

Itchy Cat “odds”

- 29% Respond to Flea Control
- 24% Non allergy related cause
- 20% Feline environmental allergies
- 12% Food allergy
- 15% Sabotaged work up (the cat)

39% Responded to Ectoparasitite Control

Asking the “Right” Questions

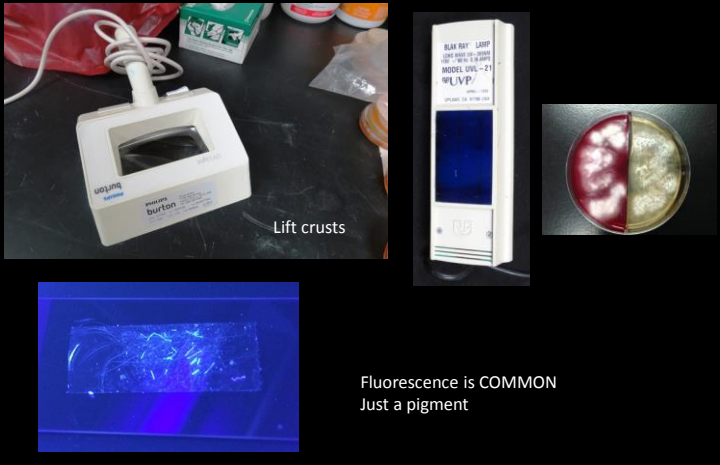
- Is the cat ill or does it look unwell?
- Any medication history for any disease?
- Do you have any history about the skin disease?
 - Medical records, receipts
 - Drug history
 - Medication bottles
- Any history of flea or other parasite control?
- Any history of contagion?

Skin lesions after contact?

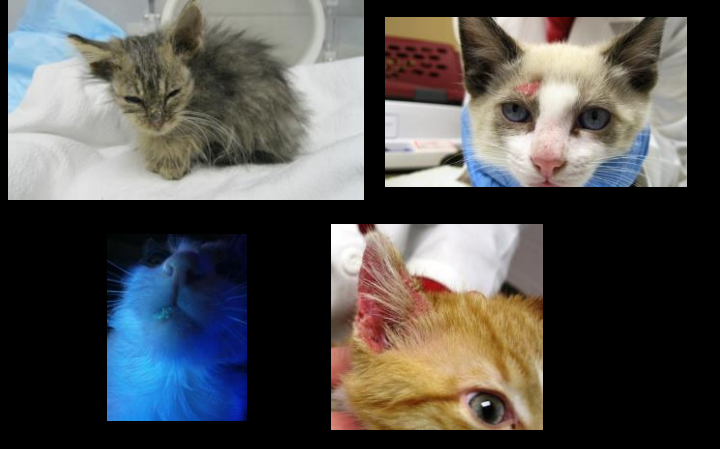


- Ringworm
- Fleas
- Cheyletiella*
- Ear Mites
- Chiggers-orange dots

Wood's lamp +/- Fungal Culture



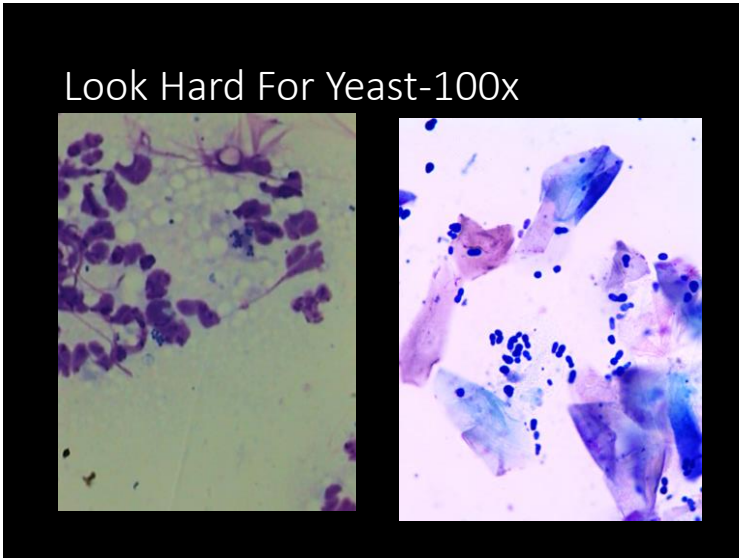
Dermatophytosis - is it pruritic?











Parasites

- Flea control responsive parasites
 - Fleas
 - *Cheyletiella*
 - *Otodectes*
 - *Notoedres*
 - *Sarcoptes*

Fleas - the #1 cause of ITCH



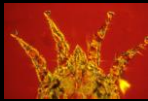
Flea allergy dermatitis



Cheyletiella - "Dandruff mite"

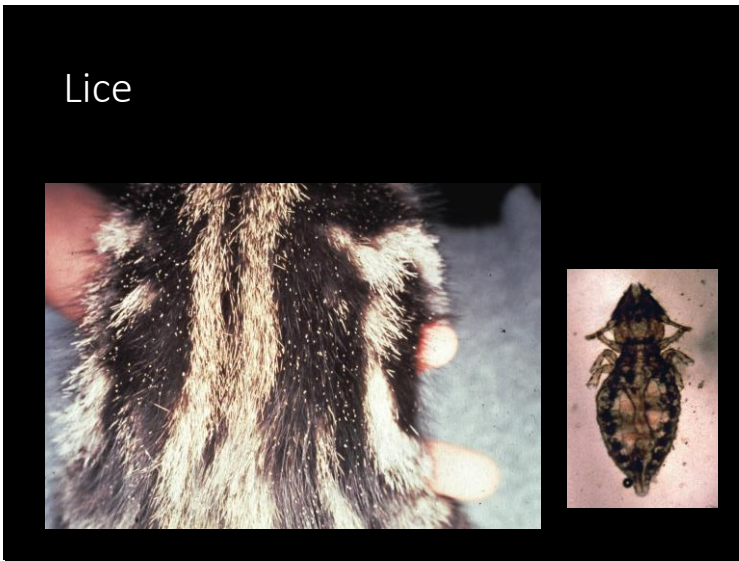


Otodectes (Ear Mites)



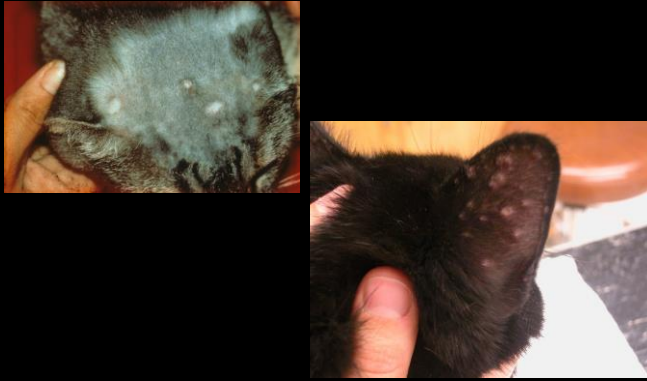








Insect Bite Reactions



Insect bite hypersensitivity



Step 1: Other and/or Flea control responsive ectoparasites

Itching without inflammatory lesions - flea control

Itching with inflammatory lesions - flea control and antimicrobials



Bacterial and *Malassezia* (yeast)



Bacterial and *Malassezia* (yeast)



Culture



Antibiotic Responsive Eosinophilic Lesions

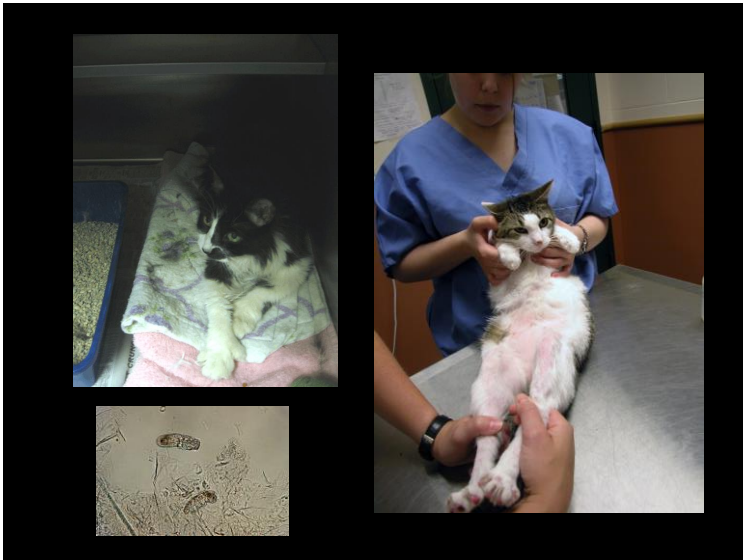


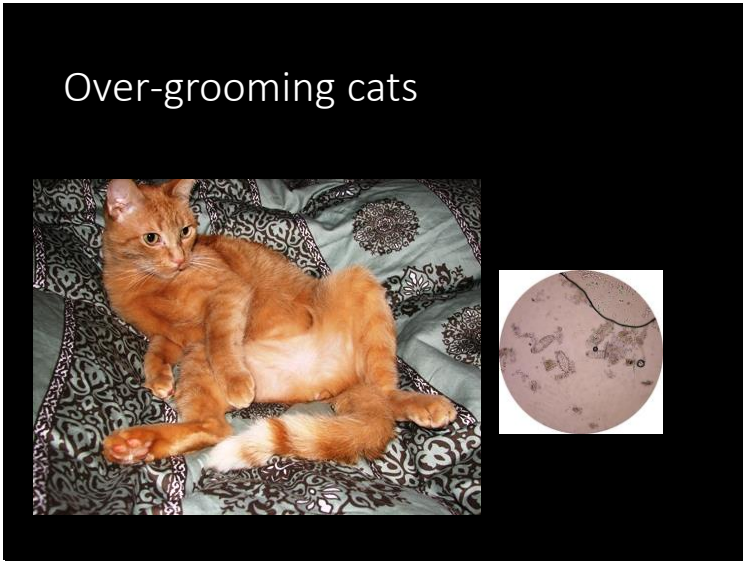
Step 3: Microbial Overgrowth Treatment (continue flea control)

- Topical Antimicrobial Treatment
- Antifungal: Oral Itraconazole
- Systemic Antibiotic: Increasingly based upon culture
- **30 days of treatment without ANY glucocorticoid therapy**

When Systemic Antibiotics Are Not An Option

- Topical focal therapy with antibiotic ointment
- Whole body treatment
 - 2% chlorhexidine spray
 - Accelerated hydrogen peroxide spray
 - Chlorhexidine/climbazole mousse





Unlike dogs, a negative trichogram does not rule out feline demodicosis

Over-grooming - Itch or Other?



Skin Biopsy and Itchy Cats



Key "Other Diagnostics"

- Sick cat work up
 - Routine laboratory work
 - CBC, Serum Chemistry Panel
 - Urinalysis
 - Thyroid test
- Skin biopsy

Damaged Whiskers - pruritus



Mild to severe allergies

Face rubbing





Symmetrical Alopecia





ALWAYS MEDICAL



- Always Flea Control
- Always Infection Control
- Always Humane Antipruritic Therapy

Controlling the Itch

- **Continue flea control**
- Ears and eyes-focal topical steroids
- Topical therapy for comfort and to control bacterial and yeast overgrowth
- Careful use of topical spray steroids
- Cyclosporine-effective but expensive
- Oral glucocorticoids

Antipuritic therapy in cats

- Feline cyclosporine
 - 7.5 mg/kg orally once daily for 30 days
 - Q 48 hrs.
- Oral glucocorticoids
 - Methylprednisone
 - Triamcinolone
 - Prednisolone
 - Always dose on LEAN body mass

Advanced diagnostics

- Food trial
- Allergy testing
 - Is immunotherapy an option?

What about a food trial?

- Year round pruritus-is that documented?
- Itch in the face of flea control
- More common in cats with gastrointestinal signs and skin disease
- Food trial-major life style change for foster family
- Food trial-what are the risks if the cat will not eat the diet?
- Only way to diagnose is with a trial and challenge

Feline atopic dermatitis: a retrospective study of 45 cases Ravens et al Vet Derm 2014



27/45

What everyone needs to know

- Life long skin disease
- Controlled but not cured
- Cat will always require some type of topical and/or systemic treatment
- As much as is needed, but as little as possible
- Goal is quality of life
