

# Colitis – Feline

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## Definition

*Colitis* is an inflammation of the colon that impairs absorption of water and electrolytes to produce clinical signs that may include tenesmus, dyschezia, hematochezia, mucoid feces, diarrhea, and/or constipation.

## Key Diagnostic Tools and Measures

History, physical examination, fecal analysis, hematology, and serum biochemistry are routinely indicated. Colonoscopy and biopsy, and occasionally full-thickness biopsies via laparotomy, are necessary for diagnosis. A highly digestible or limited-antigen diet may be essential to manage clinical signs.

## Pathophysiology

The pathophysiology of colitis is multifactorial and dependent on etiology. Electrolyte and water absorption by the inflamed mucosa is impaired and active secretion of electrolytes may also occur. Colonic motility is typically compromised and mucous secretion amplified by an inciting pathogen or secondary to inflammation itself. Advanced inflammation may result in colonic erosion and ulceration and more severe clinical signs.

## Signalment

Colitis is reported in all breeds and ages of cats. Inflammatory bowel disease is reported to occur with greater frequency in purebred cats.

## Key Nutrient Modifications

Most cats affected with colitis maintain their appetite and body weight. As such, modification of key dietary nutrients aims to reduce or abolish clinical signs. Depending on the etiology of colitis in an individual cat, a highly digestible or limited-antigen diet may be beneficial.

## Recommended Ranges of Key Nutrients

All essential nutrients should meet normal requirements adjusted for life stage, lifestyle, and energy intake. Consideration should be given to the use of novel or hydrolyzed protein, or highly digestible, diets.

## Therapeutic Feeding Principles

As most cats with colitis maintain their appetite and body weight, the principal aim of dietary modification is to reduce the clinical signs of tenesmus, dyschezia, bloody mucoid feces, diarrhea, and/or constipation. Unlike dogs, cats with colitis do not benefit from increased dietary fiber. Instead, increasing the digestibility of the diet to limit the volume of ingesta delivered to the compromised colon and minimizing dietary antigens by restriction to a single novel protein or hydrolyzed protein to limit colonic inflammation forms the basis of dietary management. Studies in human patients suggest that antioxidants, omega-3 polyunsaturated fatty acids, fructo-oligosaccharides, prebiotics, and probiotics may be beneficial in the dietary management of colitis.

■ **Treats** – While treats can be important in maintaining the human–animal bond, treats that differ at all in composition from the primary diet should be avoided during the initial assessment phase so that efficacy of the base diet alone can be accurately evaluated. Cats that are managed with a highly digestible diet may be fed many treats also containing highly digestible ingredients. Cats fed uncommon/limited ingredient diets should only be fed treats containing the same ingredients as the base diet. Likewise,

cats receiving hydrolyzed-protein diets should only be fed treats containing similar hydrolyzed ingredients. Canned forms of any base diet can be sliced and baked to form cookies for treats. Alternatively, some of the primary diet may be offered outside regular feeding times and utilizing alternative feeding methods as a treat. Affection and attention can be provided as a substitute for food treats. If treats are given, they should be incorporated slowly, consistency maintained in type of treat given each day, and the cat should be monitored closely for recurrence of colitis signs. As always, it is suggested that all treats and supplements supply less than 10% of the total daily calories.

■ **Tips for Increasing Palatability** – Most cats with colitis maintain a good appetite and diets suitable for managing colitis do not typically lack palatability. If a particular commercial preparation is not accepted, the cat may find other comparable diets suitably tempting. Alternatively, warming the food to body temperature or adding moisture may increase palatability. Appetite stimulants or assisted-feeding devices are occasionally necessary in patients in which persistent anorexia precludes necessary caloric intake.

■ **Diet Recommendations** – A number of highly digestible, uncommon/limited-ingredient, and hydrolyzed-protein diets are available from the major therapeutic diet manufacturers in the United States. If uncommon/limited-ingredient diets are to be used it is preferred if they contain ingredients novel to the individual as determined by examining the diet history. The initial amount to be fed should be estimated by calculating the previous daily caloric intake when weight stable or by using calculated maintenance energy requirement where the previous determination is not possible.

## Client Education Points

- Colitis in cats is characterized by increased frequency of defecation, straining to defecate, and feces that may contain blood and/or mucus. It is not usually associated with weight loss or loss of appetite.
- Colitis is an inflammation of the large bowel (colon) that may be caused by infection with parasites, fungi, or bacteria, dietary allergy or intolerance, or cancer. One of the most common types of colitis has no known cause and is termed *inflammatory bowel disease*.
- Several tests are often necessary to identify the underlying cause of colitis including blood tests, fecal analysis, endoscopy, and biopsy of the large bowel.
- Medical treatment is aimed at eliminating the underlying cause if it can be determined. Dietary modification can be an essential and effective method of alleviating clinical signs irrespective of the inciting cause. In some forms of colitis, such as that associated with inflammatory bowel disease, dietary management alone may prevent recurrence of clinical signs.

## Common Comorbidities

Colitis can occur in combination with small intestinal or gastric inflammation.

## Interacting Medical Management Strategies

Medical therapy for colitis may include parasiticides, antiprotozoals, antibiotics, gastrointestinal protectants, and anti-inflammatory and immunosuppressive therapy.

Polyphagia is a common side effect of corticosteroid administration and owners of cats receiving elimination diets should be warned about indiscriminant eating or scavenging, which would counteract the benefits of dietary manipulation.

When prescribed, sulfasalazine, a drug with anti-inflammatory actions

in the colon, should be administered with food to reduce the drug's emetic side effect. Conversely, some antibacterial agents are incompletely absorbed in the presence of food and efficacy is dependent on administration at least 1 hour before or 2 hours after meals.

### Monitoring

The initial treatment of choice for colitis varies among clinicians, with some preferring dietary manipulation alone and others using medication(s) in

addition. The efficacy of treatment is based on resolution or reduction in tenesmus, dyschezia, hematochezia, mucoid feces, diarrhea, and/or constipation. When dietary modification alone is not effective, medical therapy should be instigated and continued for at least 2 to 4 weeks following control of clinical signs before gradual dosage reduction may be attempted. Dietary management, and for some cats, medical therapy, may be required long-term or life-long to control signs.

## Algorithm – Nutritional Management of Feline Colitis

