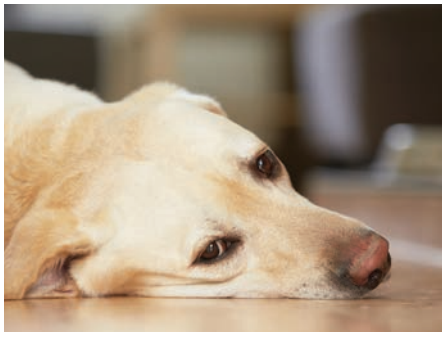
Mycophenolate for Immune-Mediated Hemolytic Anemia

Idiopathic immune-mediated hemolytic anemia (IMHA) is diagnosed when all other causes have been excluded; treatment entails suppressing the immune system. This retrospective study compared 2 treatments for idiopathic IMHA. One treatment regimen used glucocorticoids and mycophenolate mofetil (MMF; $n = 30$) whereas the other used alternate immunosuppressive protocols combining glucocorticoids with another secondary immunosuppressive agent: cyclosporine ($n = 15$), azathioprine ($n = 6$), or human immunoglobulin ($n = 1$).

Treatment of idiopathic IMHA with MMF and glucocorticoids was as safe and efficacious as combining glucocorticoids and another immunosuppressive drug. The MMF-treated group had no difference in short-term survival rates, length of hospitalization, or number of transfusions given.



MMF is available in oral and parenteral formulations, making it a convenient adjunctive therapy to glucocorticoids. At 10 mg/kg IV or PO q12h, MMF provided safe immunosuppression for the treatment of idiopathic IMHA. The MMF group had fewer adverse effects than the alternate groups. The authors recommended further trials to more accurately compare the effectiveness of MMF when used as a combination therapy for idiopathic IMHA.

Commentary

Many clinicians have become comfortable using protocols that include cyclosporine and/or azathioprine, but, because of its prohibitive expense, had not used MMF as a first-line agent before it was available in generic form. The research argued convincingly for considering MMF in conjunction with glucocorticoids for treating IMHA because of its oral and parenteral formulations, rapid onset of action, efficacy, affordability, and safety when compared with other commonly used immunosuppressive agents.—*Dara Zerrenner, VMD, MS, DACVIM*

Source

Treatment of canine idiopathic immune-mediated haemolytic anaemia with mycophenolate mofetil and glucocorticoids: 30 cases (2007 to 2011). Wang A, Smith JR, Creevy KE. *J SMALL ANIM PRACT* 54:399-404, 2013.

Pimobendan to Prevent Dilated Cardiomyopathy

The purpose of this study was to determine if pimobendan can delay the onset of congestive heart failure (CHF) or sudden death and improve survival in preclinical Doberman pinschers diagnosed with dilated cardiomyopathy (DCM). Pimobendan has previously been considered effective for DCM in Doberman pinschers that have already developed CHF. Dogs ≥35.1 kg received two 5-mg pimobendan capsules PO q12h; dogs ≤35 kg received one 5-mg pimobendan capsule PO q12h. Pimobendan treatment prolonged time to CHF onset or sudden death and increased median survival time. Arrhythmias (eg, ventricular premature complexes, high median heart rate) were associated with a shortened time to onset of CHF or sudden death.

The Doberman pinschers came from an apparently healthy population diagnosed with DCM from an echocardiogram and showed no signs of DCM at study start. There was no significant difference in suspected adverse drug reactions between the preclinical patients with DCM that received pimobendan and the placebo group, thus demonstrating the safety of pimobendan when used in preclinical Doberman pinschers diagnosed with DCM.

Commentary

Giving pimobendan before onset of signs can delay progression of heart disease and prolong overall life in Doberman pinchers with occult DCM but without significant ventricular arrhythmias. The median survival time of Doberman pinschers receiving pimobendan (vs placebo) increased by 15 months. Pimobendan administration did not increase the frequency or complexity of ventricular arrhythmias determined by pre- and post-treatment Holter monitors. Although this news is exciting, we should continue to use caution administering pimobendan in other breeds with occult DCM and those preclinical DCM dogs that have significant ventricular arrhythmias.—*Teresa DeFrancesco, DVM, DACVIM (Cardiology), DACVECC*

Source

Efficacy of pimobendan in the prevention of congestive heart failure or sudden death in Doberman pinschers with preclinical dilated cardiomyopathy (the PROTECT Study). Summerfield NJ, Boswood A, O'Grady MR, et al. *JVIM* 26:1337-1349, 2012.