## PRESCRIBING FOR BEHAVIOR: HOW DO YOU DECIDE?



Christopher Pachel, DVM, DACVB, CABC Animal Behavior Clinic Portland, Oregon

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#### Three Levels:

- Is patient/diagnosis likely to respond to medication?
- 2. Maintenance/daily vs. Situational/event?
- 3. Specific medication options

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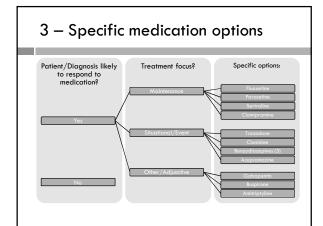
## 1 - Likely to respond to meds? (Yes or No)

- □ Diagnoses:
  - □ Fear/Anxiety
  - $\, \, \square \, \, \text{Impulsivity/Arousal} \,$
  - □ Aggression (motivated by anxiety, impulsivity, etc.)
  - □ Compulsive disorder
  - ☐ Urine marking
- $\hfill \square$  In combination with:
  - □ Safety/management
  - □ Behavior modification

## 2 - Treatment focus: (Maintenance vs. Situational)

- □ Maintenance/daily
  - □ Triggers are frequent, unpredictable, unavoidable
  - □ Onset of action from 1-3 to 4-6 weeks
  - □ "Steady state" effect
- □ Situational/event
  - □ Triggers are predictable, infrequent
  - □ Adjunctive support
  - ☐ Onset of action from 15 min to 1-2 hours
  - □ Rapid adjustment of doses within trial period
  - □ Short duration of action (potential for "scalloped" effect)

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## Considerations Medications FDA approved for use in dogs (NONE in cats) Clomicalm® (clomipramine) – Separation anxiety Reconcile ® (fluoxetine) – Separation anxiety Anipryl® (selegiline) – CDS and PDH Sileo® (dexmedotomidine) – Noise aversion

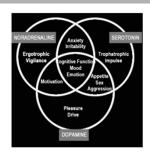
#### Neurotransmitters / Intended Impact

#### Amino acids:

- □ Glutamate: excitatory
- □ GABA: inhibitory

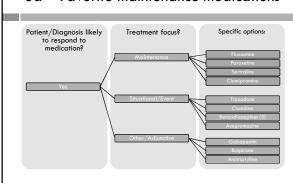
#### Biogenic amines:

- □ Serotonin (5HT)
- □ Dopamine (DA)
- □ Norepinephrine (NE)



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#### 3a - Favorite maintenance medications



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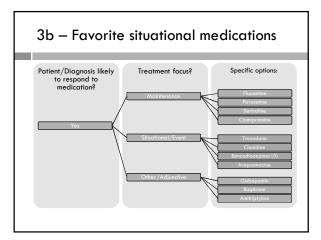
#### **Fluoxetine**

- $\ \square$  Generic/inexpensive
- □ Lots of anecdotal experience within the profession
- Impulsivity/arousal as focus for treatment, also for fear/anxiety
- □ Available research ("dominance aggression", urine marking, separation anxiety as Reconcile)
- $\ \square$  Negative impact on appetite
  - □ Pro resource guarding, competitive aggression, food related arousal
  - $\ \square$  Con anorexia, client perception

### **Paroxetine** □ Generic/inexpensive □ Generally less of an impact on appetite than fluoxetine (similar indications) □ More of an anticholinergic profile than fluoxetine □ Helpful for patients with chronic/situational loose bowels, urinary incontinence □ Potential for dry mouth and/or constipation 10 Sertraline □ Not quite as inexpensive, but generally affordable (are you aware of www.goodrx.com?) □ Smallest tablet size is 25mg (may require compounding for cats and small dogs) □ Social anxiety, less impact on arousal/impulsivity unless at higher end of dose range □ Less likely to cause side effects (sedation, anorexia, constipation, etc.) 11 Clomipramine / Clomicalm □ Impact on both serotonin and norepinephrine □ My medication of choice when both impulsivity/arousal and anxiety impact is desired □ Significantly more expensive ☐ Generic/compounded, Clomicalm □ Anticholinergic side effect profile $\ \square$ Sedation not uncommon especially as getting started with treatment

#### SSRI/TCA Dosages (oral administration): Feline Canine Fluoxetine (Prozac®) 1-2 mg/kg q24hr 0.5-1.0 mg/kg q24hr Paroxetine (Paxil®) 0.5-1.0 mg/kg q24hr 1-2 mg/kg q24hr (q12hr instead?) Sertraline (Zoloft®) 0.5 mg/kg q24hr 1-3 mg/kg q24hr (q12hr instead?) Clomipramine (Clomicalm®) 1-3 mg/kg **q12hr** 0.3-0.5 mg/kg q24hr

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#### Trazodone

- □ 5HT2a antagonist/reuptake inhibitor
- □ PRN usage most common, short term maintenance
- □ Most likely to cause sedation without overt ataxia
- floor Essentially no cardiovascular impact
- $\hfill \square$  Indications for at home, in hospital, post-surgical...

	Canine	Feline
Trazodone	3-7mg/kg PRN to q8hr	12.5-50mg/cat PRN to q12hr

#### Clonidine

- □ Alpha 2 agonist
- □ Inhibits NE release (flight/flight reactions)
- $\ \square$  Helpful for patients with pattern of "wind-up"
- ullet Potential for bradycardia/hypotension
- □ Reversible

	Canine	Feline
Clonidine	0.01-0.05mg/kg PRN to q8hr	0.005 mg/kg to 0.01 mg/kg PO q12hr

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#### Benzodiazepines

- $\hfill \square$  Specific options:
  - $\ \square$  Diazepam sedation more likely as part of clinical effect
  - □ Alprazolam fast acting, short duration
  - □ Lorazepam may be safer for geriatric/pediatric, feline patients
  - □ Clonazepam may achieve something resembling steady state with repeat dosing, longer duration effect
  - □ Clorazepate also has longer duration of action
- Caution re: disinhibition, paradoxical excitation, polyphagia

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#### Benzodiazepines

Dosages (oral administration):

	Canine	Feline
<b>Diazepam</b> (Valium®)	0.5-2.0 mg/kg q4-6hr	0.2-0.5 (g q8-12h
Alprazolam (Xanax®)	0.02-0.1 mg/kg q8-12hr	0.125-0.25mg <i>per cat</i> q12hr
Lorazepam (Ativan®)	0.1-0.2 mg/kg q8-12hr	0.125–0.25mg <i>per cat</i> q12hr
Clonazepam (Klonopin®)	0.1-1.0 mg/kg q8-12hr	0.1-0.2 mg/kg q12-24hr
Clorazepate (Tranxene®)	0.55-2.2 mg/kg q8-24hr	0.2-0.5 mg/kg q 12-24hr

#### Acepromazine

- □ Uncommon use as sole agent in my practice
- □ Sedation without significant anxiolysis most common
- $\hfill \square$  Significant ataxia, variable effect and duration
- $\ \square$  Potential for increasing noise sensitivity

	Canine	Feline
Acepromazine	0.5-1.1 mg/kg q8-24hr (PRN)	0.5-1.1 mg/kg PRN

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#### Sileo® (newest available option)

- □ Transmucosal dexmedetomidine
- □ Labeled for canine noise aversion
- Dose 30-60 minute prior to anticipated noise event, or at first sign of anxiety or fear
- □ Duration 2-3 hours
- □ Up to 5 doses
- □ At least 2 hours between doses
- □ Overdose potential (client error)

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# Patient/Diagnosis likely to respond to medication? Patient/Diagnosis likely to respond to medication? Maintenance Parovertine Structional/Event Facedone Condaina Bentadiare phes (5) Aceptonaline Other/Adjunctive Gabapearia Surptione Amiltigitytine

#### Gabapentin

- $\hfill \square$  Effects on neuropathic pain, generalized anxiety, seizure threshold
- Wide dose range, variable dose and dosing frequency potential
- May be helpful adjunct for "touch sensitive" or noise phobia patients
- Helpful when treating anxiety in combination with pain, neuro patterns

	Canine	Feline
Gabapentin	10-30mg/kg q8-12hr	3-10mg/kg q8-12hr

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#### **Buspirone**

- □ Impacts 5HT system differently than SSRI options
- □ Onset typically within 1-3 weeks
- $\hfill \square$  Potential for "pushy" or "assertive" response
- □ Non-sedating
- □ Can be used in combination with other meds

	Canine	Feline
Buspirone (Buspar®)	1.0-2.0 mg/kg q8-24hr	0.5-1.0 mg/kg q8-24hr

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#### Amitriptyline

- $\hfill \square$  Not generally as stand-alone med in my practice
- $\ \square$  Potential impact on chronic pain
- $\hfill \square$  Selective for norepinephrine
- $\ \square$  Can be used in combination with SSRIs (some risk)
- $\hfill \square$  Dose dependent sedation is common

	Canine	Feline
Amitriptyline (Elavil®)	1-4 mg/kg q12hr	0.5-1.0 mg/kg q12-24h

