



CONTROL OF CANINE ALLERGIES

Allergies, also known as Atopy, are very common in dogs. They are due to allergens being absorbed through the skin, ingested and or inhaled. Common allergens include food proteins, tree and grass pollens, weeds, molds, house dust mites and fleas. It has been estimated that 15 percent of the dog population is affected and any breed may be involved. It is considered to be an inherited skin disorder. The age of onset is usually between 6 months and three years of age. Dogs typically show signs of excessive itchiness, chewing on paws and rubbing their face. Other skin and ear problems may be present along with atopy and should always be treated first.

Atopy usually starts out as a seasonal problem and will progress to a year-round disorder. Many dogs will show variation in their itchiness, however, at different times of the year. This is due to a concept known as the "pruritic (itchy) threshold". Many dogs may be allergic to several things like ragweed, house dust and cat dander. If all allergens are present, the dog is scratching all day long. In the winter, however, only the house dust and cat dander may be present and the dog may be able to tolerate that and scratch only on occasion. Our goal is to find the dog's threshold and keep him comfortable.

Management of atopic dogs is a challenge and you, the owner, need to be committed to helping the dog through trial and error. In the past, almost every dog was treated solely with corticosteroid drugs, such as prednisone, or methylprednisone to help stop the itching. Corticosteroids are very effective for this purpose. They are a double-edged sword however, and may cause many short and long-term side effects. The mildest side effects include increased drinking and urination. Most healthy, housetrained pets will accommodate this with no problem. As the length of time that the dog is on the corticosteroid increases, more and more effects will be noticed.

The term Cushing's Disease (hyperadrenocorticism) is applied to dogs who show several signs of long term corticosteroid usage or develop the syndrome. These include hair coat abnormalities such as hairloss, pigment changes, thinning of the skin, easy bruising, calcium deposits and increased susceptibility to bacterial skin infections. Other signs include urinary tract infections, skeletal muscle atrophy, weakness, inability to come into heat, lethargy, decreased exercise intolerance and behavioral changes. Abnormalities are noted in blood chemistry profiles, mostly relating to the liver.

Because of the highly undesirable long-term outcome of prolonged corticosteroid use, it is advised that pet owners of allergic dogs try as many alternatives to corticosteroids as possible in the effort to make their pet more comfortable.

Allergies are not cured; they are only controlled and can be a life-long problem. It is not uncommon for pets to have to be seen regularly for flare-ups and secondary infections related to their allergies. Follow-up visits are important to be sure we have the best control possible.

The various therapies that are outlined are usually used in combinations specific for a certain pet. What works well in one dog may not work in the next. If at any time you feel the protocol being used on your pet is not effective, please discuss it with your veterinarian.



Therapies

I. Topical:

A) Baths/Conditioners: This is a mainstay of treating allergic dogs, since removing the allergens on the skin is key to decreasing the pet's itch level. When using any shampoos or conditioners, prolonged contact time is the key to good results. Once your pet is lathered up, allow product to remain on the skin for 10 minutes before rinsing off. You cannot bathe an allergic dog too often. More is always better to remove allergens.

1. Rinsing/bathing - lukewarm water alone, consider footbaths in the summer.
2. Epi-Soothe shampoo and conditioner - oatmeal based
3. Humilac Spray (conditioner)

B) Topical antibiotic/corticosteroid preparations: Used in conjunction with other allergy treatments, these products will reduce itchiness at specific body locations.

1. Tritop ointment-especially between toes
2. Panalog cream
3. Dermacool-HC-spray-useful for hotspots and local red areas
4. Synotic-ears

II. Systemic:

A) Antihistamines: Only effective in 30 % of cases, try each in separate 2 week trials.

1. Benadryl (Diphenhydramine 2.2 mg/kg) _____two-three times daily
2. Chlorpheniramine 0.4 mg/kg_____ two-three times daily
3. Hydroxyzine 2.2 mg/kg_____ (max. dose 100 mg) two-three times daily.
4. Zyrtec (5 mg-small dog, 10 mg-large dog) once daily.

B) Essential Fatty Acids:: various fish oil preparations

C) Hypoallergenic diet: 8 week food trial with limited antigen or hydrolyzed diet:- choice of food is dependent on previous ingredients pet has been exposed to with past diets/treats.

D) Corticosteroids: Medrol - taper over 30 days to lowest dose possible.

III. Secondary problems:

A) Ear infections: Epi-otic, Oti-clens, Duoxo: routine weekly-bi-weekly cleaning
Antibiotic/Steroid medications to treat yeast and bacteria: Otomax, Tresaderm, Baytril

B) Skin infections/Keratinization disorders:

1. Antibiotics-Cephalexin (3 weeks)
2. Medicated shampoos: Pyoben, Sebolux, T-Lux, Allerseb-T

IV. Treating underlying allergy

A. Hyposensitization: This involves a consultation with a veterinary dermatologist and skin testing. If your dog has a positive skin test, it will get frequent desensitization shots to help overcome the allergy. This is the preferred treatment for severely atopic dogs that do not respond well to symptomatic therapy. It has been reported to be effective in 50-80 % of the dogs treated.

B. Cyclosporine (Atopica): This is an immune modulating drug to help control pruritis without the side-effect problems of steroids. It is given daily to every other day for long-term control of allergies.

