



## Q & A Session for the Veterinary team – 23rd August 2021 Long Term of Sound Sensitivities. Pre-event (situational) Medication

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(Please note some of the questions have been re-worded to summarise them and additions have been made to a few of the answers. Where it was felt inappropriate or difficult to answer particular questions in an open forum, the questioners have been contacted individually and offered relevant help and advice.)

### Q. Could you tell us more about the upcoming new Alpha 2 agent you mentioned?

- A. SP: We have limited information so far but it will be an Alpha-2 adrenoreceptor agonist similar to Clonidine and Dexmedetomidine. It will block Noradrenaline release from the Locus Coeruleus impacting initiation of the fight and flight response.

In trials it has been tested for separation related behaviours with promising results from the first dose in the absence of behaviour modification. It has also been trialled as a pre-event medication for vet visits. The dogs chosen for this trial were dogs in whom a veterinary exam could not be completed. They were split into two groups – low stress handling plus placebo or low stress handling plus medication. The results showed no significant impact of the medication however in both groups there was a huge improvement suggesting that actually the low stress handling was so significant that it was not possible to see the impact of the medication.

The company hope that licensing will be complete this autumn / winter with the medication hopefully launched soon after this.

### Q. In what situations would you use Gabapentin, Trazadone or a Benzodiazepine in cats? Why would you select one drug over the others?

- A. LN: In most cases my first choice would be Gabapentin for cats. However if the cat had Renal disease I would consider a lower dose or in severe cases using a Benzodiazepine as an alternative. In very difficult to handle cats I might consider Trazadone.

### Q. What would be your top choice for an aggressive dog that needs to be handled for a Veterinary Exam?

- A. SP: I would usually start with a combination of Trazadone (5-10mg/kg) and Gabapentin (20mg/kg) which works well for many patients. There will however be some animals that this does not suit or who do not respond as you would wish. For these dogs I would change the protocol or perhaps add an alpha-2 adrenoreceptor agonist or a Benzodiazepine.



**Q. A 3 year old female neutered dog on long term Fluoxetine has been injured in the park. She needs to be examined at the vets and may need sedation for X-rays. She is very fearful at the vets. What pre-event medication could we consider?**

A. LN: We need to be careful about adding additional serotonergic medication in this case. This does not mean that they cannot be used but that we must be careful with doses. If there was time, I would recommend titrating the dose of a Benzodiazepine to effect on the day before the appointment so that we can find the effective dose.

Otherwise, I would consider a high dose of Gabapentin (25-30mg/kg) as long as the dog is not already receiving Gabapentin as part of its ongoing medication (Gabapentin is likely to be less effective in a dog that has been receiving it long term). If needed you could add a low dose of Trazodone with the Gabapentin.

SP: I do use Trazadone in dogs on long term serotonergic medication but at a low dose. I would start at 3mg/kg and not increase above 5mg/kg. There is not really research to support this but this is the generally accepted dose used by Veterinary Behaviourists.

**Q. How often do you see paradoxical excitation with benzodiazepines?**

A. SP: Less often than reported (stated to be approximately 1 in 10 in humans). In my experience it is more likely with a high starting dose and less likely if the dose is titrated.

LR: Not as frequently as reported. I always titrate the dose of benzodiazepine, if possible, even if the day before. Advise give half a dose and then if needed the further half dose 30-45mins later.

EB: Not seen as often as reported but when I have seen it I have then successfully used an alternative Benzodiazepine without this reaction so if one medication has not suited an individual it can be worth trying another in the same class.

**Q. You outlined clearly in the talk when you might consider using ACP. Where can non-vet behaviourists point referring vets for good information on why ACP may not necessarily be the most appropriate choice especially as a sole agent?**

A. SP: Most of the literature is opinion pieces rather than scientific research as very difficult to assess qualitatively in animals.

EB: The BSAVA small animal formulary which most vets will have access to states "The use of ACP in the management of sound phobias in dogs, such as firework or thunder phobia, is not recommended. This can be a useful starting point for a conversation.

LN: ACP can be used for behaviour cases alongside other medications and can have a role in safe management of these animals. One of the advantages is that it has antiemetic properties



and some of the common anxiolytic medications (notably Trazodone) can cause vomiting. The decision should be made on a case-by-case basis taking into account all the factors.

**Q. What would be the safest choice for pre-event medication for a vet visit for a dog on Phenobarbitone for Epilepsy.**

A. SP: Benzodiazepines would be an appropriate choice as they are routinely used in the treatment of seizure.

There is very little evidence relating to the use of the unlicensed medications in dogs with epilepsy however there will be human data which we can consider. Very few medications are strictly contraindicated but it is important to be aware of the metabolism of each medication, interactions that could occur and how each medication could potentially impact seizure thresholds.

**Q. If a dog arrives at the practice having had pre-event medication or has had its medication on fireworks night but the owner feels that the effect is not sufficient what would you recommend?**

A. LN: If the dog had been given an alpha-2 medication then a Benzodiazepine can be added or vice versa. Remember also that Sileo (dexmedetomidine gel) can be repeated after 1.5-2 hours if required

We would always recommend that the owner contact their vet to discuss options as it may be possible to increase the dose or perhaps collect an additional medication.

SP: If the medication has been given for a vet visit and it is not essential then the visit should be delayed, and the medication protocol changed (and if appropriate further behaviour modification carried out) prior to booking again. If the visit is essential, then consideration should be given to whether a low stress approach would allow an injectable sedative to be administered as this is likely to give a more reliable effect.

**Q. An 11 year old cat has developed PU / PD and needs a veterinary examination but is fearful at the vets. What medication would you recommend to minimise the stress of transport and the visit?**

A. LN: In this case the clinical signs (PU/PD) raise the suspicion of renal disease and we need to remember that gabapentin is excreted via the kidneys and so may not be appropriate in severe cases. A benzodiazepine would generally be safe in cases with suspected renal disease so might be an appropriate choice. If the renal disease is not severe then a reduced dose of gabapentin may be appropriate, and we also need to consider the impact that stress can have and balance the negative effects of a stressful experience against the potential side effects of medication.

Alpha-2 medications may have an impact on renal blood flow so may be best avoided in this case.