Managing Patients with Canine Chronic Enteropathy?  
Try Food First—and Second

Q Dogs with chronic enteropathy often undergo treatment with antibiotics and immunosuppressants prior to a diet trial. Why would you like to see this change?  

A Dogs are often prescribed antibiotics such as metronidazole or tylosin because these drugs are affordable and easy for the owner to administer—and an initial reduction of clinical signs is often noted. This is not always lasting. Moreover, most dogs with chronic enteropathy (CE) don’t have a primary bacterial enteritis, and there can be a tremendous downside because of the effects antibiotics have on the microbiome, as well as the potential for antibiotic-resistant bacteria to develop.

It is especially important to avoid unnecessary antibiotic use in young dogs. Their microbiome is still developing, and it is possible they may suffer long-term health effects as a result. Antibiotic exposures in young children have been associated with increased risk of later-in-life issues such as Crohn’s disease, asthma and allergic rhinitis.

Immunosuppressants like prednisone present significant drawbacks due to their well-known side effects and the potential for opportunistic infections to develop. Cyclosporine has its place in managing a subset of dogs with conditions such as protein-losing enteropathy, but it is expensive and should be reserved for patients that truly need it.

I strongly advocate for diet, which can be both a diagnostic and management tool, as the first option for veterinarians to try. Data show that a majority of dogs will eat to will improve with dietary intervention. This requires educating the owner to get them on board with a diet trial, but at the same time we can emphasize the safety of this approach. Most dogs with gastrointestinal (GI) signs of food intolerance show a positive response to diet within 10 days, although more severely affected dogs may take longer. If no improvement is noted by then, it is often worth trying another diet before jumping to other therapeutic strategies.

Q When selecting a diet for a dog with CE, what are the nutrient considerations?  

A Three major nutrients to consider when selecting a therapeutic diet for CE dogs are fat, fiber, and protein.

• Fiber. Dogs with colitis can benefit from increased fiber. Not only does it add bulk to the stool, but soluble fibers can be fermented by colonic bacteria and converted to short-chain fatty acids that feed the colonocytes and may help heal the colon. It is important to introduce fiber like unflavored psyllium powder to the diet gradually to avoid bloating and slimy stools.

• Protein. For dogs with food intolerance and food allergy, protein can be both part of the problem and an avenue to improvement. A food trial with a hydrolyzed or elemental (amino acid-based) therapeutic diet can lead to rapid (to 14d) improvement in clinical signs in food-intolerant dogs. Truly food-allergic dogs with concurrent seasonal pruritis and otitis +/- GI signs may require up to eight weeks to show improvement in extraintestinal signs.

Q You recently conducted a study feeding Purina® Pro Plan® Veterinary Diets EL Elemental Canine Formula to dogs with CE. What did you learn?  

A The goals of the prospective, uncontrolled study were: (1) to evaluate diet acceptance or palatability; and (2) to evaluate the reduction in GI clinical signs. I recruited 23 dogs experiencing CE signs (e.g., diarrhea, vomiting, reduced appetite and/or unexplained weight loss) for at least three weeks prior to the study. After ruling out other diseases, we conducted upper and lower GI endoscopies on 22 of the dogs to evaluate the GI mucosa, as well as to collect biopsies for histopathologic analysis. All showed evidence of intestinal inflammation that was either lymphoplasmacytic and/or eosinophilic.

After gradual food transition, the dogs were exclusively fed EL Elemental for two weeks and monitored closely at home. Of 23 dogs, only one dog refused to eat the diet. Dogs doing the same or better after two weeks were fed the diet for an additional six weeks before returning for a final visit. While many owners were skeptical about seeing improvement, 16 of the 22 participating dogs experienced adequate relief along with a substantial decrease in their Canine Inflammatory Bowel Disease Activity Index (CIBDAI) score at the two-week or eight-week mark—overall, a 73% success rate in achieving clinical remission.

*Due to changes in response, the dogs that experienced relief at T2 and T4 were not the same at dogs. Clinical remission was defined by the combination of the owner answering “yes” to the question, “Is your dog currently experiencing adequate relief from its chronic enteropathy signs” and a ≥50% reduction in CIBDAI or achievement of a CIBDAI compatible with insignificant disease (≤1).
Diagnostic Dilemmas: Challenging Dermatologic Case Yields Important Insights

With food-related canine dermatologic conditions, patience is an essential virtue. It can take time and trial and error to determine the most appropriate treatment program for complex dermatologic cases. The following story describes one of the more complicated patients I have treated and the extended journey that she, her owners, and I traveled together.

Kiki’s story
Kiki, a mixed-breed dog, presented in our clinic at 24 months. She had been pruritic since she was 6 months old and had already been on several courses of cephalixin and prednisone. Her owners had switched her from a commercial chicken diet to a commercial salmon diet. Neither dietary change nor monthly bathing with a dermatologic shampoo improved her condition.

On physical examination, Kiki presented with alopecia, pyoderma, pustules, epidermal collarettes, hyperkeratosis, interdigital erythema, evident skin hypersensitivity and a striking amount of seborrhea. The perioral and periocular regions were particularly affected; an otoscopic exam was performed as well as cytology of skin lesions and ear exudate that showed cocci bacteria on the skin and a few Malassezia in the ear canal, but no evidence of an active ear infection.

While economic constraints initially precluded a bacterial culture, a trichogram and skin scrapings were performed to rule out other possible causes. Kiki’s history was compatible with canine atopic dermatitis and adverse food skin reaction.

Initial treatment approach
I recommended a diagnostic diet trial with a hydrolyzed diet; bathing every other day with an antiseptic shampoo to treat the pyoderma; localized, topical treatment on more severe areas of the skin; and continuing external ectoparasite control. Because of cost constraints, I prescribed prednisone.

At an appointment two weeks later, Kiki was eating the diet well, and her fecal consistency was normal. Her itching decreased but was not resolved. Weekly cleaning had improved her ears; however, active pyoderma and new pustules were evident, so I performed a culture and sensitivity test. Bathing was only occurring twice weekly because of time and cost issues. I asked the owners to continue the hydrolyzed diet for at least six more weeks, switch to an oclacitinib instead of prednisone to ease the itching and try to increase bathing while we waited for test results.

The culture revealed a non-resistant strain of Staphylococcus intermedius infection, so cephalixin was still a good choice. Kiki’s skin infection had improved significantly two weeks later, and her ears looked good. Itching, however, remained at about a 5 out of 10. I asked the owners to continue bathing Kiki twice a week and continue the cephalixin for at least two more weeks. She improved eventually with treatment, but pyoderma was a recurrent problem.

Is diet the issue?
Over the next two years, I still suspected an adverse food reaction because of ongoing GI issues and recurrent pyoderma. We had performed two complete hydrolyzed diet trials—each of them for more than eight weeks—and two home-prepared diets; however, Kiki still had recurrent pyoderma and otitis. We performed intradermal skin testing and allergen-specific immunotherapy, but there was no noticeable benefit after more than a year and a half. A low prednisone dose was necessary since she did not respond well to oclacitinib or lokivetmab for itch control.

Elemental diet offers a new nutritional choice
Fortunately, at this juncture, I was able to place Kiki on a diet trial with Purina® Pro Plan® Veterinary Diets EL Elemental, an amino acid-based diet formulated with purified amino acids. On EL Elemental, Kiki’s recurrent pyoderma was entirely controlled and pruritus reduced to a minimal amount with no medication needed to maintain her comfort. After six weeks, we challenged her with a regular hydrolyzed diet, and she flared: itching was back to 10/10 and pyoderma had returned. Now, her owners feed EL Elemental exclusively, use oclacitinib occasionally for itching, bathe her weekly and continue flea control. They proactively use topical “soft” steroids on areas more prone to flaring.

In this case, the change brought about by EL Elemental was very dramatic. The right nutritional innovation made all the difference for this challenging patient.
Managing dogs with adverse food reactions can be a puzzle for veterinarians and a wait-and-see game for clients. The more information we share with clients, the more likely we are to solve the puzzle. When talking with clients, I first explain what an adverse food reaction is and describe the clinical signs. I then walk them through the steps to diagnosing and managing their dog’s condition.

**Client education: There are no shortcuts.**
Sticking to an elimination diet trial can be challenging for pet owners. I believe it is important to be candid and tell them that it will be hard—but ultimately worth it. Here are some strategies that have worked for me.

- **Provide a realistic timetable.** When clients learn that seeing a response for dermatologic signs of food allergy is typically achieved through conducting an eight- to 12-week elimination diet trial, they may feel overwhelmed. I stress that two or three months is not that long, and that if the dog has gastrointestinal (GI) signs of food allergy, these could improve in about four weeks.

- **Set clear, specific expectations.** Be precise about what it means to have the dog only eat the elimination diet. It’s natural for clients to think, “Oh, it’s just the main food that I put in the bowl,” versus anything that goes in the dog’s mouth. I take the time to explain that it’s also dog treats, flavored medications and flavored toys—not to mention the “people” food their child drops on the floor. I also stress that everyone in the family needs to be on board if the diet trial is to be successful.

- **Reinforce the message(s).** Two steps that have made a difference with adherence are: (1) putting it in writing with a handout from our hospital; and (2) asking clients to call me with a weekly progress report. Not only do these calls inform me if clinical signs are resolving; they also help me catch missteps early. For instance, the client may say, “Yes, I’m feeding the food you prescribed—with chicken!” While I need to backtrack and clarify they can’t feed foods other than the diet, at least we can catch these problems early.

- **Share a success story.** I often tell clients about my own dog, Ona, who has been through serious health challenges and a diet trial—and is now doing very well. (See “Ona’s Story.”) I believe that hearing about her can inspire them to believe their dog can be successful, too.

### Ona’s Story
My Labrador retriever Ona developed acute hemorrhagic diarrhea syndrome at age 1. She was hospitalized and recovered but began having intermittent episodes of vomiting and diarrhea a year later. After performing a fecal flotation to rule out parasitism and running a complete blood count and chemistry panel, I switched Ona to a highly digestible diet. A month later, her signs had not resolved. A maldigestion panel and ACTH stimulation test were normal; however, other blood work indicated elevated eosinophils and an abdominal ultrasound showed diffuse enteropathy.

Knowing that many enteropathies are food responsive, I placed Ona on a hydrolyzed diet. She improved, but soft stools and elevated eosinophils continued. Several months later, I switched to Purina® Pro Plan® Veterinary Diets EL Elemental—an amino acid-based diet formulated with purified amino acids. Now, Ona’s stools are perfectly formed and low-volume, and she continues to enjoy eating the diet. I rechecked blood work after six months on EL Elemental and eosinophils were normal, with much of the inflammation in her gastrointestinal (GI) tract resolved.

EL Elemental is formulated to provide complete and balanced nutrition for canine growth and maintenance, so it can be used with younger dogs. And, because it is highly digestible with limited fat, EL Elemental may also be an option for dogs with compromised GI tracts as a result of chronic enteropathies. It worked for Ona, and I believe other patients who haven’t responded well to a hydrolyzed diet could also benefit.
We started with the first truly hypoallergenic dry diet for dogs with food allergies. And now, our progressive science has led to Elemental—built with purified amino acids. It’s our most advanced elimination diet yet.

Explore our allergy-focused nutrition at PurinaProPlanVets.com.