

10 steps to increase acceptance of Prescription Foods

1. A prescription diet provides tremendous benefits to your pet's overall health. In some cases it will prolong their lives, or improve the quality of their lives. A special diet can be a significant factor in treating kidney disease, diabetes, liver disease, pancreatitis, bladder stones, intestinal disease, skin disease, behavioural problems, periodontal disease, and arthritis, as well as obesity. A commitment to this aspect of treatment of your pet is necessary for optimum results.
2. Nutritional management should be started early in the disease process. Patients with more advanced disease may be less likely to accept a change in treatment, including their diet.
3. The single most important thing you can do to increase patient acceptance of a therapeutic diet is to gradually transition to the new food. The transition period should be a minimum of 7 days; however, some patients (especially cats) need a transition of 3-4 weeks or longer. Never switch from the old food to the new food at the next meal. Patients will refuse to eat the new food.
4. One option for transitioning is to mix the old and new food, gradually adding more of the new food over time. Another approach is to provide both foods (old and new) in side-by-side food dishes. This technique assists with gradual transition and also allows the pet to express their preferences. For cats, see the website for The Indoor Cat Initiative (www.vet.osu.edu/indoorcat).
5. If transitioning from dry to canned food in cats, use a flat dish (e.g. saucer) instead of a bowl. This avoids rubbing of the cat's whiskers on the food dish, which could affect acceptance of new food.
6. Avoid offering a new therapeutic food in stressful environments; food aversion may develop, causing decreased acceptance of the food when the patient is feeling better. One option would be to feed a maintenance food until the patient is feeling better, and then begin gradual transition to a therapeutic food.
7. Use fresh food at room temperature. Some patients may eat refrigerated food that is warmed, but others will only eat food from a newly opened container. Some patients may eat food that has been refrigerated and stored in a plastic container versus being stored in the original can.
8. Offer foods with different textures (e.g. minced formulas) or formulations (dry vs. moist). Some pets may prefer dry or moist food all their lives, and when they develop a disease problem, their preferences may switch.
9. Add flavour enhancers (low-sodium chicken broth or tuna juice) or a small amount of maintenance food to encourage the patient to eat the therapeutic food. Excessive use of other food will decrease the beneficial effects of therapeutic food, so use the smallest amount possible.
10. If you have followed these steps and there is still reluctance to eat a therapeutic food, switch to a different brand. While different brands of therapeutic diets may have general features in common they are not exactly the same. In addition, individual pets may express a preference for one brand over another. However, avoid offering a "smorgasbord" of different foods at once. This could result in developing a food aversion to all foods, especially if offered at successive meals or on consecutive days.