

# BEHAVIOR MATTERS

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VETERINARY BEHAVIOR SOLUTIONS

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## NOISE PHOBIA

### THUNDER AND LIGHTNING AND 4<sup>TH</sup> OF JULY!

#### DEFINITIONS:

**FEAR**= RESPONSE TO  
ACTUAL PRESENCE OF  
UNPLEASANT TRIGGER

**ANXIETY**= RESPONSE TO  
ANTICIPATED EXPOSURE TO  
UNPLEASANT TRIGGER

**AVERSION**= DISTRESS,  
AVOIDANCE, DISCOMFORT  
DUE TO UNPLEASANT  
TRIGGER

**PHOBIA**= FEAR OUT OF  
PROPORTION TO ACTUAL  
LEVEL OF DANGER

#### TOP 5 NOISE TRIGGERS

- \*FIREWORKS
- \*THUNDERSTORMS
- \*VACUUM CLEANERS
- \*SIRENS/ALARMS
- \*CONSTRUCTION

**\*35-50% OF DOGS  
SUFFER FROM NOISE  
ANXIETY**

**\*Cats are under-  
diagnosed due to lack  
of attention to hiding  
behaviors**

#### SIGNS OF NOISE PHOBIA

- \*Pacing
- \*Hiding
- \*Panting
- \*Escaping
- \*Shaking
- \*Drooling
- \*Attention-seeking
- \*Vocalizing
- \*Elimination
- \*Destruction



**OTHER TREATMENTS FOR  
NOISE PHOBIA**

**ENVIRONMENTAL  
MANAGEMENT**

**\*Avoidance/Prevention**

**Do not attend firework events or go outside during storms**

**\*Storm Bunker/Safe Place**

**\*White Noise**

**\*Black-out Window Shades**

**\*Mutt Muffs**

**\*Doggles**

**\*Calming Music**

**BEHAVIOR  
MODIFICATION**

**\*Desensitization and counter-conditioning**

**\*Creating positive associations with triggers**

**\*Very gradual and positive exposure to scary stimulus**

**\*Teaching relaxation and going to the safe place**

**\*Must be practiced prior to storm season**

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**RELIEVING DISTRESS WITH  
MEDICATION SHOULD NOT BE A  
LAST RESORT**

**Fear and Anxiety Are Damaging to Physiologic Health**

A complete treatment plan should be implemented after a thorough behavior diagnosis is made, and after other causes of the behavior signs have been ruled-out.

Pharmacotherapy should be an essential element in relieving the panic and suffering that occurs with noise phobia.

Consider situational medications for occasional events and mild signs of stress. Long-term daily medications should be recommended if fear occurs frequently or is severe.

**1. Event-Specific**

**\*Rapid Onset of Action**

**\*Short-Duration**

**Alpha 2 agonists**

**\*SILEO**

**Benzodiazepines**

**\*alprazolam**

**\*clonazepam**

**GABA analogs**

**\*gabapentin**

**SARIs**

**\*trazodone**

**2. Long-term**

**\*Frequent exposure to triggers**

**\*Dose given daily**

**\*May take time to reach peak effect**

**SSRIs**

**\*fluoxetine**

**\*sertraline**

**\*paroxetine**

**TCA's**

**\*clomipramine**

**\*amitriptyline**