

Nourishing Bonds: How to Prevent and Address Food Aversions in Pets

Creating Collaborative Care Through Nutrition Conversations



A PANEL DISCUSSION

Pets with conditioned food aversion or avoidance present complex feeding challenges. Board-Certified Veterinary Nutritionist® Dr. Julie Churchill and Dr. Sandra Lyn, an expert in feeding behavior of cats and dogs, explore the science behind food aversion and avoidance behaviors in pets, focusing on taste aversion and taste avoidance learning, how these behaviors develop, how to recognize them, and strategies for prevention and management in clinical and home settings in this panel discussion moderated by feline internal medicine specialist Dr. Andrew Sparkes.¹

THE DIFFERENCE BETWEEN CONDITIONED TASTE AVERSION AND TASTE AVOIDANCE LEARNING

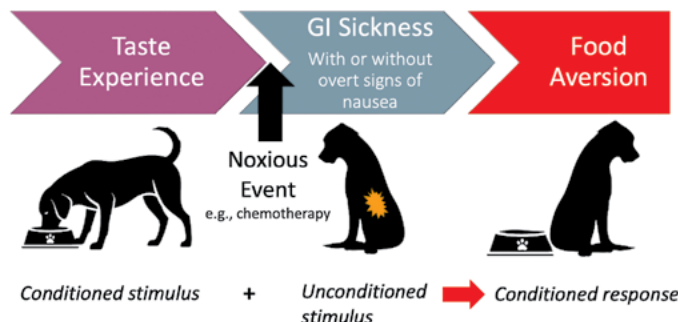


Andrew Sparkes, BVetMed, PhD,
Dipl. ECVIM, MANZCVS, MRCVS
(Chair/Moderator)

Dr. Andrew Sparkes: How do conditioned taste aversion and taste avoidance learning differ in pets?

Dr. Sandra Lyn: Both are learned behaviors and forms of classical conditioning. With conditioned taste aversion, the initial stimulus is the taste, followed by an event, typically a GI sickness of some kind, occurring. Due to the association, the pet forms an aversion to the particular taste of the specific food. The sickness is occurring at or around the same time the pet is eating the food, but it is not necessarily a cause and effect. At first, the aversion is learned to the taste of the food. But then the pet learns to avoid the smell of the food, which is known as taste-potentiated odor aversion. From a survival standpoint this is logical, because then the pet does not have to taste the food every time in order to know to avoid eating it.

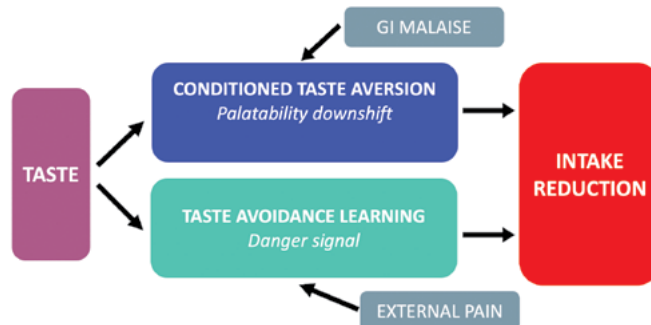
EXAMPLE OF A CONDITIONED TASTE AVERSION



It is not necessary for the GI sickness to present with overt signs of nausea or vomiting or even to be a result of eating the food. Even after recovery, the pet will often still refuse to eat the food. This occurs because with food aversion conditioning, the palatability of the

flavor of the particular food has downshifted. The pet actively goes from liking or loving their food to disliking it. As a result, we tend to see food aversions forming more easily to novel foods. Learned food aversions can occur in the home or during hospitalization.

CONDITIONED TASTE AVERSION VERSUS TASTE AVOIDANCE LEARNING



Taste avoidance learning is a learned association between the taste of a food with pain. Pain can be internal, such as dental pain. A certain level of pain may lead to very strong conditioned fear. In this case, palatability is not downshifting. Where taste avoidance learning has an impact is in the appetitive behavior—that desire to eat.

Note that both forms can occur at the same time in cats and dogs.

Dr. Sparkes: From a pet owner's perspective, how do food aversion and food avoidance present differently?

Dr. Lyn: If a pet owner is trying to encourage their pet to eat—by hand-feeding, playing, petting, or grooming the pet—and the pet exhibits active refusals in addition to not trying to eat the food, this is likely a conditioned taste aversion. However, if the pet accepts at least some of the food with owner encouragement, that is more likely to be a taste avoidance scenario. Again, taste avoidance is not reducing the palatability of the diet but is decreasing the desire to eat.

MANAGING THE PET WITH FOOD AVERSION OR AVOIDANCE

Dr. Sparkes: Both pet owners and veterinary professionals are often inclined to offer a wide variety of foods to an anorexic pet. When should this be avoided?

Dr. Lyn: If we are fairly confident that there is nausea or GI sickness in general, I would advise not to offer a variety of different foods since you have the risk for conditioned food aversions to occur.

Neophobia and neophilia are two ways that pets in general respond to new foods. If a pet is offered a choice between familiar and new foods and chooses familiar over new, the pet is showing a neophobic response. If the pet chooses new over familiar, that is a neophilic response.

Healthy cats and dogs in secure environments offered new foods in a similar context to foods that they have eaten previously are more likely to show a neophilic response. However, with a pet hospitalized in the veterinary clinic, an unfamiliar and stressful environment, the trend may instead be towards neophobia. If you are concerned you have a negative unconditioned stimulus, intense pain, or GI sickness that can be reliably associated with the flavor of the foods, my recommendation is not to offer many new foods, because the pet may learn aversions to all of those foods.

Dr. Sparkes: If variety is not the solution, what strategies should be employed for managing pets with a poor appetite that appear to have nausea?

Dr. Julie Churchill: My first step is to assess the patient with a history and physical exam and then to begin with antiemetics and/or pain management, as indicated. Addressing nausea with antiemetics is critical. Pets with nausea may show subtle signs: lip smacking, drooling, or just approaching the bowl and turning away. They may feel hunger, but when they see the food, they reject it. If these medical management tools are not effective, meaning the patient is consuming less than 50% of his resting energy requirement, nutritional support with a nasogastric tube (NE/NG) is an excellent option. Feeding via a feeding tube is crucial to supporting recovery with complete and balanced nutrition while avoiding creating new aversions.

Another important part of our assessment is the environment. ICUs are busy and noisy, which I think can impact when a cat is ready to eat. Some small changes can improve their environment and encourage intake in hospitalized pets.



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Sandra Lyn, MA, PhD

Dr. Lyn: Much of the clinic environment is unfamiliar for the pet. A veterinary clinic cage or kennel is much smaller compared to a home. For a hospitalized cat, the litter box, food bowl, and water bowl may be together in one small space.

We have also seen this trend of humanization with pets and their owners. Cat and dog owners often tell me that their pet prefers to eat in their presence. So being in a new place away from their owners can negatively affect eating and appetite.



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Julie Churchill, DVM, PhD, DACVIM (Nutrition)

Dr. Churchill: For cats, reducing noise, covering the front of the cage, and providing a place to rest separate from their litter box, food, and water can help encourage eating. Having the owner or a veterinarian or technician that the pet likes nearby or petting or hand-feeding the pet may help. Dogs may especially like their caregiver to visit and feed them.

Dr. Sparkes: Could you explain the concept of a sacrificial diet and when it is appropriate to use one?

Dr. Churchill: A sacrificial food is a temporary, intermediate food offered during hospitalization or early recovery. If I think an aversion formed before hospitalization, I avoid offering the usual diet because it is unlikely to be successful. Based on the diagnosis and my longer-term plans, I avoid implementing my intended therapeutic diet at this stage to prevent aversion to that food. The sacrificial diet is a compromise—likely to be accepted and expendable if aversion occurs. Once the pet stabilizes, I aim to transition to the long-term diet. During this phase, I use appetite stimulants and antiemetic medications as needed.

Dr. Lyn: If one flavor is well accepted, continue to feed that flavor when offering variety. This approach preserves the option of introducing a novel flavor later if a therapeutic diet becomes necessary. For owners who want to use food toppers, first understand their motivation. There may be other ways to meet an owner’s desire for variety—such as using different textures or forms while staying within the same flavor, or presenting the food differently, such as by adding a small amount of water.

Dr. Sparkes: When a dog or cat develops a true food aversion, how and when should you attempt reintroduction, if at all?

Dr. Lyn: Ensure the pet has fully recovered before reintroducing the food. But if it is truly an aversion, especially to a novel option such as a therapeutic diet, it may be extremely difficult to overcome due to reduced palatability. Counter-conditioning may help: Pair the food with positive experiences, such as mixing small amounts with

a preferred food, and gradually increase the proportion to encourage acceptance.

With learned taste avoidance, if you can identify and address the trigger, you may be more successful at reintroducing the food.

“If one flavor is well accepted, continue to feed that flavor when offering variety. This approach preserves the option of introducing a novel flavor later if a therapeutic diet becomes necessary.”

Dr. Lyn

Dr. Sparkes: Given the often subtle signs of nausea or pain, how do you decide among antiemetics, analgesics, and appetite stimulants in practice?

Dr. Churchill: There is no clear-cut answer. You should watch for the subtle signs of nausea and then use your clinical knowledge of the disease and the medications you are using to anticipate whether nausea may be present. You should watch for the subtle signs of pain and learn about and coach your clients on pain assessment tools. Sometimes it comes down to a treatment trial.

Dr. Sparkes: Does the presence of an NG tube influence taste avoidance, and how do you minimize discomfort?

Dr. Churchill: People report that anything in the esophagus is quite uncomfortable. I do not see the same observations in dogs and cats when they are feeling better with an NG or other tube in place. I have had many patients who willingly eat while the tube is in place. It may be case dependent. However, we spend a lot of time and care with respect to tube placement, avoiding impinging on the nostrils or entrapping whiskers in cats, so that the tube is as comfortable as possible. We also minimize handling while feeding if we suspect nausea is present so as not to worsen it.

Dr. Sparkes: What unique feeding considerations should we keep in mind for oncology patients undergoing chemotherapy?

Dr. Churchill: We know that many chemotherapy medications can induce nausea. A day or two after chemotherapy, you may notice that the pet's appetite wanes—still eating but eating more slowly.

So we administer antiemetics. For subsequent chemotherapy, we administer those antiemetics prior to the chemotherapy administration. Ideally, consider the patient's condition and medications at the outset so you can proactively administer antiemetics, helping reduce nausea and lower the risk of developing taste aversions. We want to set the pet up for success.

NUTRITION STRATEGIES FOR KITTENS AND PUPPIES

Dr. Sparkes: How can early-life nutrition strategies help prevent food aversion and build resilience for future dietary changes?

Dr. Lyn: Cats by their nature are food generalists. Outdoor cats do not specialize by hunting one particular species. This tells us that variety is a normal part of their diet.

Cats can become specialists, though. Since early dietary experience can inform food preferences and feeding behaviors in adulthood, if you narrow the diet when they are quite young, then cats recognize a smaller amount of foods as food, and as acceptable.

And so if you have this cat that you now need to transition from one food type to another, you might struggle in that situation independent of any learning on taste aversion or food avoidance. The pet is neophobic because they do not recognize the food as food. It becomes much harder to introduce a new food to that pet.

Dr. Churchill: For our kittens in particular, I like to have owners offer multiple forms during the first year of life to preserve “food flexibility.” Later in life I often want additional water in their diet, which is easier with a canned option if they will accept it.

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Dr. Churchill

Dr. Lyn: Yes, feeding a range of different foods, food forms, and flavors to kittens and puppies helps prepare them for transition if needed later in life.

COMMUNICATION WITH CLIENTS

Dr. Sparkes: What communication strategies help pet owners understand and avoid reinforcing poor appetite behaviors?

Dr. Lyn: Helping owners to empathize is important. Conditioned taste aversion and taste avoidance are prevalent in people. Using relatable examples, such as heartburn, can help pet owners understand how pets can learn to avoid certain foods if eating it is associated with pain. Pet owners mean well, but frequent use of toppers—and especially immediately switching foods when a pet refuses to eat—can reinforce picky eating behaviors, making long-term feeding more difficult.

Dr. Sparkes: How should we guide pet owners—especially those with pets newly diagnosed with cancer—who may be making well-intentioned but ill-advised diet changes?

Dr. Churchill: I think there is a great opportunity to have conversations with clients and optimize the impact of chemotherapy. I counsel caregivers not to make big changes during those initial phases of therapy, because those inadvertent, well-meaning extra calories and often very high-fat foods can cause GI distress and exacerbate nausea. When a pet experiences GI signs, the healthcare team may reduce dosing of the effective therapy when the signs were due to rapid diet change.

Dr. Sparkes: Could aspects of the home setting be contributing to the poor appetite of an osteoarthritic pet?

Dr. Lyn: A pet with severe OA that must walk on a slippery linoleum kitchen floor or climb stairs to reach the food bowl may not eat. The pet may be hungry and will still eat, but the pain associated with going to eat leads to avoidance.

As we mentioned earlier, there are environmental stimuli that can affect behavior around feeding. If we are worried about pain in particular, we should look for environmental cues or arrangements that might be contributing.

Dr. Churchill: I discuss the location of the food bowl with the clients. If it is currently placed on a slippery surface, I ask whether it could be moved or whether a piece of nonslip flooring could be placed under the bowl.

FINAL THOUGHTS

Dr. Sparkes: What are your top take-home messages from this discussion?

Dr. Churchill: I am amazed at the science behind feeding behavior. When I can apply this to my patients, I think differently and am more proactive.

I appreciate that we are excited to feed. However, I think we can feed more intentionally. We can be proactive in addressing existing or

anticipated nausea with antiemetics, appetite stimulants when needed, and sacrificial foods, which I use on a regular basis. We should pay attention to the environment, anxiety, and pain, because they are also often associated with aversion or avoidance.

Dr. Lyn: My first message is that learning is occurring. Once the learning has occurred, the sick cat or dog is no longer in control. People often want to say very quickly, especially for cats, that they are capricious or finicky. But it is important to understand that in some instances this is truly a learning that is very powerful and has taken hold.

And secondly, to reiterate, now knowing that learning is taking place, feed with intention. How do you meld your expertise in terms of the disease and administered medications with the feeding of your patients?

CHAIR/MODERATOR

Andrew Sparkes, BVetMed, PhD, Dipl. ECVIM, MANZCVS, MRCVS, is a leading feline medicine expert. After completing a residency and PhD, he lectured at the University of Bristol. Dr. Sparkes headed the Division of Small Animal Studies at the Animal Health Trust and later served as Veterinary Director of International Cat Care (iCatCare) and International Society of Feline Medicine (ISFM; now the iCatCare Veterinary Society). Founder and co-editor of the *Journal of Feline Medicine and Surgery*, he works as an independent consultant.

PANELISTS

Julie Churchill, DVM, PhD, DACVIM (Nutrition), completed dual residencies and a PhD from the University of Minnesota. She is currently Professor at the University of Minnesota College of Veterinary Medicine. Dr. Churchill is passionate about teaching and mentoring students, seeing patients, and advancing the integration of nutrition into the lifelong care of pets. She also champions veterinary team well-being and received the Minnesota Veterinary Medical Association Outstanding Faculty Award in 2022.

Sandra Lyn, MA, PhD, received her BA in Psychology and History from Illinois Wesleyan University and an MA and PhD in Psychology from the University of Florida. Currently Senior Manager in Global Pet Behavior and Welfare at Nestlé Purina, she has over 31 years of experience in animal behavior research, including 25 years specializing in the feeding behavior of cats and dogs. Other research interests include pet welfare, nutrition, feline elimination behavior, and the human-animal bond.

¹ Adapted from the live broadcast of Nourishing Bonds: How to Prevent and Address Food Aversions in Pets, a Purina Institute Creating Collaborative Care Through Nutrition Conversations webinar, available on demand at [Purina Institute Webinar Series 2025](#).

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