Corticoides

Dosis segura a largo plazo:

- 30 mg/kg anual ≈ 0.165 mg/kg c48h (Sousa, 2009)
- 0.1-0.2 mg/kg c24h en Addison (Ferguson y Hoenig, 2018)

Steffan y col. (2003)

Comparison of cyclosporine A with methylprednisolone for treatment of canine atopic dermatitis: a parallel, blinded, randomized controlled trial

- A las 16 semanas, un 17 % de los perros estaban con dosis seguras

Sævik y col. (2004)

A randomized, controlled study to evaluate the steroid sparing effect of essential fatty acid supplementation in the treatment of canine atopic dermatitis

- Suplemento omega 6 redujo dosis corticoides ≈50 % a las 9 semanas

Muller y col. (2016)

Evaluation of cyclosporine-sparing effects of polyunsaturated fatty acids in the treatment of canine atopic dermatitis

- Suplemento diario de 66 mg EPA+DHA/kg, 12 semanas, redujo la ciclosporina diaria de 4.1 a 2.6 mg/kg

Schäfer y Thom (2024)

A placebo-controlled, double-blind study evaluating the effect of orally administered polyunsaturated fatty acids on the oclacitinib dose for atopic dogs

- Suplemento omega 3 redujo la dosis de oclacitinib a los 3 meses (de 0.5 a 0.2 mg/kg d[illegible]a) ($p<0.05$); en el grupo placebo la reducción no fue significativa ($p>0.05$)

Clinical effects of 2 commercially available diets on canine atopic dermatitis

Boehm y col. (2021)

- Dermatology support (Virbac), 12 semanas: sin mejoría en prurito ni lesiones

Efficacy of ultra-micronized palmitoylethanolamide in canine atopic dermatitis: an open-label multi-centre study

Noli y col. (2015)

- Palmitoiletanolamida (PEA): 10 mg/kg c24h

	D56	
	N (122)	%
Pruritus (VAS)		
VAS reduction ≥ 2.0 cm	**71**	**58**
VAS ≤ 2.0 cm ("normal")	36	30
VAS reduction ≥ 50%	43	35
Lesion severity (CADLI)		
CADLI ≤ 5	76	62
CADLI reduction ≥ 50%	78	64

Weekly topical therapy based on plant extracts combined with lokivetmab in canine atopic dermatitis

Bensignor y Videmont (2022)

Nuttall y col. (2012)

Efficacy of a 0.0584% hydrocortisone aceponate spray in the management of canine atopic dermatitis: a randomised, double blind, placebo-controlled trial

Oclacitinib

Marsella y col. (2023)

Wayne Rosenkrantz went on t
random selection of 175 cases fr

... tratados mínimo 6 meses, no incluyendo casos que abandonaron el tratamiento debido a la percepción de un fracaso precoz o a un uso inconsistente

The study was a retrospective evaluation. The results showed that 56/175 (32%) had an excellent response, with owners considering treated dogs to be 'normal'. Some of these cases were on modified dosing protocols (such as 0.3 mg/kg twice daily). Some cases 11/56 (19.6%) were on concurrent immunotherapy. Moderate control was seen in 102/175 (58.3%) cases. Some patients in this group received modified or increased dose protocols. Concurrent corticosteroids with oclacitinib were used in 23/102 (22.5%) of the moderate responders. Within the moderate responder group, 24/102 (23.5%) were on concurrent immunotherapy. A smaller number of cases, 16/175 (9.1%), had limited to no e to oclacitinib and were transitioned to other treatment options after 6 months of treatment.

Oclacitinib 10 years later: lessons learned and directions for the future

Oclacitinib and Neoplasia Concerns

From the current data available, the incidence of malignancies and age of death in patients receiving oclacitinib long-term is not statistically different from patients receiving other long-term treatments for AD. Veterinarians should still continue to follow precaution and monitor patients for the development of neoplasia as each patient's immune system is different. One of the authors (RM) has seen several

Age- and breed-matched retrospective cohort study of malignancies and benign skin masses in 660 dogs with allergic dermatitis treated long-term with versus without oclacitinib

Lancellotti y col. (2020)

- 339 perros oclacitinib>6 meses: 16.5 % cánceres
- 321 controles: 12.8 % (p=0.174)

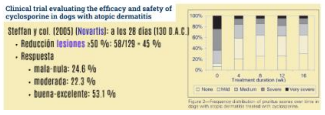
Ciclosporina

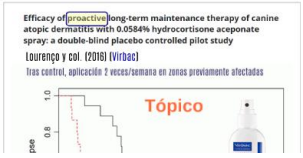
Amplio espectro:

- Efecto inhibitorio sobre linfocitos T
- Bloquea respuesta Th1 (atopia crónica)
- Posible efecto indirecto sobre células dentríticas, eosinófilos, macrófagos y queratinocitos
- Posible efecto sobre receptores del prurito
- Mayores efectos secundarios
  - Vómitos (congelar; dosis creciente)
  - Posible inhibición de la vigilancia inmunológica antitumoral mediada por células T citotóxicas

Efecto retardado

Eficacia





Clinical trial evaluating the efficacy and safety of cyclosporine in dogs with atopic dermatitis

Steffan y col. (2005) (Novartis): a los 28 días (130 D.A.C.)

- Reducción lesiones ≥50 %: 58/129 = 45 %
- Respuesta
  - mala-nula: 24.6 %
  - moderada: 22.3 %
  - buena-excelente: 53.1 %

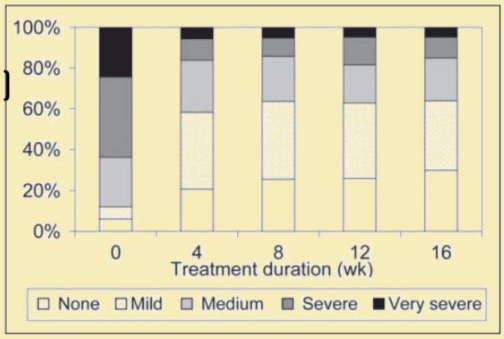


Figure 2—Frequency distribution of pruritus scores over time in dogs with atopic dermatitis treated with cyclosporine.

Comparable efficacy of a topical 0.0584% hydrocortisone aceponate spray and oral ciclosporin in treating canine atopic dermatitis

Nuttall y col. (2012): inicio diario; si mejoraba se ajustaba a c48h o 2 veces/semana

Table 3. Proportions of the hydrocortisone aceponate- (HCA) and ciclosporin-treated dogs that achieved a ≥50% reduction in CADESI-03 scores compared with baseline at each time point

	HCA (n = 24)	Ciclosporin (n = 21)	P-value
Day 28	14 (58.3%)	12 (57.1%)	0.76
Day 56	17 (70.8%)	17 (81%)	1.0
Day 84	18 (75%)	18 (86.7%)	0.72

Table 4. Proportions of the hydrocortisone aceponate- (HCA) and ciclosporin-treated dogs that achieved a ≥50% reduction in pruritus scores compared with baseline at each time point

	HCA (n = 24)	Ciclosporin (n = 21)	P-value
Day 28	8 (33.3%)	8 (38.1%)	1.0
Day 56	15 (62.5%)	12 (57.1%)	1.0
Day 84	16 (66.6%)	12 (57.1%)	0.76

Efficacy of proactive long-term maintenance therapy of canine atopic dermatitis with 0.0584% hydrocortisone aceponate spray: a double-blind placebo controlled pilot study

Lourenço y col. (2016) (Virbac)

Tras control, aplicación 2 veces/semana en zonas previamente afectadas

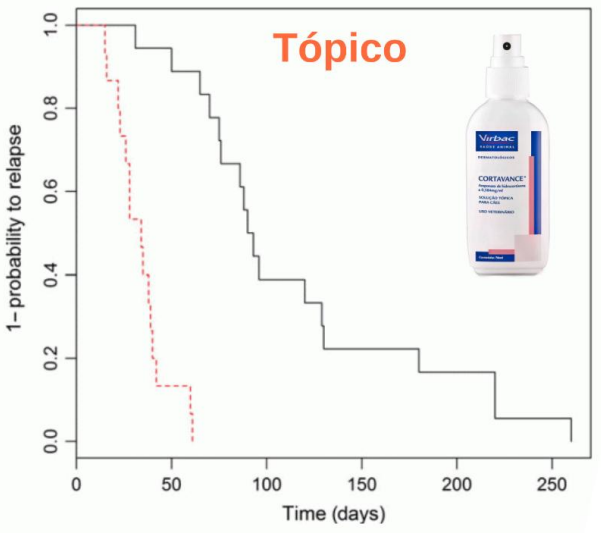
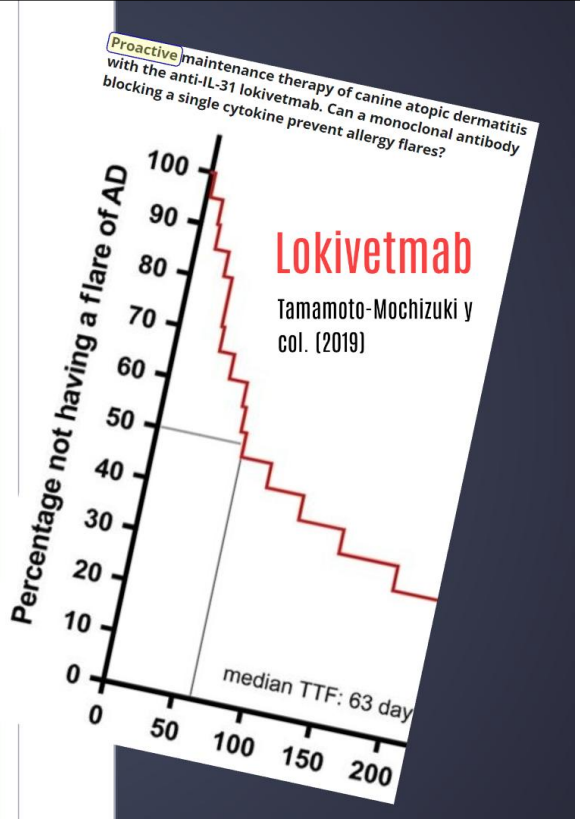
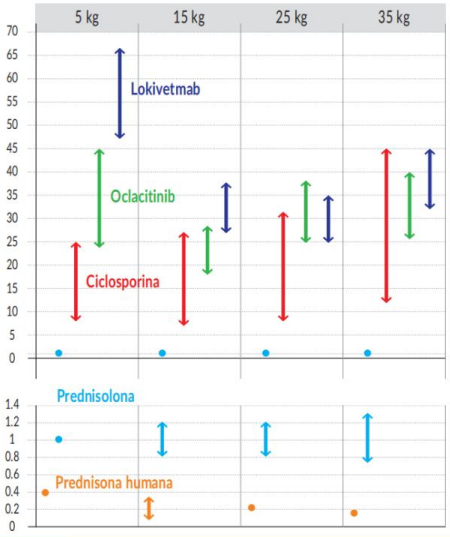


Figure 1. Kaplan–Meier survival analysis for comparing times to relapse in the therapy of canine atopic dermatitis: ---, placebo group; —, Cortavance (0.0584% hydrocortisone aceponate spray) group.

Proactive maintenance therapy of canine atopic dermatitis with the anti-IL-31 lokivetmab. Can a monoclonal antibody blocking a single cytokine prevent allergy flares?



¿Coste?



Long-term use of cyclosporine in the treatment of canine atopic dermatitis

Radowicz y Power (2005): n=51 (6-30 meses)
- 23.5 % remisión del proceso

n=39
- 15.4 % sin efecto
- 12.8 % efectos secundarios/coste

n=28
- 35.7 % c24h
- 35.7 % 4-5 veces/semana
- 28.6 % 2-3 veces/semana

Steffan y col. (2005):
- a las 4 semanas: 40 % casos c48h
- al final del estudio: >20 % 2 veces/semana

Nuttall y col. (2011):
- 9 diarios 11
- 2 c48h 3
- 10 2 veces/semana 10

¿Ciclosporina ± corticoides orales en dosis baja ± corticoides tópicos ± nutracéuticos?

Prezi

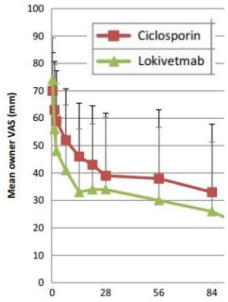
Lokivetmab
(dosis europea)

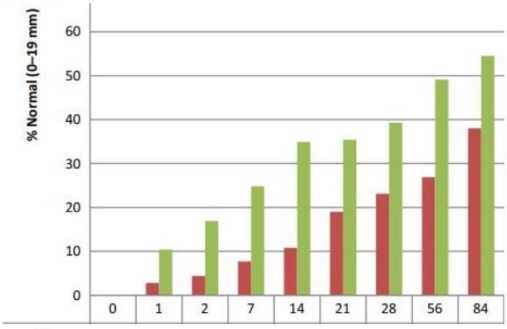
Weekly topical therapy based on plant extracts combined with lokivetmab in canine atopic dermatitis

Bensignor y Videmont (2022): promedio repetición inyección, 33 días

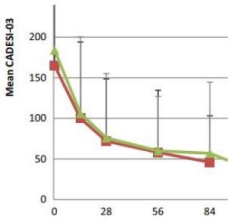
Moyaert y col. (2017) (Zoetis): 274 D.A.C. (vs ciclosporina)

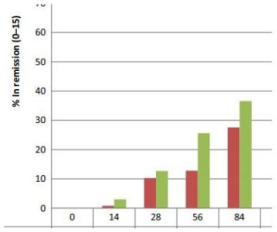
- Prurito





- Lesiones





Prezi

Comparativa

Frecuencia

- Lokivetmab: mensual
- Ciclosporina (2-7 días/semana)
- Corticoides (<0.25 mg/kg c48h)
- Oclacitinib (cada 24-12 horas)

Resumen de la reducción del prurito o las lesiones a medio o largo plazo (usualmente 3-6 meses)

Estudio	Fármaco	Reducción ≥50 % Lesiones	Reducción ≥50 % Prurito	Lesiones en remisión	Prurito normal <2 cm	Fracasos
Steffan y cols. (2003)	Metilprednisolona	58 %	42 %			19 %
Steffan y cols. (2003)	Ciclosporina	66 %	40 %			15 %
Steffan y cols. (2005)		68 %				18-21 %[a]
Radowicz y Power (2005)						13 %
Nuttall y cols. (2012)		87 %	57 %			13 %
Little y cols. (2015)		69 %				
Moyaert y cols. (2017)				28 %	38 %	17 %
Little y cols. (2015)	Oclacitinib	62 %				
Cosgrove y cols. (2015)			37 %[b]		59 %[b]	8 %
Moyaert y cols. (2017)	Lokivetmab			37 %	55 %	19 %
Nuttall y cols. (2012)	Aceponato tópico	75 %	67 %			20 %

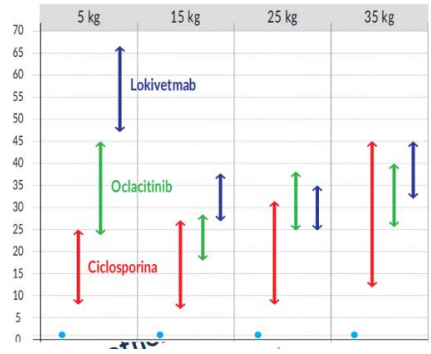
En la medida de lo posible se incluyen los animales que no han respondido al tratamiento y se retiraron del estudio por ese motivo.
(a) Falta de respuesta o respuesta pobre para investigadores o dueños. (b) Valoración de los dueños a los 180 días.

Efectos secundarios

- Lokivetmab
- Oclacitinib
- Ciclosporina
- Corticoides

Coste

- Corticoides
- Ciclosporina
- Oclacitinib
- Lokivetmab



Inmunoterapia

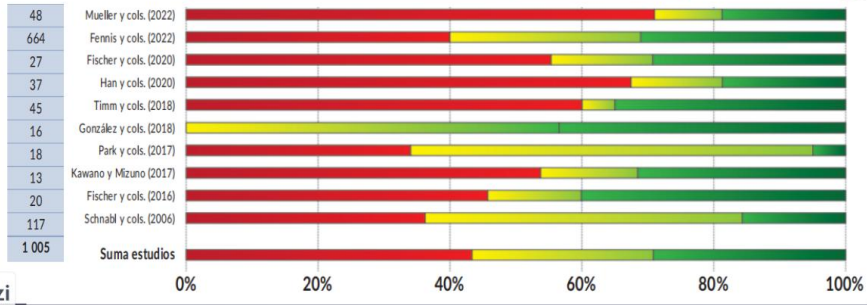
Efecto retardado

¿Coste? 250 € panel + 225 € inmunoterapia

¿Vía?

Eficacia

Específica vs no específica
Resultados excelentes: 29 vs 19 % (p<0.05)
Resultados buenos o excelentes (57 % en ambas)



Effectiveness of regionally-specific immunotherapy for the management of canine atopic dermatitis

Plant y Neradilek (2017)

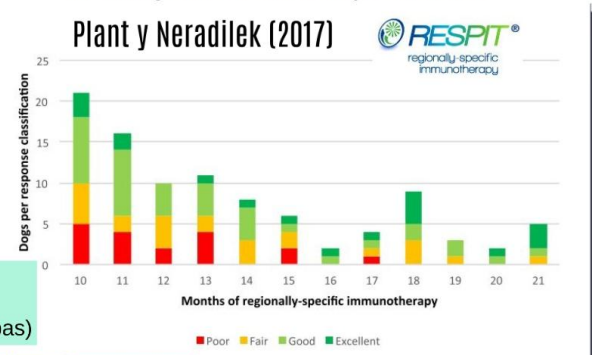


Table 1 Number of dogs per response classification receiving concomitant anti-pruritic medications with RESPIT at D270+

Concomitant anti-pruritic medication	Poor *n* = 18	Fair *n* = 26	Good *n* = 39	Excellent *n* = 20
None	4 (22%)	6 (23%)	13 (33%)	18 (90%)
Oral glucocorticoid	7 (39%)	10 (38%)	17 (44%)	0 (0%)
Cyclosporine	4 (22%)	7 (27%)	7 (18%)	0 (0%)
Oclacitinib	0 (0%)	0 (0%)	2 (5%)	0 (0%)
Antihistamine	3 (17%)	5 (19%)	1 (3%)	1 (5%)
Topical glucocorticoid, including otic	1 (6%)	1 (4%)	0 (0%)	1 (5%)

¿Cuándo?

- El propietario lo desee.
- El cuadro clínico sea intenso durante muchos meses del año (cuando los signos son claramente estacionales parece buena opción el control mediante antipruriginosos).
- Cuando la terapia sintomática (antipruriginosos) no controle adecuadamente el proceso.

Individualized Treatment in Canine Atopic Dermatitis

World Small Animal Veterinary Association World Congress Proceedings, 2010

Douglas J. DeBoer, DVM, DACVD

En conclusión

La DAC es una enfermedad crónica, con muchos potenciales tratamientos, debiendo individualizar cada caso, combinando distintas terapias, dirigidas tanto a la enfermedad primaria como a las complicaciones secundarias, buscando en cada paciente la combinación adecuada de medidas y medicamentos que aporte un buen resultado, asequible y con la menor cantidad de efectos secundarios.

Muchas GRACIAS por su atención