



ABOUT THE DISEASE

Atopy, also known as **atopic dermatitis**, is an inflammatory disease of the skin caused by an allergen in the environment. Typically occurring seasonally, common triggers include pollens, molds, dander, house dust, tobacco smoke, and a variety of other substances. This condition is more common in canine patients than feline patients and a genetic component is suspected.

Canine patients will often first show clinical signs between 6 months and 3 years of age. The primary symptom is itching (pruritus), but other symptoms include foot-licking, face-rubbing, ear infections, and scratching behind the elbows. As the disease progresses, many patients will develop skin infections and potentially year-round symptoms.

Feline patients can show several different types of skin problems including hair loss on the abdomen, inner thighs, or on the back caused by overgrooming. Some patients develop small crusts through the hair coat on the surface of the skin (miliary dermatitis). In more specific lesions, patients may develop flat, reddened areas (plaques) on the skin or sores on the upper lip (eosinophilic granuloma complex).

Diagnosis of **atopic dermatitis** may be challenging because many other types of skin problems produce the same degree of scratching, hair loss, and redness of the skin. For your veterinarian to reach the conclusion that **atopic dermatitis** is present a combination of elements usually needs to be present:

OBTAINING A DIAGNOSIS

A clinical history of seasonal pruritus with typical skin lesions are often highly suggestive for a diagnosis. But it is important that patients have other diseases of pruritus excluded (food allergies, fleas, mites, etc.).

A simple skin scraping can identify if patients have secondary bacterial or yeast infections, which complicate symptoms.

TREATMENT

Atopic dermatitis cannot be cured. However, management strategies are directed towards minimizing clinical signs and slowing long term skin changes.

Several medications are available on the market, which manage the allergic response differently. These are:

- **Antihistamines** – Function to reduce histamine release
 - Short-acting – Diphenhydramine (Benadryl)
 - Not effective for daily management of symptoms
 - Long-acting – Loratidine (Claritin), Fexofenadine (Allegra), Cetirizine (Zyrtec)
- **Corticosteroids** – Effective at reducing inflammation and itching by suppressing the immune response
 - Less desirable due to side effects such as increased thirst/urination, behavioral changes, and weight gain
 - Typically, only chosen for short-term management when symptoms are at their worst
- **Cyclosporine (Atopica®)** – Effective immunosuppressant
 - Works as well as corticosteroids with fewer side effects, but far more expensive
 - Known to cause more gastrointestinal side effects by comparison
- **Oclacitinib (Apoquel®)** – Helps reduce the production of inflammatory mediators in the skin
 - Highly effective daily therapy with faster onset and less GI (gastrointestinal) symptoms than cyclosporine
 - Best known for short-term management of symptoms, but has been used in long-term **atopy** cases
- **Cytopoint®** - Highly specific medication which blocks a chemical in the skin that produces the “itch” signal
 - Has minimal impact on normal functions of the immune system
 - Safe and effective, only requiring one injection to control patients for 4-8 weeks

TIPS FOR SUCCESS

- Many patients have more than one allergen (environmental and food), so anticipate managing both.
- Many patients have secondary skin infections which will complicate symptoms and treatment.
- Do not assume that Benadryl and steroids are the only way to manage the patient’s symptoms.
- Always consider seeking referral with a veterinary dermatologist.