How to Stop Itching in Shelter and Foster Home Dogs

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Itch-What is it? How much is too much?
Canine Pruritus Scale courtesy of Dr. Peter Hill (just google it!)

- **Extremely severe itching / almost continuous**
  - Itching doesn't stop whatever is happening, even in the consulting room (needs to be physically restrained)

- **Severe itching / prolonged episodes**
  - Itching might occur at night (if observed) and also when eating, playing, exercising or being distracted

- **Moderate itching / regular episodes**
  - Itching might occur at night (if observed), but not when eating, playing, exercising or being distracted

- **Mild itching / a bit more frequent**
  - Wouldn't itch when sleeping, eating, playing, exercising or being distracted

- **Very mild itching / only occasional episodes**
  - The dog is slightly more itchy than it was before the skin problem started

- **Normal dog** – I don’t think itching is a problem

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**Major Causes of Itch in Dogs**

- **Parasites**
- **Infections**
- **Allergies**
- **Other Causes**

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**PARASITES**

- **Easy to See**
  - Fleas
  - Lice
  - Ticks

- **Need Microscope**
  - Demodex
  - Sarcoptes
  - Cheyletiella
  - Otodectes
Fleas-the #1 cause of ITCH

Lice-species specific!

Ticks
Sarcoptes (scabies)-severe itch!

Cheyletiella-scaling on the back, less itchy

Otodectes (ear mites)-head and neck
Demodex—hair loss with or without itch

Infections
• Bacterial (Staphylococcal)
• Yeast
• Dermatophytosis (ringworm)

Key Points—Staph and Yeast
• Bacterial and yeast infections are caused by overgrowth of normal body flora
• Not contagious
• Almost always occur together
• Cannot differentiate by “looks alone”
• Commonly misdiagnosed as “ringworm”
Bacterial infection ‘rash’

Itchy dogs typically have yeast overgrowth
Crusting, scaling, hair loss
(bacterial, not ringworm!)
What about ringworm?

- Over diagnosed in dogs
- Bacterial infections commonly misdiagnosed as “ringworm”

Looks like, but is not “ringworm”

Dermatophytosis—consider ‘risk group’
**Adult Dogs-Debilitated**

**ALLERGIES**

- Flea allergy dermatitis
- Atopic dermatitis (environmental allergies)
  - Seasonal or year round
- Adverse food reactions
  - *Always year round!!*
- “Atopic like dermatitis”

**Flea allergy dermatitis**

Classic behaviors
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Allergies—After flea control they all look similar!!

Asking the “Right” Questions

• Is the dog 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?

Itching after contact?

Fleas
Scabies
Cheyletiella
Ear Mites
Chiggers-orange dot
Contact with short coated dogs
“Does the dog itch?”

- What do you see if you watch the dog for 5 minutes?
- What behaviors do you see?
  - Nibbling, rubbing, rolling, licking, scooting.....
- Does the dog “gag”?
- Is there excessive shedding?

Unraveling Clues from the Dermatological Examination

- Itch trumps all other dermatological problems
- If itch is present, then almost all other clinical signs are somehow related
- Itch almost always leads to secondary infections
- Evidence of “cure it pattern” or evidence of “life long manageable disease”

Dermatology TPR

- Hair plucking (trichogram) or skin scraping
- Ear swab cytology in mineral oil
- Ear swab cytology for staining
- Skin cytology (scotch tape or glass slide)
Is there a parasite pattern or suspicion?

- Extremely severe itching / almost continuous
- Itching doesn't stop whatever is happening, even in the consulting room (needs to be physically restrained from itching)

**SCABIES!!!!**

- Severe itching / prolonged episodes
- Itching might occur at night (if observed) and also when eating, playing, exercising or being distracted

- Moderate itching / regular episodes
- Itching might occur at night (if observed), but not when eating, playing, exercising or being distracted

- Mild itching / a bit more than normal
- Itching is not that frequent, not while sleeping, not when eating, exercising or being distracted

- Very mild itching / only occasional episodes
- The dog is slightly more itchy than it was before, but the severe problem started

- Normal dog – I don’t think itching is a problem

Hair Trichogram
Ear swab cytology mineral oil

Is there evidence or suspicion of a skin or ear infection?
Exudate and/or Odor

Scales and scales pierced by hairs-
hallmark of microbial overgrowth

Skin cytology

Chronic foot licking?
Ear debris? Ear itch?
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Look Hard For Yeast-100x

Ear swab cytology-staining

Scotch Tape To Find Demodex!
Cultures from ‘scaling’

Where to Start When You Don’t Have a Clue

- Is the dog sick?
- Rule out demodicosis (Hair Trichogram)
- Rule out ear mites (Mineral Oil Ear Swab)
- Look for yeast on ear cytology
- Look for yeast on skin cytology
- Wood’s lamp—beware the greasy dog
- Fungal culture—is the dog high risk?
- Bacterial cultures?

Food Trial?
Allergy Test?
Blood Test for Food Allergies?
The “ick” factor

• Smell is from ears, anal sacs, skin folds, infection or greasy skin (or oral cavity)
• Clipping hair coat debulks hair trapping odor
• Clipping facilitates bathing
• Bathing makes pet more 'likeable', relieves itch
• Use ‘pre-wash’ technique; medicated shampoos do not remove debris
• Clean ears at bath time

The Six Week Plan-Veterinary

• Treat for fleas and contagious mites
  – Selamectin every 2 weeks for 6 weeks
  – Moxidectin/imidacloprid every 2 weeks for 6 weeks

• Treat Skin Infections
  – Topical prescription antibacterial/antifungal shampoo 3x a week for 6 weeks
  – Systemic antifungal (ketoconazole)-4 weeks
  – Systemic antibiotics (based upon culture)-4 weeks

SCABIES!!!!
Bacterial and Yeast Infection
When Systemic Antibiotics Are Not An Option

• Topical focal therapy with antibiotic ointment
• Whole body treatment
  – 2% chlorhexidine bath/spray
  – Accelerated hydrogen peroxide bath/spray
  – Bathe 2-3 times a week, spray daily

The Six Week Plan-Shelter Staff

• Groom the hair coat
  – Easier to assess the skin changes
  – Improves dog’s appearance
  – Easier to bathe
• Bathing at least once a week
  – Start with cleansing shampoo
  – Use medicated shampoo
  – Pre-dilute shampoo 1:4 before applying
  – Massage, massage, massage…..

The Six Week Plan-Foster Family

• Flea control for all dogs and cats.
• Groom the hair coat! Clip it, comb/brush it.
• Plan to bathe, bathe, bathe… no you will NOT dry out the skin....
• Follow the parasite control plan
• Follow the infection control plan
• Keep “Itch Scale” notes
• **DO NOT CHANGE THE DIET**
Six weeks later…..

Parasites
Infections
Watch, Wait, Document

Watch, Wait, and Document

• Write a summary of treatment including products and application
• DO NOT STOP FLEA CONTROL
• DO NOT CHANGE FOOD
• Watch for signs of relapse of itching and/or rash
  – Unknown if just a one time trigger
  – Unknown if trigger is seasonal
Six weeks later.....

Parasites  Infections

Watch, Wait, Document

__________________________
__________________________
__________________________

Clinical Clues Suggestive of Allergy

Symmetrical
Lick, Lick, Lick......
Itchy butt? It’s not anal sacs it’s allergies!

Recurrent Skin Infections!

Recurrent Ear Infections!!!!
Role of Foster Family Post Triage

- Determine what the immediate plan is
  - Symptomatic care and stabilize until a family is found
  - Further diagnostic testing

- **Important:** Must **CONFIRM** itch is year round before pursuing a food trial or allergy testing!

Foster Family Care For All Allergy Dogs

- Maintain year round flea and tick control
- Maintain good coat hygiene
- Use good topical therapy
  - Control infections and relapses
  - Relieve itch
  - Control odor

How To Bathe An Allergic Dog

- **Recipe**
  - One itchy dog
  - Two bottles of shampoo (grooming and medicated)
  - Small container and measuring cup
  - Loofa gloves
  - Lots of towels
  - Bath tub

- **Instructions**
  - Prewash with prediluted shampoo
  - Lather and massage, massage, massage
  - Rinse well
  - **Forget the timer**
  - Frequency is more important than time
Bathing Products

- Good cleansing shampoo for the pre-wash!
- Benzoyl peroxide shampoo with moisturizer
- Chlorhexidine
- Chlorhexidine and miconazole
- Chlorhexidine and ketoconazole

Controlling the Itch

- Ears and eyes-focal topical steroids
- Bathing for comfort and to control bacterial and yeast overgrowth
- Careful use of topical spray steroids
- Essential fatty acids-long term, slow onset
- Antihistamines?-controversy about efficacy
- Cyclosporine-effective but expensive
- Oral glucocorticoids-as little as possible

The foster family and the flea allergic dog

- Relapses
  - Flea control?
  - What is the behavior?
  - Increase bathing to control infections
  - May need a few days of oral steroids if flare is acute and severe
- Relapse in face of good parasite and infection control suggests another allergy
Foster Family and the Suspect Food Allergic Dog

• Year round problem: How do we know the diagnosis?
• Blood allergy test results—not valid diagnostic test
• Feed a complete and balanced commercial diet
• Avoid food trials unless the dog has concurrent gastro-intestinal disease

The foster family and the dog with environmental allergies

• Medical management of the itch
• What about allergy testing?
• Don’t allergy test unless immunotherapy is an option

What everyone needs to know

• Life long skin disease
• Controlled but not cured
• Dog 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
Don’t fear the itch, you can do A LOT in a short period of time!!

Questions?