The proportion of medical problems deemed to be contributing to or causing the presenting behaviour problems within our canine caseload has been assessed regularly and is increasing in recent years from 23% (2013), to 45% (2016), to 68% (2018). The reason for this rise is unclear but could relate to several factors. It may reflect an increased prevalence of medical problems in dogs, with possible links to trends for certain breeds with predispositions to certain medical problems. Another explanation is a change in the clinic caseload demographics – it appears that more cases are being seen where conventional behaviour modification techniques have failed, including an increase in cases already seen by other behaviourists. In addition, there are an increased number of local non-veterinary behaviourists who may be seeing more of the routine cases, but may refer on to us more complex cases or cases where a medical component is suspected. It is possible that referring veterinarians overlook medical problems prior to referral due to an inadequate understanding of the potential link between medical and behavioural problems, particularly those related to chronic pain. However, the change could also simply reflect greater awareness and improved recognition within behaviour clinic staff, as various studies in the field of veterinary behaviour medicine have started to evaluate more carefully the links between a range of medical problems and how they interplay with behaviour problems (Bécuwe-Bonnet et al., 2012; Camps et al., 2012; Frank et al., 2012; Barcelos et al., 2015; Lopes Fagundes et al., 2018). Regardless, it is important to delve deeper and explore alternative explanations for behavioural presentations to ensure appropriate treatment recommendations. Highlighting the links between medical problems and behavioural presentations to first opinion veterinarians and also including such teaching on the veterinary undergraduate curriculum should improve the understanding and recognition of such cases.


