Feline Aggression

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Aggression is a broad term that, in cats, covers mild threat (eg, hissing, growling, swatting) to more severe behaviors that can lead to physical harm. To provide helpful advice, proper diagnosis determined by thorough history taking is vital (see Important History Questions, next page). Feline aggression has several distinct categories that may not be mutually exclusive (see Categories of Feline Aggression).

Client Safety Education
Regardless of the patient’s motivation for aggression, client safety must be addressed and encouraged. By understanding and watching for signals of aggression, clients can better avoid situations that lead to this arousal state, avoid injury, and more effectively help treat their cat. Cat scratches and bites can lead to more serious injury and illness. A cat in a high arousal state (see Warning Signs of Aggression, next page) can quickly escalate into significant aggression and direct severe bites and scratches at an unsuspecting family member. Clients should not attempt to soothe or handle a cat that is showing signs of aggression; clients should instead slowly move away from the cat. Pursuing a cat that is cornered or trying to escape can be risky.

Categories of Aggression
Pathophysiologic
Many disease states can lead to increased irritability and aggression in cats, including endocrinopathy (eg, hyperthyroidism), a painful condition (eg, osteoarthritis, dental disease), neurologic disease (eg, epilepsy), infection (eg, FIV), drugs or toxins, degenerative disease (eg, cognitive decline), and neoplasia (eg, CNS tumors). Cats with aggression should be medically evaluated and treated accordingly. Even if a medical cause is addressed, aggression may persist from other factors or the retention of recently learned aggressive behavior.

Categories of Feline Aggression
- Pathophysiologic
- Play
- Redirected
- Petting
- Status
- Fear
- Maternal
- Territorial
Play
Play aggression, common in kittens and young cats, involves typical predatory behavior (eg, pouncing, biting, scratching). The cat’s body posture may include lashing tail, flattened ears, and dilated pupils. Play-aggressive cats may hide and stalk. Kittens raised with littermates learn how to bite and scratch with play-appropriate intensity, whereas kittens raised without feline playmates may not. Kittens that are understimulated or lack appropriate play outlets are common play aggressors.

Redirected
Redirected aggression, most commonly redirected fear-related aggression, can occur when a cat is aroused by a stimulus (eg, another cat, human, odor) that is inaccessible (eg, outside the house, behind a closed door). The cat then redirects its aggression at the nearest target, such as a housemate.

Petting
This nonspecific descriptive category may include play, medical, fear, sexual, or simply irritable behaviors. Cats with petting aggression generally seek owner attention, yet attack the owner during petting. Most owners do not see the precursory arousal signs (eg, lashing tail, dilated pupils, tensed body) and believe the cat spontaneously attacked. These cats may have clear thresholds for physical attention.

Status
Status aggression is seen in more assertive cats that appear to control situations (eg, owner interaction, removal from desired perch) by using bold and assertive type posturing or actual attacks. These cats may even block owner access to a particular room. This behavior may be directed at humans or other cats in the household to acquire or maintain a resource. Maturing kittens with historical excessive play and petting aggression may be at increased risk for developing status aggression as they age and learn from their behaviors, indicating the need to address these cases early. In the author’s experience, although status aggression is rarely directed toward humans, these cases are serious and dangerous.

Fear
Fear aggression is a defensive behavior directed at unfamiliar or threatening stimuli (eg, humans, animals, noises). A fear-aggressive cat may crouch low (tail and legs tucked), hiss, bare teeth, or attack if it feels sufficiently threatened. Genetics, inadequate socialization, and previous trauma can place a cat at increased risk.

In the veterinary clinic, fear aggression is most common. These cats need to be handled carefully with slow, gentle manipulations using towels or blankets that allow them to hide. Examinations and procedures (eg, venipuncture) should take place in a quiet, separate room, taking appropriate care to avoid staff injuries.
Maternal
Queens may display aggression in response to humans or other animals approaching their offspring.

Territorial
Territorial aggression is common and most often triggered by a new cat’s introduction to the household. It may also be directed toward an accepted or established cat that is bearing unfamiliar odors (animal and/or human) after a trip to the veterinarian.

TX at a Glance

- **Increased arousal behaviors** (eg, growling, pacing, piloerection, tail swishing, dilated pupils)
  - The client should avoid the cat until it calms.
    - Physical contact or proximity with an aroused cat can be dangerous.
    - If the cat needs to be moved, herding with a blanket or thick towel is recommended.

- **Petting aggression**
  - The client should limit giving physical attention to the cat.
  - Physical interaction should cease immediately if warning signs are seen.
  - Systematic desensitization to petting can be used.

- **Redirected aggression**
  - Preventing exposure to stimuli is important.
    - Window shades, blinds, or opaque film may be useful.
    - Discouraging other animals (eg, feral cats) from the yard may be required; this can be accomplished with commercially available motion detectors.
  - Redirected aggression to feline housemate(s) should be addressed carefully.
    - Slow reintroduction is recommended; clients should know this can be a lengthy process.
    - A highly structured desensitization program may be required.

- **Play aggression (young cats)**
  - Clients should not use hands for physical play.
  - Clients should provide ample environmental enrichment (eg, fishing pole, interactive toys, balls, boxes, food-dispensing toys, possibly another young or playful cat).

- **Maternal aggression**
  - Avoidance and prevention should be practiced until the behavior naturally wanes.

- **Territorial, fear, redirected, status, and petting aggression**
  - Avoidance and/or prevention and systematic desensitization and/or counterconditioning routines may be required.

Pharmacological Intervention

Treatment for aggression primarily involves environmental and owner modification; however, pharmacological intervention may sometimes be helpful.

- A serotonin reuptake inhibitor (eg, fluoxetine, paroxetine, sertraline) may help lessen arousal states, calm, or reduce anxiety in cats.

- Buspirone may help in more anxious, fearful cats (eg, fear aggressive cat, victims of a territorial or redirected aggression), as it may help bolster confidence levels.

- Benzodiazepines are less desirable because of their sedative effects and the occasional paradoxical reaction and concerns with liver metabolism in cats.

See Aids & Resources, back page, for references & suggested reading.