

# CANINE ATOPIC DERMATITIS AND THE OWNER



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Dr. Prélaud graduated from Toulouse Vet School in 1984 and went on to establish a laboratory which pioneered canine allergy testing. A specialist in veterinary dermatology since 1987, he now holds a senior role at a private veterinary hospital outside Paris, and has also authored many articles and textbooks on canine atopic dermatitis.

Treating canine atopic dermatitis can be challenging in itself, but keeping the owner fully engaged can be challenging too, as Pascal Prélaud describes in this short paper.

## KEY POINTS

1 Good and sustained communication with the owner is key to successful treatment of any dog with atopic dermatitis.

2 A clinic should have an established protocol to ensure an optimal approach to every atopic dermatitis case.

## Introduction

Canine atopic dermatitis (CAD) is a multifactorial chronic disease that requires the veterinarian not only to deliver long-term care to the dog but also establish and maintain an excellent relationship with the owner. Unlike some other chronic diseases, there is no true consensus on the best monitoring program for CAD, but maintaining continued contact with these cases is essential to ensure the effectiveness, feasibility, and safety of the various treatment options, and this is only possible if the owner is fully informed and engaged. Optimal communication is therefore the cornerstone of long-term treatment, as CAD can negatively impact the owner's quality of life as well as that of the patient [1,2]. A recent large-scale survey on dogs with CAD (author's unpublished data, 2013) demonstrated both that owners frequently lack knowledge of the disease (for example, only 4% understood that CAD is a long-term disease), and that there are often shortcomings in the therapeutic options offered by the clinician (for example, only 15% had tried an elimination diet and only 6% had tried cyclosporine).

The first, most essential step with CAD is identifying the disease and getting owners to accept its lasting nature before starting on the long journey involved in monitoring a chronic skin condition. However, there are many potential pitfalls; one study suggested there are seven fundamental mistakes to avoid in long-term management of chronic dermatology cases (Table 1) [3]. This short paper provides some

key measures that can be easily incorporated into daily practice to ensure that the owner of an atopic dog is kept fully engaged and better informed.

## First steps: preparation

Atopic dermatitis is a real opportunity for veterinarians, in terms of medical, technical and interpersonal reasons, but it is essential to understand the disease in order to master the various therapeutic options and therefore communicate effectively. This involves the clinician keeping up to date with evidence-based journals and websites (e.g., [www.icada.org](http://www.icada.org)) [4], and having access to the appropriate equipment for dermatological investigations, including a good microscope and otoscope. Good "tools" to use during the consultation, such as checklists and even metaphorical diagrams [5-7], may be useful, and additional communication resources, such as informative websites, can also be helpful. Do note however that most canine atopic dermatitis sites

**Table 1.** Seven common mistakes when dealing with chronic skin conditions [3].

- Not controlling flare-ups
- Not taking client expectations into account
- Not understanding the situation in terms of quality of life
- Not using evidence-based medical data
- Underestimating the role of treatment compliance
- Not taking cost into consideration when offering appropriate therapeutic choices
- Regarding dermatology clients/patients as a nuisance

are either too technical or very product- or service-oriented, and it can be helpful for the clinic to have its own web page or blog designed specifically for owners of atopic dogs. In addition, follow-up consultations should always be assigned to the same veterinarian, and the clinic should have a trusted specialist for referral of difficult cases.

## ●●● The consultation process

Certain elements are key to ensuring good client communication, and it is essential that a clinic has an appropriate protocol in place for dermatological cases (Table 2). The first consultation should never be overlong, as this is generally unnecessary and counterproductive. A shorter timeframe is more effective, and should focus on a few vital points. The clinician should first fully understand any existing or previous therapies, and then address the owner's expectations and the limits of their motivation or adherence to treatment. It is also necessary to give an explanation (and if necessary a demonstration) of any medication prescribed, and – essentially – explain what it is intended to achieve. So, for example, if a dog with pre-existing CAD presents with a flare-up of otitis externa and *Malassezia* pododermatitis, the consultation should focus on the *Malassezia*, topical ear care, and the feasibility of treatment options. Prolonged explanations about allergies, immune responses or the skin barrier should be avoided, and keeps things simple; an appointment should then be made for a follow-up visit when other aspects can be discussed as necessary.

Subsequent consultations should be equally structured. To maintain a positive relationship with the client, and ensure case continuity, a telephone or video call within 48 hours of the initial consult can allow the clinician to check on treatment efficacy, adherence, and any adverse effects. A physical check-up 2 or 3 weeks later not only enables a second clinical examination (including aural and cytological checks), it allows further

**Table 2.** Key elements for good communication.

- Training for dedicated veterinarians and nurses
- Uniform approach within the clinic
- First consultation focusing on treating the flare-up
- Follow-up phone call within 48 hours
- Adaption of treatment(s) as necessary
- Simple, appropriate monitoring tools
- Follow-up scheduling

**Table 3.** A quality-of-life survey can help prioritize the factors to be considered when dealing with a dog with CAD [8]. Scoring each factor (on a scale of 1 to 5) will identify the main criteria for both the dog and the owner.

Dog factors	Owner factors
<ul style="list-style-type: none"> <li>• Disease severity</li> <li>• Behavior/mood</li> <li>• Sleep</li> <li>• Eating behavior</li> <li>• Work/play</li> <li>• Social relations</li> <li>• Behavioral changes</li> <li>• Treatments</li> </ul>	<ul style="list-style-type: none"> <li>• Loss of time</li> <li>• Exhaustion</li> <li>• Family activities</li> <li>• Cost</li> <li>• Emotional distress</li> <li>• Physical discomfort</li> <li>• Family relations</li> </ul>

discussion on treatment and logical planning for future management. This can be aided by using a quality-of-life scale [8], whereby identification of the priority factors can greatly assist in making therapeutic choices (Table 3). Information should essentially be provided in stages, with each consultation emphasizing only the necessary points for understanding the treatment.

## ●●● Outside the consultation

As noted above, a quality-of-life scale is an essential support tool when carrying out a follow-up [6,8] and this can be completed online, during a video consultation, or even via a smartphone app. This is in preference to other options such as lesion charts or pruritus scales, which the author finds unhelpful. Keeping in contact is also essential, and for serious cases group meetings with owners may be beneficial. "Care contracts" which assist in monitoring chronic diseases are suitable for dogs with CAD, and financial planning with a monthly breakdown of expenses will keep the owner engaged and facilitate early detection of complications or flare-ups, which can help avoid losing contact with the case.



### CONCLUSION

When dealing with CAD, longer consultations and over-reliance on external resources can be counterproductive, and it is much more effective if the veterinarian can show empathy for the owner's viewpoint; this must be coupled with a thorough understanding of canine atopic dermatitis and a willingness to offer appropriate treatment options, alongside judicious use of measures that help the owner comprehend the many ramifications of this complex disease.



### REFERENCES

1. Spitznagel MB, Solc M, Chapman KR, *et al.* Caregiver burden in the veterinary dermatology client: comparison to healthy controls and relationship to quality of life. *Vet Dermatol* 2019;30(1):3-e2.
2. Linek M, Favrot C. Impact of canine atopic dermatitis on the health-related quality of life of affected dogs and quality of life of their owners. *Vet Dermatol* 2010;21:456-462.
3. Ackerman L. Seven common mistakes to avoid in achieving long-term success with dermatology patients. *Vet Med Sci* 2015;1(1):2-8.
4. Olivry T, DeBoer DJ, Favrot C, *et al.* Treatment of canine atopic dermatitis: 2015 updated guidelines from the International Committee on Allergic Diseases of Animals (ICADA). *BMC Vet Res* 2015;11(1):210.
5. Noli C. Assessing Quality of Life for pets with dermatologic disease and their owners. *Vet Clin North Am Small Anim Pract* 2019;49(1):83-93.
6. Favrot C, Linek M, Mueller R, *et al.* Development of a questionnaire to assess the impact of atopic dermatitis on health-related quality of life of affected dogs and their owners. *Vet Dermatol* 2010;21(1):63-69.
7. Prélard P. *Dermatite Atopique Canine*. Paris: Masson-Elsevier; 2017;1-184.
8. Noli C, Minafo G, Galzerano M. Quality of life of dogs with skin diseases and their owners; Part 1: development and validation of a questionnaire. *Vet Dermatol* 2011;22(4):335-343.