

# HOW TO MANAGE OBESITY IN GROWING GIANT DOGS ?

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Recently, 3 overweight Bernese mountain dogs were presented at the consultation of orthopaedics, with an history of developmental orthopaedic disease (DOD) (Richardson *et al,* 2000). A male and two females were aged of 8 months and presented a body condition score (BCS) of 8/9 for the male and 6/9 for the females. They were fed a commercial low-calcium balanced food for large breed dogs in limited amounts but in excess compared with the requirements; the females were receiving calcium supplements. Each dog was weighing more than 80 % of the adult weight.

Many studies have been conducted about DOD and nutrition in large breed's growing dogs. The trials specifically studied the effects of various amounts of energy, protein, calcium, vitamin D or other nutrients. It appeared that high calcium intake during the first months of life was the key nutritional factor for DOD, and it was concluded recently that limiting calcium intake and daily energy allowance were the easiest way to prevent DOD. It is obvious that high energy -and consequently calcium- intakes occurred during growth of the 3 dogs. The question was how to manage the feeding of these overweight growing dogs ? For the clinical nutritionist, it is a challenge because there are few data (experimental studies or reported clinical cases) in the literature about development of obesity in growing dogs.

For these particular cases, it was accepted that dogs should be energy-restricted and that a commercial diet should be used. Concerning the choice of the diet, 3 proposals were considered : a diet for growing large breed dogs, an adult maintenance diet for large breed dogs or a low-energy high protein diet formulated for obese dogs. Actually, the energy and nutrients contents of 2 commercial diets for growth or adult dogs, respectively, can be very similar. The energy allowance was calculated taking into account different factors : the ratio body weight/predicted adult body weight, the breed at risk for obesity, the inactivity due to DOD and the BCS. These factors aim to limit the daily energy allowance but in some cases, if a surgery is needed, the energy and nutrients allowance must be increased to improve the body nutritional status. In conclusion, these cases must be individualised and require regular reassessment.

Richardson D.C. et al. Small Animal Clinical Nutrition, 4th edition, 2000, pp 505-528.