condition may evolve as medical advances are made; therefore, the medications should not be considered as all inclusive
• If the problem is a compulsive disorder or secondary to anxiety, administering psychologically active drugs, a tricyclic antidepressant (TCA), such as clomipramine, or a selective serotonin reuptake inhibitor (SSRI), such as fluoxetine, may be effective

**Follow-Up Care**

**PATIENT MONITORING**
• Monitor and record abnormal eating habits to determine if the pet's pica or coprophagia is decreasing
• Discuss progress in controlling abnormal eating habits with your pet's veterinarian in 1—2 weeks
• If dietary management changes did not markedly improve the problem, further diagnostic testing and/or medication may be needed

**PREVENTIONS AND AVOIDANCE**
• Limit access to non-food items to prevent pet from eating them
• Careful supervision during housetraining may help to prevent puppy exploration of feces and reinforcement of coprophagia
• Administer monthly heartworm prevention that also prevents gastrointestinal parasites, according to your pet's veterinarian
• Find a safe substitute that the pet can eat
• Remove plastic and woolen material from the cat's environment
• Apply a pungent or bitter taste to objects, which may discourage consumption

**POSSIBLE COMPLICATIONS**
• Blockage of the intestinal tract by a foreign body is the most common complication to pica in dogs and cats
• Gastrointestinal complications—foreign bodies, diarrhea, vomiting, bad breath (halitosis)

**EXPECTED COURSE AND PROGNOSIS**
• Prognosis is guarded if the condition has been present for a long time or if the owner is unwilling to supervise the dog closely when it eliminates
• Prognosis improves if the owner is willing to supervise the dog and to follow treatment recommendations
Realistic expectations must be understood; changing a behavior that has become a habit is very challenging.

**Key Points**
- Prevent access to non-food items or feces that may be eaten
- Increased activity levels may help in the treatment and prevention of pica or coprophagia
- More regular, predictable schedules of interaction and exercise can decrease anxiety and may aid in the treatment of pica or coprophagia
- Realistic expectations must be understood; changing a behavior that has become a habit is very challenging
- Coprophagia in most cases is normal behavior for dogs and is not harmful, unless the dog eats feces containing parasites
- Avoid the use of punishment for pica or coprophagy due to the risk of increasing anxiety and possibly worsening the behavior

**Notes**
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