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〔MEDICAL/Veterinary Medicine / General〕

プラム動物用医薬品ハンドブック・第6版
Plumb's Veterinary Drug Handbook, 6th Edition

Donald C. Plumb, Pharm.D.

本書について

☞ 次頁にサンプルエントリー

ベストセラーとなっている当ハンドブックの最新第6版では、70以上の医薬品モノグラフを新たに収録するとともに、古いモノグラフの情報をアップデートしている。外用薬に関する個別のセクションが設けられる一方、眼科薬や小動物への治療食に関するセクションが改訂された。またこの第6版で特筆すべきは、二色刷りのフォーマットとモノグラフの新しいレイアウトで、これらによって必要な情報への迅速なアクセスが可能になっている。さらに、ASPCA® (Animal Poison Control Center = 米国動物虐待防止協会 中毒事故管理センター)から得た、過剰摂取による事故を特に引き起こしやすい50種の医薬品に関する情報と、過剰摂取後の洗浄に関する補遺が加えられた。

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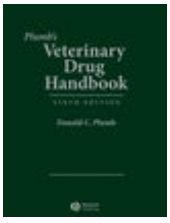
ポケット版も刊行！

プラム動物用医薬品ハンドブック・ポケット版第6版
Plumb's Veterinary Drug Handbook, Pocket Size, 6th Edition



Donald C. Plumb, Pharm.D.

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サンプルエントリー

FLUOXETINE HCL

(floo-ox-e-teen) Prozac®, Reconcile®

SELECTIVE SEROTONIN-REUPTAKE INHIBITOR (SSRI)

Prescriber Highlights

- A selective-serotonin reuptake inhibitor antidepressant used in dogs & cats for a variety of behavior disorders
- Contraindications: Patients with known hypersensitivity or receiving monoamine oxidase inhibitors
- Caution: Patients with diabetes mellitus or seizure disorders; dosages may need to be reduced in patients with severe hepatic impairment
- Adverse Effects: DOGS: Anorexia, lethargy, GI effects, anxiety, irritability, insomnia/hyperactivity, or panting, & aggressive behavior in previously unaggressive dogs is possible; CATS: May exhibit behavior changes (anxiety, irritability, sleep disturbances), anorexia, & changes in elimination patterns
- Drug Interactions

Uses/Indications

Fluoxetine may be beneficial for the treatment of canine aggression, stereotypic behaviors (and other obsessive-compulsive behaviors), and anxiety. It may be useful in cats for the aforementioned behaviors and, additionally, for inappropriate elimination.

Pharmacology/Actions

Fluoxetine is a highly selective inhibitor of the reuptake of serotonin in the CNS thereby potentiating the pharmacologic activity of serotonin. Fluoxetine apparently has little effect on other neurotransmitters (*e.g.*, dopamine or norepinephrine).

Pharmacokinetics

Fluoxetine is apparently well absorbed after oral administration. In a study done in beagles, approximately 70% of an oral dose reached the systemic circulation. The presence of food altered the rate, but not the extent, of absorption. The oral capsules and oral liquid apparently are bioequivalent.

Fluoxetine and its principal metabolite, norfluoxetine (active), are apparently distributed throughout the body with highest levels found in the lungs and the liver. CNS concentrations are detected within one hour of dosing. In humans, fluoxetine is approximately 95% bound to plasma proteins. Fluoxetine crosses the placenta in rats, but it is unknown if it does so in other species. Fluoxetine enters maternal milk in concentrations about 20–30% of those found in plasma.

Fluoxetine is primarily metabolized in the liver to a variety of metabolites, including norfluoxetine (active). Both fluoxetine and norfluoxetine are eliminated slowly. In humans, the elimination half-life of fluoxetine is about 2–3 days and norfluoxetine, about 7–9 days. In dogs, elimination half-life average for fluoxetine is about 6+ hours and for norfluoxetine, about 2 days; wide interpatient variation does occur, however. Renal impairment does not apparently affect elimination rates substantially, but liver impairment will decrease clearance rates.

Contraindications/Precautions/Warnings

The labeling for the veterinary (canine) approved drug states that fluoxetine should not be used in dogs with epilepsy or a history of seizures, and should not be given with drugs that lower the seizure threshold (*e.g.*, acepromazine, chlorpromazine). Fluoxetine is contraindicated in patients with known hypersensitivity to it, as well as those receiving monoamine oxidase inhibitors (see Drug Interactions below).

Fluoxetine should be used with caution in patients with diabetes mellitus as it may alter blood glucose. Dosages may need to be reduced in patients with severe hepatic impairment.

Adverse Effects

In multi-site field trials in dogs, seizures were reported in some of the dogs treated with fluoxetine. Absolute causality and incidence rate has not been determined. Fluoxetine may cause lethargy, GI effects, anxiety, irritability, insomnia/hyperactivity, or panting. Anorexia is a common side-affect in dogs (usually transient and may be negated by temporarily increasing the palatability of food and/or hand feeding). Some dogs have persistent anorexia that precludes further treatment. Aggressive behavior in previously unaggressive dogs has been reported. Cats may exhibit behavior changes (anxiety, irritability, sleep disturbances), anorexia, and changes in elimination patterns.

In humans, potential adverse effects are extensive and diverse, but most those most commonly noted include anxiety, nervousness, insomnia, drowsiness, fatigue, dizziness, anorexia, nausea, rash, diarrhea, and sweating; seizures or hepatotoxicity are possible. About 15% of human patients discontinue treatment due to adverse effects.

Reproductive/Nursing Safety

Fluoxetine's safety during pregnancy has not been established. The canine approved product states that studies to determine the effects of fluoxetine in breeding, pregnant, or lactating dogs or in patients less than 6 months of age have not been conducted. Preliminary studies done in rats demonstrated no overt teratogenic effects. In humans, the FDA categorizes this drug as category C for use during pregnancy (*Animal studies have shown an adverse effect on the fetus, but there are no adequate studies in humans; or there are no animal reproduction studies and no adequate studies in humans.*)

The drug is excreted into milk (20–30% of plasma levels), so caution is advised in nursing patients. Clinical implications for nursing offspring are not clear.

Overdosage/Acute Toxicity

The LD_{50} for rats is 452 mg/kg. Five of six dogs given an oral "toxic" dose developed seizures that immediately stopped after giving IV diazepam. The dog having the lowest plasma level of fluoxetine that developed seizures had a level twice that expected of a human taking 80 mg day (highest recommended dose).

There were 277 exposures to fluoxetine reported to the ASPCA Animal Poison Control Center (APCC; www.apcc.aspca.org) during 2005–2006. In these cases 225 were dogs with 18 showing clinical signs, 46 were cats with 5 showing clinical signs. The remaining reported cases were 3 birds, 2 ferrets, and 1 bovine none of which showed clinical signs. Common findings in dogs recorded in decreasing frequency included lethargy, agitation, ataxia, hypersalivation and tremors. Common findings in cats recorded in decreasing frequency included hypersalivation, lethargy, agitation and tail chasing.

Treatment of fluoxetine overdoses consists of symptomatic and supportive therapy. Gut emptying techniques should be employed when warranted and otherwise not contraindicated. Diazepam should be used to treat seizures.

Davis 1999)

e) 1–1.5 mg/kg PO once daily (Seibert 2003)

f) 1 mg/kg PO once daily (up to 3 mg/kg PO once daily) (Landsberg 2004)

- **CATS:**

To help control urine marking or separation anxiety:

a) 0.5–1 mg/kg PO once daily (Neilson 2006b); (Neilson 2006a)

To control pruritus when other therapies have failed:

a) 1–5 mg/cat PO once daily; advise obtaining baseline lab work. Assess therapy after 1–4 weeks. Taper off dose over 6–8 weeks. (Messinger 2000)

b) 0.5–1 mg/kg PO once daily (Overall 2000), (Seibert 2003), (Landsberg 2004)

c) 0.5–1 mg/kg, daily. Latency to effect is 1–4 weeks (Crowell-Davis 1999)

Monitoring

- Efficacy
- Adverse effects; including appetite (weight)

mation

dication is most effective when used with a behavior tion program

medication away from children and other pets

nmonly reported adverse effects with use of this medi- clude: lethargy/depression, decreased appetite, vomiting, tremor, restlessness, diarrhea, and excessive vocalization); if these are severe or persist, contact your veterinarian

ogs may develop seizures (convulsion) while receiving lication; contact veterinarian immediately should this

/Synonyms

of the phenylpropylamine-derivative antidepressant oxetine differs both structurally and pharmacologi- either the tricyclic or monoamine oxidase inhibitor an- ts. Fluoxetine HCl occurs as a white to off-white crystal- approximately 50 mg are soluble in 1 mL of water. ne may also be known as: fluoxetini hydrochloridum, 140; many trade names are available.

itability

id tablets should be stored in well-closed containers at erature. The oral liquid should be stored in tight, light- ntainers at room temperature.

rms/Regulatory Status

-LABELED PRODUCTS:

Chewable Tablets: 8 mg, 16 mg, 32 mg, & 64 mg; *Recon-* ; (Rx). Approved for use in dogs.

Racing Commissioners International) has designated this ass 2 substance. See the appendix for more information.

ELED PRODUCTS:

HCl Tablets: 10 mg & 20 mg (as base); *Prozac®* (Eli Lilly/ eric; (Rx)

HCl Capsules: 10 mg, 20 mg, 40 mg (as base) and 90 mg lease); *Prozac® Pulvules* & *Prozac® Weekly* (Eli Lilly/Dista); ulvules (Warner Chilcott); generic; (Rx)

Fluoxetine HCl Oral Solution: 4 mg/mL (as base) in 120 mL & 473 mL; *Prozac®* (Eli Lilly/Dista); generic; (Rx)

FLUTICASONE PROPIONATE

(floo-ti-ca-sone) Flovent®

GLUCOCORTICOID, INHALED/TOPICAL

Prescriber Highlights

- Glucocorticoid used most commonly in veterinary medicine as an inhaled aerosol
- Has shown efficacy in treating feline asthma, dogs with chronic cough, & in horses for recurrent airway obstruction or inflammatory airway disease
- May be useful as a nasally inhaled treatment for allergy-related rhinosinusitis
- Appears to be well tolerated; suppression of HPA axis possible
- Must be used with a species-appropriate delivery device
- Expense may be an issue