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Effectiveness of feline body mass index (fBMI) as new diagnostic tool for obesity

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Abstract

Feline body mass index (fBMI), BW/PCL, length from top of patella to end of calcaneus, was developed as a new diagnostic tool for obesity in cats. To evaluate the effectiveness of fBMI for obese cats in short term, 6 cats were induced weight gain by over-feeding with high fat diet and then they were induced weight reduction by restrict-feeding with low fat diet to measure changes in fBMI and plasma metabolite concentrations and enzyme activities. BCS 3 is correlated with fBMI 24.6-32.0, BCS 4 is correlated with fBMI 33.1-37.1 and BCS 5 is correlated with fBMI 29.9-40.3, respectively. On the correlation coefficient analysis by Pearson's method ($P < 0.05$), positive correlations ($r = 0.403$) were seen between the fBMI and plasma triglyceride (TG) levels. From these findings, fBMI seems to be more sensitive and useful indicator for obesity diagnosis in cats.

Key Words: Cat, Feline body mass index, Obesity

Introduction

Obesity is a pathological condition in which excess body fat has accumulated. Prevalence of overweight and obesity is reported as 25%-50% in cats^{1,6,16)}. In Japan, metabolic syndrome (MS), which is based on obesity, has increased in cats in recent years¹⁴⁾. To diagnose MS at early stage, simple diagnostic tool for obesity is necessary for veterinary medicine. 5-point body condition score (BCS) are usually used for obesity judgement for cats in Japan. 5-point BCS method is convenient

but is lacking in objectivity. For early diagnosis of obesity for cats the objective method should be developed^{1,6)}. Several studies of feline body mass index (BMI) or body fat mass calculation have been reported^{2,5,8,9,11,15,17)}. However, these reported methods have not been used among veterinary clinics because of their inaccuracy and complexity. We developed a new BMI for cats (feline BMI, fBMI)¹³⁾. It was calculated as follows: $fBMI = BW / \text{length from top of patella to end of calcaneus (PCL)} \text{ (kg/m)}$. fBMI were precisely reflected body weight change and were positively correlated

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with plasma non-esterified fatty acid (NEFA) and triglyceride (TG) concentrations at early stage of feline obesity. fBMI ≥ 28.0 was regarded as overweight or obesity. This study was designed to clarify the detailed relationship between fBMI, BCS, and plasma metabolites concentrations in cats with fBMI ≥ 28.0 . To evaluate the effectiveness of fBMI, cats were induced weight gain by over-feeding with high fat diet and then they were induced weight reduction by restrict-feeding with low fat diet and were measured changes in fBMI, BCS, and plasma metabolite concentrations and enzyme activities.

Material and Methods

Animals: Six clinically healthy mongrel male cats (41.0 ± 1.0 months, 4.2 ± 0.3 kg, fBMI 28.1 ± 1.6 , BCS 3.0 ± 0.3) were used in this study. Two cats were regarded as overweight by fBMI at starting period of this study. One was BW 4.64 kg, fBMI 32.0, BCS 3 and the other was BW 5.24 kg, fBMI 33.8, BCS 4. Firstly, all cats were fed on a high-fat dry diet (Nippon Pet Food Co., Ltd., Tokyo, Japan; water, 6.1%; crude protein, 30.6%; ester extract, 27.3%; crude fiber, 0.9%; crude ash, 4.7%; 489.7 kcalME/100 g) with $2.0 \times$ daily energy requirement (DER; $1.4 \times 70 \times \text{BW}^{0.75}$) for 4 weeks to induce weight gain. Secondly, these cats were fed on a low-fat dry diet (Nippon Pet Food Co., Ltd., Tokyo, Japan; water, 7.3%; crude protein, 40.8%; ester extract, 11.9%; crude fiber, 6.8%; crude ash, 5.2%; 382.3 kcalME/100 g) with $1.0 \times$ DER for 2 weeks to maintain their body weight. Finally, cats were fed on low-fat diet with $0.8 \times$ the amount of rest energy requirement (RER; $70 \times \text{BW}^{0.75}$) for 2 weeks to induce weight reduction according to Burkholder's weight reduction program⁴. During experiment, all cats were fed twice a day (8 : 00 AM and 4 : 00 PM). Daily amount of food consumption was calculated by subtracting the amount of left-over food from the amount of supplied food. All cats were maintained in individual cages and provided

with water *ad libitum* at Narita Animal Science Laboratory Co., Ltd. (Narita, Japan). The animal room was maintained at $24.0 \pm 2.0^\circ\text{C}$ and $55.0 \pm 10.0\%$ relative humidity on a 12 : 12 h light; dark cycle (light on 8 : 00 AM to 8 : 00 PM). Approval for this work was given by the Narita Animal Science Laboratory Co., Ltd. Research Animal Ethical Committee (15-F043).

BW and BCS measurement: BW measurement and BCS assessment by 5 point scale (1. Thin, 2. Lean, 3. Ideal, 4. Overweight, 5. Obese), commonly used in Japan, were performed before blood collection.

Zoometry measurement: fBMI was calculated as BW/PCL (kg/m) as previously described¹³. PCL, length from top of patella to end of calcaneus, was measured using a commercial tape measure contacted to the body (Fig. 1). The measurements were performed by only one researcher to minimize the measurement error.

Blood Sampling: Three ml of blood were withdrawn from jugular vein into heparinized plastic tubes at start (0wk), 4wks and 8wks of experiment. Plasma samples were separated by centrifugation at 1,200 g for 10 min, 4°C . These samples were stored at -80°C until use.

Plasma parameter analysis: GLU, TG, total cholesterol (T-Cho) concentrations and aspartate aminotransferase (AST), alanine aminotransferase (ALT), alkaline phosphatase (ALP), lactate dehydrogenase (LDH) activities were measured using an auto-analyzer (JCA-BM2250, JOEL Ltd., Tokyo, Japan) with the manufacture's reagents at Monolis Inc. (Tokyo, Japan). NEFA was measured with commercial kits (NEFA-C, Wako Pure Chemical Industries Ltd., Osaka, Japan) at Nippon Veterinary and Life Science University. Plasma insulin (INS) and adiponectin (ADN) concentrations were measured with commercial ELISA kits, Lbis cat insulin kit (SHIBAYAGI Co., Gunma, Japan), mouse/rat adiponectin kit

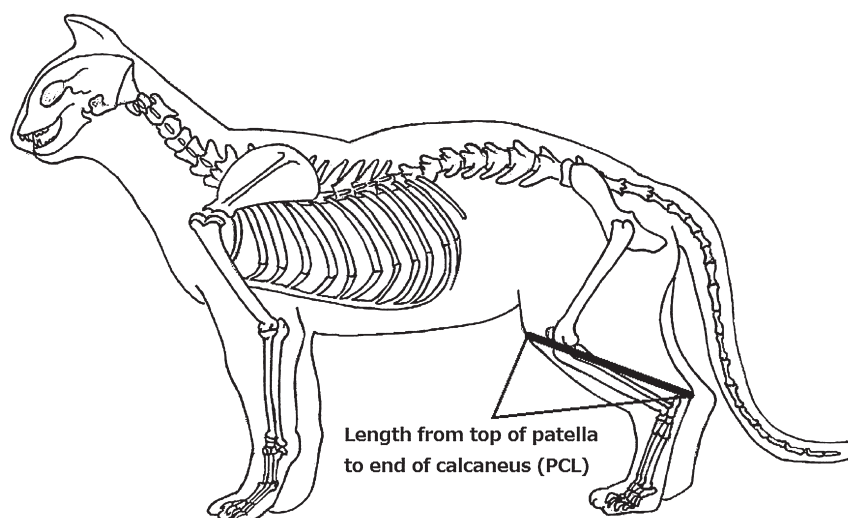


Fig. 1. Anatomic sites of length from top of patella to end of calcaneus in cats. PCL: Length from top of patella to end of calcaneus

(Otsuka Pharmaceutical Co., Ltd, Tokyo, Japan), respectively.

Statistical analysis: Results were presented as means \pm standard error (SE). Statistical significances were determined by paired *t*-test. The significance levels were set at $P < 0.05$. Correlation coefficient between the fBMI and each parameter value was calculated by Pearson's method. The significance level was set at $P < 0.05$.

Results

Changes in physical measurements

At 4 weeks of weight gain period, BW, fBMI, BCS, were significantly increased. Average of fBMI and BW increased by 21.2% and 23.4%, respectively. At 8 weeks-weight reduction period, cat BW, fBMI, and BCS were decreased significantly compared to those at 4wks. Average of fBMI and BW at 8wks were decreased by 7.9%, 8.3%, respectively. There were no significant changes in PCL during whole experimental periods (Table 1). Cats with BCS 3 indicated in the range of fBMI 24.6–32.0 while cats with BCS 4 indicated in the range of fBMI 33.1–37.1, cats

with BCS 5 indicated in the range of fBMI 29.9–40.3 (Table 3).

Changes in plasma parameters

At 4 weeks of weight gain period, plasma parameter levels of GLU, TG, TC, AST, ALT and ALP changed in the range of reference values. Plasma biomarker levels of LDH indicated above reference values. Plasma ADN concentrations significantly increased compared to those at start (0wk). At 8 weeks of weight reduction period, plasma NEFA concentrations were significantly higher than those at 4wks-weight gain period. Plasma INS concentrations at 8 weeks increased compared to those at 4 weeks while ADN concentrations decreased (Table 2).

Correlation between the fBMI and plasma parameter values

On the correlation coefficient analysis by Pearson's method ($P < 0.05$), positive correlations ($r = 0.403$) were seen between the fBMI and plasma TG level (Fig. 2). Correlation coefficient between the fBMI and GLU, NEFA, TC, ADN and INS levels were -0.207 , -0.150 , -0.308 , -0.121 and -0.127 , respectively.

Table 1. Changes in physical measurements in 6 cats

	Start	Weight gain period	Weight reduction period
	0wk	4wks	8wks
BW (kg)	4.2 ± 0.3	5.2 ± 0.4 ^{a)}	4.8 ± 0.3 ^{a,b)}
fBMI (kg/m)	28.1 ± 1.6	34.1 ± 1.8 ^{a)}	31.4 ± 1.8 ^{a,b)}
BCS (/5)	3.0 ± 0.3	4.3 ± 0.3 ^{a)}	3.3 ± 0.2 ^{b)}
PCL (cm)	14.9 ± 0.2	15.2 ± 0.3	15.1 ± 0.3

Values are presented as means ± standard error.

a) Significantly different from the 0wk (Paired *t*-test, $P < 0.05$)

b) Significantly different from the 4wks (Paired *t*-test, $P < 0.05$)

BW: Body weight, fBMI: feline body mass index, BCS: Body condition score, PCL: Length from top of patella to end of calcaneus

Table 2. Changes in plasma metabolites at start (0wk), weight gain (4wk), and weight reduction period (8wk) in 6 cats

	Start	Weight gain	Weight reduction
	0wk	4wks	8wks
GLU (mg/dl)	126.2 ± 13.0	97.8 ± 4.8	89.0 ± 1.8
TG (mg/dl)	18.7 ± 0.6	34.5 ± 4.8 ^{a)}	23.7 ± 2.3
NEFA (mEq/l)	0.23 ± 0.04	0.20 ± 0.03	0.35 ± 0.07 ^{b)}
T-Cho (mg/dl)	133.5 ± 4.2	113.7 ± 7.0	103.5 ± 4.9 ^{a)}
AST (IU/l)	15.8 ± 1.4	20.5 ± 4.5	18.2 ± 2.8
ALT (IU/l)	42.7 ± 3.0	48.0 ± 3.3	49.5 ± 3.6
ALP (IU/l)	70.5 ± 10.8	152.0 ± 15.6	124.8 ± 20.8 ^{a)}
LDH (IU/l)	119.8 ± 14.4	217.0 ± 76.9	132.2 ± 20.5
INS (ng/ml)	2.6 ± 0.1	2.9 ± 0.1	3.9 ± 0.9
ADN (µg/ml)	6.6 ± 1.8	11.7 ± 1.5	5.1 ± 1.1

Values are presented as means ± standard error.

a) Significantly different from the 0wk (Paired *t*-test, $P < 0.05$)

b) Significantly different from the 4wks (Paired *t*-test, $P < 0.05$)

GLU: Glucose, TG: Triglyceride, NEFA: Non-esterified fatty acid, T-Cho: Total cholesterol, AST: Aspartate aminotransferase, ALT: Alanine aminotransferase, ALP: Alkaline phosphatase, LDH: Lactate dehydrogenase, INS: Insulin, ADN: Adiponectin

Table 3. Comparison of fBMI ranges with BCS

BCS	fBMI		
	mean ± SE	minimum	maximum
2	23.7 (1)		
3	28.4 ± 0.8 (9)	24.6	32.0
4	34.6 ± 0.8 (5)	33.1	37.1
5	36.2 ± 3.2 (3)	29.9	40.3

Discussion

In the present study, we could induce early stage of obesity in adult cats. Small changes at PCL, length from top of patella to end of

calcaneus, were measured using a commercial tape measure at 4 weeks of weight gain period. It is not clear they may come from fat deposition or muscle enlargement in legs. It is well known that obese cats increase fat deposition in organs, such as adipose tissue, muscle, and liver^{12,18,20}. We have to clarify PCL is constant or not in young cats since fBMI may be appropriate to assess their obese degree. Changes in fBMI are well correlated with those of BW and BCS at start, weight-gain period and weight-reduction period. As compared to BCS, fBMI seems to be a more sensitive in overweight cats. From our previous data¹³, it was suggested that fBMI could evaluate

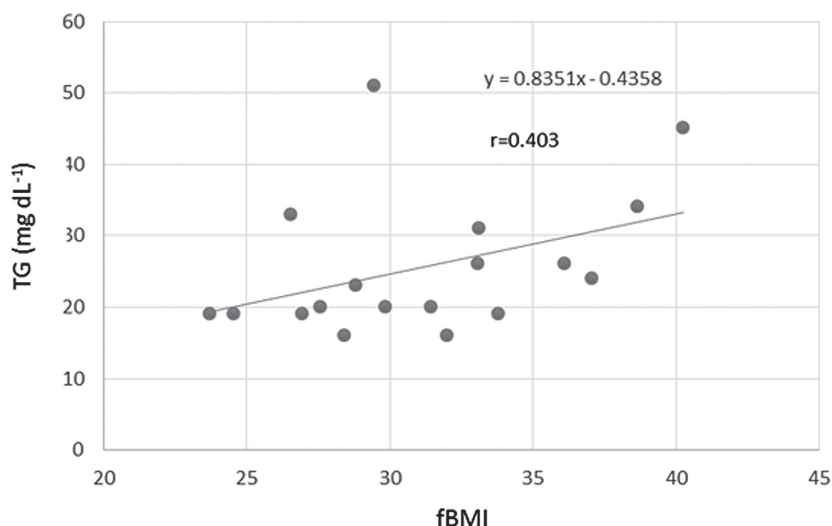


Fig. 2. Correlation analysis between the fBMI and plasma TG level by Pearson's method. Significance level was set at $R \geq 0.600$, < -0.600 , $P < 0.05$.

early stage of obesity before onset of INS resistance and injury in liver function. Precise reference ranges of fBMI should be further studied since cats with BCS 5 indicated wide fBMI ranges in the present study.

At 4 weeks of weight gain period, ADN, a plasma lipid metabolic hormone, increased. ADN is a cytokine secreted from adipose tissue, and regulates glucose and lipid metabolism and increase insulin sensitivity and has anti-inflammatory effect³⁾. In general, plasma ADN concentrations significantly decrease and metaflammation occurs in obese animals⁷⁾.

At 8 weeks of weight reduction period, plasma NEFA levels increased compared to those of 4wks-weight gain period. Hoenig *et al.* (2007) reported obese cats increased NEFA clearance in their plasma¹⁰⁾. Wilding (2007) reported elevated plasma NEFA levels could lead to insulin resistance¹⁹⁾. In the present study, plasma INS concentrations increased at 8wks- weight reduction period and were accompanied by decrease of ADN concentrations.

From the present data, cats at 4wks -weight gain period seem to be healthy and not pathological. We define this BW gaining stage is "healthy weight gain" in cats. We demonstrated the effectiveness of fBMI in this period. Further

study should be focused on the effectiveness of fBMI for 1) young cats, 2) cats with pathological obesity and 3) species specificity.

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Reference

- 1) Allan, F. J., Pfeiffer, D. U., Jones, B. R., Esslemont, D. H. B. and Wiseman, M. S. 2000. A cross-sectional study of risk factors for obesity in cats in New Zealand. *Prev. Vet. Med.*, **46**: 183-196.
- 2) Appleton, D. J., Rand, J. S. and Sunvold, G. D. 2001. Insulin sensitivity decreases with obesity, and lean cats with low insulin sensitivity are at greatest risk of glucose intolerance with weight gain. *J. Feline Med. Surg.*, **3**: 211-228.
- 3) Balsan, G. A., Vieira, J. L., Oliveira, A. M. and Portal, V. L. 2015. Relationship between adiponectin, obesity and insulin resistance. *Rev. Assoc. Med. Bras.*, **61**: 72-80.
- 4) Burkholder, W. J. and Toll, P. W. 2000. Obesity. In: *Small Animal Clinical Nutrition*, 4th ed., pp: 401-430, Hand, M.S., Thatcher,

- C. D., Remillard, R. L. and Roudebush, P., Eds. Topeka KS Mark Morris Institute, US.
- 5) Butterwick, R. 2000. How fat is that cat? *J. Feline Med. Surg.*, **2**: 91-94.
 - 6) Courcier, E. A., O'Higgins, R., Mellor, D. J. and Yam, P. S. 2010. Prevalence and risk factors for feline obesity in a first opinion practice in Glasgow, Scotland. *J. Feline Med. Surg.*, **12**: 746-753.
 - 7) Debnath, M., Agrawal, S., Agrawal, A. and Dubey, G. P. 2015. Metaflammatory response during obesity: Pathomechanism and treatment. *Obes. Res. Clin. Pract.*, in press.
 - 8) Hawthorne, A. J. and Butterwick, R. F. 2000. The feline body mass index—a simple measure of body fat content in cats. *WALTHAM Focus*, **10**: 32-33.
 - 9) Hoenig, M., Jordan, E. T., Glushka, J., Kley, S., Patil, A., Waldron, M., Prestegard, J. H., Ferguson, D. C., Wu, S. and Olson, D. E. 2011. Effect of macronutrients, age, and obesity on 6- and 24-h postprandial glucose metabolism in cats. *Am. J. Physiol. Regul. Integr. Comp. Physiol.*, **301**: R1798-R1807.
 - 10) Hoenig, M., Thomaseth, K., Waldron, M. and Ferguson, D. C. 2007. Insulin sensitivity, fat distribution, and adipocytokine response to different diets in lean and obese cats before and after weight loss. *Am. J. Physiol. Regul. Integr. Comp. Physiol.*, **292**: R227-R234.
 - 11) Hoenig, M., Wilkins, C., Holson, J. C. and Ferguson, D. C. 2003. Effects of obesity on lipid profiles in neutered male and female cats. *Am. J. Vet. Res.*, **64**: 299-303.
 - 12) Ibrahim, W. H., Bailey, N., Sunvold, G. D. and Bruckner, G. G. 2003. Effects of carnitine and taurine on fatty acid metabolism and lipid accumulation in the liver of cats during weight gain and weight loss. *Am. J. Vet. Res.*, **64**: 1265-1277.
 - 13) Iwazaki, E., Kimura, N., Kawasumi, K., Tatsuta, Y. and Arai, T. 2015. Development of new feline body mass index and its clinical application. *J. Vet. Life Sci.*, **1**: 61-68. (in Japanese)
 - 14) Mori, N., Kawasumi, K., Suzuki, T., Yamamoto, I., Kobayashi, M. and Arai, T. 2012. Establishment of temporary criteria for metabolic syndrome (MS) diagnosis and assessment of the occurrence rate of MS in cats. *J. Anim. Vet. Adv.*, **11**: 615-617.
 - 15) Nelson, R. W., Himsel, C. A., Feldman, E. C. and Bottoms, G. D. 1990. Glucose tolerance and insulin response in normal-weight and obese cats. *Am. J. Vet. Res.*, **51**: 1357-1362.
 - 16) Russell, K., Sabin, R., Holt, S., Bradley, R. and Harper, E. J. 2000. Influence of feeding regimen on body condition in the cat. *J. Small Anim. Pract.*, **41**: 12-18.
 - 17) Stanton, C. A., Hamar, D. W., Johnson, D. E. and Fettman, M. J. 1992. Bioelectrical impedance and zoometry for body composition analysis in domestic cats. *Am. J. Vet. Res.*, **53**: 251-257.
 - 18) Vester, B. M., Sutter, S. M., Keel, T. L., Graves, T. K. and Swanson, K. S. 2009. Ovariohysterectomy alters body composition and adipose and skeletal muscle gene expression in cats fed a high-protein or moderate-protein diet. *Animal*, **3**: 1287-1298.
 - 19) Wilding, J. P. H., 2007. The importance of free fatty acids in the development of type 2 diabetes. *Diabet. Med.*, **24**: 934-945.
 - 20) Wilkins, C., Long Jr., R. C., Waldron, M., Ferguson, D. C. and Hoenig, M. 2004. Assessment of the influence of fatty acids on indices of insulin sensitivity and myocellular lipid content by use of magnetic resonance spectroscopy in cats. *Am. J. Vet. Res.*, **65**: 1090-1099.