MOST COMMON FOOD ALLERGENS

Provocative challenges following dietary restriction leading to complete remission of clinical signs should begin with beef and dairy, the most commonly recognized food allergens in dogs and cats. A dog living in Australia, Europe or North America, the allergens most likely contributing to cutaneous adverse food reactions are beef, dairy products, chicken, wheat and lamb. In cats the most common allergens are beef, fish and chicken.

Elimination diet trials are often conducted with commercial pet foods while relying on their labels to select novel ingredients. Pet food mislabelling appears rather common, even in those with 'novel' or 'limited' ingredients. Testing of hydrolysate-containing diets found only one instance of possible mislabelling. Over-the-counter 'single-protein diets' or canned meat products cannot be recommended. Analyses support the clinical reliability of an extensively hydrolysed diet.

KEY LEARNING OBJECTIVES

- Gain a greater understanding of cutaneous adverse reactions to food
- Understand the purpose of an elimination diet and the pitfalls in making a choice based on dietary histories
- Understand the information gleaned from literature review as it relates to food allergy

MULTIPLE CHOICE QUESTIONS

1. What are the most consistent clinical sign(s) of cutaneous adverse food reactions?
(A) Pruritus
(B) Gastrointestinal signs, sneezing and anaphylaxis
(C) Vomiting and diarrhoea
(D) Superficial pyoderma and pododermatitis
2. Diagnosis of cutaneous adverse reactions to food is accomplished with which of the following?
(A) Serum food-specific IgE testing in dogs and cats
(B) An elimination trial and provocative challenge
(C) Intradermal allergy testing specific for foods
(D) Patch testing for specific foods
3. To diagnose an adverse food reaction in 90% of affected patients, the elimination trial should continue for how long in dogs?
(A) 5–6 weeks
(B) 8 weeks
(C) 2 weeks
(D) 12 weeks

Anti-pruritic drugs 2020

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The last 10 years has seen major developments in treatment options for chronic pruritic dogs. Not only have new drugs been developed, but better ways to use older drugs and the value of combination drug therapy have changed how we manage these potentially difficult cases. Ciclosporin, once believed to work by suppression of IL-2, has been shown to be likely to benefit atopic dogs by other mechanisms. The discovery that IL-31 was a major mediator of canine pruritus, and that its activity required Janus kinase 1 (JAK1) also led to the development of two other treatments. The drug oclacitinib, which selectively targets JAK1, also helps by affecting other allergen interleukins, IL-2, -13, -6 and -4. The biological antibody lokivetmab binds IL-31 and does not act like a drug as it does not go intracellular or affect cellular receptors.

Knowledge of some of the pharmacokinetics of these treatments also allows us to improve the efficacy when we use them. Though ciclosporin is labelled to be given on an empty stomach, some dogs respond better when it is given with food. The recommended tablet dose of oclacitinib for the weight of the dog is not always the most effective and even the time of day you give

oclacitinib can improve the client's perception of efficacy. Lokivetmab is actually approved at different dose rates in different countries, so it appears licensing requirements may have played a role, but these experiences also have led to improvements in clinical outcomes.

We have also learned that bathing and essential fatty acids can improve the efficacy of these drugs and treatment combinations will often enhance patient responses and client satisfaction. Even antihistamines, though not often effective as sole therapy, can play a role in managing atopic dermatitis. They can be helpful in treating acute flares even though this may be due to their sedative effect. Clients vary significantly in what aspects of long-term and short-term therapies are important to them. Sometimes something, such as frequent bathing, may not be suitable for long-term control but very valuable for dealing with acute flares. We also have treatments that vary in their route of delivery, frequency of administration and effort needed to deliver the treatment, which allows us to tailor treatments better to client desires and improve compliance. For some clients, the safety profile and types or frequency of side effects are the most important aspect to selecting a therapy for their pet, and accurate education on this topic is important for client satisfaction and comfort in their final decision making.

KEY LEARNING OBJECTIVES

- Learn how mechanism of actions compare between ciclosporin, oclacitinib and lokivetmab

- Learn about situations that may make you prefer one of the key drugs over the other anti-pruritic drugs
- Learn key tips on improving efficacy and client satisfaction when treating dogs for pruritus

MULTIPLE CHOICE QUESTIONS

1. Which of the following interleukins is a major mediator of pruritus?
(A) IL-4
(B) IL-6
(C) IL-13
(D) IL-31

2. Which treatment has no effect on intracellular receptors or cytokines?
(A) Ciclosporin
(B) Eicosapentaenoic acid
(C) Lokivetmab
(D) Oclacitinib
3. Which of the following has been shown improve the effect of ciclosporin while allowing for a dose reduction?
(A) Cetirizine
(B) Omega-3 fatty acids
(C) Lokivetmab
(D) Oclacitinib