



Which Drugs Are Most Effective in Managing Atopic Dermatitis?

Valerie A. Fadok, DVM, PhD, DACVD
North Houston Veterinary Specialists
Spring, Texas

Profile → Canine atopic dermatitis (AD) is a chronic noncurable but manageable inflammatory disease of the skin. Cats also develop allergic skin disease, but its features are generally unique to cats. Medications used to treat allergic skin disease can mask clinical signs but do not change the disease process.

Multimodal approach → Most dermatologists may agree that a multimodal approach can provide the best management of this disease. In dog and cats, the tools used to manage AD focus on¹⁻³

- Avoidance of allergens when possible
 - Practically, food and fleas
- Immunotherapy to change the immune response
- Infection control
 - Focus on topical therapy, with use of systemic antimicrobials when necessary
- Skin barrier repair
- Control of itch and inflammation

Primary treatment options → The therapeutic approaches most commonly used for itch and inflammation associated with AD or allergic skin disease in dogs and cats are¹⁻⁵

- Glucocorticoid (antiinflammatory and immunomodulatory) therapy: systemic and topical
- Alternative immunomodulatory strategies (systemic): cyclosporine and oclacitinib

Glucocorticoid (Antiinflammatory/ Immunomodulatory) Therapy

Overview

Glucocorticoids have been effective in the management of AD for years,⁶ as they have potent effects on many pathways of inflammation and the accompanying itch associated with this disease. Glucocorticoids also have immunomodulatory, antiproliferative, and metabolic effects.

Multiple modes of action^{6,7} → Genomic effects are mediated by the binding of glucocorticoids to an intracellular glucocorticoid receptor (GR), allowing it to dimerize, become activated, and bind to DNA, where the GR serves as part of a

transcription factor complex to activate or repress gene transcription.

- Ligand-bound GR activates transcription of antiinflammatory genes and represses activation of proinflammatory genes.
- The specific mechanisms of action for glucocorticoids, however, may be cell type and context specific.
 - Much about glucocorticoid function remains unknown.⁷
- The metabolic effects of glucocorticoids include^{6,7}
 - Gluconeogenesis in the liver
 - Mobilization of amino acids from extrahepatic sources
 - Inhibition of glucose uptake in muscle and adipose tissue
 - Lipolysis in adipose tissue

General note → 2 distinct glucocorticoid protocols

- Systemic (oral, parenteral)
 - Glucocorticoid therapy may be combined with antihistamine therapy.
- Topical

The specific mechanisms of action for glucocorticoids may be cell type and context specific, although much about their function remains unknown.⁷

Systemic Glucocorticoids: Alone & Combined with Antihistamine

When administered orally for treatment of AD, prednisone, prednisolone, and methylprednisolone are most often selected because their short half-life makes long-term therapy every other day a reasonable choice. These drugs can be used successfully for both short-term itch relief and controlling seasonal allergic disease in dogs and cats. Glucocorticoids can also be used for nonseasonal itch, although it is not uncommon for efficacy to wane.

Loss of efficacy → Has been attributed to tachyphylaxis, the mechanism of which is unknown in dogs and cats

- Although resistance is real, mechanisms are complex. Postulated mechanisms include^{8,9}
 - Production of alternative GRs that bind up glucocorticoids but lack antiinflammatory function
 - Reduced levels of *histone deacetylase-2*, an enzyme critical for antiinflammatory function of glucocorticoids

AD = atopic dermatitis,
DNA = deoxyribonucleic acid,
GR = glucocorticoid receptor

MORE ►

Glucocorticoid (Antiinflammatory/ Immunomodulatory) Therapy (continued)

- **Common side effects, all systemic glucocorticoids** → Include polyuria, polydipsia, and polyphagia, along with behavioral changes⁶
- Long-term effects: hepatic enzyme elevations, catabolism of muscle and fat, potbellied appearance, osteoporosis secondary to decreased calcium uptake and inhibition of bone formation, and delayed wound healing⁶
 - Skin effects: thinning of the skin with increased dryness; development of comedones, striae, and milia; and calcinosis cutis⁶
 - Increased susceptibility to urinary tract and skin infections has also been noted.⁶
 - In cats, diabetes mellitus and development of acquired fragile skin syndrome are concerns.⁶
 - **Cautions**
 - Glucocorticoids are a poor choice for patients with hyperadrenocorticism or diabetes mellitus.
 - Coadministration of glucocorticoids and NSAIDs is contraindicated.

Prednisone & Prednisolone

Formulation → Oral (tablet)

Dose (dogs) → 0.5-1 mg/kg PO divided twice a day¹⁰

- Slow tapering to most effective maintenance dose

Dose (cats) → 1-2 mg/kg PO divided twice a day¹⁰

- In general, starting doses are double those used in dogs.
 - Cats may have fewer GRs with lesser affinity for glucocorticoids.¹¹
- Although prednisolone is not FDA approved for use in cats, its extralabel use is preferred (see **Key Point**).

Key Point

- In cats, use of prednisolone (the active metabolite of prednisone) has been suggested because of poor conversion of prednisone to prednisolone in the liver.
 - If oral prednisone must be used, consider increasing the dose.

Methylprednisolone

Formulation → Oral (tablet)

Dose (dogs, extralabel) → Initial induction dose of 0.4-0.5 mg/kg PO once to twice a day¹²

- Slow tapering to most effective maintenance dose

Dose (cats, extralabel) → Initial induction dose of 4 mg/cat PO once a day for cats weighing ≤5 lb and 6 mg/cat for cats weighing >5 lb¹²

- Cats may require higher doses, as they may have fewer GRs in the skin.¹¹

Key Points

- As compared with prednisone/prednisolone, methylprednisolone may be less likely to cause polyuria and polydipsia.
- Also may be more potent

Dexamethasone

Formulation → Parenteral (IV, SC), oral (tablet)

Crisis buster (emergency) dose → 0.11-0.22 mg/kg IV (dexamethasone sodium phosphate [SP]) or SC (dexamethasone, dexamethasone SP)¹³

- Dexamethasone 2 mg/mL injectable is FDA approved for use in cats; dexamethasone SP 4 mg/mL is not.

Dose (dogs, extralabel in cats) → 0.1-0.3 mg/kg PO once a day¹³

- Taper every 2 to 3 days before stopping.

Key Points

- Duration of relief is variable, ranging from 24 to 72 hours, depending on pruritus severity.
- Injections can be used to rapidly reduce pruritus, a method colloquially termed *crisis buster*.
- Oral administration can be used for short-term itch relief.¹³
 - Especially when patient's itch is refractory to prednisone/prednisolone
 - Not ideal for long-term use because of its potency and longer duration of action (ie, long biologic activity), which can be problematic regarding adverse effects^{6,13}

Dexamethasone injections can be used to rapidly reduce pruritus, a method commonly referred to as crisis buster dosing.

Triamcinolone

Formulation → Oral (tablet)

- For topical formulation, see **Topical Glucocorticoids**, page 16.

Dose (dogs, cats) → 0.2-0.4 mg/kg PO once a day¹⁴

Key Points

- Dose designed for short-term itch relief when itch refractory to prednisone/prednisolone
- Not ideal for long-term use because of its potency and longer duration of action (ie, long biologic activity), which can be problematic regarding adverse effects⁶

Combination Trimeprazine (Antihistamine) & Prednisolone

Formulation → Oral (tablet; trimeprazine 5 mg–prednisolone 2 mg)

Dose (dogs) → Initially, 1 tablet/4.5 kg body weight PO twice a day¹⁵

FDA = Food and Drug Administration,
GR = glucocorticoid receptor, NSAID = nonsteroidal antiinflammatory drug,
SP = sodium phosphate

MORE ►

Glucocorticoid (Antiinflammatory/ Immunomodulatory) Therapy (continued)

- Taper according to patient needs.
- See **Key Points** for safe steroid dose.
- Owner must administer exactly as directed by veterinarian (based on weight).

Dose (cats) → Not FDA approved for use in cats

- Anecdotal regimen, 1 tablet PO twice a day
 - Taper per patient need.

Key Points

- Combination therapy provides relief from itch (trimeprazine) and inflammation (prednisolone).
- **Safe steroid dose⁶**

$$\text{Body weight (kg)} \times 30 = \text{mg dose of steroids per year}$$

$$\text{Example: } 10 \text{ kg} \times 30 = 300 \text{ mg per year}$$

- For combination trimeprazine–prednisolone, this equates to 150 tablets per year or roughly 1 tablet every other day for a 10-kg dog.
- Combination antihistamine–steroid, when used according to the safe steroid dose equation, appears to be associated with minimal risk for serious steroid-associated side effects.⁶
 - Also believed to control itch at lower dose of glucocorticoid than that used with glucocorticoid alone⁶
- Side effects may include drowsiness, excessive thirst and/or urination, dull and dry hair coat, panting, and muscle wasting.¹⁵

Topical Glucocorticoids

Topical steroids have been shown to have efficacy for the treatment of canine AD.^{16–20} In general, they are most often useful in controlling focal areas of itch, particularly on the fore- and hindfeet. Topical medications containing betamethasone should be restricted to short-term use (10–14 days), as they can induce significant cutaneous adverse effects.^{16–20} The low concentrations of triamcinolone in triamcinolone acetonide spray are less likely to have these effects, but use of this agent in small dogs should be monitored.²¹ Soft steroid hydrocortisone aceponate may be preferred because although it is potent on the skin, it is metabolized to hydrocortisone by the time it reaches the bloodstream; however, hydrocortisone aceponate is not FDA approved for use in dogs (or cats).^{18,19}

Caution → Do not use topical glucocorticoid spray solutions on patients with cutaneous ulcers.

Triamcinolone Acetonide

Formulation → Topical (spray solution)

- For oral formulation, see **Systemic Glucocorticoids**, page 13.

Dose (dogs only; US only) → Ensure owner compliance with instructions: generally, apply spray twice a day for 7 days, then once a day for 7 days, then every other day or as needed.²¹ (Note: Use for longer than 28 days is off-label.)

- Spray areas lightly.
 - Discourage patients from licking areas until the product has dried.
- Safety has not been determined in dogs
 - Weighing <8 lb
 - Younger than 1 year of age

Dose (cats only) → Do not use.

Key Points

- Side effects include hives; dyspnea; and swelling of lips, tongue, and face.²¹
 - Skin thinning or fragility, comedones, milia, and calcinosis cutis also can be associated with use of topical triamcinolone.
- Do not use longer than 28 days.²¹

Hydrocortisone Aceponate

Formulation → Topical (spray solution)

Dose (dogs, not licensed in United States)²² → Ensure owner compliance with instructions: generally, apply 2 pumps per 10 × 10 cm area of skin twice a day for 7 days, then once a day for 7 days, then every other day for additional 14 days.

- Not FDA approved for use in dogs in the United States

Dose (cats, not licensed in United States) → Agent has been shown effective and safe for use in cats when applied at 2 pumps per 10 × 10 cm area of skin once a day for 4 to 6 weeks, then every other day, then twice a week for long-term maintenance.¹⁷

Key Points

- All clinical trials on hydrocortisone aceponate were conducted outside the United States.²²
- Use for longer than 28 days is off-label.
- No side effects have been reported in dogs treated with hydrocortisone aceponate spray for dermatologic conditions.²²

The low concentrations of triamcinolone in triamcinolone acetonide spray are less likely to induce cutaneous adverse effects, but use of this agent in small dogs should be monitored.²¹

Alternative Immunomodulatory Strategies (Systemic)

Alternative strategies for systemic control of AD include oral cyclosporine in dogs and cats, along with oclacitinib, a new target treatment for canine AD.

Key Highlights Featured in Part 2

Revolutionized treatment → Cyclosporine is a highly recognized alternative treatment for dogs and cats with disease refractory to glucocorticoids.

Newly targeted drug → Learn how oclacitinib specifically targets cytokines involved in the itch and inflammation of AD in dogs.

AD = atopic dermatitis,
FDA = Food and Drug Administration

MORE ►



Key Highlights → **Bridging the Gap**
Featured in Part 2
(continued)

Author insights provide guidelines into fine-tuning a multimodal approach to the treatment of AD and allergic skin disease in dogs and cats.

AD = atopic dermatitis

VALERIE A. FADOK, DVM, PhD, DACVD, is currently affiliated with North Houston Veterinary Specialists. Prior, she was on the faculty of University of Tennessee, University of Florida, Texas A&M University, and National Jewish Medical and Research Center. In addition to hands-on work with patients, Dr. Fadok's passion is teaching and lecturing, and in both 2010 and 2011, she received the ACVD Excellence in Teaching award, along with the 2010 ACVD Award of Excellence. She has more than 30 years of experience in the field and continues to share her expertise in clinical talks at international and national meetings. Dr. Fadok earned her DVM from Washington State University, after which she completed an internship in small and exotic animal medicine and surgery at West Coast Los Angeles Veterinary Medical Group and a residency in veterinary dermatology at University of Florida. She also received a PhD in experimental pathology from University of Colorado.

REFERENCES

1. Olivry T, Bizikova P. A systematic review of randomized controlled trials for prevention or treatment of atopic dermatitis in dogs: 2008-2011 update. *Vet Dermatol.* 2013;24(1):97-117, e25-26.
2. Olivry T, Foster AP, Mueller RS, McEwan NA, Chesney C, Williams HC. Interventions for atopic dermatitis in dogs: a systematic review of randomized controlled trials. *Vet Dermatol.* 2010;21(1):4-22.
3. Olivry T, Mueller RS, International Task Force on Canine Atopic Dermatitis. Evidence-based veterinary dermatology: a systematic review of the pharmacotherapy of canine atopic dermatitis. *Vet Dermatol.* 2003;14(3):121-146.
4. Gadeyne C, Little P, King VL, Edwards N, Davis K, Stegemann MR. Efficacy of oclacitinib (Apoquel®) compared with prednisolone for the control of pruritus and clinical signs associated with allergic dermatitis in client-owned dogs in Australia. *Vet Dermatol.* 2014;25(6):512-518, e86.
5. Little PR, King VL, Davis KR, Cosgrove SB, Stegemann MR. A blinded, randomized clinical trial comparing the efficacy and safety of oclacitinib and ciclosporin for the control of atopic dermatitis in client-owned dogs. *Vet Dermatol.* 2015;26(1):23-30, e7-8.
6. Sousa C. Glucocorticoids in veterinary dermatology. In: Bonagura JD, Twedt DC, eds. *Kirk's Current Veterinary Therapy XIV.* St. Louis, MO: Saunders Elsevier; 2009:400.
7. Keenan CR, Radojicic D, Li M, Radwan A, Stewart AG. Heterogeneity in mechanisms influencing glucocorticoid sensitivity: the need for a systems biology approach to treatment of glucocorticoid-resistant inflammation. *Pharmacol Ther.* 2015;150:81-93.
8. Ingawale D K, Mandlik SK, Patel SS. An emphasis on molecular mechanisms of anti-inflammatory effects and glucocorticoid resistance. *J Complement Integr Med.* 2015;12(1):1-13.
9. Yang N, Ray DW, Matthews LC. Current concepts in glucocorticoid resistance. *Steroids.* 2012;77(11):1041-1049.
10. Plumb DC, Brief Media. Prednisolone, prednisone, prednisolone sodium succinate. Plumb's Veterinary Drugs. plumbsveterinarydrugs.com. Accessed December 13, 2015.
11. van den Broek AH, Stafford WL. Epidermal and hepatic glucocorticoid receptors in cats and dogs. *Res Vet Sci.* 1992;52(3):312-315.
12. Plumb DC. Methylprednisolone, methylprednisolone acetate, methylprednisolone sodium succinate. In: Plumb DC, ed. *Plumb's Veterinary Drug Handbook.* 8th ed. Ames, IA: Wiley-Blackwell; 2015:959-966.
13. Dexafort data sheet (product insert). Buckinghamshire, UK; MSD Animal Health (Intervet UK); 2013.
14. Plumb DC, Brief Media. Triamcinolone acetonide. Plumb's Veterinary Drugs. plumbsveterinarydrugs.com. Accessed December 13, 2015.
15. Temaril-P (product insert). New York, NY; Pfizer Animal Health; 2012.
16. Deboer DJ, Schafer JH, Salsbury CS, et al. Multiple center study of reduced-concentration triamcinolone topical solution for the treatment of dogs with known or suspected allergic pruritis. *Am J Vet Res.* 2002;63(3):408-413.
17. Schmidt V, Buckley LM, McEwan NA, Rème CA, Nuttall TJ. Efficacy of a 0.0584% hydrocortisone aceponate spray in presumed feline allergic dermatitis: an open label pilot study. *Vet Dermatol.* 2012;23(1):11-16, e3-4.
18. Nuttall TJ, McEwan NA, Bensignor E, Cornegliani L, Löwenstein C, Rème CA. Comparable efficacy of a topical 0.0584% hydrocortisone aceponate spray and oral ciclosporin in treating canine atopic dermatitis. *Vet Dermatol.* 2012;23(1):4-10, e1-2.
19. Nuttall T, Mueller R, Bensignor E, et al. Efficacy of a 0.0584% hydrocortisone aceponate spray in the management of canine atopic dermatitis: a randomised, double blind, placebo-controlled trial. *Vet Dermatol.* 2009;20(3):191-198.
20. Nam EH, Park SH, Jung JY, et al. Evaluation of the effect of a 0.0584% hydrocortisone aceponate spray on clinical signs and skin barrier function in dogs with atopic dermatitis. *J Vet Sci.* 2012;13(2):187-191.
21. Genesis (product insert). Fort Worth, TX; Virbac Animal Health; 2015.
22. Cortavance Topical Spray Solution (product insert). Cambridge, ON; Virbac Canada; 2015.