

SO YOUR DOG WAS DIAGNOSED WITH TYPICAL ADDISON'S DISEASE

For Dogs on Percorten or Zycortal

When your dog comes home:

- 1) Please remember to breathe. Dogs live long, normal lives with Addison's as long as they receive their medications, which need careful adjustment until you find the best doses for your dog.
- 2) Make sure your dog always has access to water. They need to be hydrated for the medications to work properly. Any urine accidents or leaking will be resolved as the medications are adjusted.
- 3) Your dog may not have an interest in food right away. Tempt them with things they like that are not fatty. Some good choices are lean meats, skinless chicken breast, scrambled eggs, & rice. Gradually reintroduce their normal foods. You might need to change their bowl if they associate it with being sick. There is no special diet for an Addison's dog, but avoid excessively fatty foods.
- 4) Your dog may be tired at first. Recovering from an Addisonian crisis is like a human recovering from surgery. Once the medications start working, your dog will start to regain his or her strength. Let your dog be your guide. Start slowly and build up his or her activity.
- 5) Set up a file with all test results to help track your dog's progress. You can also ask for a copy of the vet's notes from their file. This is valuable to be able to refer back to or to bring along if you ever need to see a different vet.

Daily:

- 1) Prednisone/Prednisolone (or other glucocorticoid) should be given every morning with food. It replaces the cortisol your dog can no longer produce. Some glucocorticoids, such as cortisone acetate and hydrocortisone, need to be given twice daily with meals. As noted by the manufacturer of Percorten, "Failure to administer glucocorticoids is the most common reason for treatment failure." The same is true for Zycortal.
- 2) Dogs are often started on higher doses of "Pred" at diagnosis. Typically, the dose needs to be reduced within the first week or two due to symptoms of excessive thirst, urination, hunger, panting, or aggressiveness. If you see these, talk with your vet about carefully reducing the dose. Since Pred has little to no effect on the electrolytes, it isn't necessary to wait for the first recheck to start reducing.
- 3) Once you have worked out a plan with your vet to reduce the dose, watch for signs of vomiting, diarrhea, lethargy, or lack of appetite. These are signs you've reduced too much or too fast (unless there is some other identifiable cause). These issues can be corrected quickly by going back to the previous dose of Pred.
- 4) Regarding Pred reductions, the goal is to get to the lowest effective daily dose where your dog is happy, healthy, active (not hyper), has a normal appetite (not ravenous), & shows no signs of excess Pred. This is when you know you're at the right dose for your dog. There is no test that can tell you the correct dose of Pred.

- 5) There may be times of stress when your dog may need a boost of Pred. Stress can be either good stress – increased activity, or bad stress – scared or nervous. Because it only takes about 30 minutes to take effect, it is usually not necessary to pre-boost. When boosting you only need to increase by about half the regular dose. Many of us rarely need to boost the Pred. You will learn to read what your dog needs.

First Month:

- 1) Between days 10-14, test the electrolytes (“lytes”), which are sodium (Na) and potassium (K), to make sure the medication is working properly and all is well.
- 2) Day 25-28 – check the electrolytes again to determine if your dog is ready for the next injection and to determine the dosage. After the first dose, all subsequent doses are based on the dog’s electrolytes, not the dog’s weight. Working with your vet, try to avoid giving the next injection until the potassium is mid-range or slightly higher. For example, if the range is 3.5-5.8, your dog will feel better if you wait to give the injection until the potassium is 4.7 to 4.9. We’ve seen many dogs feel poorly when their potassium is pushed too low by the medication. At the same time, you don’t want the potassium to rise much higher than that. We also look at the sodium, as it has a direct effect on the potassium. If the sodium is very low in its range, we sometimes consider giving the injection even if the potassium has not yet reached midrange because the potassium can rise more quickly when the sodium is low.

Second Month and forward:

- 1) Day 28 – repeat as above. Once the optimum dose is reached, you will not need to check the electrolytes as frequently, but they should be checked at least every six months.

Please note: Since our dogs require glucocorticoids, NSAIDs (non-steroidal anti-inflammatory drugs such as Rimadyl, Metacam, Meloxicam, & others) are not safe because they can lead to kidney damage and stomach ulcers. Instead, Prednisone is typically used as an anti-inflammatory drug and Tramadol or Gabapentin are often used for pain.

Dogs with Typical Addison’s should not be given Pedialyte or Gatorade-type products because they contain potassium.