Do dog owners perceive the clinical signs related to conformational inherited disorders as ‘normal’ for the breed? A potential constraint to improving canine welfare

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Abstract

Selection for brachycephalic (foreshortened muzzle) phenotypes in dogs is a major risk factor for brachycephalic obstructive airway syndrome (BOAS). Clinical signs include respiratory distress, exercise intolerance, upper respiratory noise and collapse. Efforts to combat BOAS may be constrained by a perception that it is ‘normal’ in brachycephalic dogs. This study aimed to quantify owner-perception of the clinical signs of BOAS as a veterinary problem. A questionnaire-based study was carried out over five months on the owners of dogs referred to the Queen Mother Hospital for Animals (QMHA) for all clinical services, except for Emergency and Critical Care. Owners reported the frequency of respiratory difficulty and characteristics of respiratory noise in their dogs in four scenarios, summarised as an ‘owner-reported breathing’ (ORB) score. Owners then reported whether their dog currently has, or has a history of, ‘breathing problems’. Dogs (n = 285) representing 68 breeds were included, 31 of which were classed as ‘affected’ by BOAS either following diagnostics, or by fitting case criteria based on their ORB score, skull morphology and presence of stenotic nares. The median ORB score given by affected dogs’ owners was 20/40 (range 8–30). Over half (58%) of owners of affected dogs reported that their dog did not have a breathing problem. This marked disparity between owners’ reports of frequent, severe clinical signs and their perceived lack of a ‘breathing problem’ in their dogs is of concern. Without appreciation of the welfare implications of BOAS, affected but undiagnosed dogs may be negatively affected indefinitely through lack of treatment. Furthermore, affected dogs may continue to be selected in breeding programmes, perpetuating this disorder.

Keywords: animal welfare, brachycephalic, conformation, dog, owner perception, pedigree

Introduction

Recognition of the clinical signs of disease by companion animal owners is an important initial step in the process of perceiving a ‘problem’, and deciding to seek veterinary attention for the investigation and potential treatment of any disease that may be present. Lack of recognition of clinical signs as indicative of disease, and instead considered ‘normal’ for certain demographics, was recently demonstrated in geriatric horses, with regard to owner-perceived ‘benign’ age-related changes (Ireland et al 2012). Lack of recognition of clinical signs of disease, or lack of perception that these signs indicate a ‘problem’ that requires veterinary attention, are potential constraints to improving the welfare of clinically affected animals. The resulting lack of treatment may lead to the continuation of clinical signs that may negatively affect an animal’s welfare.

A duty of care is imposed upon the owners of all companion animals through the Animal Welfare Act 2006 (S9[2]) and the Welfare of Animals Act (Northern Ireland) 2011 (S9[2]), where one of the five ‘needs’ of animals protected under the Act is “Protection from pain, suffering, injury and disease”. This ‘need’ potentially conflicts with practices employed in the breeding of companion animals of several species, whereby selection for extreme morphological characteristics to conform to breed standards has led to a variety of associated disorders (eg in dogs: Peyer 1997; McGreevy & Nicholas 1999, cats: Wegner 1995; Steiger 2005). In these cases, breeding may put animals bred for certain conformational traits at an increased risk of pain, suffering, injury and/or disease, and as noted by Serpell (2002), many companion animal breeds have effectively become handicapped by selection for traits that appeal to our anthropomorphic perceptions.