### NUTRITIONAL MANAGEMENT OF GASTROINTESTINAL (GI) DISEASES IN CATS

## PRO PLAN Veterinary diets

### THE ROLE OF DIET IN FELINE GI DISEASE

Clinical studies have suggested that 35-50% or more of cases of chronic diarrhoea in cats may be diet-responsive<sup>1,2</sup>.

Management with appropriate dietary changes, as detailed below, has huge potential for clinical benefits:

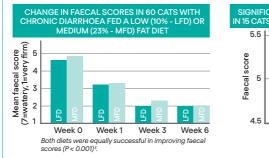
- Provide highly digestible nutrients with a low residue, to minimise complications associated with undigested food (e.g. osmotic diarrhoea, altered microflora).
- Further promote a healthy intestinal microflora by providing specific substrates to promote the growth of beneficial bacteria (e.g. prebiotics).
- Prevent or limit exposure to dietary antigens and prevent or minimise adverse immunological reactions.
- Limit exposure to ingredients that cause dietary sensitivity or intolerance (non-immunologically mediated adverse reactions).
- Provide an appropriate level of fibre to help maintain normal GI motility.
- Provide nutritional support for the GI mucosa.
- Meet the specific nutritional requirements of cats, and address the demands of GI disease, such as electrolyte loss, GI inflammation and weight loss caused by malassimilation of nutrients.

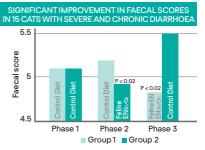
# IMPACT OF FAT LEVEL IN A DIET DESIGNED TO MANAGE FELINE GI DISEASE

A highly digestible diet with moderately high fat levels presents numerous clinical advantages<sup>3,4</sup>:

- It is better adapted to the unique feline digestive physiology.
- It better meets the nutritional needs of a cat with debilitating GI disease.

Although pancreatitis is increasingly recognised as a clinical entity in cats, the optimal diet to manage this disease in cats is unknown. Clinical improvement has been documented with or without fat restriction, and low fat diets may have no specific benefits in cats.





- In phase 1, a control diet was fed to both groups

- In phase 2, cats were randomly assigned to two groups
- for 4 weeks: either control diet or the test diet, PPVD EN.

- In phase 3, both groups changed diet for another 4 weeks (to the control or to the test diet).



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