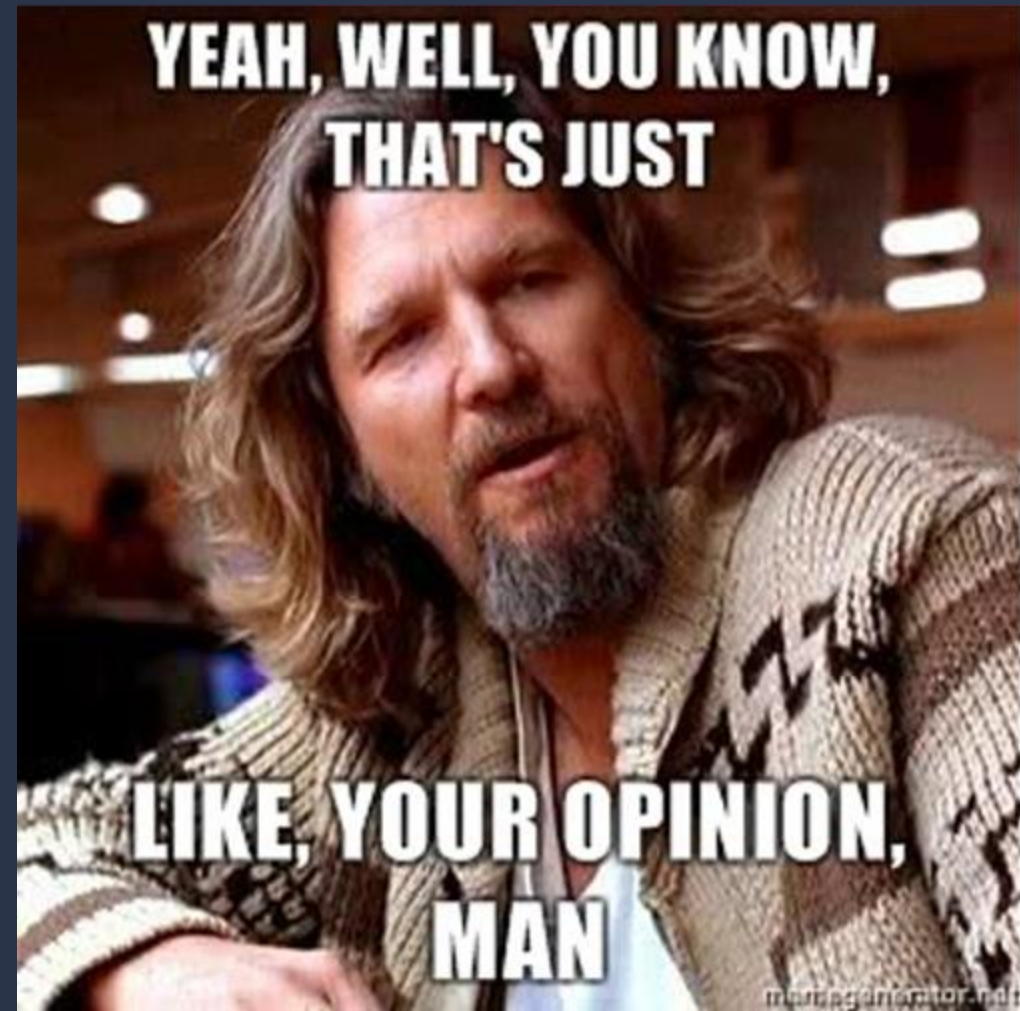


Choosing Wisely

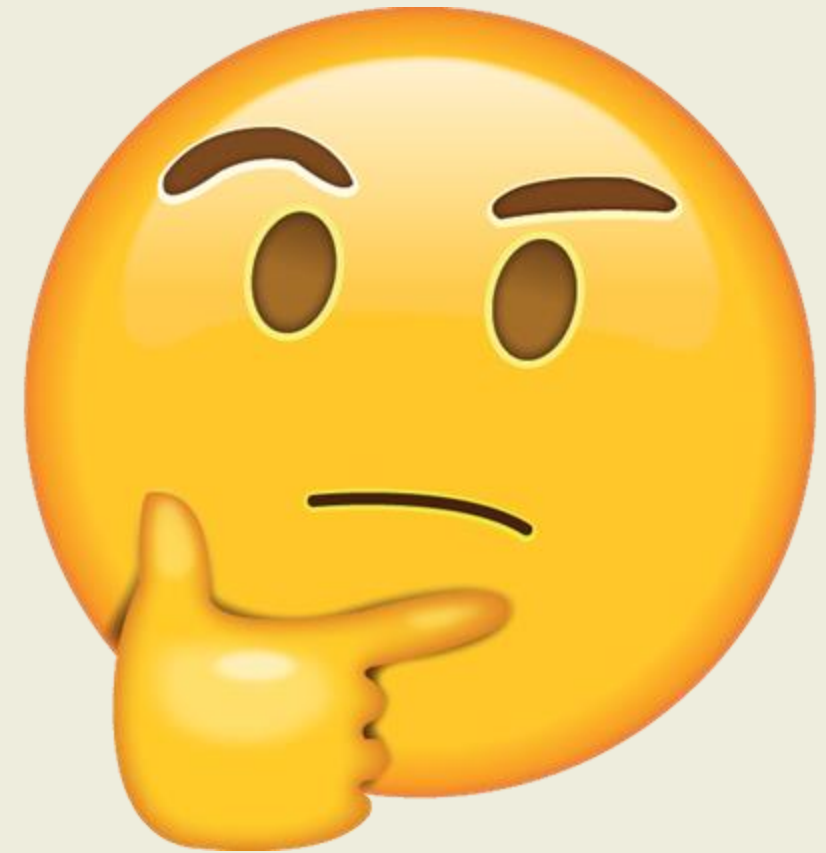
Things to Stop Doing in your Practice (Maybe?)

Brennen McKenzie, MA, MSc, VMD



Key Points

- Context
 - *Why vets are useful*
 - *EBVM vs "It works for me..."*
- Uses of Antibiotics to Reconsider
- Use of Analgesics to Reconsider
- Other Treatments to Reconsider



Why are Vets better than Google?



VS



Google



→ Information

- LOTS
- fast
- free

- misinformation

Vets



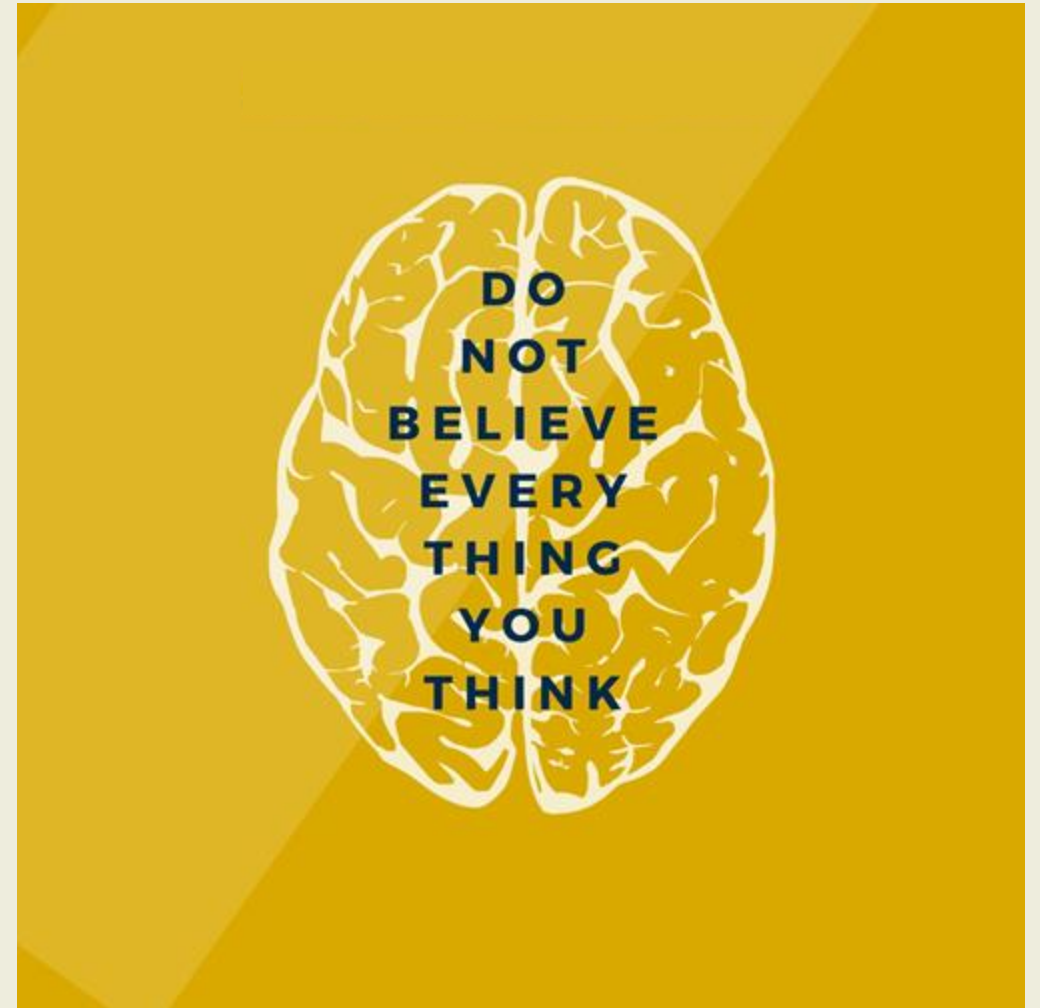
→ Information PLUS

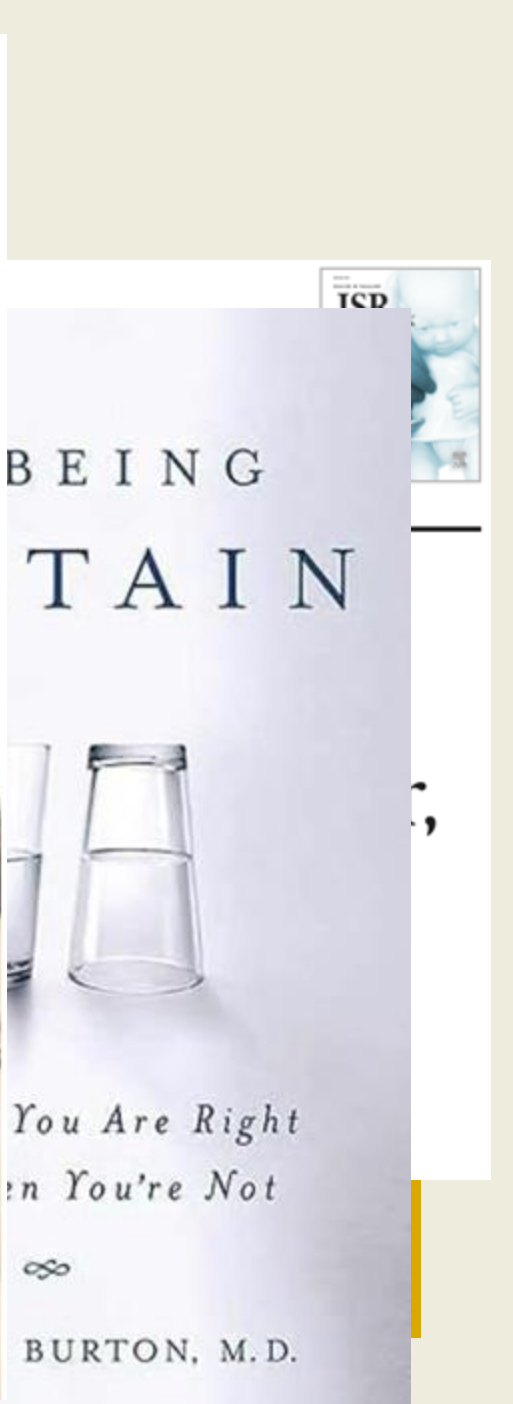
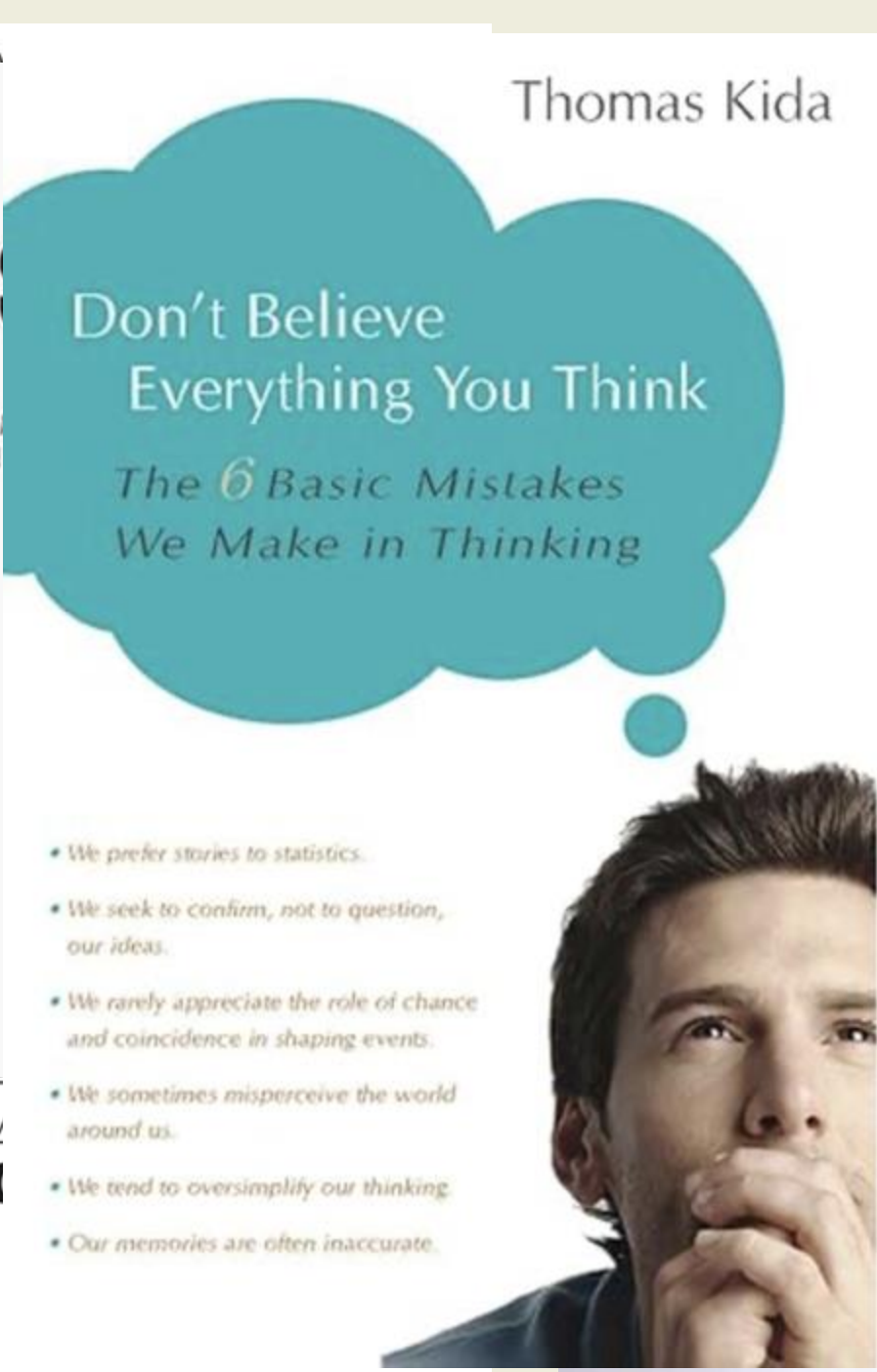
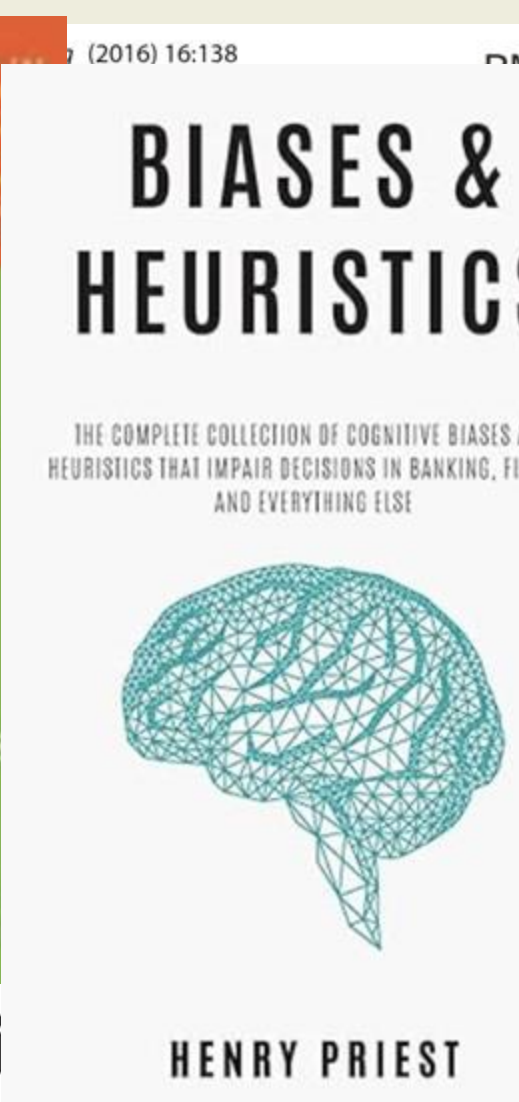
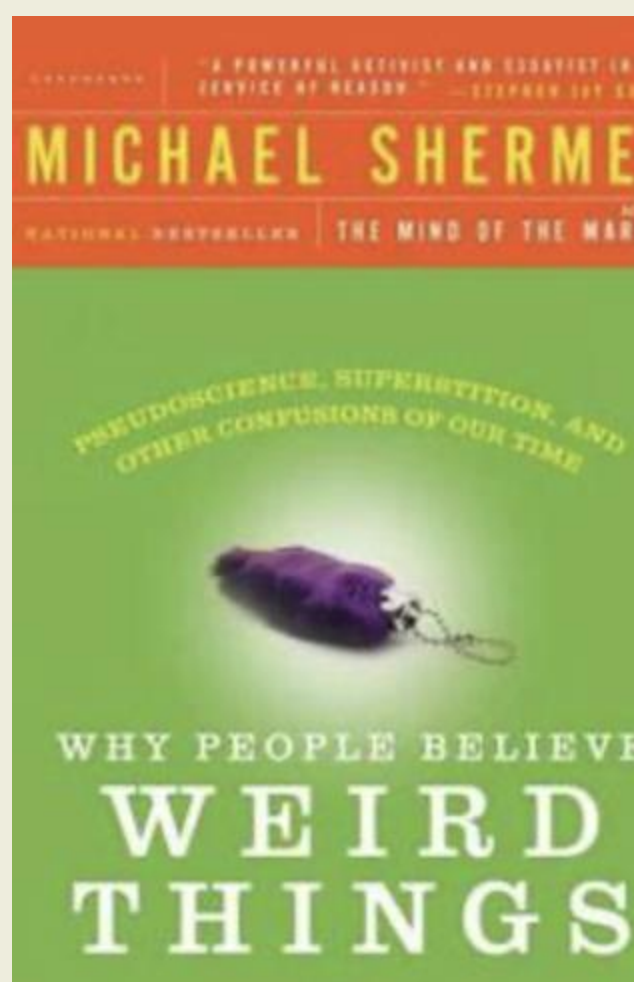
- context
- judgement
- adaptation to individual

- accurate information

Epistemology

(How do we know what we know)





Veterinary clinical cognitive biases, external factors, and strategies for improvement

JAVMA. 2014;244(3):271-276.
 Brennen A. McKenzie, MA, VMD

But, it worked for me.....



Of course I believe in the power of barking. I don't need a study to tell me that it works. The only reason I am alive today is

because of barking. Every day I bark my fool head off at the mailman.

Every day he goes away, leaving my family unharmed.

I have the power of barking to thank for that.

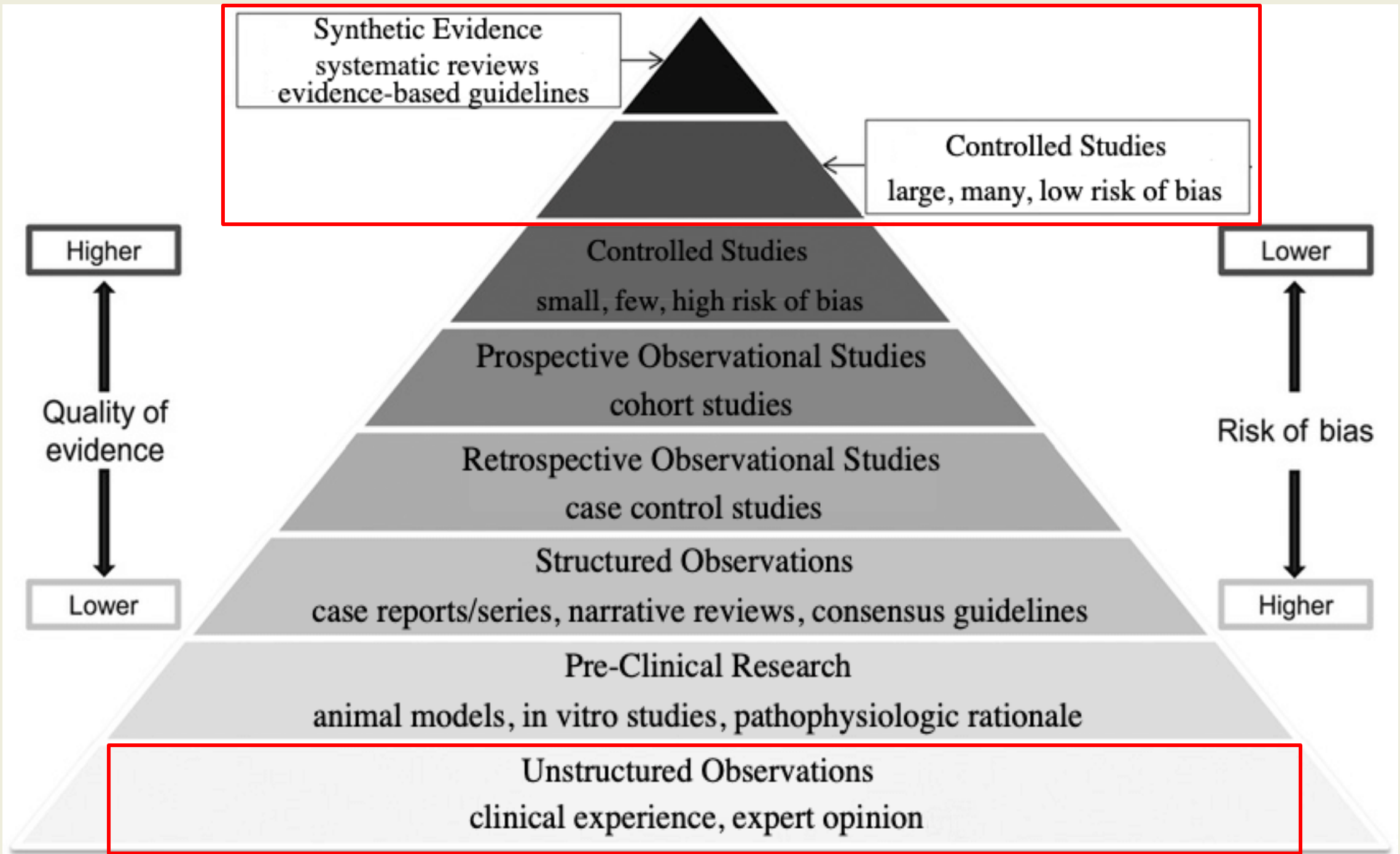


Epistemology
(How do we know what we know?)



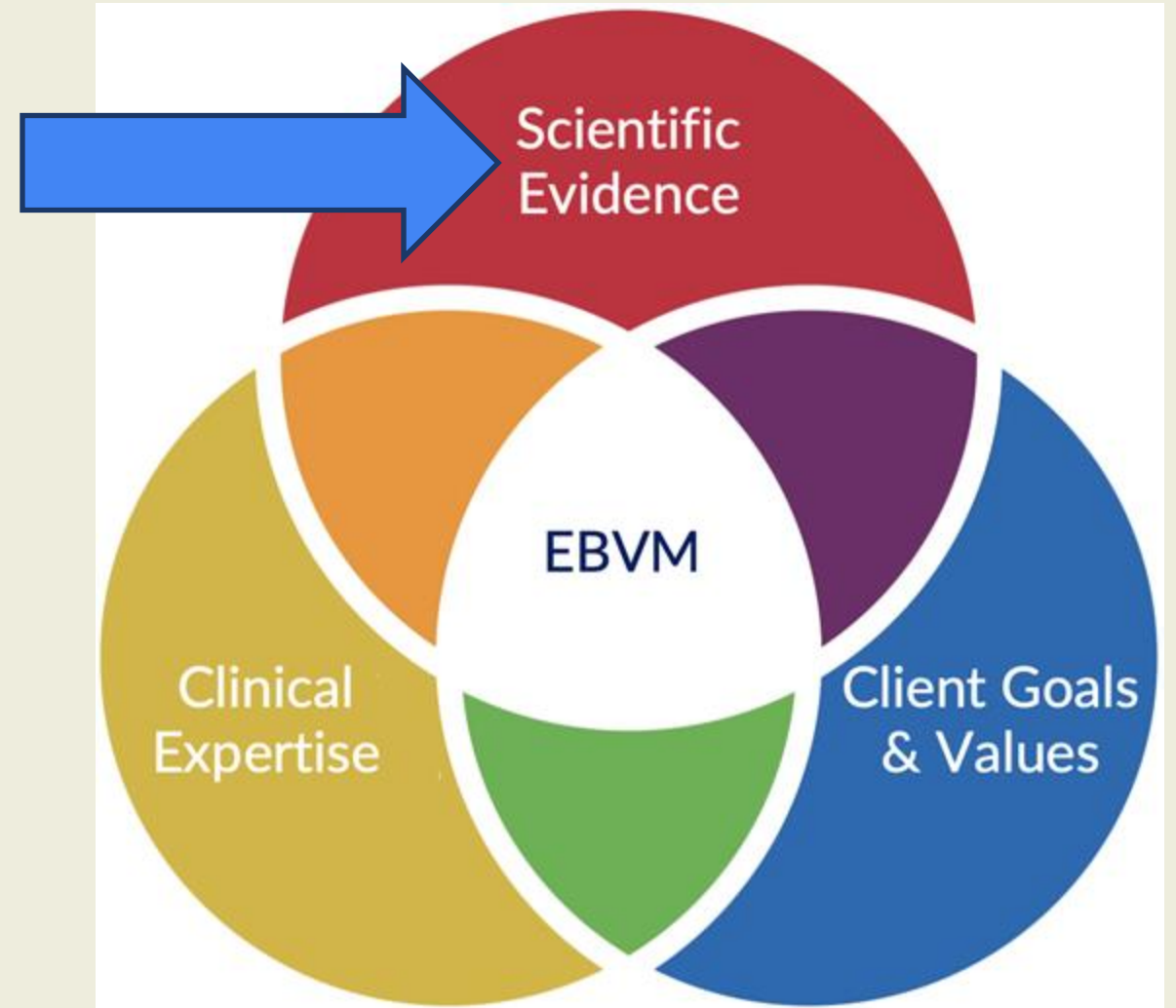
The real purpose of the scientific method is to make sure Nature hasn't misled you into thinking you know something you actually don't know.

Robert Pirsig
Zen and the Art of Motorcycle Maintenance



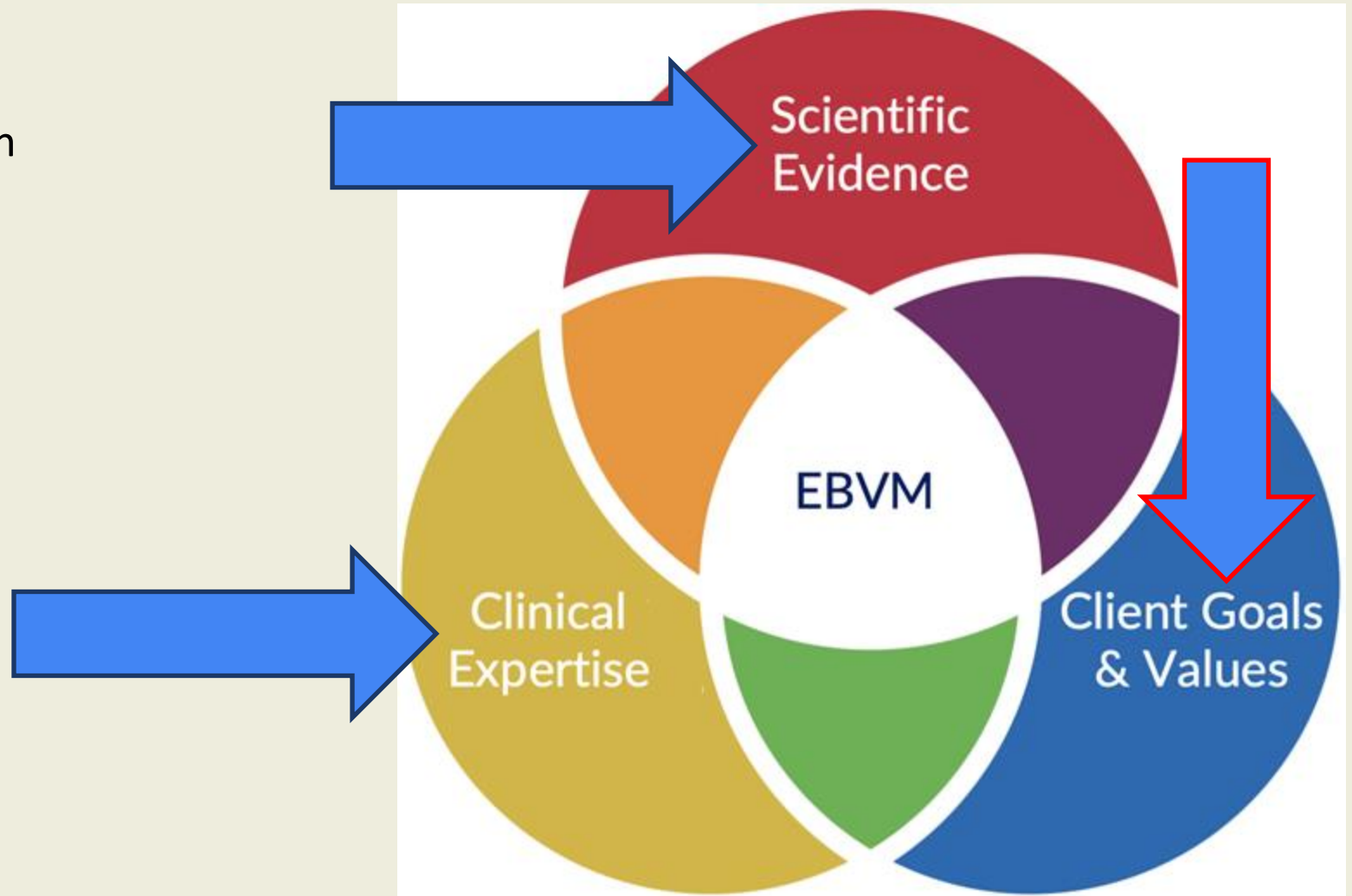
Value Added Information

- Accurate and Useful Information
 - *Accurate, true*



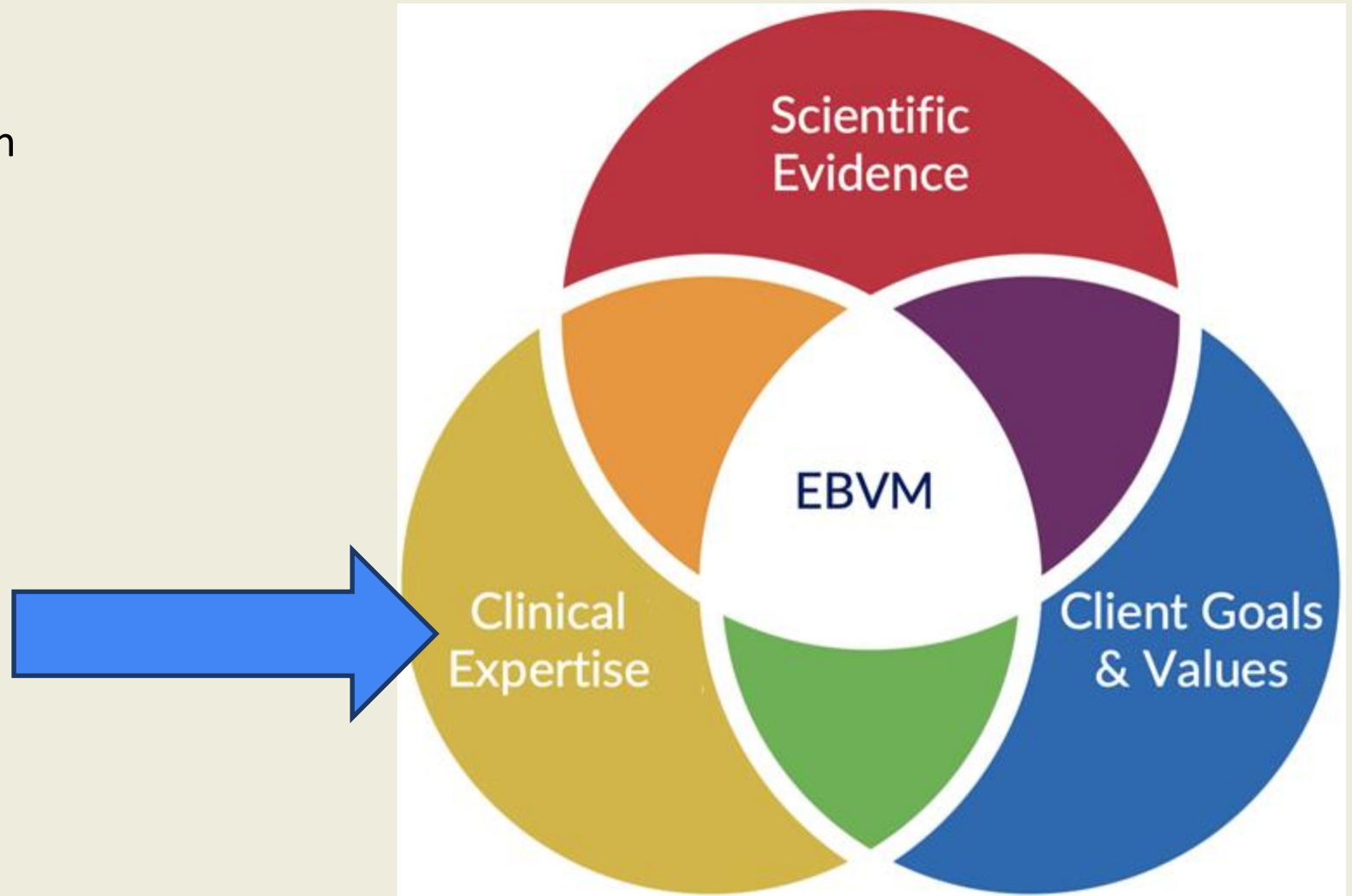
Value Added Information

- Accurate and Useful Information
 - *Accurate, true*
 - *Applicable, relevant*



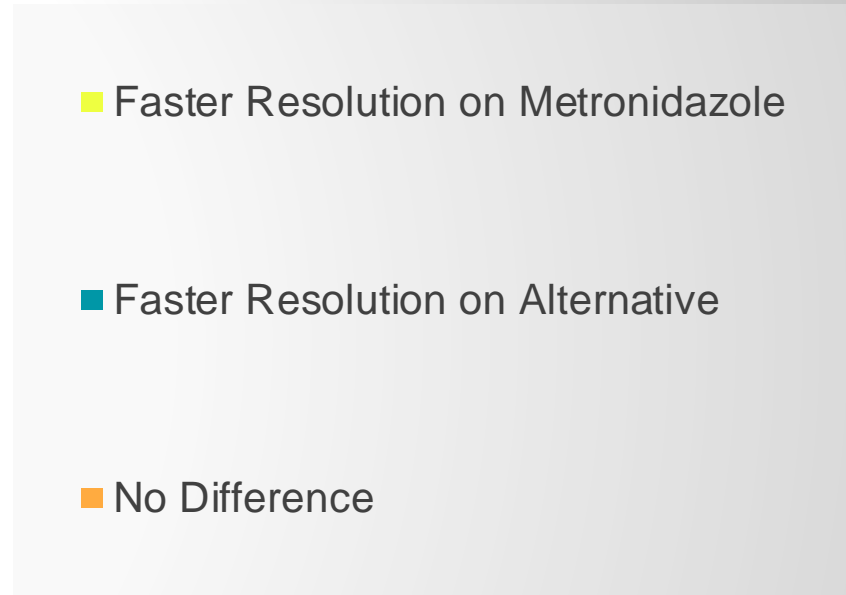
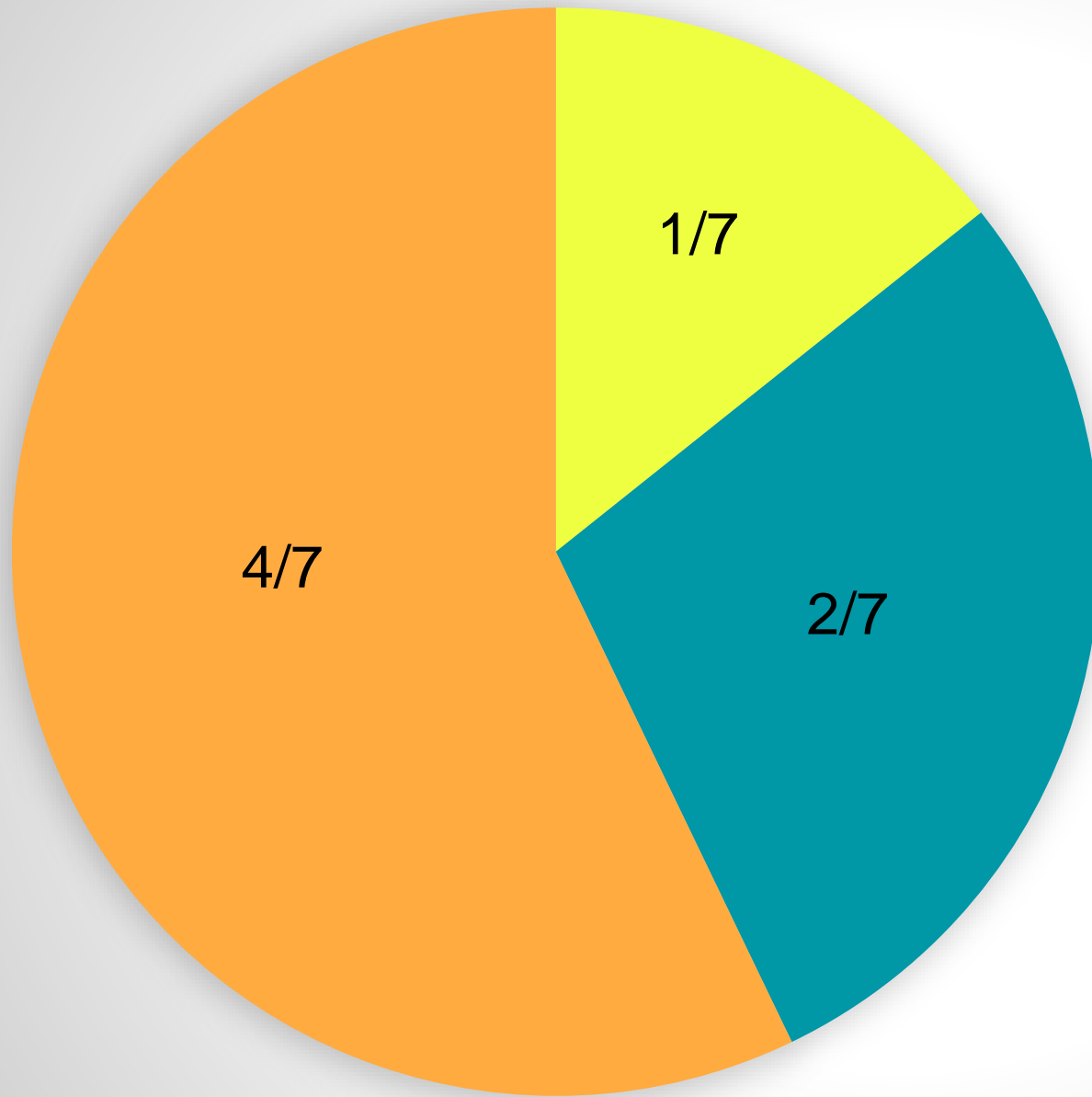
Value Added Information

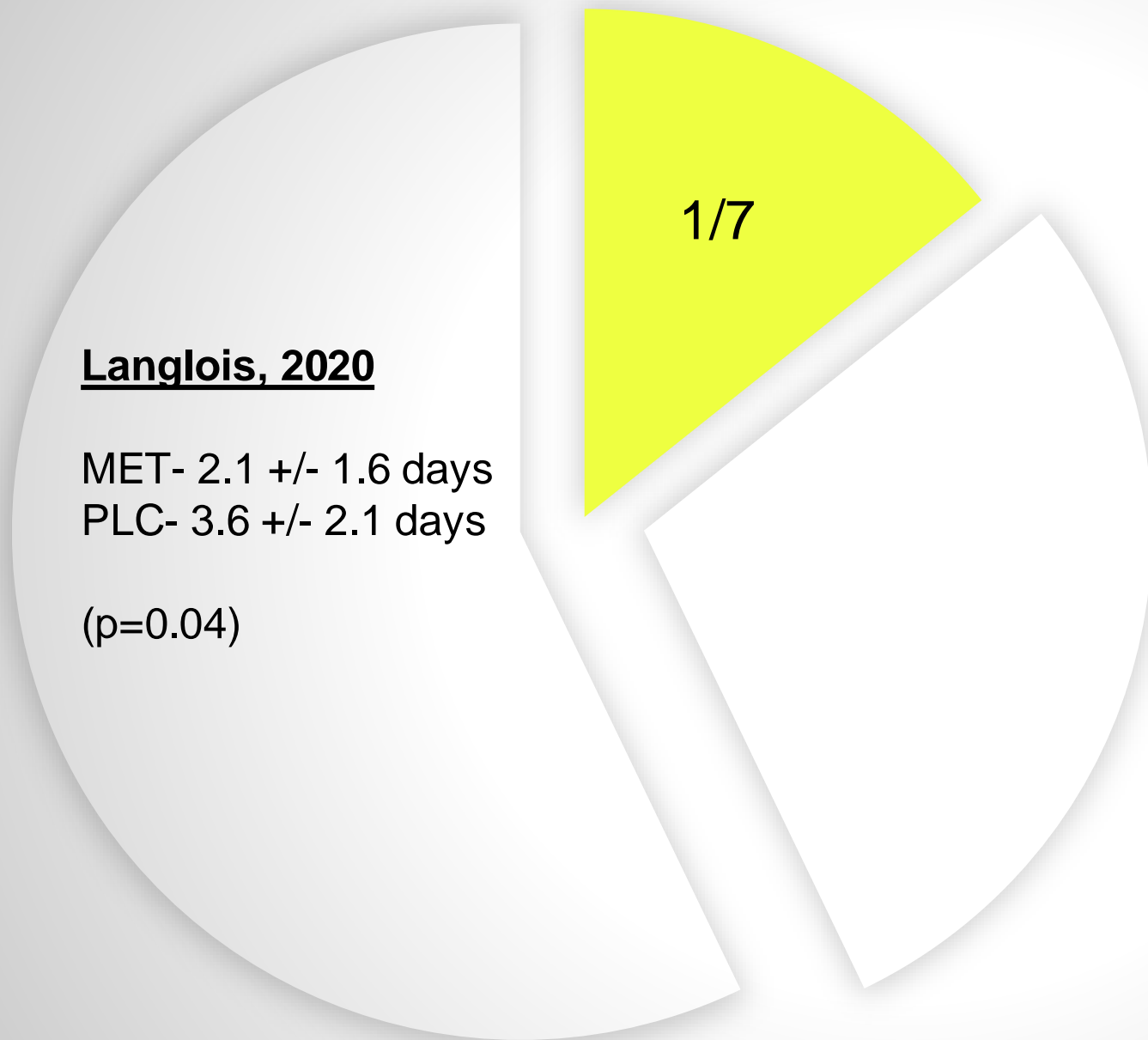
- Accurate and Useful Information
 - *Accurate, true*
 - *Applicable, relevant*
 - *Effectively applied*



Uses of Antibiotics to Reconsider

Metronidazole
(acute idiopathic diarrhea)





■ Faster Resolution on Metronidazole

Treatment	Adjusted risk of clinical resolution as if all dogs prescribed (%)	Adjusted risk of clinical resolution as if all dogs not prescribed (%)
Antimicrobials	88.3	87.9

Days after first presentation for acute diarrhoea	Time-to-event probability as if all dogs prescribed antimicrobials (%)	Time-to-event probability as if all dogs not prescribed antimicrobials (%)	Difference in time-to-event probability (%)
1	98.29	97.88	0.41
5	94.86	94.12	0.74
10	93.49	92.93	0.56
15	93.00	92.60	0.40
20	92.75	92.47	0.28
25	92.60	92.40	0.20
30	92.46	92.35	0.11

Metronidazole

→ Pros

- *Gives vets and clients something to do*
- *Revenue source*
- *Might have some small benefit in some patients*
- *Risks are probably small?*

→ Cons

- *Probably doesn't benefit most patients*
- *If not, then wasted money*
- *Some direct adverse effects*
- *Increases risk of Ab resistance*
- *Encourages anecdote-based decisions*

Metronidazole



Who uses that old drug anymore?

VS

It works!

You can take it when you pry it from my
cold, dead fingers!

Metronidazole



“I also want to live in a world where antibiotics still work in 50 years...even if the owner has to deal with some bloody poop for an extra day.”

Metronidazole

→ Alternatives

- *Explain it will probably get better on its own*
- *“bland diet”*
- *Some evidence to support fiber (prebiotic, motility modifier)*
- *Probiotics (not great evidence either)*
- *Deferred prescribing*
- *Other antibiotics (same issues)*
- *Other products (lacking evidence)*

Uses of Antibiotics to Reconsider

Upper Respiratory Infections

Upper Respiratory Infections

→ Feline URI

- *Majority have viral cause (FHV-1, FCV)*
 - *Can have secondary bacterial infection*
 - *Cytology and culture not very helpful*
 - *PCR difficult to interpret*



Viral URI



*Antibiotics
Lysine
Homeopathy
Treatment X...*



False Cause Fallacy

→ Patient took X for Disease Y



→ Patient got better



→ X treats Disease Y

Upper Respiratory Infections

→ Feline URI

- *Recommendations*

- *Wait 10 days if not very sick*
- *Use AB only if fever, lethargy, hyporexia*
 - *Doxycycline for 7-10d*
 - *Amoxicillin for 7-10 days*



Upper Respiratory Infections

→ Feline URI

- *Recommendations*

- *Chronic infections*

- *Full workup*

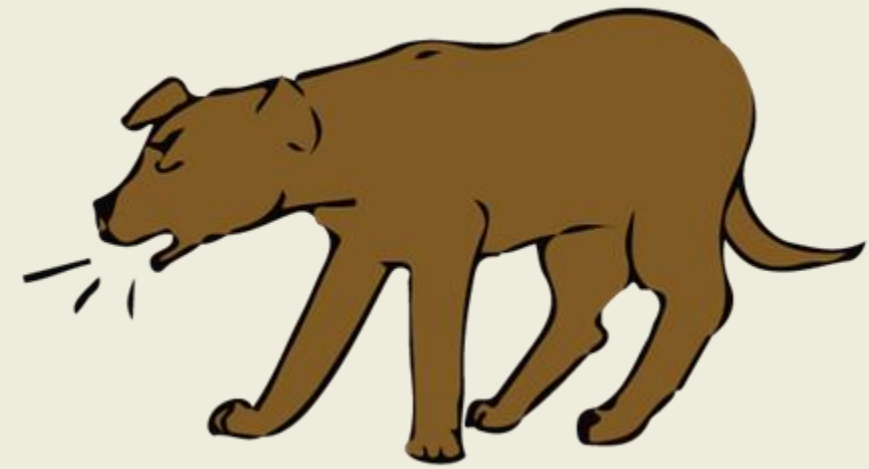
- *Culture to choose AB*

- *Tx 7d or 1 week past resolution*



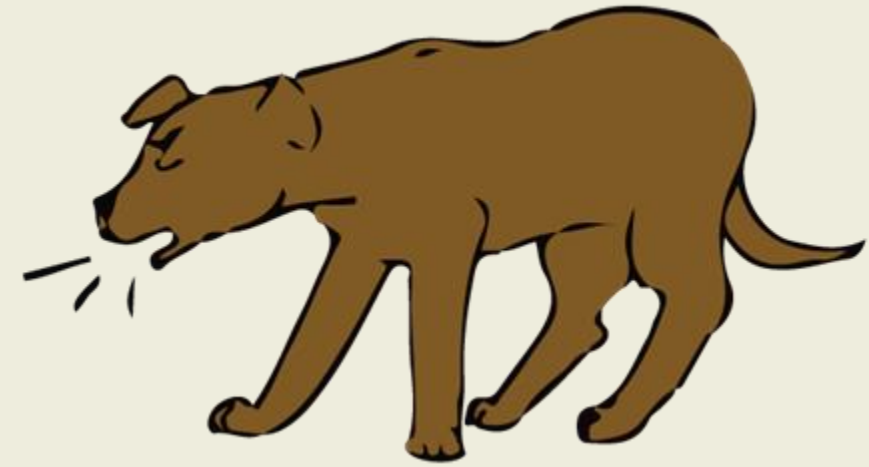
Upper Respiratory Infections

- Canine Infectious Respiratory Disease Complex (CIRD; aka “kennel cough”)
 - *Many viruses*
 - *A few bacteria*
 - *Both often present whether sick or not*
 - *Culture and PCR difficult to interpret*



Upper Respiratory Infections

- CIRDC; aka “kennel cough”
 - *Recommendations*
 - *Most don't need AB*
 - *Wait 10 days if not very sick*
 - *Use AB only if fever, lethargy, hyporexia*
 - *Doxycycline*



Bonus Treatment to Reconsider

Lysine for Feline Herpesvirus

Bonus Treatment to Reconsider

→ Lysine for Feline Herpesvirus

- *In vitro studies 1960s suggested effects on herpesviruses*
- *Clinical trials and guidelines in humans in 1970s-1980s suggested benefits*
- *In vitro studies in 1990s suggested benefit for FHV-1*



Collins BK, Nasisse MP, Moore CP. In vitro efficacy of L-lysine against feline herpesvirus type-1. Proc 26th Ann Meeting Amer Col Vet Ophthalmologists. Newport, RI. 1995;141.

Griffith RS, Norins AL, Kagan C. A multicentered study of lysine therapy in Herpes simplex infection. Dermatologica. 1978;156(5):257-67.

Griffith RS, Walsh DE, Myrmen KH, Et al. Success of L-lysine therapy in frequently recurrent herpes simplex infection. Treatment and prophylaxis. Dermatologica. 1987;175(4):183-90.

Tankersley Jr RW. Amino acid requirements of herpes simplex virus in human cells. J Bacteriol. 1964;87:609-13.

Bonus Treatment to Reconsider

→ Lysine for Feline Herpesvirus

- *Additional research in humans mixed, no longer recommended in most guidelines*
- *Additional research in cats not encouraging*
- *There is considerable variability*
- *Data from these studies suggest that lysine is safe*



Collins BK, Nasisse MP, Moore CP. In vitro efficacy of L-lysine against feline herpesvirus type-1. Proc 26th Ann Meeting Amer Col Vet Ophthalmologists. Newport, RI. 1995;141.

Griffith RS, Norins AL, Kagan C. A multicentered study of lysine therapy in Herpes simplex infection. Dermatologica. 1978;156(5):257-67.

Griffith RS, Walsh DE, Myrmen KH, Et al. Success of L-lysine therapy in frequently recurrent herpes simplex infection. Treatment and prophylaxis. Dermatologica. 1987;175(4):183-90.

Tankersley Jr RW. Amino acid requirements of herpes simplex virus in human cells. J Bacteriol. 1964;87:609-13.

Bonus Treatment to Reconsider

→ Lysine for Feline Herpesvirus

- *Additional research in humans mixed, no longer recommended in most guidelines*
- *Additional research in cats not encouraging*
- *Administered as a bolus, may reduce viral shedding in latently infected cats*
- *Stress of bolus administration in shelter situations may well negate its effects*
- *Data do not support dietary supplementation*



Bonus Treatment to Reconsider



→ Lysine for Feline Herpesvirus

- *Additional research in humans mixed, no longer recommended in most guidelines*
- *Additional research in cats not encouraging*
- *Does not have an inhibitory effect on FHV-1 replication in the cat.*
- *The claim that lysine supplementation is effective for the prevention or treatment of herpetic lesions in humans cannot be supported by scientific evidence.*
- *Lysine supplementation is not effective to prevent cats from becoming infected with FHV-1*

Bonus Treatment to Reconsider



→ Lysine for Feline Herpesvirus

- *Additional research in humans mixed, no longer recommended in most guidelines*
- *Additional research in cats not encouraging*
- *Does not decrease the chance of developing clinical signs related to active FHV-1 infection*
- *Does not have a positive effect on the clinical course of its disease manifestations.*
- *Based on the complete lack of scientific evidence for the efficacy of lysine supplementation, we recommend an immediate stop of lysine supplementation for cats.*

Uses of Antibiotics to Reconsider

Urinary Tract Infections

Urinary Tract Infections

→ Is it a UTI?!

- *Subclinical bacteriuria (or asymptomatic bacteriuria)*
 - *Bacteria confirmed by culture*
 - *cytology (bacteria, wbc, rbc) not very reliable*
 - *No clinical symptoms of cystitis*
 - *Stranguria, pollakiuria, gross hematuria*
 - *BUT, shouldn't culture without symptoms!!*
 - *1-13% of healthy dogs and cats*
 - *More common with DM, immunosuppression, etc.*



Detection of Occult Urinary Tract Infections in Dogs With Diabetes Mellitus

Nancy C. McGuire, DVM, Diplomate ACVIM; Rhonda Schulman, DVM, Diplomate ACVIM; Marcella D. Ridgway, VMD, MS, Diplomate ACVIM; German Bollero, PhD

J Am Anim Hosp Assoc (2002) 38 (6): 541–544.

Dogs with diabetes mellitus may develop occult urinary tract infections. In this study, diabetic dogs with negative and positive bacterial urine cultures were compared. Records from 51 dogs with diabetes mellitus were reviewed at the University of Illinois. No difference was identified between the groups in urine specific gravity, pH, glucose, ketones, protein, red blood cells, white blood cells, or epithelial cells. Dogs with occult urinary tract infection did have an increased incidence of bacteriuria, but this was not a consistent finding. Therefore, the urine on all diabetic dogs should be cultured to accurately identify the presence or absence of bacterial urinary tract infections.



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Open Access

STANDARD ARTICLE |  Open Access | 

Prevalence of signs of lower urinary tract disease and positive urine culture in dogs with diabetes mellitus: A retrospective study

Valerie Nelson, Amy Downey, Stacie Summers, Sarah Shropshire 

First published: 28 January 2023 | <https://doi.org/10.1111/jvim.16634>

Conclusion and Clinical Importance

Subclinical bacteriuria occurred in this cohort of dogs, and our findings reinforce the recommendation that urine cultures should not be routinely performed in diabetic dogs

Urinary Tract Infections

→ Is it a UTI?!

- *Subclinical bacteriuria (or asymptomatic bacteriuria)*
 - *Don't treat*
 - *Won't cure, bacteria will recur*
 - *Doesn't benefit patient*
 - *Doesn't lower risk of clinically significant infection*
 - *Increases risk of resistance*
 - *Don't retest (will still be there)*



Urinary Tract Infections

→ Is it a UTI?!

- *Feline Interstitial Cystitis*

- *< 10 years old: 2-20% UTI*

- *> 10 years old: 40-45% UTI*

- ***Don't Do It!!!!!!***

- *Adverse effects*

- *Ab resistance*

- *Encourages false beliefs*

He C, Fan K, Hao Z, et al. Prevalence, Risk Factors, Pathophysiology, Potential Biomarkers and Management of Feline Idiopathic Cystitis: An Update Review. *Front Vet Sci.* 2022;9:900847.

Dorsch R, Teichmann-Knorrn S, Sjetne Lund H. Urinary tract infection and subclinical bacteriuria in cats: A clinical update. *J Feline Med Surg.* 2019;21(11):1023-1038





→ Is it a UTI?!

- *Feline Interstitial Cystitis*

- *< 10 years old: 2-20% UTI*

- *> 10 years old: 40-45% UTI*

- ***Don't Do It!!!!!!***

- *Adverse effects*

- *Ab resistance*

- *Encourages false beliefs*



Urinary Tract Infections

→ Sporadic cystitis

- *Bacteriuria (ideally confirmed by culture, esp cats!)*
- *Symptoms of cystitis*
- *< 3 episodes in 12 months*



Urinary Tract Infections

→ Sporadic cystitis

- *May not need to treat with AB*
- *Humans often treated symptomatically (NSAIDs)*
- *Deferred prescribing*
- *Choosing AB*
 - *Culture*
 - *Local antibiogram*
 - *Amoxi, clavamox*



Urinary Tract Infections

→ Sporadic cystitis

- *Tx for 3-5 days*
- *No evidence for adjunctive Tx (e.g. cranberry)*
- *Don't recheck UC if signs resolve*
- *If signs don't resolve*
 - *Further workup*
 - *DON'T just change AB!!*



Urinary Tract Infections

→ Recurrent cystitis

- ≥ 3 episodes in 12 months
- ≥ 2 episodes in 6 months
- Try to figure out why

Table 1. Comorbidities that should be considered in a dog or cat with bacterial cystitis.

Endocrinopathy

Kidney disease

Obesity

Abnormal vulvar conformation

Congenital abnormalities of the urogenital tract (e.g. ectopic ureter, mesonephric duct abnormalities)

Prostatic disease

Bladder tumor

Polypoid cystitis

Urolithiasis

Immunosuppressive therapy

Rectal fistula

Urinary incontinence/retention



Urinary Tract Infections

→ Recurrent cystitis

- ≥ 3 episodes in 12 months
- ≥ 2 episodes in 6 months
- Try to figure out why
- Episodes can still be Tx x 3-5d
 - Likely won't cure so control symptoms
- Repeat + culture during Tx means more workup, not just different AB
- Ongoing AB Tx not recommended
- Other stuff??



Uses of Antibiotics to Reconsider

Perioperative

Perioperative Antibiotics

→ General Principles

- *Often not needed*
- *Case selection is critical*
- *Give before and during, rarely after*



Perioperative Antibiotics

→ Case Selection

- *Wound type*

Wound type	Description	Examples	Infection risk
Clean	<ul style="list-style-type: none">➤ Elective, non-emergency, non-traumatic➤ No acute inflammation➤ No break in aseptic technique➤ Respiratory, gastrointestinal, biliary and genitourinary tracts not entered (excluding routine sterilisation operations)➤ Primary closure (± active drainage)	<ul style="list-style-type: none">➤ Explorative laparotomy➤ Castration➤ Ovariectomy/ ovariohysterectomy➤ Orthopaedic operations➤ Salivary mucocoele	2.0-4.8%

Perioperative Antibiotics

→ Case Selection

- *Wound type*

Wound type	Description	Examples	Infection risk
Clean-contaminated	<ul style="list-style-type: none">➤ Elective entry into respiratory, gastrointestinal, biliary or genitourinary tracts with minimal spillage and without evidence of infected urine, bile or secretions➤ Minor break in technique➤ Emergency operations that are otherwise clean	<ul style="list-style-type: none">➤ Enterotomy➤ Intestinal anastomosis➤ Cystotomy➤ Cholecystectomy➤ Pyometra➤ Emergency operations are by definition <i>at least</i> clean-contaminated	3.5-5.0%

Perioperative Antibiotics

→ Case Selection

- *Wound type*

Wound type	Description	Examples	Infection risk
Contaminated	<ul style="list-style-type: none">➤ Surgery of respiratory, gastrointestinal, biliary or genitourinary tracts with gross spillage or evidence of infected urine, bile or secretions➤ Major break in aseptic technique➤ Acute, non-purulent inflammation➤ Traumatic wounds <4 hours old➤ Chronic open wounds for grafting or covering	<ul style="list-style-type: none">➤ Enterotomy➤ Intestinal anastomosis➤ Cystotomy➤ Cholecystectomy➤ Pyometra with leakage	4.6-12%

Perioperative Antibiotics

→ Case Selection

- *Wound type*

Wound type	Description	Examples	Infection risk
Dirty	<ul style="list-style-type: none">➤ Pre-existing perforation of respiratory, gastrointestinal, biliary or genitourinary tracts with minimal spillage and without evidence of infected urine, bile or secretions➤ Purulent infections➤ Traumatic wounds >4 hours old➤ Wounds with necrosis, foreign material or faecal contamination	<ul style="list-style-type: none">➤ Leakage from perforated viscera➤ Infected operation sites➤ Septic peritonitis➤ Abscesses➤ Open fractures	6.7-18%

Perioperative Antibiotics

→ Case Selection

- *Patient risk*

ASA classification	Description	Examples
1	Healthy individuals without known disease.	Castration, sterilisation, uncomplicated hernia closure, patellar luxation, cruciate ligament rupture.
2	Localised disease or mild systemic illness (afebrile patients which are clinically unaffected).	Deformities, uncomplicated diabetes mellitus, skin tumours, trauma without hypovolaemia, mild infections without fever.
3	Serious systemic illness (febrile patients with clinical signs of disease).	Fever, anaemia, complicated diabetes mellitus, diabetic ketoacidosis, cardiac murmurs, moderate trauma, pneumonia.
4	Serious, life-threatening illness.	Severe trauma with hypovolaemia, cardiac failure, renal failure, hepatic failure.
5	Moribund, not expected to survive >24 hours without surgical intervention.	Polytrauma, multi-organ failure, terminal neoplasia, Addisonian crisis, gastric dilation-volvulus.

Perioperative Antibiotics

→ Case Selection

- *Wound type*
- *Patient risk*

→ ASA 1-3 + Clean or Clean Contaminated

- No antibiotics

→ ASA 3 + Contaminated or Dirty

- Antibiotics

→ ASA 3 + Systemic Signs of Infection

- Antibiotics

→ ASA 4-5 or High-risk Surgery

- Antibiotics



Perioperative Antibiotics

→ How to Use

- *Start 30-60 minutes before surgery*
- *~ q 2 hours during surgery (or CRI?)*
- *Stop within 24 hours after surgery*



Williams J. Antimicrobial prophylaxis: The why and how of antimicrobial prophylaxis. *BSAVA Companion*. 2018;2018(11):4-7.

L.R. Jessen, P.P. Damborg, A. Spohr, et al. Antibiotic Use Guidelines for Companion Animal Practice (2nd ed.). The Danish Small Animal Veterinary Association, SvHKS, 2019.

Perioperative Antibiotics

→ Dentistry

- *Almost never needed*
- *Maybe high-risk patients?*
- *Maybe patients with implants?*
- *Same general principles*

Williams J. Antimicrobial prophylaxis: The why and how of antimicrobial prophylaxis. *BSAVA Companion*. 2018;2018(11):4-7.

L.R. Jessen, P.P. Damborg, A. Spohr, et al. Antibiotic Use Guidelines for Companion Animal Practice (2nd ed.). The Danish Small Animal Veterinary Association, SvHKS, 2019.

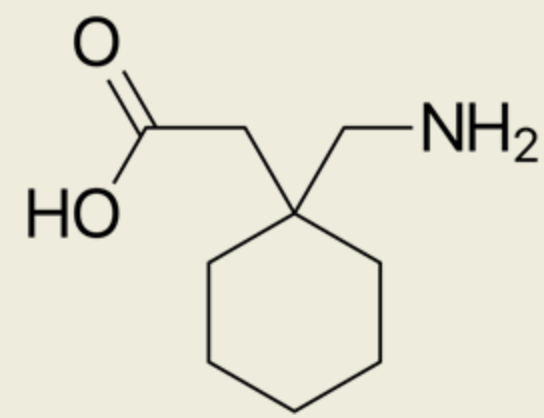


Uses of Analgesics to Reconsider

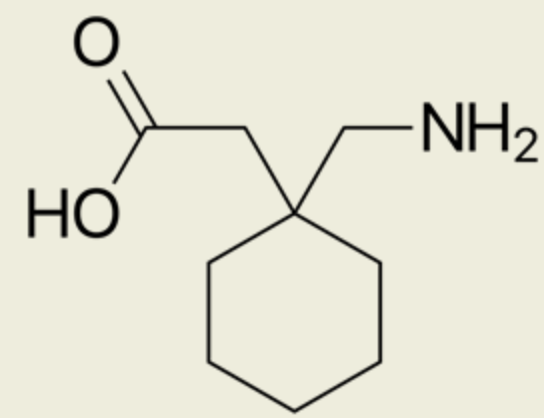
Gabapentin

Gabapentin

- Mechanism not completely understood
- Approved for post-herpetic neuralgia, RLS, some Sz types
- Pretty safe (sedation)
- Cheap



Gabapentin



→ Evidence

- Gabapentin use has become widespread and common, although **without supporting data**, especially in chronic pain conditions. It has **not been shown to be effective for acute pain in dogs**.
- Gabapentin has become the “new tramadol,” with widespread usage. While some practitioners report benefits anecdotally in both species and for a variety of pain conditions, **virtually no supporting data** are available at this time.
- There is evidence to support its use as a behavioral modifier or stress reducer in cats

Uses of Analgesics to Reconsider

Local Blocks

Mixing Drugs

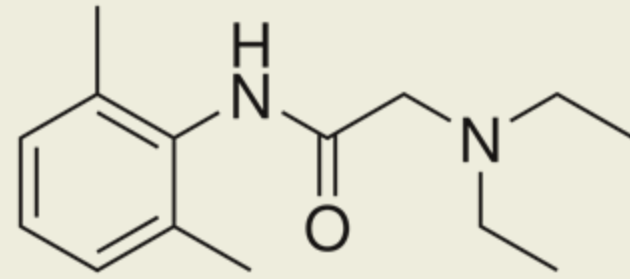
Nocita?

At all?

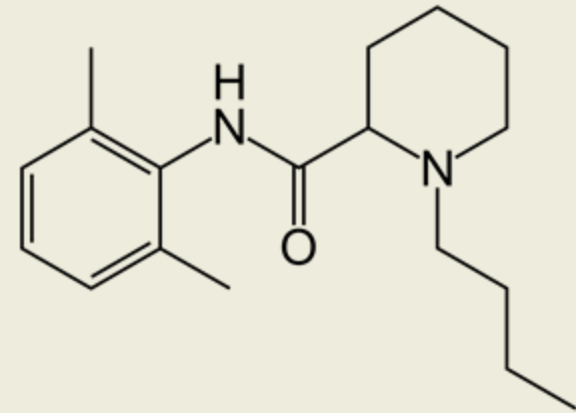
Lidocaine + Bupivacaine

→ Important variables

- pH
- pK_a
- *Protein binding*
- *Concentration*



+



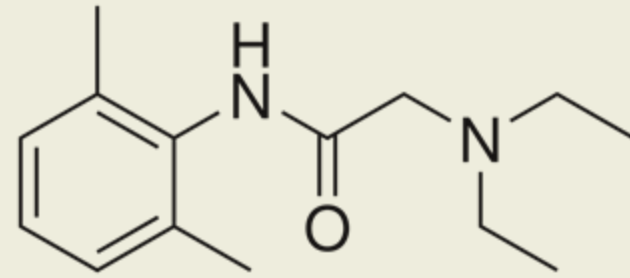
Lidocaine + Bupivacaine

→ Lidocaine

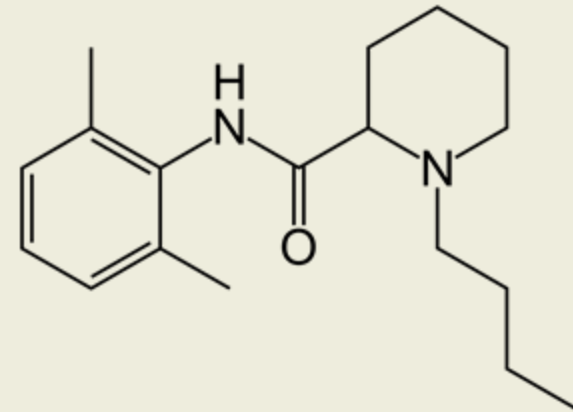
- *Onset- instantaneous to few minutes*
- *Duration 1-1.5hours*

→ Bupivacaine

- *Onset- 2-12 min*
- *Duration- 2-8 hours*

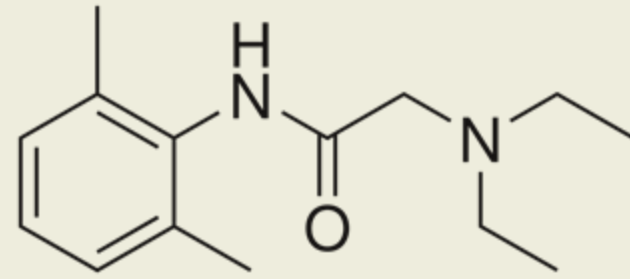


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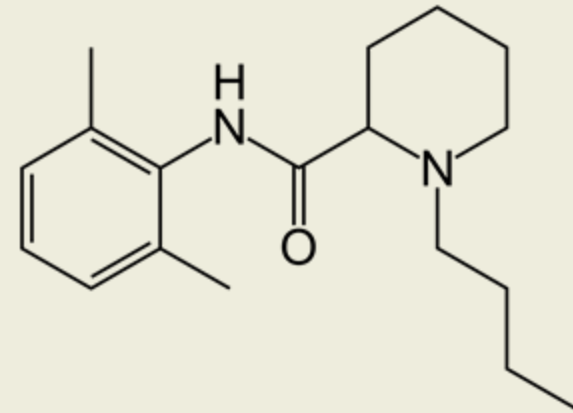


Lidocaine + Bupivacaine

- Mixing lidocaine and bupivacaine
 - *Lowers pH of lidocaine, which can ionize more and slow onset*
 - *Raises pH of bupivacaine, which can cause precipitation*
 - *Reduces concentration of both*
 - *Reduces gradient for entry into nerve*
 - *Reduces how much is protein bound, which can reduce duration*

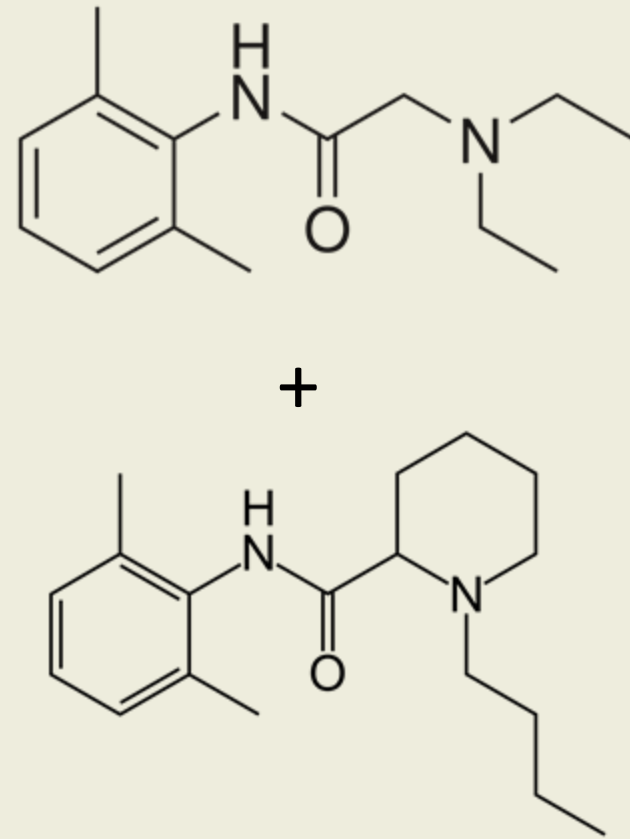


+



Lidocaine + Bupivacaine

- Mixing lidocaine and bupivacaine
 - *No difference in onset time from lidocaine alone*
 - *Shorter duration than bupivacaine alone*



Vesal N, Ahmadi M, Foroud M, Imani H. Caudal epidural anti-nociception using lidocaine, bupivacaine or their combination in cows undergoing reproductive procedures. *Vet Anaesth Analg.* 2013 May;40(3):328-32.

Lizarraga I, Janovyak E, Beths T. Comparing lidocaine, bupivacaine and a lidocaine-bupivacaine mixture as a metacarpal block in sheep. *Vet J.* 2013 Aug;197(2):515-8.

Lawal FM, Adetunji A. A comparison of epidural anaesthesia with lignocaine, bupivacaine and a lignocaine-bupivacaine mixture in cats. *J S Afr Vet Assoc.* 2009 Dec;80(4):243-6.

Nocita (liposomal bupivacaine)

- FDA Approved for
 - *CCL surgery in dogs*
 - *Declawing in cats*
- Pros
 - *Potentially longer duration of action*
- Cons
 - *Expensive!!*
 - *Does it work?*



Nocita (liposomal bupivacaine)



Middlestead, 2024	Nocita diluted 1:5 laparotomy incision in dogs	Pain scale, rescue	X	hydromorphone
Hixon, 2024	Nocita diluted 1:1 laparotomy incision in dogs	Pain scale, mechanical nociception	X	methadone, ketamine
Hollenbeck, 2024	Nocita diluted 1:1 soft-tissue surgery incision in dogs	Pain scale	X	variable

Local Anesthetics- Do They Work?



Local Anesthetics- Do They Work?

Freeman, 2023	bupivacaine vs other with OVE in cats		X/✓	mostly not significant effect, other drugs better
Pavlidou, 2021	bupivacaine or lidocaine with laparotomy in dogs		?	7 studies; weak evidence
Fausak, 2018	intratesticular lidocaine in cats		X	mixed and weak evidence
Fausak, 2018	intratesticular lidocaine in dogs		X/✓	beneficial if no pure μ -agonist given

Lawler, 2024	IP bupivacaine with OVH in cats	Vitals, vaporizer setting, rescue analgesia, pain scale	X	Buprenorphine, ketamine, dexmedetomidine, robenacoxib
Gomes, 2024	Lidocaine in pedicle with OVH in dogs	Vitals, anesthesia needs, pain scale	X	morphine
Kazmir-Lysak, 2023	IP and incisional, ropivacaine, OVH in dogs	Two pain scales	X	Morphine, ketamine, buprenorphine, carprofen
Brioschi, 2023	IP and incisional lidocaine or ropivacaine with laparotomy in dogs	Two pain scales	✓	Methadone, dexmedetomidine, meloxicam; lidocaine not always > placebo
Heitzman, 2023	IP ropivacaine, OVE in cats	Two pain scales	X	Ketamine, medetomidine, butorphanol, tolfenamic acid
Garbin, 2023	TAP with bupivacaine, OVH in cats	Rescue, pain scale	✓	Buprenorphine, acepromazine, EMLA for IVC

Vicasillas, 2022	TAP, QLB, Epidural with OVH in dogs	Rescue analgesia, recovery behavior, vitals	X/✓	Recovery appeared better, no other consistent pattern of effect
Josso, 2022	US-guided rectus sheath infiltration bupivacaine with OVE in cats	Vitals, anesthetic needs, rescue analgesia, pain scale, owner questionnaire	X	Dexmedetomidine, morphine, robenacoxib; only iso amt differed
Nejamkin, 2020	Lidocaine epidural with OVH in dogs	Vitals, rescue, pain scale	✓	Dexmedetomidine, tramadol, meloxicam
Fudge, 2019	Bupivacaine in pedicle, suspensory ligament, uterus, and SQ in cats	Two pain scales	X/✓	buprenorphine, ketamine, dexmedetomidine- only difference seen in the largest size group (> 2.7kg)
Vicente, 2018	Incisional lidocaine, bupivacaine, OVH, cats	Vitals, anesthetic requirements	X/✓	Buprenorphine, medetomidine, meloxicam

Local Anesthetics- Do They Work?

→ It Depends

- *Which ones*
- *How employed*
- *How assessed*
- *What is done*
- *What other analgesia is used*

Local Anesthetics- Do They Work?

→ So....?

- *Don't rely on them*
- *Don't skimp on other analgesics*
- *Targeted used (e.g. epidurals, nerve blocks) probably better*

Uses of Analgesics to Reconsider

Steroids for IVDD

Steroids for IVDD

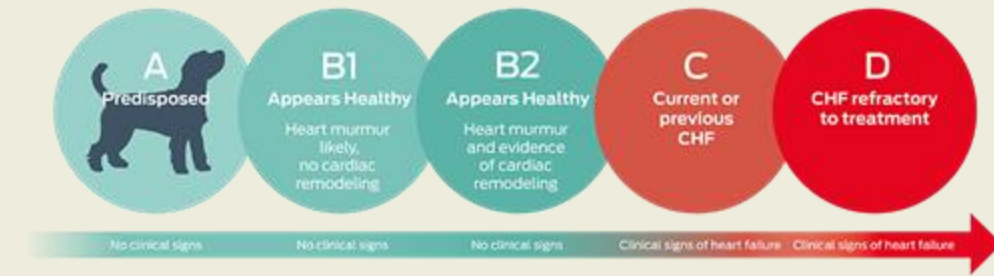


→ Better, Worse, or Same as NSAIDs?

- *There is limited evidence that corticosteroid use is associated with **poorer outcome** and **decreased quality of life** as well as a **higher rate of recurrence** compared to nonsteroidal anti-inflammatory drugs (NSAIDs) in ambulatory dogs managed medically.*
- *[there is] **insufficient evidence** to support corticosteroid use for neuroprotective purposes*
- *not recommended for routine use in medical management of the acute phase*

Miscellaneous Practices to Reconsider

ACE-Inhibitors



ACE-Inhibitors

→ MMVD without Heart Failure (Stages B1, B2)

- *administration of ACEIs results in little to no difference in the risk of development of congestive heart failure [high confidence]*
- *may result in little to no difference in cardiovascular-related and all-cause mortality [low confidence]*
- *Guidelines of human American and European cardiology associations do not recommend its use in patients with preclinical chronic mitral valve disease*
- *the ACVIM consensus does not recommend its use in B1 stage and only half of the panel members recommended it for dogs in B2 stage*

ACE-Inhibitors



→ Congestive Heart Failure

- *Some benefits, mostly in dogs with DCM not MMVD*
- *No benefit when added to pimobendan and furosemide in dogs with MMVD*
- *Benazepril + spironolactone beneficial in dogs with MMVD (but no pimobendan)*

Wess G. The VALVE Study - Is Triple Therapy Superior to Double Therapy for Heart Failure Treatment Due to Endocardiosis? - Vasotop® (Ramipril) in Addition to Lasix® and Vetmedin® in Canine Endocardiosis (VALVE Study). ACVIM 2017

Coffman M, Guillot E, Blondel T, Garelli-Paar C, Feng S, Heartsill S, Atkins CE. Clinical efficacy of a benazepril and spironolactone combination in dogs with congestive heart failure due to myxomatous mitral valve disease: The BENazepril Spironolactone Study (BESST). J Vet Intern Med. 2021;35(4):1673-1687.

Ettinger SJ, Benitz AM, Ericsson GE et al. Effects of Enalapril Maleate on Survival of Dogs with Naturally Acquired Heart Failure. J Am Vet Med Assoc 213[11]:1573-1577 1998

COVE Study Group. Controlled clinical evaluation of enalapril in dogs with heart failure: results of the Cooperative Veterinary Enalapril Study Group. The COVE Study Group. J Vet Intern Med 9[4]:243-52 1995

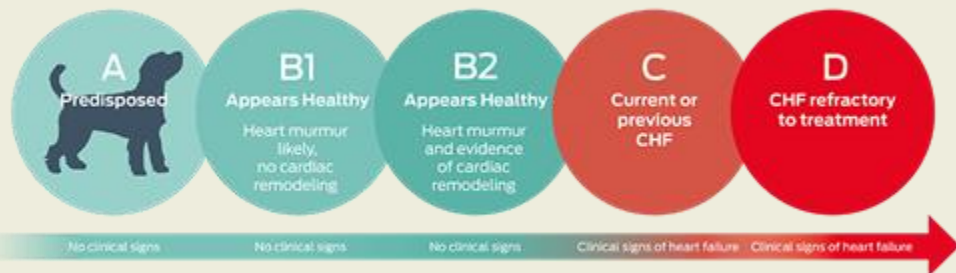
IMPROVE Study Group. Acute and short-term hemodynamic, echocardiographic, and clinical effects of enalapril maleate in dogs with naturally acquired heart failure: results of the Invasive Multicenter PROspective Veterinary Evaluation of Enalapril study. The IMPROVE Study Group. J Vet Intern Med 9[4]:234-42 1995

ACE-Inhibitors



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- *Stage C MMVD- recommended (Level of Evidence = Low)*



ACE-Inhibitors

→ Congestive Heart Failure

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- *No benefit when added to pimobendan and furosemide in dogs with MMVD*
- *Benazepril + spironolactone beneficial in dogs with MMVD (but no pimobendan)*
- *Stage C MMVD- recommended (Level of Evidence = Low)*
- *No clear evidence in cats*



Miscellaneous Practices to Reconsider

Glucosamine

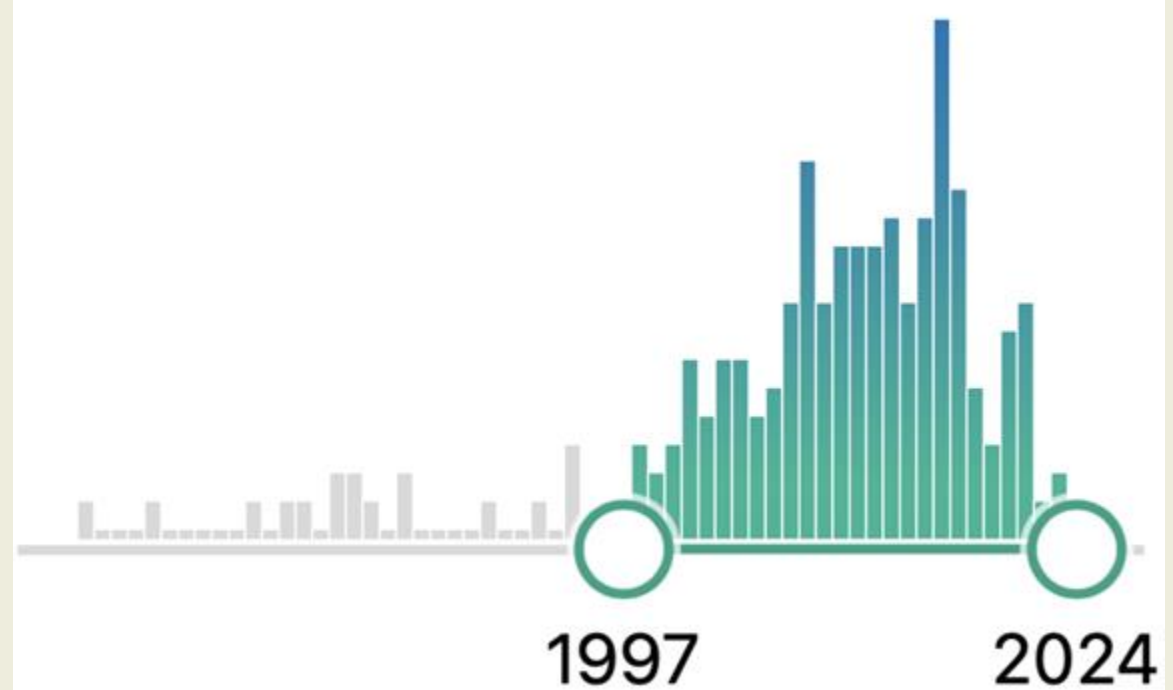
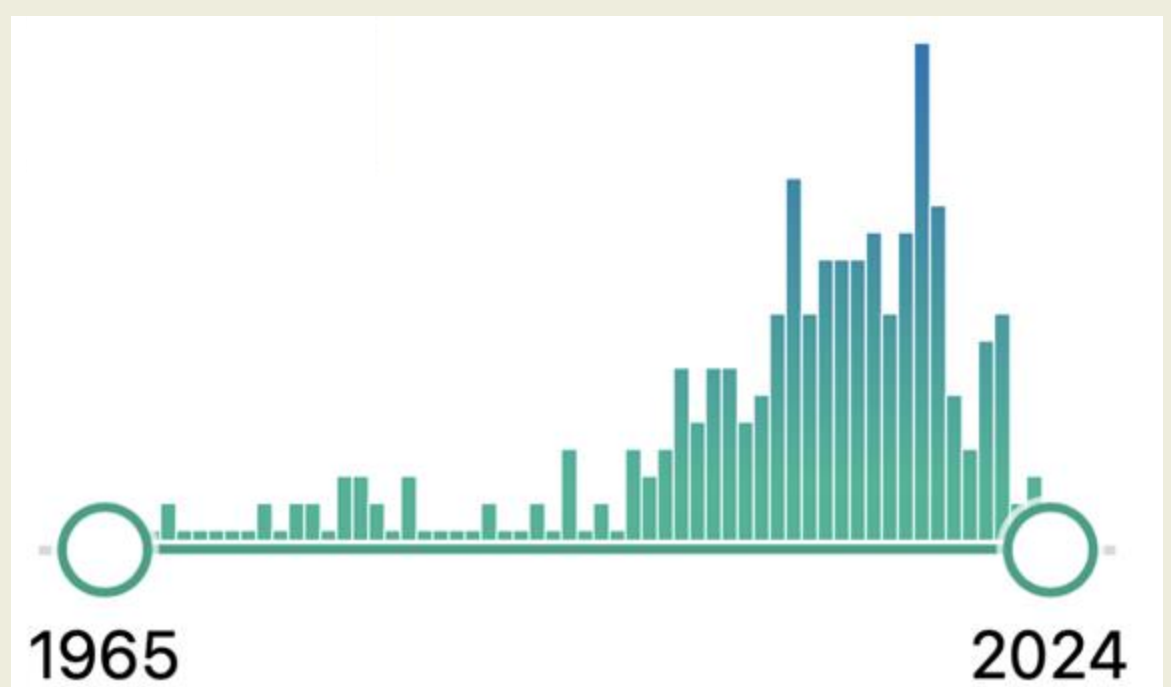
Glucosamine

→ *OA Prevention, Mitigation, Analgesia, etc...*

- *Pubmed- 176 clinical trials*

- *Pubmed- 50 systematic reviews*

- *60% some effect, 40% no effect*



Glucosamine

→ *OA Prevention, Mitigation, Analgesia, etc...*

- *Seems to provide chondroprotective effects and less inflammatory biochemical response in approximately half of the evaluations.*
- *However, these effects are inconsistent between the clinical and the preclinical studies*
- *A possible caregiver placebo effect may explain some of the beneficial responses observed in clinical trials with dogs.*

Glucosamine

→ *OA Prevention, Mitigation, Analgesia, etc...*

American College of Rheumatology and the Arthritis Foundation

- *Recommends against glucosamine alone or with chondroitin because treatment does not improve knee and hip OA in studies without industry funding*

Glucosamine

→ *OA Prevention, Mitigation, Analgesia, etc...*

American Academy of Orthopedic Surgeons

- *May be helpful in reducing pain and improving function...however, the research is inconsistent/limited*

Glucosamine

- *OA Prevention, Mitigation, Analgesia, etc...*
 - *“Lack of evidence” to draw a definitive conclusion*

Glucosamine

- *OA Prevention, Mitigation, Analgesia, etc...*
- *3-4 of 9 panel members sometimes recommend glucosamine*