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Deposited on: September 28 2018
Dear Sir,

Recently the most widely used treatment in the UK for canine hypoadrenocorticism (Addison’s disease) (fludrocortisone acetate; Florinef) has been taken off the market to the consternation of many owners who have come to rely on this drug for their pets. A similar though not identical generic form of fludrocortisone is available but it is about 6 to 7 times more expensive.

Fortunately a drug, which is new to the UK but has been widely used in other countries, called desoxycorticosterone pivalate (DOCP) is now available and is authorised for the treatment of canine hypoadrenocorticism (Zycortal; Dechra Ltd). However there are no established guidelines for changing dogs from fludrocortisone to Zycortal. We have already successfully transferred several dogs on to DOCP as part of a clinical trial and we would like to suggest a protocol to your readers in cases where the owner’s supply of fludrocortisone is about to be exhausted.

Day 1: Inject Zycortal at 2.2 mg/kg by subcutaneous injection once every 25 days and give the dog’s usual dose of Florinef

Day 2: Give the dog one half of the usual dose of Florinef. Start glucocorticoid (prednisolone) supplementation at 0.2 – 0.4 mg/kg by mouth once daily (or if currently on a higher dose of prednisolone then maintain that dose).

Day 3: Give the dog one quarter of the usual dose of Florinef

Day 4: No further Florinef

If colleagues do not have sufficient fludrocortisone to perform this tapering dose then please note that in the original clinical trial dogs received their last fludrocortisone dose on the same day as their first Zycortal dose without ill effects. It is important to monitor sodium and potassium concentrations and adjust the dose according to the information available with the product.

It is vital that, when starting Zycortal, prednisolone or other glucocorticoid supplement is started at the same time. In the long term, it may be possible to reduce the prednisolone dose, however this will still need to be given every day (do not attempt every other day treatment). In the, as yet unpublished, clinical registration trial the mean prednisolone dose at the start of the trial was 0.39 mg/kg by mouth once daily, and the mean dose at the end of the trial was 0.13 mg/kg by mouth once daily. The prednisolone dose should be increased in times of metabolic stress such as surgery or illness by a factor of 2 to 4 times the dose (this is an empirical figure and should be adjusted according to the patient’s clinical signs).

We are currently conducting a clinical trial under an Animal Test Certificate issued by the Veterinary Medicines Directorate examining the efficacy of fludrocortisone and Zycortal and we have stocks of (free) fludrocortisone and Zycortal for the dogs on this trial. We would welcome the referral of suitable cases from nearby practices to allow us to complete this trial.

We hope that this advice is timely and helpful and reduces the number of calls to our and other hospitals.

Yours sincerely

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