

## **COPROPHAGIA IN DOGS**

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▫ Behavioral Disorders

### **OVERVIEW**

Coprophagia is the practice of eating stool (feces). There's nothing more disgusting to a dog owner than seeing their dog eat its own or another dog's stool, and then to have the dog saunter up, tail wagging, looking for a kiss and a few kind words.

"Why on earth would dogs do such a repulsive thing?" an owner might ask. What on earth is the attraction in this behavior? We may never know for sure but we do have an inkling about what initiates the behavior and can surmise how and why it continues.

### **THE FACTS ABOUT COPROPHAGIA**

Coprophagia is not an abnormal behavior for canines in certain situations. Bitches naturally consume their own pup's feces – presumably, to keep the nest clean. This behavior provides a survival benefit as it prevents unhygienic conditions from developing in the nest; a state of affairs that could lead to disease. The biological drive to eat feces, which is implanted as a survival instinct, compels nursing bitches to ingest their pups' feces.

In addition, many puppies go through an oral stage in which they explore everything with their mouths, sometimes ingesting a variety of non-food items, including feces.

As time goes by, the majority of pups eventually learn that food tastes better than feces and they swear off the stool-eating habit for the rest of their lives. Some older puppies may continue to eat feces for a few months, but most grow out of the habit after the first year.

Barring nursing bitches, the majority of "normal" adult dogs have absolutely no interest in eating feces.

### **WHEN COPROPHAGIA IS A PROBLEM**

Slow learners, "oral retentives," and pups in which habits are easily ingrained may continue to engage in coprophagia well beyond the accepted "norm" and may engage in it to excess. Such hard-core coprophagics continue the behavior long after their peers have developed new interests. Dogs like this, that seem addicted to the habit, may best be described as "compulsive."

Below is a list of possible contributing factors though more than one may be operating in any one case.

- The opportunity to observe the dam eating stool
- High protein, low residue, puppy food
- Irregular feeding schedule
- Feeding inadequate amounts of food
- Under-stimulating environment
- Constant opportunity to ingest feces
- Inadequate attention/supervision

## **VETERINARY CARE**

### **DIAGNOSIS**

Whether by nature, nurture, or a combination of factors, coprophagy rears its ugly head as a persistent and irritating habit that some long-suffering dog owners seem fated to endure. There are several different forms of coprophagy but, whatever form it takes, there are probably similar drives and predilections operating. Variations on the theme include:

- Dogs that are partial only to their own stool
- Dogs that eat only other dogs' stool
- Dogs that eat stool only in the winter if it is frozen solid ("poopsicles")
- Dogs that eat only the stool of various other species, often cats

### **THERAPY**

There are some "home" remedies that have been practiced, but they rarely work. Here are a few:

- Adding Adolph's Meat Tenderizer® or Forbid®, commercially available preparations of pancreatic enzymes, to the dog's food
- Adding crushed breath mints to the diet
- "Doctoring" each stool with Tabasco® in the hopes of discouraging the dog from the habit

The following strategies have met with more success, though it is important to note that results vary:

- Picking up all available stools (i.e. denying access)
- Escorting the dog into a "picked up" area and walking him back inside the house immediately after he has successfully passed a bowel movement and before he even has a chance to investigate the fruits of his labor
- Some dogs try to circumvent their owner's control by eating the stool as it emerges and for these incorrigible few a muzzle may be necessary
- Changing the dog's diet and feeding schedule so that high fiber rations are fed frequently and perhaps by free choice. Hill's r/d Prescription Diet®, a diet that contains 10 percent fiber is a good option. It may

work by allowing the dog to eat to satiation without gaining weight, or it may alter the texture of the dog's stool, making it less palatable. Dry food seems more effective than wet food in curtailing coprophagia

- Lifestyle enrichment is also helpful. Make sure your dog has plenty of exercise and spends plenty of quality time with you each day. Some dogs respond when a "Get a job program" is implemented. Such a program is designed to encourage the dog to exercise his natural tendencies by means of activities like chasing, fetching, walking, pseudo-hunting, fly ball, agility training, etc.

- Teach the LEAVE IT command

Although some of the above measures have occasionally been found effective on their own, it best to apply a whole program of prevention for at least six months to nip the behavior in the bud. If during this time, if the dog gets access to stool and ingests it, some ground will be lost. Hopefully, though, progress will eventually be made, even if it's one step back for every two forward.

Despite all these modifications in environment and training, some dogs persist in the habit of coprophagia. For these dogs, the compulsive disorder diagnosis may be worth considering. Some obstinate cases respond to the judicious use of human anti-depressants.

Although controversial, the obsessive-compulsive disorder diagnosis seems to fill the bill, on occasion at least, and it meets a couple of the scientific criteria for diagnosis.

- **Face validity:** The dog appears obsessed with eating stool and compelled to ingest it.
- **Predictive validity:** Extreme, refractory, coprophagy should follow a genetic predilection, occurring more frequently in anxious breeds of dog. The latter appears to be true, as the condition seems to be more common in certain breeds (e.g. retrievers). Also, the condition should, and often does, respond to therapy with anti-obsessional drugs.

## HOME CARE

In the majority of cases, coprophagy can be successfully treated at home by means of a combination of management changes (exercise, diet, and supervised outdoor excursions) and environmental measures, but be wary of the occasional medical condition that masquerades the same way (your vet can help rule out such conditions).