

# Managing Feline Pruritus

Keith A. Hnilica DVM, MS, Dip. ACVD  
The University of Tennessee College of Veterinary Medicine.  
Knoxville, Tennessee, USA.

## Objectives:

Become familiar with the various treatments that reduce pruritic symptoms.  
Explore the treatment options for idiopathic feline pruritus.

## Key Points:

Mild cases often respond to empiric antipruritic treatments.  
Severe or chronic cases need a thorough workup to identify and control the primary etiology for long-term success.  
Since many etiologies can cause the 3 common clinical patterns (alopecia, miliary dermatitis, and eosinophilic granuloma complex) associated with the pruritic cat, a prioritized differential list should be used to systematically work through the different etiologies (see lecture notes Vet-102 "Evaluating Feline Pruritus")  
Dermatophytosis and other infectious causes of alopecia and miliary dermatitis should be eliminated.  
Flea allergy, insect hypersensitivity, Demodicosis, and food allergy are the most common pruritic diseases. see lecture notes Vet-102 "Evaluating Feline Pruritus"

## Therapies:

### Eliminate any infectious cause of pruritus

Rule out dermatophytosis with Wood's Lamp examination AND fungal culture.  
If positive treat with appropriate topical and systemic therapies until negative cultures indicate resolution.

### Fleas

Many cats are extremely effective at removing fleas and flea dirt by grooming making it difficult to prove the existence of a flea infestation. Therefore, all pruritic cats should be treated aggressively for possible flea allergy dermatitis.

Frontline Plus and Advantage work exceptionally well.

Due to grooming and limitations of the products, treatments should be applied every 2-3 weeks in allergic cats.

In heavily infested environments, it may take multiple weeks to reduce the number of emerging fleas. Owners may perceive this as lack of efficacy when in fact it is caused by the large number of fleas in the pupal stage.

Indoor cats must be treated year-round.

### Demodicosis

Demodex Gatoi mites are a common cause of feline pruritus but may be difficult to find on scrapings. A therapeutic trial consisting of topical lime sulfur dips applied weekly for 6 weeks should be used to rule out demodicosis.

Treatments often used for canine demodicosis (ivermectin, milbemycin) and selamectin may not be effective for feline demodicosis.

### Sarcoptiform Mites (Notoedres, Cheyletiella, etc.)

2-3% lime sulfur applied every week for 6-10 treatments

Ivermectin 0.2-0.3 mg/kg PO or SC twice, 2-3 weeks apart.

Selamectin applied every 14 days for 4-6 weeks.

Fipronil spray applied topically 2-3 times at 2 week intervals.

### Pyoderma

Uncommon primary cause but often associated with other underlying diseases as a secondary infection.

The Staphylococcus sp. usually responds well to treatment with amoxicillin with clavulanic acid when administered at high doses for a minimum of 21 days.

### Empirical treatments

#### Topical antipruritics

Cats can be difficult to bathe making owner compliance a frequent problem.

Topical application of antipruritic products usually only reduces symptoms for a few hours to days.

Products that leave a slight residue are more effective (conditioners, leave-on rinses, dips, or sprays)

Active ingredients that may reduce pruritus include:

Oatmeal

Hydrocortisone; triamcinolone

Pramoxine

Essential Fatty acids

Oral essential fatty acid supplements may help control pruritus in 20-50% of cases. A beneficial effect should occur within 3-4 weeks of initiating therapy. A synergistic effect may be seen when essential fatty acid supplements are given in combination with glucocorticoids or antihistamines.

Antihistamines

Amitriptyline (Elavil)	5-10 mg/cat q 12-24 hours
Chlorpheniramine (Chlor-Trimeton)	2-4 mg/cat q 12-24 hours
Clemastine (Tavist)	0.68 mg/cat or 0.05mg/kg q 12 hours
Cyproheptadine (Periactin)	2 mg/cat or 1.1 mg/kg q 12 hours
Diphenhydramine (Benadryl)	2-4 mg/cat q 8-12 hours
Hydroxyzine (Atarax)	5-10 mg/cat or 2.2 mg/kg q 8-12 hours
Trimeprazine (Temaril)	0.5-1 mg/kg q 8-12 hours
Cetirizine (Zyrtec)	5 mg/cat q 12 hours
Fexofenadine (Allegra)	10 mg/cat q 12 hours

Behavior modifying drugs

Amitriptyline 5-10 mg/cat PO q 12-24 hours.

Clomipramine 0.5 mg/kg PO q 24 hours.

Phenobarbital 4-8 mg/cat PO q 12 hours

Diazepam 1-2 mg/cat PO q 12-24 hours.

Naloxone 1 mg/kg SC q several weeks as needed.

Antibiotics

TMS (120mg / cat given every 12 hours) may be effective in reducing the immunologic response. The active metabolites of sulfones have a variety of anti-inflammatory effects.

Doxycycline/Tetracycline also poses anti-inflammatory effects and have useful in treating a variety of immune mediated dermatoses. Although clinical studies are lacking, these antibiotics may offer a treatment alternative with relatively few adverse effects.

Steroids

Systemic glucocorticoids control pruritus in most cases. Effective therapies include:

Repositol methylprednisolone acetate 20 mg/cat or 4 mg/kg SC or IM q 2-3 months as needed.

Triamcinolone acetonide 5 mg/cat SC or IM q 2-3 months as needed.

Prednisone 2 mg/kg PO q 24 hours until pruritus and lesions resolve (approximately 2-8 weeks), then 2 mg/kg PO q 48 hours for 2-4 weeks, then taper down to lowest possible alternate-day dosage if long-term maintenance therapy is needed.

Treatments for specific pruritic etiologies

Atopy

Immunotherapy is indicated if medical therapy is ineffective, unacceptable to the owner, or results in undesirable side effects. Fifty to 70% of atopic cats show favorable responses to immunotherapy.

Clinical improvement is usually noted within 6-8 months, but can take up to 1 year in some cats.

Food Allergy

Avoid offending dietary allergen(s). Feed a balanced home-cooked or commercially-prepared hypoallergenic diet.

Insect hypersensitivity

Avoidance, desensitization, or symptomatic treatments

Contact Dermatitis

Remove and avoid exposure to the offending agent.

Treatments for "idiopathic pruritus" (When nothing else works)

Cyclosporine (25 mg / cat every 24 hours on an empty stomach). Treat for 8 weeks then attempt to taper the dosage to an every other day schedule.

Chlorambucil 0.2 mg/kg PO q 24-48 hours may be able to eliminate the lesions but adverse effects are serious and common. Patients should be closely monitored during the treatment duration.

Aurothioglucose 1 mg/kg IM q 7 days until remission (8-20 weeks) then 1 mg/kg Im q 4 weeks. This treatment is uncommon but reports have suggested some benefit.

Progestin compounds (Ovaban<sup>R</sup>) can reduce the severity of the lesions but adverse effects (diabetes and mammary hyperplasia/adenocarcinomas) are common.

## **Summary**

Most causes of feline pruritus produce 3 common clinical presentations (Miliary dermatitis, Alopecia, and Eosinophilic granuloma).

Dermatophyte and other infectious organisms must be eliminated.

Mild cases often respond to empiric antipruritic treatments.

Severe or chronic cases need a thorough workup to identify and control the primary etiology for long-term success.

## **References:**

Small Animal Dermatology: A Color Atlas and Therapeutic Guide. Medleau L and Hnilica K. WB Saunders, 2001.

Muller and Kirk's Small Animal Dermatology, 6<sup>th</sup> Ed. Scott DW, Miller WH, and Griffin CE. WB Saunders, 2001.