## PRESCRIBING FOR BEHAVIOR: HOW DO YOU DECIDE?

Christopher Pachel, DVM, DACVB, CABC Animal Behavior Clinic, Portland, OR, USA

When considering whether to prescribe psychotropic medication for a patient, I start with three questions.

- 1 Is this a patient or diagnosis likely to benefit from the inclusion of medication within the treatment plan?
- 2 Which approach to medication use is indicated? (maintenance/daily, situational/event, combination)
- 3 Which specific neurotransmitter or treatment effect is desired?

Behavior patterns such as fear/anxiety, impulsivity/arousal, aggression of varying types, compulsive disorder, and urine marking are examples of diagnoses that may fall into the category of "yes" for the first question. Of course, it should be noted that behavioral medications should always be prescribed within a treatment plan that includes safety/management recommendations as well as behavior modification strategies.

Maintenance medication use is more likely to be appropriate when triggers are difficult to identify or avoid, when they may occur unpredictably or with high frequency, or when multiple triggers are present. Onset of action is variable, but typically within the range of 3-6 weeks before full effect of medication can be evaluated, while recognizing that side effects may occur prior to onset of treatment effects.

Situational medications may be more appropriate when triggers of undesired behavior are easily identifiable, predictable, and/or infrequent. Medication is likely to be used as adjunctive support, and clients should be advised of the likely onset of action. One advantage is the ability to adjust doses to desired effect within a short trial period rather than requiring multiple weeks of sustained treatment prior to assessment of impact. Most options have a short duration of action that makes sustaining a consistent blood level of medication somewhat challenging.

This presentation will include a short list of specific details about each of the following medications that will influence your decision of when/if to prescribe them for your patients.

## MAINTENANCE MEDICATIONS

Fluoxetine Paroxetine Sertraline Clomipramine

## SITUATIONAL MEDICATIONS

Trazodone Clonidine Benzodiazepines (5+) Acepromazine

## **ADJUNCTIVE MEDICATIONS**

Gabapentin Buspirone Amitriptyline