

Pruritus Pitfalls

Choosing The Best Medication

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The choices...

Corticosteroids

Cyclosporine

Oclacitinib

Lokivetmab

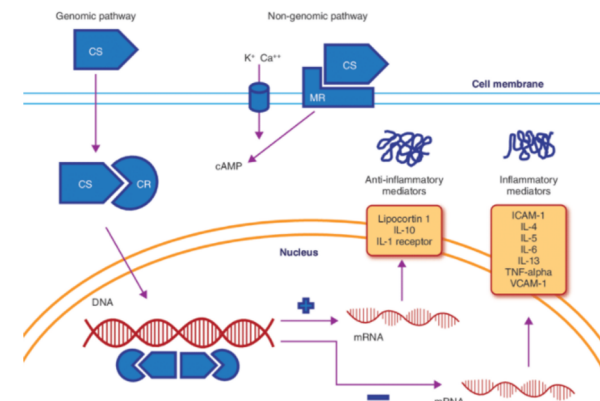
Miscellaneous

...Which to choose?

Corticosteroids

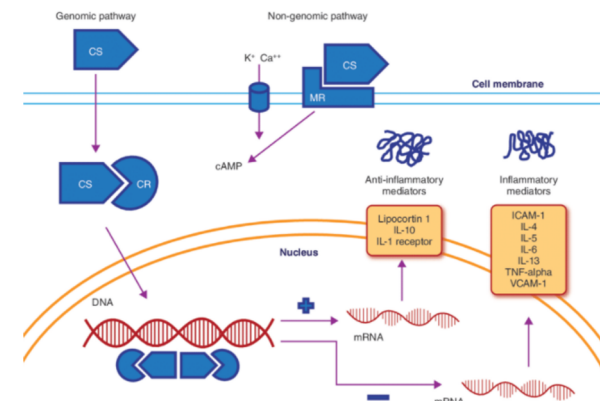
Broadly acting anti-inflammatory or immunosuppressive option

- Great for rapid relief of moderate to severe pruritus, inflammation
 - Especially important for furunculosis and severe otitis externa
- Tapering dose, usually over 21-30 days
 - “Itch buster” course for acute flares



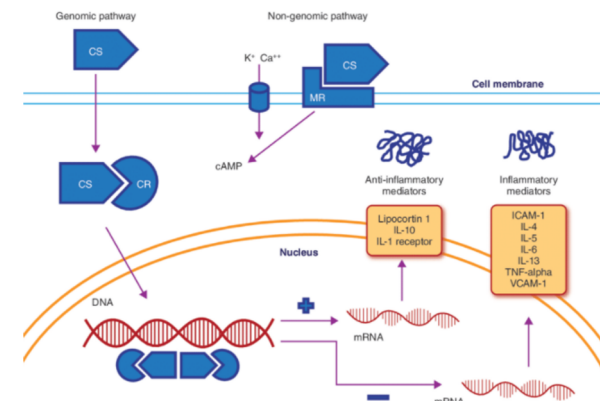
Corticosteroids

- Obvious long term negative effects
 - Always try to transition to other medication(s)
- Not all steroids are created equal
 - Different relative potencies, different effects on patient-to-patient basis



Corticosteroids

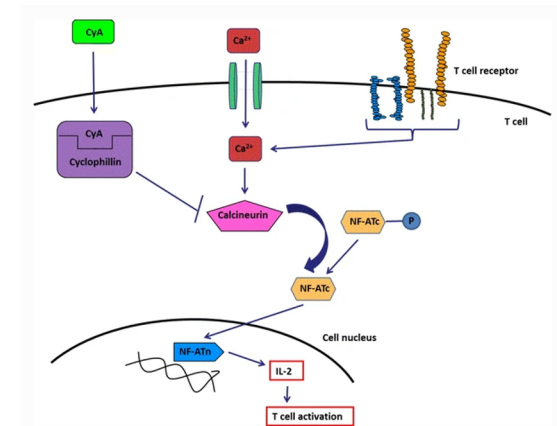
- Can mask resolution of pyoderma and hamper diagnostics
- Complications when managing chronic or severe inflammatory and infectious diseases



Cyclosporine (Atopica®)

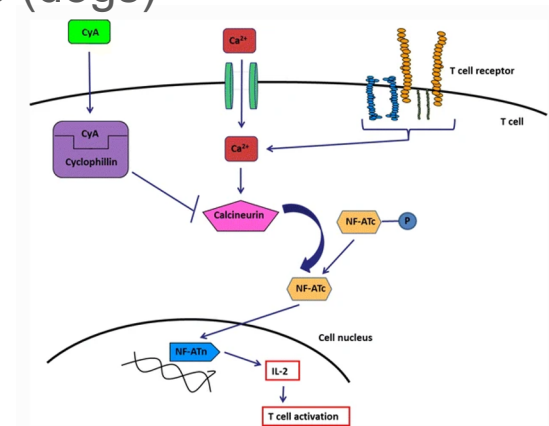
Modified emulsified cyclosporine product, calcineurin inhibitor

- Very anti-inflammatory, first developed non-steroidal option for allergic management
 - Go-to for chronic, recurrent otitis externa, recurrent furunculosis, or recurrent pyoderma
 - Can succeed when Apoquel and/or Cytopoint fail
- Generic vs. name brand



Cyclosporine (Atopica®)

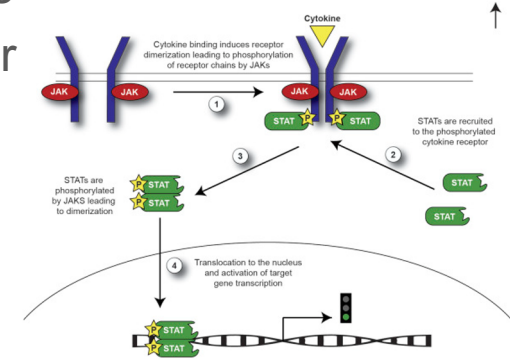
- Slow onset (3-4+ weeks), GI side effects, may affect blood work, can exacerbate cancer, effect on insulin
 - Keep in fridge to mitigate GI effects
 - Blood work every 6-12 months
- Can administer with ketoconazole to halve dose for same relative effect, similar side effects
- 5mg/kg per day (7mg/kg for cats)
 - 2.5mg/kg/day with 5-10mg/kg/day ketoconazole (dogs)



Oclacitinib (Apoquel®)

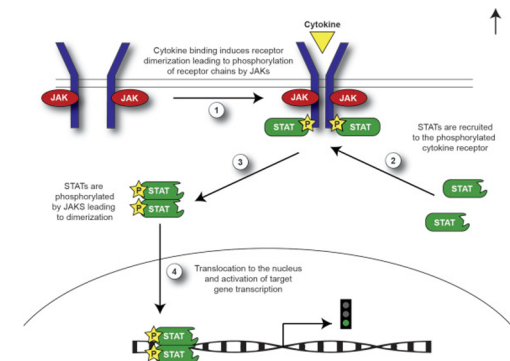
JAK1/3 Inhibitor

- Rapid pruritus relief, appropriate for mild to moderate inflammation/itch
 - Available on the market since ~2015, effective in 70-80% patients
- Ill-equipped for furunculosis, otitis externa, pyoderma
- Considered safe for long-term treatment
 - Very rare GI effects, increased risk of demodicosis
 - risk of neutropenia/leukopenia, exacerbate cancer



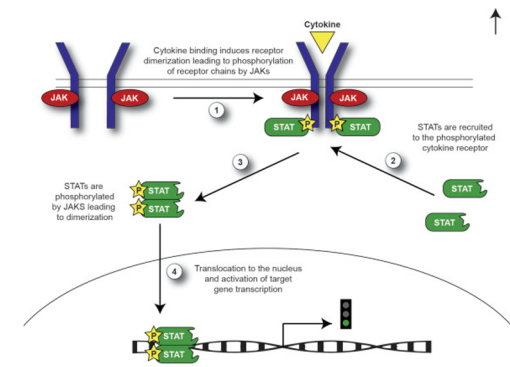
Oclacitinib (Apoquel®)

- Dosing starts twice daily for 7-14 days, transitions to once daily
 - Can become more itchy after the initial taper
- Can administer concurrently with other medications
 - Recent applications as immunosuppressive drug when given twice daily
- Cannot be used in patients less than 1 year of age



Oclacitinib (Apoquel®)

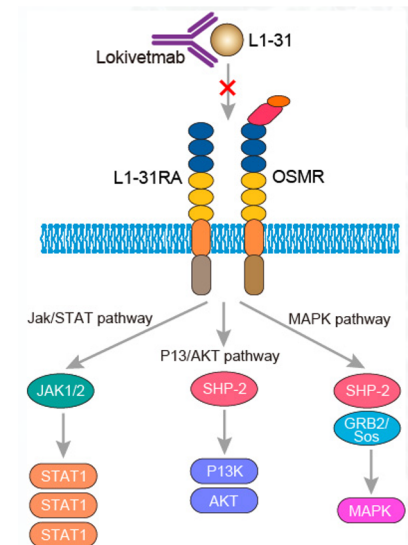
- Novel treatment option in feline pruritic disease
- Applications outside of allergic skin disease
 - Ischemic dermatopathy, other autoimmune disease



Lokivetmab (Cytopoint®)

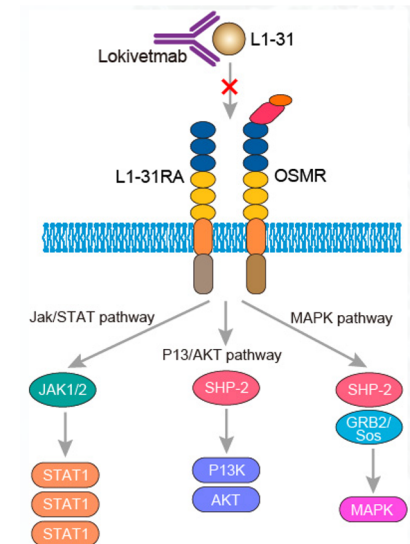
Monoclonal antibody specific for interleukin-31

- Injectable medication, effective in 1-3 days, effective for 4-8 weeks
 - Successful in 60-80% patients
- Appropriate for mild to moderate pruritus, mild inflammation
 - Ill-equipped for more inflammatory conditions
 - May have preventative effect on flares



Lokivetmab (Cytopoint®)

- No known side effects
 - Can be very expensive for larger dogs
- Can be administered with other medications
 - Appropriate despite numerous co-morbidities (neoplasia, diabetes, demodicosis, etc.)
- Not for cats!

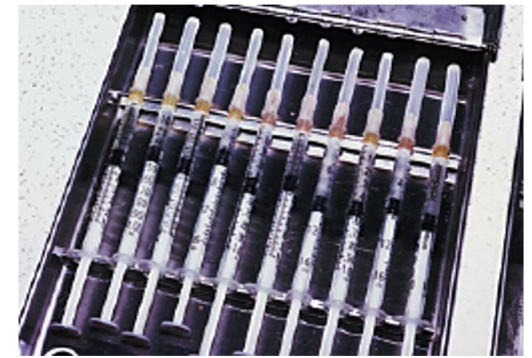


Other options

- **Allergen Immunotherapy**
- Redonyl (Dechra)
- Omega-3 fatty acids
- Antihistamines
- Topical skin support
- Fortified diets

Allergen immunotherapy

- Recommended for any atopic patient with clinical signs >3 months each year
- Formulated from allergen testing results
 - IDAT vs. serum allergen testing
- Recommended ASAP for appropriate patients



Redonyl® Ultra (Dechra)

- **Ultra-micronized palmitoylethanolamide (PEA)**
 - Natural biomodulatory that promotes skin barrier and mast cell stability
 - Available for dogs and cats
 - Hypoallergenic (hydrolyzed soy) formula



Omega-3 Fatty Acids

- Essential fatty acids have been demonstrated to have steroid and cyclosporine sparing effects
 - May promote skin barrier
 - Interfere with production with other pro-inflammatory products



Antihistamines

- Rarely effective in atopic patients
 - histamine is an insignificant part of chronic atopy
- Consider cetirizine over diphenhydramine



Topical Therapies

- The skin barrier has garnered increasing attention for its role in atopic dermatitis
 - Congenital and acquired barrier defects likely contribute to atopic disease.
- Topical skin barrier support is now included in many antiseptic products
- “Spot-on” formulations specific for skin support have an adjunctive role



Fortified Diets

- Many diets available on the market
- Diets generally fortified with proprietary anti-inflammatory ingredients, antioxidants, and essential fatty acids
- Reasonable adjunctive options for pruritus relief
 - Client interest tends to be variable



Questions



Thank You!

- Please feel to reach out to me by phone (513-561-0069) or email (peter.canning@medvet.com)
 - Case questions
 - Culture or biopsy result interpretation
 - Referral help