

# Appendix: Drug Dosage Chart

Caroline Perrin, BVSc, MACVSc<sup>a</sup>, Kersti Seksel, MRCVS, FACVSc<sup>a,\*</sup>,  
Gary M. Landsberg, BSc, DVM, MRCVS<sup>b</sup>

## KEYWORDS

- Behavioral management • Pharmacokinetics • Behavior problems • Drug dosages
- Drug dose table

## KEY POINTS

- For many medications, the pharmacokinetics and pharmacodynamics in pets have not yet been established and even where studies have been done, there is widespread species and individual variation.
- Practitioners should start with the lower end of the dose range and titrate up to maximum doses where there is insufficient therapeutic effect and no adverse effects or contraindications.
- A complete blood count and serum chemistry profile, as well as urinalysis, should be performed on an animal before initiating the use of any medication, but especially with the use of off-label medications.
- Pharmacologic intervention for the treatment of behavior problems should be considered just one aspect of a comprehensive behavioral management and treatment protocol.

With the rare exception (fluoxetine, clomipramine, selegiline), drugs used in veterinary behavioral medicine are human medications, used off-label, that have not been licensed for use in pets. In fact, for many of these drugs, the pharmacokinetics in pets have not yet been established, and even where studies have been done, there is widespread species and individual variation. Therefore, there is a wide range of published doses based on many variables, such as the intended application, the target outcome, individual variability in effects, and side effects.

This article is intended to provide a drug dose table (**Table 1**) that has been compiled by the authors and editors to serve as a reference. Veterinarians are advised to see the individual articles within the issue to find specific recommendations and applications and to view the references within the articles and at the end of this article for greater details on mechanism of action, indications, and contraindications. As a general rule of thumb, practitioners should start with the lower end of the dose range and titrate up to maximum doses, where there is insufficient therapeutic effect and no adverse effects or contraindications.

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<sup>a</sup> Sydney Animal Behaviour Service, 55 Ethel Street, Seaforth, New South Wales 2092, Australia;

<sup>b</sup> North Toronto Veterinary Behaviour Specialty Clinic, 99 Henderson Avenue, Thornhill, ON L3T 2K9, Canada

\* Corresponding author.

E-mail address: [sabs@sabs.com.au](mailto:sabs@sabs.com.au)

**Table 1**  
**Drug Dosage Chart**

Class	Drug Name	Dogs	Cats	Contraindications	Adverse Effects
Amphetamine	Dextroamphetamine	5–10 mg/dog PO q8h (narcolepsy) or 0.2–1.3 mg/kg (hyperkinesia)	N/A		
	Methylphenidate	0.5–2.0 mg/kg PO q12h	N/A	Seizures, cardiac disease, hypertension, aggression	
Anticonvulsant	Gabapentin	5–30 mg/kg PO q8–12h	3–10 mg/kg PO q8–24h	Severe renal dysfunction	Sedation
Antihistamine, Serotonin antagonist	Cyproheptadine	1.1 mg/kg PO q4–6h for serotonin syndrome	2–4 mg/cat PO q4–6h for serotonin syndrome		
Azapirones	Buspirone	0.5–2 mg/kg PO q8–24h	0.5–1 mg/kg PO q8–12–24h		
Benzodiazepine	Alprazolam	0.01–0.1 mg/kg PO PRN	0.125–0.25 mg/kg PO q8 h	Severe liver dysfunction	Paradoxical excitement
	Clonazepam	0.1–1 mg/kg PO q8–12h	0.05–0.2 mg/kg PO q12–24h	Reported to be safer for liver dysfunction	
	Clorazepate	0.5–2.2 mg/kg PO q4–6h	0.2–0.4 mg/kg PO q12–24h	Severe liver dysfunction, aggression	Paradoxical excitement, rare liver hepatonecrosis reported in cats
	Diazepam	0.5–2.2 mg/kg PO q4–6h	0.2–0.5 mg/kg PO q12–24h	Severe liver dysfunction, aggression	
	Lorazepam	0.02–0.1 mg/kg PO q8–12h	0.03–0.08 mg/kg PO q12–24h or 0.125 to 0.25 mg/cat	Reported to be safer for liver dysfunction	
Oxazepam	0.2–1.0 mg/kg PO q12–24h	0.2–0.5 mg/kg PO q12–24h	Acute narrow-angle glaucoma, reported to be safer for liver dysfunction		
Dibenzazepine	Carbamazepine	4–8 mg/kg PO q12h	2–6 mg/kg q12h	MAOIs, bone marrow suppression	
Ergot alkaloid	Nicergoline	0.25–0.5 mg/kg PO q24h	0.25–0.5 mg/kg PO q24h		
Hormone	Melatonin	1.5–12 mg PO q8–24h	1.5–12 mg PO q12–24h	Severe liver dysfunction	

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