Diagnosis and management of hyperadrenocorticism in dogs attending UK primary-care practice

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OBJECTIVES

To describe the diagnosis and management of hyperadrenocorticism in dogs attending primary-care practice in the UK.

METHODS

The VetCompass database contains electronic patient records for dogs attending UK primary-care practices. The records of dogs diagnosed with hyperadrenocorticism were reviewed and additional diagnostic and management data were extracted including: diagnostic testing, treatment, trilostane dose and monitoring cortisol measurements.

RESULTS

The study identified 219 dogs diagnosed with hyperadrenocorticism. The most commonly used diagnostic tests were the ACTH stimulation test ($n = 206$ cases, 94.1%), low-dose dexamethasone suppression test (70, 32.0%) and urine cortisol-creatinine ratio (58, 26.5%). Differentiation between pituitary- and adrenal-dependent aetiology was performed in 44 cases (20.1%). Trilostane was given in 206 cases (94.1%) with a mean starting dose of 3.30 mg/kg/day (SD 1.28). Ninety-four cases (45.6%) had no changes made to their initial trilostane dose. Of dogs with cortisol concentrations recorded after initiation of therapy, post-ACTH stimulation cortisol did not drop below the upper reference range of 250 nmol/L in any test in 32 (32.0%) and results fell below the lower reference range of 40 nmol/L in 21 (21.0%). Iatrogenic hypoadrenocorticism or a suspected adverse response was recorded in 28 (13.6%) dogs receiving trilostane.

STATEMENT (CONCLUSIONS)

This study provides benchmark data describing the diagnosis and management of hyperadrenocorticism in primary-care practice. Findings show the ACTH stimulation test predominates in diagnosis and differentiation between pituitary and adrenal disease is infrequently performed, contrary to current expert recommendations. Further work evaluating the benefits of disease differentiation and survival after treatment in a primary-care setting is merited.

The Cushing's clinical score: development of a primary-care practice tool to quantify the clinical signs of dogs with hyperadrenocorticism

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OBJECTIVES

With doubts raised over the accuracy of hormonal testing of hyperadrenocorticism, monitoring recommendations for dogs undergoing trilostane treatment emphasise

the importance of clinical sign assessment. This study aimed to produce a tool to enable standardised quantification of the clinical signs associated with hyperadrenocorticism in primary-care practice.

METHODS

Structured focus groups were held with 19 clinicians and 13 owners of dogs with hyperadrenocorticism, 21 veterinary publications were reviewed and 20 randomly selected electronic health records of hyperadrenocorticism cases were analysed to identify potential clinical signs associated with hyperadrenocorticism. Qualitative thematic analysis identified five categories of clinical signs. A scoring system was designed based on the severity of clinical signs in each category ranging from 0–3, producing a score out of 15 (higher score indicate more clinical hyperadrenocorticism). The tool was piloted with 16 owners and 12 clinicians to assess its readability and clarity.

RESULTS

A list of 24 clinical signs associated with hyperadrenocorticism was drafted. Qualitative thematic analysis identified polydipsia and polyphagia as the most commonly

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