

Feline Psychogenic Alopecia

DEFINITION

Feline psychogenic alopecia is a condition of excessive grooming resulting in patchy to diffuse areas of hair loss.

AETIOLOGY AND PATHOGENESIS

The condition is thought to be due to an anxiety neurosis resulting from environmental changes such as boarding, moving to a new house or apartment, introduction of a new pet, baby or spouse, loss of favorite companion, or social hierarchy competition. However, in some cases no change in the animals' environment or lifestyle can be found.

CLINICAL FEATURES

The syndrome is more common in emotional cats such as the Siamese, Burmese, Himalayans, and Abyssinians. However, other breeds as well as cross-bred cats can be affected. Both psychogenic alopecia and psychogenic dermatitis may result, depending on the degree of attention to which the skin is subjected. The lesions are most commonly found along the back, ventral abdomen, inner thighs, and medial aspects of the foreleg. Hair loss is often present on both sides of the animal, and can be patchy or diffuse and in some cases well demarcated. In the majority of cases the hair has been chewed off and stubble can be felt in the areas of hair loss. Generally there is no redness to the skin or sores associated with lesions. However, occasionally cats will persistently damage the skin and sores will result.



DIFFERENTIAL DIAGNOSES

This condition is over-diagnosed and it is imperative to rule out the following as they can result in lesions exactly mimicking feline psychogenic alopecia.

- Flea bite hypersensitivity
- Mites in the skin
- Allergies to food
- Allergies

Ringworm

DIAGNOSTIC TESTS

The diagnosis of a psychodermatosis is essentially one of making sure the cat does not have one of the other similar appearing diseases. The principle differential diagnosis of the self induced symmetrical alopecia in the cat is flea bite hypersensitivity and every effort must be made to demonstrate that fleas are not the cause of the problem. Mites and ringworm may be ruled out by microscopic examination of skin scrapings and by fungal culture, respectively. Cutaneous adverse food reactions can be ruled out via diet trials. Ruling out allergic dermatitis is more problematic and can involve allergy testing and/or therapeutic trials with corticosteroids or ciclosporin (cyclosporine)

MANAGEMENT

Once the diagnosis of a psychodermatosis is made, the aim should be to try and identify any behavioural component of the condition and correct this if possible. If true psychogenic alopecia is present one of the following behavior-modifying drugs may be tried.

Amitriptyline

Clomipramine

Diazepam

Phenobarbital

Pheromone sprays or room diffusers.

Once the hair has re-grown the dose can be tapered and in some cases discontinued, however, life-long therapy may be required.

KEY POINT The syndrome is over diagnosed and every effort must be made to rule out the conditions with similar clinical appearance.