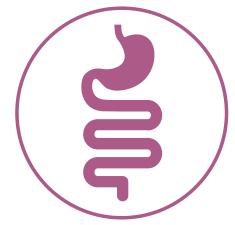


## **Gastrointestinal Disorders**

# FELINE CHRONIC GASTROENTEROPATHY

Persistent or recurring intermittent vomiting is the primary clinical sign seen in cats with chronic gastroenteropathy. Chronic vomiting may be accompanied by diarrhea, weight and body condition losses, decreased appetite, muscle wasting and/or poor hair coat. In many of these cases, inflammation of the gastrointestinal (GI) mucosa is typically assumed but not confirmed by histopathology.



Common causes of feline chronic gastroenteropathy can include infectious diseases (i.e., bacterial, viral, parasitic or protozoal infections), adverse food reactions, dietary indiscretion, neoplasia, motility disorders, and gastric ulceration. Chronic vomiting with or without other GI signs also can occur secondary to systemic diseases such as pancreatic, liver, kidney or neurologic diseases; hyperthyroidism; and *Dirofilaria immitis* infection. Hairballs may cause vomiting without gastroenteric disease.

The goals of nutritional management of cats with chronic gastroenteropathy are to provide a diet that meets the cat's nutrient requirements, minimizes irritation of the GI mucosa, reduces excess stomach and intestinal secretions, supports normal GI motility, and promotes gastric emptying.

### **Key Messages**

- Cats with chronic gastroenteropathy should be fed a highly digestible, palatable, high-protein formula to minimize lean body mass loss, manage impaired digestion and/or absorption of macronutrients (e.g., protein, fat or carbohydrate), and/or address dysbiosis.
  - A food made with hydrolyzed or novel protein ingredients may be chosen if food intolerance or food allergy is suspected as an underlying cause of clinical signs.
  - Dietary fat does not slow gastric emptying in cats, so a fat-restricted diet is typically not needed when managing cats with GI signs.
    - A Purina study has shown the amount of dietary fat does not appear to affect the clinical response of cats with chronic diarrhea.
  - Since nausea or vomiting can trigger food aversion in some cats, consider recommending a diet made with ingredients that are different from those in the diet fed prior to the current GI problems.



Some cat owners may accept chronic or intermittent vomiting as a normal part of cat ownership. It is important to proactively ask clients about signs of gastroenteropathy – in addition to weighing the cat and assessing its body condition – at each veterinary appointment to detect potential Gl disease.

(continued on next page)



#### **Key Messages (continued)**

- Water is an important nutrient for cats with chronic gastroenteropathy due to the risk for dehydration and electrolyte imbalances. Cats with mild fluid deficits can be managed with oral water intake or subcutaneous fluid administration. However, cats with moderate to severe dehydration should receive intravenous fluid and electrolyte replacement as appropriate.
- Food form and feeding frequency should be matched to the suspected problem and its location within the GI tract to avoid inducing additional vomiting and/or diarrhea.
  - Food form (e.g., liquid, canned or dry) influences how quickly the stomach empties. Liquid diets are the fastest to leave the stomach, followed by canned foods and finally dry kibble.
  - The increased moisture content of a wet formula or dry food with warm water added can help offset mild fluid losses while improving palatability.
  - Patients with gastrointestinal diseases may benefit from small, frequent meals (e.g., 3 to 6 meals per day). Frequent small meals help minimize stomach distention, reduce gastric acid secretion, and promote gastric emptying. This strategy also helps to improve nutrient absorption and to minimize adverse GI responses (e.g., vomiting or diarrhea).
  - If the gastroenteropathy resolves, a gradual transition to the cat's usual diet can be undertaken over a 5- to 7-day period. However, depending on the suspected underlying cause, some cats may need to remain on a therapeutic diet.

#### **Additional Resources**

Guilford, W. G., Jones, B. R., Markwell, P. J., Arthur, D. G., Collett, M. G., & Harte, J. G. (2001). Food sensitivity in cats with chronic idiopathic gastrointestinal problems. *Journal of Veterinary Internal Medicine*, 15(1), 7–13. doi: 10.1111/j.1939-1676.2001.tbo2291.x

Laflamme, D. P., Xu, H., & Long, G. M. (2011). Effect of diets differing in fat content on chronic diarrhea in cats. *Journal of Veterinary Internal Medicine*, 25(2), 230-235. doi: 10.1111/j.1939-1676.2010.0665.x

Norsworthy, G. D., Estep, J. S., Kiupel, M., Olson, J. C., & Gassler, L. N. (2013). Diagnosis of chronic small bowel disease in cats: 100 cases (2008–2012). *Journal of the American Veterinary Medical Association*, 243(10), 1455–1461. doi: 10.2460/javma.243.10.1455

Perea, S. C., Marks, S. L., Daristotle, L., Koochaki, P. E., & Haydock, R. (2017). Evaluation of two dry commercial therapeutic diets for the management of feline chronic gastroenteropathy. *Frontiers in Veterinary Science*, 4, Article 69. doi: 10.3389/fvets.2017.00069

Saker, K. E. (2010). Gastroenteritis/vomiting – feline. In *Nestlé Purina PetCare handbook of canine and feline clinical nutrition* (pp. 60–61). Nestlé Purina PetCare Company.

The Purina Institute aims to help put nutrition at the forefront of pet health discussions by providing user-friendly, science-based information that helps pets live longer, healthier lives.

