



THE ITCHY DOG

Short- & Long-Term Approaches to Allergy

A recent survey of veterinarians revealed mixed results regarding current trends in diagnosis and treatment of atopic dermatitis (AD) in dogs.

The good news is that newer antipruritics (eg, oclacitinib, lokivetmab) are improving patient comfort and changing the way more than three-quarters (78.7%) of veterinarians are diagnosing, managing, and treating atopic dogs.¹

The survey also revealed bad news, however—when atopy is suspected in a patient, nearly half of veterinarians (46%) are *not* recommending the gold-standard therapy²: allergen-specific immunotherapy (ASIT).¹ Many respondents described recommending *either* antipruritics *or* ASIT.¹

Luckily, veterinarians do not have to choose one or the other. Follow this step-by-step guide to provide both rapid relief of signs and the most appropriate long-term control of this condition.

The Best Of Both Worlds in 4 Steps

STEP 1 Use antipruritics to make patients comfortable in the short-term.

Surveyed practitioners most commonly cited the “quick fix,” noting that newer antipruritics allowed them to change clinical approaches to atopy.¹ These medications quickly provide relief and comfort for pets without the concerns for side effects associated with long-term steroid use.¹

This data is consistent with sponsored studies that find oclacitinib is as or more efficacious than prednisolone³ and cyclosporine.⁴ Since the release of oclacitinib in 2014⁵ and lokivetmab in 2016,⁶ a mix of sponsored studies^{3,7,8} and independent guidelines⁹ have thus far concluded these products appear safe.

STEP 2 Recommend gold-standard therapy, highlighting the long-term health and cost benefits of ASIT. A Chance for a Better Life

AD is a lifelong disease¹⁰ that can worsen over time.^{11,12} ASIT is the only therapy that:

- Can prevent signs¹³
- May change the course of disease¹¹
- Occasionally leads to remission^{10,14}
- May decrease the number of new sensitizations¹⁵

ASIT is especially important in young patients and patients with non-seasonal signs.¹¹ Even if therapy does not result in complete control or remission, practitioners might still be able to prescribe fewer drugs for these patients.¹²

Medications Have Risks

Many veterinarians prefer to treat underlying conditions and not just the patient's clinical signs—and for good reason, as nearly all treatment options have challenges, contraindications, precautions, and the potential for adverse events. For antipruritic therapies, some of these include:

- **Both oclacitinib and lokivetmab**
 - Not indicated in pregnant, breeding, or lactating animals^{16,17}
- **Oclacitinib**
 - Requires oral administration¹⁶
 - Not for use in patients under 12 months of age¹⁶
 - Has not been evaluated for concurrent use with immunosuppressants (eg, glucocorticoids, cyclosporine)¹⁶
- **Lokivetmab**
 - Variable length of effect^{14,15}
 - Questionable how much of the target (interleukin-31) is in the skin or serum of atopic dogs¹⁵
 - Duration of action may shorten with seasonally worse clinical signs¹⁴

Lower Long-Term Costs

Approximately 25% of veterinarians in the recent study cited cost as the primary factor preventing them from recommending ASIT; 78.9% of respondents felt cost was the primary reason clients were reluctant to pursue this method of treatment.¹ ASIT may be less expensive in the long run, however,¹⁵ especially if it slows the course of disease over

time or decreases the expense of treating flare-ups or using other medications. The success of more expensive therapies (eg, lokivetmab) may indicate that despite cost, clients are willing to pay to ensure their pet is comfortable.

Products like pet insurance or wellness plans increase client spending,^{18,19} likely because these options make it possible for them to split costs into more payments. Consider creating allergy care packages that help clients adjust their payment schedule and the timing of testing and treatment while antipruritic therapy helps keep patients comfortable (see **Allergy Care Packages**).

AD. Guidelines from the International Task Force on Canine Atopic Dermatitis note that *if* AD is suspected *and* the pet is nonresponsive to glucocorticoids or oclacitinib *then* complicating factors or alternative diagnoses should be considered.^{9,13} The reverse is *not* true, however. Positive response to oclacitinib does not translate to an AD diagnosis when the cause of the patient's pruritus is unclear.⁹

Oclacitinib is FDA-approved for the control of pruritus caused not only by atopic dermatitis but also flea allergies.²⁰ Extra-label uses to treat other pruritic dermatopathies are being explored.²¹ A derma-

Allergy Care Packages

Packaging the following items may make allergy treatment more accessible and convenient for pet owners.

- Comfort therapies (eg, oclacitinib, lokivetmab)
- Diagnostic testing (eg, serum allergy testing)
- Long-term therapy (ASIT)
- Follow-up consultations via phone and in person

STEP 3 Perform dermatologic testing on patients while they are on antipruritics.

Luckily, practitioners do not have to choose between treating patients' discomfort and determining a pet's sensitivities. Patients do not have to be taken off either oclacitinib or lokivetmab before allergy testing.¹⁴

It is important to note that response to treatment with oclacitinib or lokivetmab does **not** constitute a diagnosis for

tology roundtable sponsored by Zoetis highlights the importance of ruling out other causes of itch when using these products.¹⁴

STEP 4 Use multimodal therapy to improve comfort and decrease costs.

A veterinary dermatologist or immunotherapy laboratory can offer consultations and advice on individual cases to help practitioners determine appropriate treatment options. Many clinicians

may already be using antipruritics concurrently while they start ASIT.

There are already recommendations noting that oclacitinib can be used to provide relief in the early stages of immunotherapy while ASIT begins to take effect.^{14,21} Although they do not discuss specific medications, the International Task Force on Canine Atopic Dermatitis notes there is no current evidence suggesting concurrent administration of topical or systemic anti-inflammatory drugs in dogs changes the clinical benefit of ASIT.¹³

This is consistent with research across many fields that suggests multimodal treatment can help improve patient comfort and outcomes while potentially decreasing costs and adverse events. Peer-reviewed studies supporting multimodal therapies that combine immunotherapy and antipruritics specifically have yet to be published.

Conclusion

Veterinarians do not have to choose between antipruritics and immunotherapy. Newer antipruritics empower us to make our clients and patients happy, giving us short-term solutions that can pave the way for healthier and less expensive long-term solutions. Ultimately, immunotherapy is still considered the gold-standard for long-term allergy relief.²

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