Hendrix's Legacy *Fighting for every Staffy*

Neurological conditions and behaviour changes

A guide for behaviourists and trainers

Summary

- Neurological disease can show itself first as behaviour: anxiety, aggression, noise sensitivity and intolerance of handling.[1]
- Hendrix's Legacy began after Hendrix, a Staffordshire Bull Terrier, died in September 2026 from what we believe was a neurological condition. It has not been identified. It may be inherited, and it may turn out to be a form of NCL (neuronal ceroid lipofuscinosis), but nobody yet knows.
- A dog with an unrecognised neurological condition may be referred to you as a behaviour case. Behaviour modification alone cannot address the underlying cause.
- Look out for the red flags in this guide and refer back to the vet when you see them. Behaviourists, like vets, breeders and rescues, are on the front line of finding out what is affecting these dogs.

Why this matters to behaviourists

Accredited, clinical and veterinary behaviourists see dogs on veterinary referral, because of the link between some medical conditions and behavioural signs.[2] That link is strong: a review of referral caseloads found that around a third of dog behaviour cases involved a painful condition, and in some caseloads nearly 80%.[3] The same authors warn that unusual gait or unexplained behavioural signs "should not be dismissed... even when they are common within a given breed".[3]

A neurological condition is not necessarily painful, but the principle is the same. A dog whose behaviour is driven by disease can look like a behaviour case for a long time before the cause is recognised.

How neurological disease can present as behaviour: an example

We do not know the signs of the condition we suspect in Staffordshire Bull Terriers. The clearest published example is NCL4A, a known neurological disease of the closely related American Staffordshire Terrier. It has not been reported in Staffordshire Bull Terriers; we use it only to show how such a disease can look.

Behaviour. Owners of affected American Staffordshire Terriers in one study reported:[1]

- Anxiety
- Aggression towards other dogs and people
- Increased sensitivity to loud sounds
- Decreased tolerance of grooming or bathing
- Compulsive circling and other compulsive behaviours
- Less interest in food

What you may see in a session. Physical signs can be subtle and are easy to miss in a behaviour consultation:[4]

- Hesitation or difficulty on stairs, slopes and tight turns
- A wide-based stance, unsteadiness or loss of balance
- Misjudging distances, bumping into things, or startling at things in plain view
- Changes in sight, which a routine eye examination may not detect[1]

Red flags that a case may not be purely behavioural

These are our guidance, drawn from published signs and from Hendrix's history. Refer back to the vet if you see one or more:

- Fear, reactivity or aggression that keeps progressing despite a well-delivered plan
- A pattern of good progress for weeks, followed by relapse, repeated over months or years
- A bite or attack that comes from nowhere, with no growl, snarl or other warning, and the dog returning to its normal self moments later
- New or increasing sensitivity to noise, or to grooming, bathing and handling[1]
- Any change in gait, balance or confidence on stairs, especially alongside behaviour changes[3,4]
- Medication or sedation that has little or no effect. Recording it is how the question of whether it matters can be answered.

Why behaviour modification alone cannot address the cause

Behaviour modification cannot reverse a neurological disease. Where a medical cause is missed, some aspects of a problem may improve with a behaviour plan while others stay refractory to treatment.[3] For a dog with an undiagnosed progressive condition, a pattern of partial progress followed by decline can easily be read as a training or compliance problem.

Behaviour work still matters. Management, a predictable routine, low-stress handling and a safe environment can protect the dog's welfare and the safety of the people around it, whatever the cause. What it cannot do is replace a veterinary investigation.

What to do

1. **Refer back to the vet** when red flags appear. Describe what you have seen, with dates. Short videos of gait, stairs and reactions are valuable.
2. **Ask about a neurological work-up.** For an adult Staffordshire Bull Terrier or bull breed, ask the vet whether a neurological cause should be investigated, and whether known conditions should be ruled out. Our guide "DNA testing for Staffies" explains what the tests can and cannot tell you.
3. **Prioritise safety and welfare** while the medical picture is investigated. Bite risk is real, and dogs with unrecognised neurological disease may be put to sleep as "behavioural" or "unrehomeable".
4. **Keep records.** A clear history of what was tried, what changed and when is one of the most useful things you can give a vet.
5. **Encourage reporting.** With the owner's consent, unexplained neurological signs in a Staffordshire Bull Terrier can be reported to the breed's Lead Breed Health Co-ordinator, through the contact form on The Royal Kennel Club's Staffordshire Bull Terrier breed page.

Hendrix

Hendrix was a Staffordshire Bull Terrier who died in September 2026. **Hendrix was never diagnosed.** He was never DNA tested and no sample was kept. For over three years, recorded in his veterinary notes, he worked with a behaviourist and then a veterinary behaviourist. The same cycle repeated: he would engage well for a month or two, then become afraid again. Medication did not seem to help. Noise, grooming and handling became harder for him, and his most serious bite came without warning during a training session. The professionals we asked considered a neurological cause likely, and at the time NCL4A was thought the most likely explanation. Specialists have since pointed out that other conditions, including ones not yet identified, can look similar. We share his story because every behaviourist who worked with him did their best with the information they had. This guide is about giving the next behaviourist more.

Next steps

- Read our guide for vets, "Unexplained neurological signs in adult Staffordshire Bull Terriers".
- Read "DNA testing for Staffies: what the tests can and cannot tell you".

This guide is for information only and is not veterinary or behavioural advice. Information correct as at October 2026; check the sources for updates.

Sources

1. Kick GR, Marzano SL, Ota-Kuroki J, Bullock G, Katz ML. Retinal function deficits in American Staffordshire Terriers with a late-onset neurodegenerative disease associated with an ARSG variant. *Veterinary Sciences*. 2025;12(11):1078. https://doi.org/10.3390/vetsci12111078
2. Animal Behaviour and Training Council. Information for behaviourists on referrals. March 2022. https://abtc.org.uk/wp-content/uploads/2022/07/Information-for-ABT-AAB-CAB-and-VB-referrals-March-2022.pdf
3. Mills DS, Demontigny-Bédard I, Gruen M, et al. Pain and problem behavior in cats and dogs. *Animals*. 2020;10(2):318. https://doi.org/10.3390/ani10020318
4. Neuronal ceroid lipofuscinosis 4A in American Staffordshire Terriers: first report in Brazil. *Ciência Rural*. 2025. https://www.scielo.br/j/cr/a/nH6c3ykbtFbvKP3PBFDkDks/?lang=en