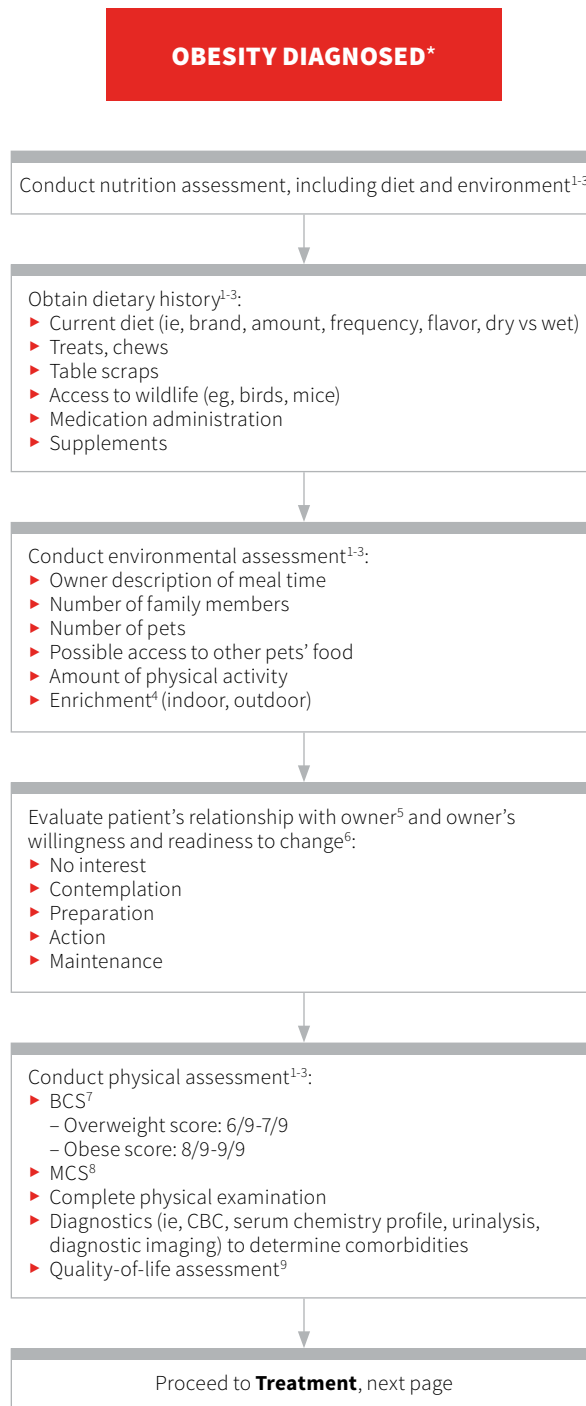


# Obesity in Cats

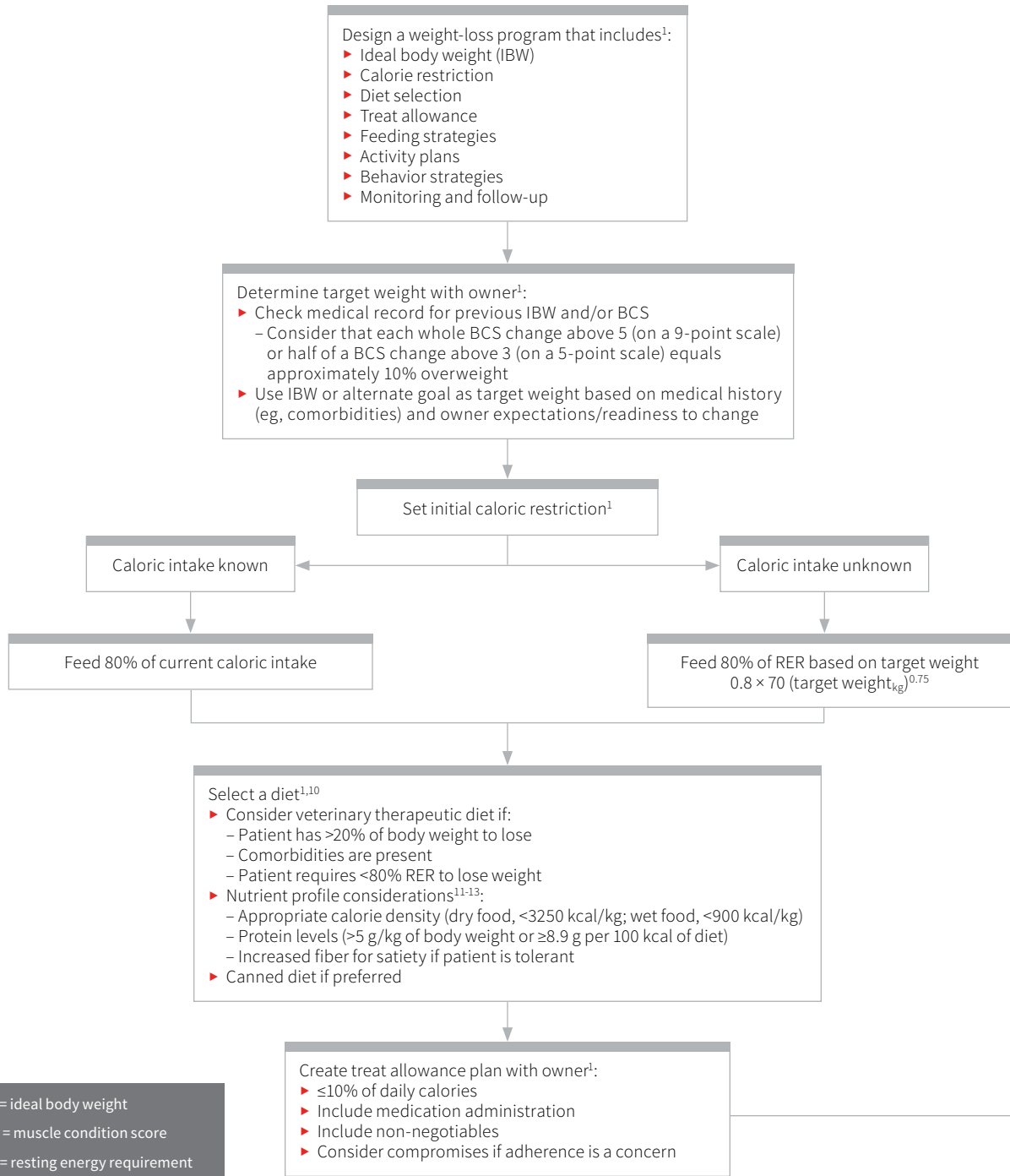
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\*The AAHA Weight Management Guidelines define obesity as having a BCS 8/9 or above,<sup>1</sup> although the guidelines, as well as this algorithm, may be helpful for any pet that is above ideal body weight.

MCS = muscle condition score

**TREATMENT**



IBW = ideal body weight  
MCS = muscle condition score  
RER = resting energy requirement

**BRIEF SUMMARY:**

See package insert for full prescribing information.

NADA 141-189, Approved by FDA

**ProHeart® 6**  
(moxidectin)**Sustained Release Injectable for Dogs****CAUTION**

Federal (U.S.A.) law restricts this drug to use by or on the order of a licensed veterinarian.

**INDICATIONS**ProHeart 6 is indicated for use in dogs six months of age and older for the prevention of heartworm disease caused by *Dirofilaria immitis*.ProHeart 6 is indicated for the treatment of existing larval and adult hookworm (*Ancylostoma caninum* and *Uncinaria stenocephala*) infections.**INFORMATION FOR DOG OWNERS**

Always provide Client Information Sheet and review with owners before administering ProHeart 6. Owners should be advised of the potential for adverse reactions, including anaphylaxis, and be informed of the clinical signs associated with drug toxicity (see **WARNINGS**, **PRECAUTIONS** and **ADVERSE REACTIONS** sections.) Owners should be advised to contact their veterinarian immediately if signs of toxicity are observed. The vast majority of patients with drug related adverse reactions have recovered when the signs are recognized and veterinary care, if appropriate, is initiated.

**CONTRAINDICATIONS**

ProHeart 6 is contraindicated in animals previously found to be hypersensitive to this drug.

**HUMAN WARNINGS**

**Not for human use. Keep this and all drugs out of the reach of children.** May be slightly irritating to the eyes. May cause slight irritation to the upper respiratory tract if inhaled. May be harmful if swallowed. If contact with the eyes occurs, rinse thoroughly with water for 15 minutes and seek medical attention immediately. If accidental ingestion occurs, contact a Poison Control Center or a physician immediately. The material safety data sheet (MSDS) contains more detailed occupational safety information.

**WARNINGS**

ProHeart 6 should be administered with caution in dogs with pre-existing allergic disease, including food allergy, atopy, and flea allergy dermatitis. In some cases, anaphylactic reactions have resulted in liver disease and death. Anaphylactic and anaphylactoid reactions should be treated immediately with the same measures used to treat hypersensitivity reactions to vaccines and other injectable products.

**Owners should be given the Client Information Sheet for ProHeart 6 to read before the drug is administered and should be advised to observe their dogs for potential drug toxicity described in the sheet.**

**Do not administer ProHeart 6 to dogs who are sick, debilitated, underweight or who have a history of weight loss.**

**PRECAUTIONS**

Caution should be used when administering ProHeart 6 concurrently with vaccinations. Adverse reactions, including anaphylaxis, have been reported following the concomitant use of ProHeart 6 and vaccinations (see **WARNINGS**).

Prior to administration of ProHeart 6, the health of the patient should be assessed by a thorough medical history, physical examination and diagnostic testing as indicated (see **WARNINGS**).

ProHeart 6 should not be used more frequently than every 6 months.

The safety and effectiveness of ProHeart 6 has not been evaluated in dogs less than 6 months of age.

Caution should be used when administering ProHeart 6 to heartworm positive dogs (see **ADVERSE REACTIONS**).

Prior to administration of ProHeart 6, dogs should be tested for existing heartworm infections. Infected dogs should be treated to remove adult heartworms. ProHeart 6 is not effective against adult *D. immitis* and, while the number of circulating microfilariae may decrease following treatment, ProHeart 6 is not effective for microfilariae clearance.

**ADVERSE REACTIONS**

In field studies, the following adverse reactions were observed in dogs treated with ProHeart 6: anaphylaxis, vomiting, diarrhea (with and without blood), listlessness, weight loss, seizures, injection site pruritus, and elevated body temperature. Dogs with clinically significant weight loss (>10%) were more likely to experience a severe adverse reaction. In a laboratory effectiveness study, dogs with 4- and 6-month-old heartworm infections experienced vomiting, lethargy and bloody diarrhea. These signs were more severe in the dogs with 4-month-old heartworm infections, including one dog that was recumbent and required supportive care, than in the dogs with older (6-month-old) infections.

**Post-Approval Experience (Rev. 2010)** The following adverse events are based on post-approval adverse drug experience reporting. Not all adverse reactions are reported to FDA/CVM. It is not always possible to reliably estimate the adverse event frequency or establish a causal relationship to product exposure using these data. The following adverse events are listed in decreasing order of frequency by body system.

**Immune:** anaphylaxis and/or anaphylactoid reactions, urticaria, head/face edema, pruritus, pale mucous membranes, collapse, cardiovascular shock, erythema, immune-mediated hemolytic anemia, immune-mediated thrombocytopenia (signs reflected in other system categories could be related to allergic reactions, i.e., gastrointestinal, dermatologic, and hematologic)

**Gastrointestinal:** vomiting (with or without blood), diarrhea with or without blood, hypersalivation

**General:** depression, lethargy, anorexia, fever, weight loss, weakness

**Dermatological:** injection site pruritus/swelling, erythema multifforme

**Neurological:** seizures, ataxia, trembling, hind limb paresis

**Hematological:** leukocytosis, anemia, thrombocytopenia

**Respiratory:** dyspnea, tachypnea, coughing

**Hepatic:** elevated liver enzymes, hypoproteinemia, hyperbilirubinemia, hepatopathy

**Urinary:** elevated BUN, elevated creatinine, hematuria, polydipsia, polyuria  
Cardiopulmonary signs such as coughing and dyspnea may occur in heartworm positive dogs treated with ProHeart 6.

**In some cases, death has been reported as an outcome of the adverse events listed above.**

To report suspected adverse reactions, to obtain a Material Safety Data Sheet, or for technical assistance, call 1-888-963-8471.

For a complete listing of adverse reactions for moxidectin reported to the CVM see: <http://www.fda.gov/AnimalVeterinary/SafetyHealth/ProductsSafetyInformation/ucm055394.htm>

Revised: July 2014

- Encourage active lifestyle<sup>1,4</sup>:
- ▶ Hidden kibble around the house
  - ▶ Food-dispensing toys
  - ▶ Laser pointers, strings
  - ▶ Kibble tossed around room
  - ▶ Motorized mice/toys

**FOLLOW-UP**Develop monitoring plan with owner<sup>1</sup>:

- ▶ Weigh-ins every 2-4 weeks
- ▶ Determine adherence
  - Revisit diet history
- ▶ Record body weight, BCS, MCS
- ▶ Calculate rate of weight loss
  - Aim for 0.5%-2% of body weight/week
- ▶ Slow rate of weight loss if:
  - Rate >2%/week
  - Comorbid condition
  - MCS decreases at all (ie, there should be no palpable muscle wasting)
- ▶ Reduce caloric intake by 10% if:
  - Owner is adherent and rate is <0.5%/week

Troubleshoot with owner in cases of<sup>1,5</sup>:

- ▶ Begging behavior
  - Try autofeeders
  - Try increased fiber for satiety
- ▶ Multipet households
  - Separate pets with baby gate or by room
  - Try microchip reader feeders (ie, devices that only allow access to pets by scanning microchip)
- ▶ Weight-loss plateau
  - Increase physical activity
  - Consider food with lower calorie density
- ▶ Owner guilt/emotional concerns<sup>5</sup>
  - Discuss concerns with open-ended questions
  - Brainstorm treatment strategies with owner
  - Consider all members of household
  - Discuss alternatives to *food is love* method of care
    - Walking, grooming, interactive play

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4. Ellis SL, Rodan I, Carney HC, et al. AAEP and ISFM feline environmental needs guidelines. *J Feline Med Surg.* 2013;15(3):219-230.
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