

The itchy dog; tips for diagnosis and management

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IDEXX

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Pruritus

Pruritus. Scoring & Quality of Life

Differential diagnoses pruritic dog

Diagnostic approach

Management options & strategies

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Quality of Life



Why Pruritus Matters

- Most common reason for dermatology consultations
- Major welfare concern
- Owner frustration and compliance challenges
- Caregiver burden: work & financial
- Economic impact on veterinary practices
- Common reason to change vet practice



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Pruritus scoring



Pruritus scoring & QoL

Quantification

1. **Pruritus Visual Analog Scale (Canine)**
2. **CADESI**
3. **QoL questionnaire/COSCAD**
4. **Caregiver burden**
5. **Tracking devices?**

Difficult

Individual!

Perception…



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PVAS descriptors

10
- **Extreme itching (Severe/continuous itching):** My dog does not stop itching irrespective of surroundings or commands, and needs to be physically restrained from itching.

9

8
- Severe itching (Prolonged episodes): Itching disrupts my dog's sleep, eating, play, and exercise. Itching continues even when my dog is distracted.

7

6
- Moderate itching (Frequent episodes): My dog is itchy periodically through the day, but not when eating, playing, exercising, or being distracted. Itching occurs at night when observed.

5

4
- Mild itching (Semi-frequent episodes): My dog does not itch when eating, playing, exercising, or being distracted.

3

2
- Very mild itching (Occasional episodes): My dog is only slightly itchier than what I consider normal.

1
- Normal Dog: Itching is not a problem for my dog.

0



This scale is an adaptation of the pruritus severity scale developed by Hill, P . B. et al. The scale was further validated for use in dogs by Rybniček, J. et al.

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CADESI

Canine Atopic Dermatitis Extent and Severity Index

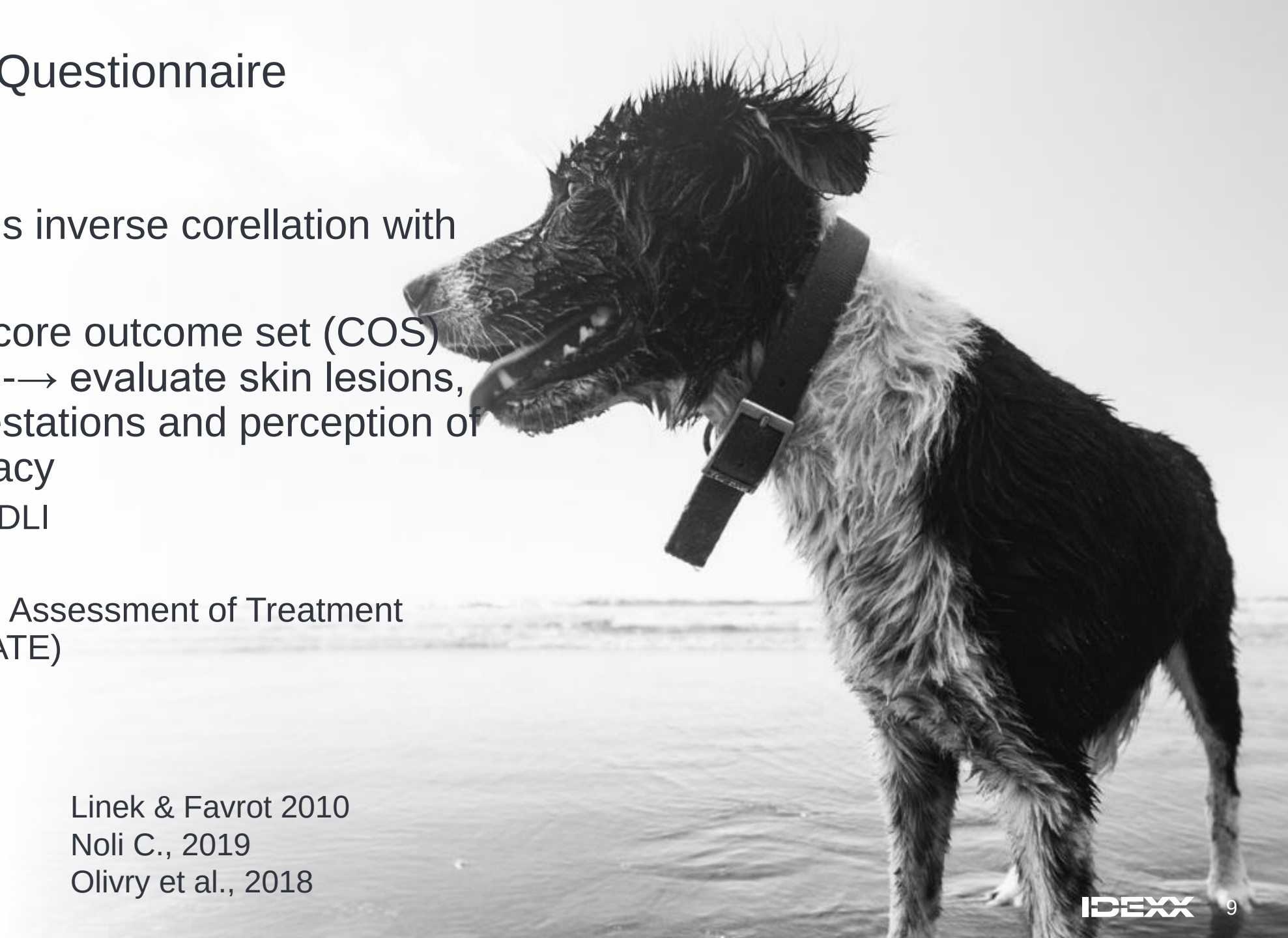
1. tool to help measure the level of skin lesions in dogs
2. used widely in clinical studies
3. 20 body sites typically affected in atopic dogs
4. erythema, lichenification and alopecia/excoriation
5. scored from 0 to 3 at each site
6. CADESI SEVERITY LEVEL THRESHOLDS:
   a) 10 mild
   b) 35 moderate
   c) 60 severe



Olivry T, et al. 2014.

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Quality of Life Questionnaire



- Level of pruritus inverse corellation with QoL
- **COSCAD'18 (**core outcome set (COS) for canine AD) -⟶ evaluate skin lesions, pruritus manifestations and perception of treatment efficacy
  - CADESI4/CADLI
  - PVAS10
  - Owner Global Assessment of Treatment Efficacy (OGATE)

Linek & Favrot 2010
Noli C., 2019
Olivry et al., 2018

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QUALITY OF LIFE FOR PETS WITH SKIN DISEASE & THEIR OWNERS

- How much was your pet's playing or working activities disturbed by the disease? (It is more lazy, nervous, itchy)
- What was the impact of your pet's disease on its relationship to you, other family members, or other pets? (Due to mood changes, presence of skin lesions,etc)
- How much has your pet's disease changed its usual habits? (Change in place where he is allowed to sleep, live, eat, way in which it is walked, etc)

How severe and disturbing has your pet's disease been?

What was the impact of your pet's disease on its behaviour and/or mood? (More lazy, nervous, and/or aggressive, etc)

How much was your pet's sleeping patterns disturbed by the disease?

How much were your pet's meals disturbed by the disease? (It has no appetite, it scratches during meals, it does not like special food,etc)

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QUALITY OF LIFE FOR PETS WITH SKIN DISEASE & THEIR OWNERS

- How much were your usual activities and/or those of your family disturbed by your pet's disease? (Leisure, vacation, walks, work, hunting, etc)
- How much impact did your pet's disease have on your expenditure? (Cost of treatment, veterinarian, etc)
- How much effect did your pet's disease have on causing emotional distress (Feelings of guilt, powerlessness, sorrow, regret, anxiety, nuisance, disgust, anger, frustration, etc)

How much was the pet disturbed by the administration of therapies? (Shampoos, sprays, oral medications, injections, ear medications, etc)

How much time did you lose for your pet's disease? (Administration of therapies, shampooing, home cleaning, cooking, veterinary consultations, etc)

How much time did you lose for your pet's disease on your tiredness? (Extra cleaning, cooking, shampooing, etc)

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QUALITY OF LIFE FOR PETS WITH SKIN DISEASE & THEIR OWNERS

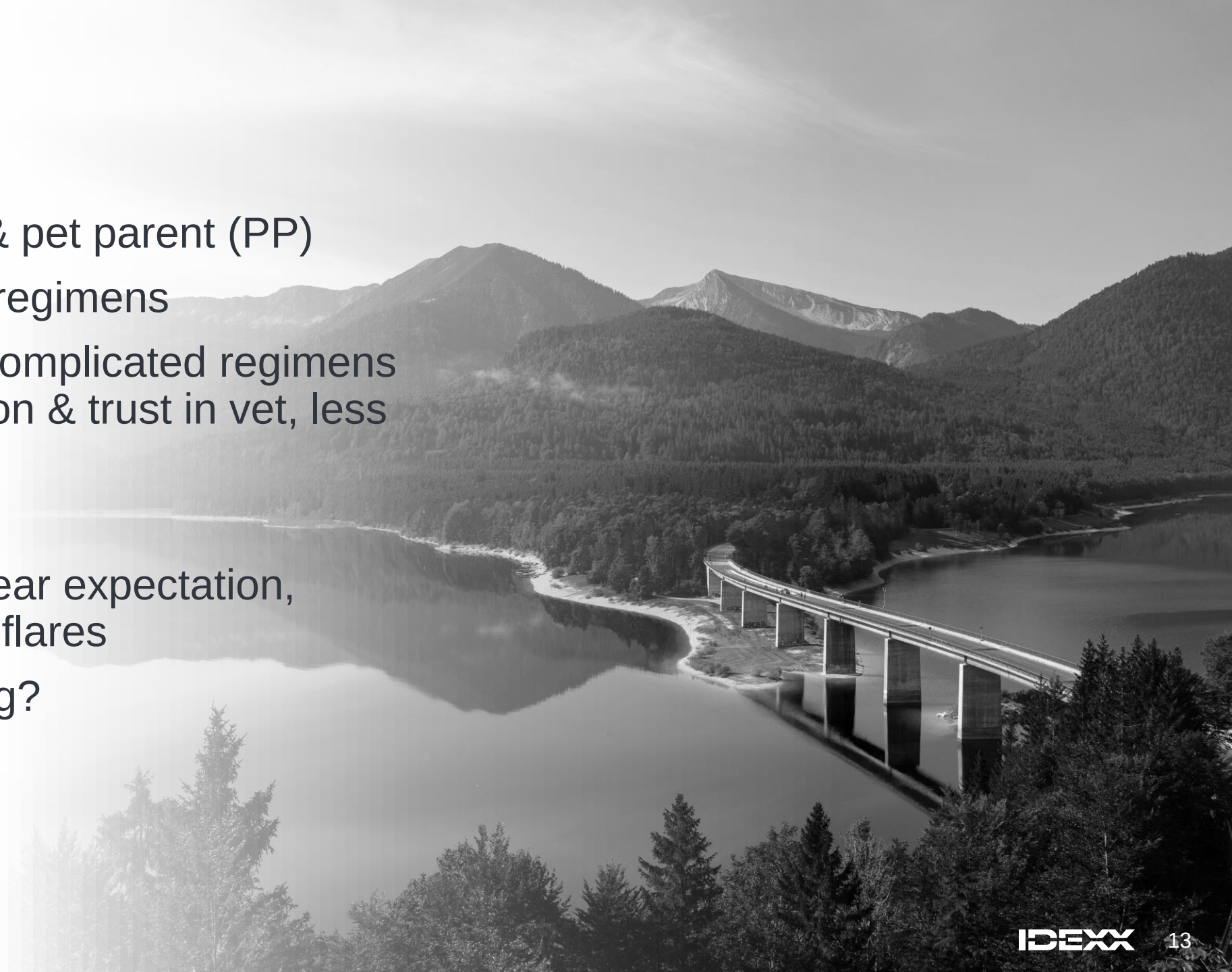
- How much physical uneasiness/discomfort did you experience due to your pet's disease (Offending odour, feeling of dirtiness at home, aesthetic nuisance, etc)
- How much impact did your pet's disease have on the relationship between family members? (Between spouses, parents and children, relatives and friends, etc)



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Caregiver burden

- Significant burden
- Impact on QoL pet & pet parent (PP)
- Complex treatment regimens
- Vet relationship → complicated regimens = drop PP satisfaction & trust in vet, less compliance
- → simplify Tx
- → comunication! Clear expectation, maintanance, avoid flares
- → remote monitoring?



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Differential Diagnoses



Differential diagnoses

DD --> diagnosis!

Parasites

Allergies…food/environment

→ Dysbiosis



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Favrot Criteria 2010

Diagnostic criteria CAD

1. The appearance of the first clinical signs before three years of age
2. Animals living mostly indoors
3. Corticosteroid-responsive pruritus
4. Primary pruritus, without lesions at the beginning of the process (pruritus sine materia)
5. Chronic or recurrent yeast or bacterial infections
6. Chronic or recurrent otitis externa
7. The affection of front feet and ear pinna
8. Non-affected ear margins
9. Non-affected dorso-lumbar area.



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Diagnostic approach



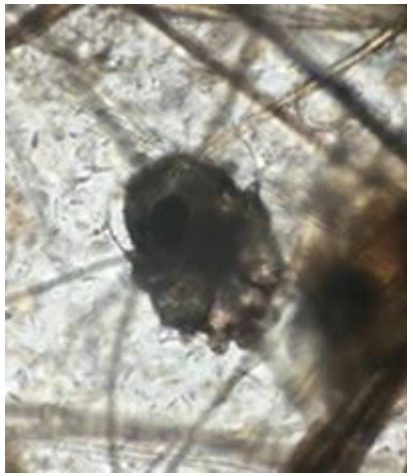
Process of Elimination…

Rule out parasites

Skin scraping

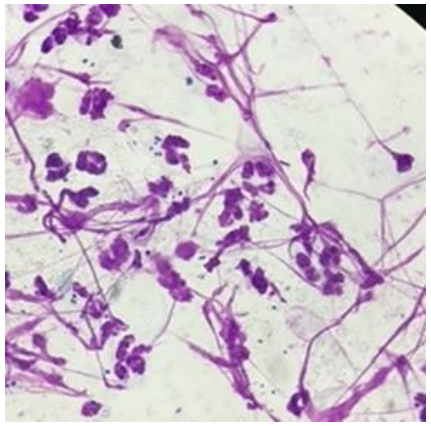
Sarcoptes IgG

Diagnostic therapy (isoxazoline)



Dysbiosis present?

cytology



Allergy: food or environment

Diet trial…

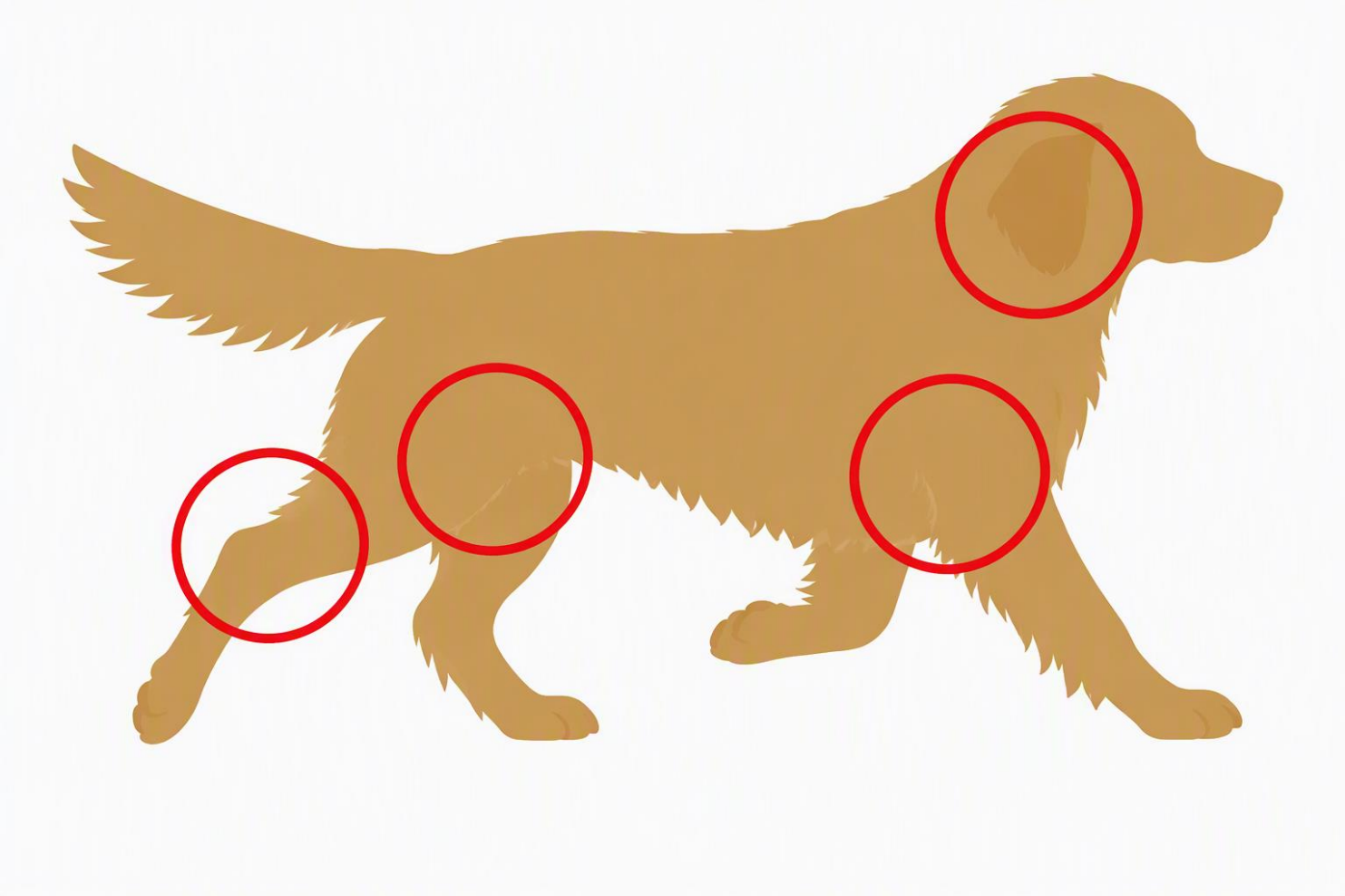
Novel protein/carbohydrate: commercial or home cooked

Hydrolysed diet

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Lesion distribution parasites

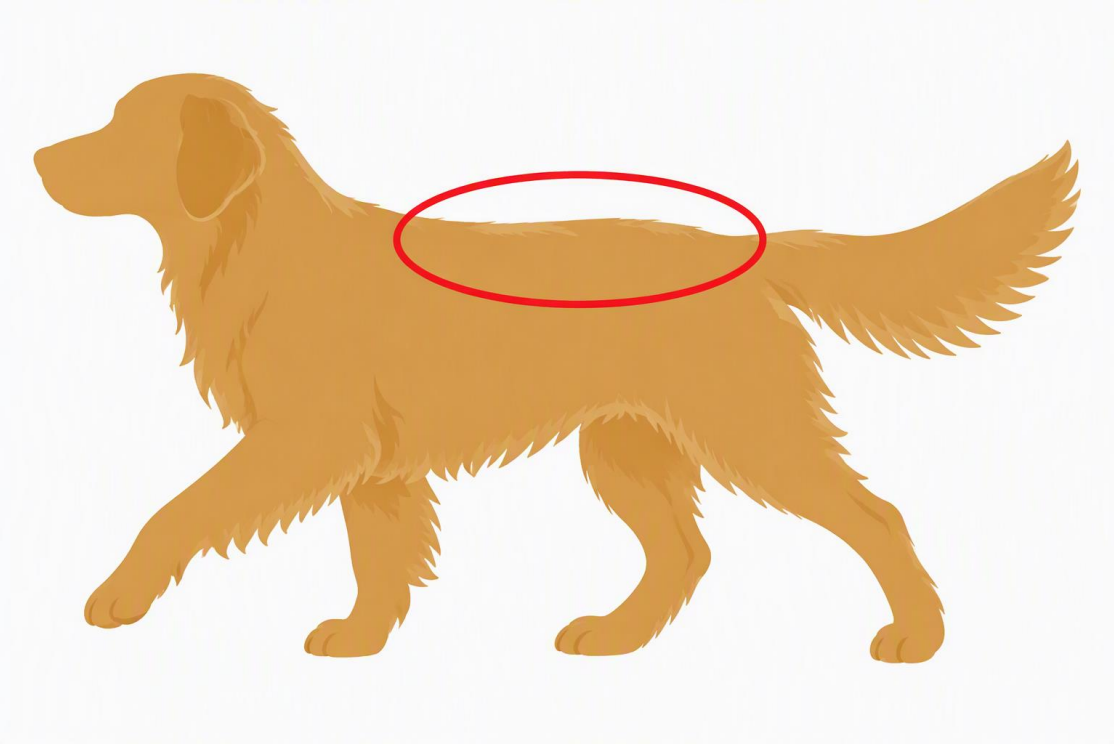
Sarcoptic mange



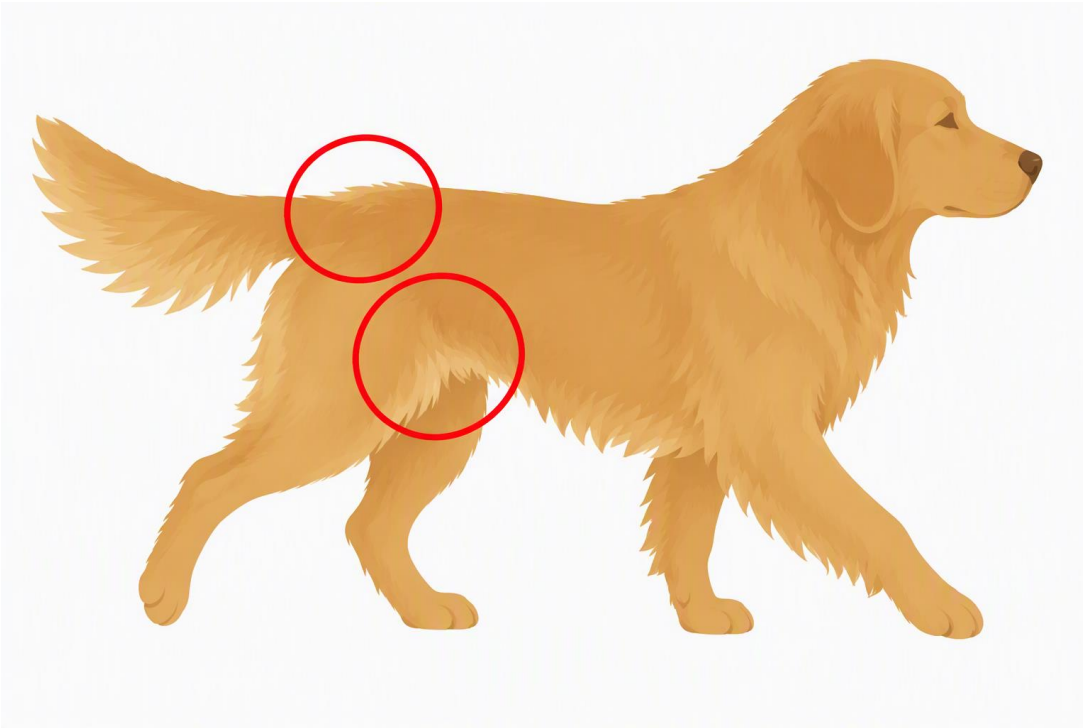
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Lesion distribution parasites

Cheyletiella



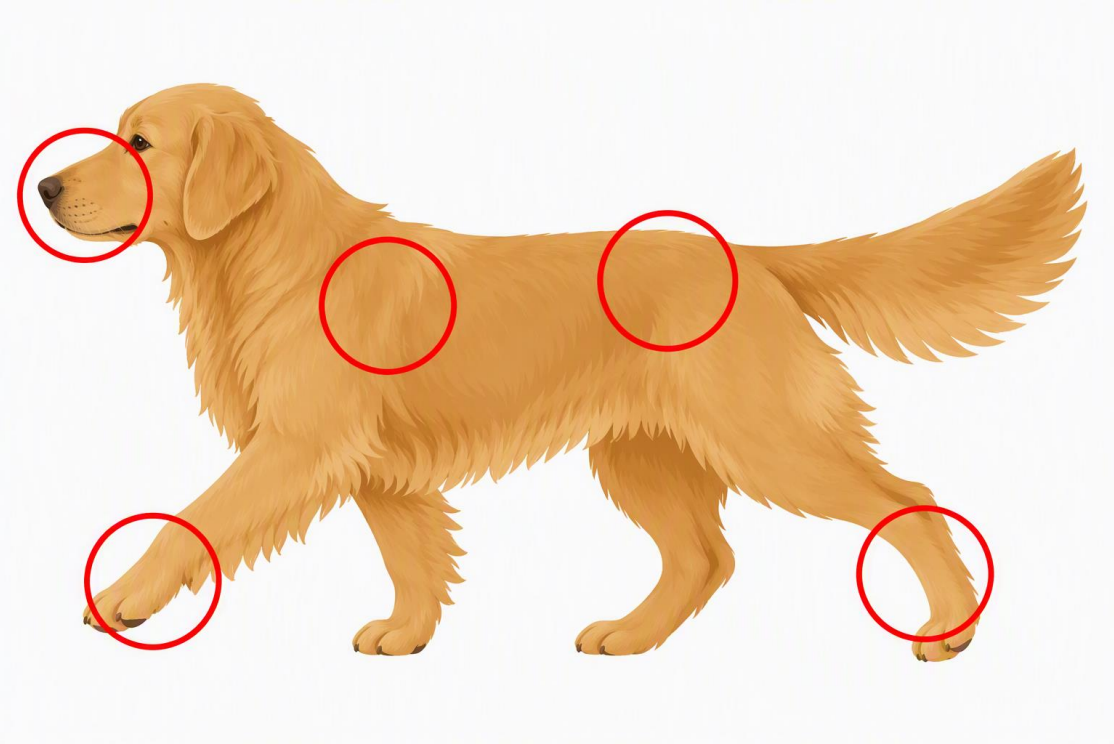
Flea infestation/allergy



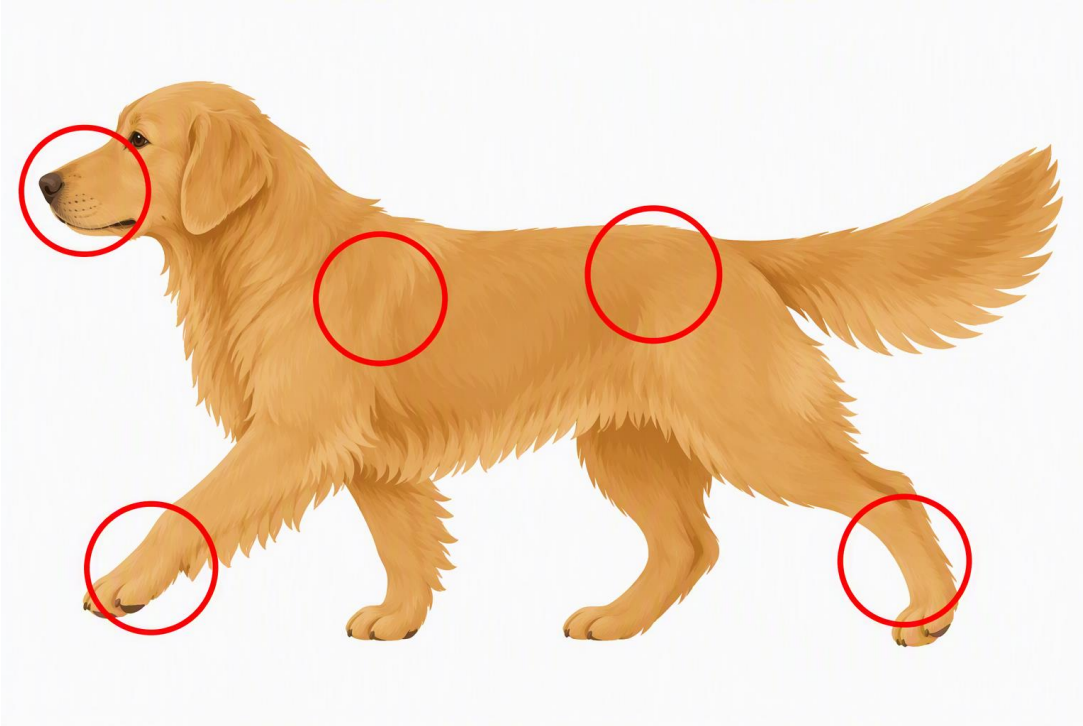
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Lesion distribution

Environmental allergy



Adverse cutaneous food reaction



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Food

Rule out food induced allergy

1. Serum test very limited use (good negative predictive value)
2. Patch testing?
3. Lymphocyte proliferation test not commercially available
4. Saliva/hair test...might as well send cuddly toy hair or tap water...;) Coyner K, Schick A. J Small Anim Pract. 2019
5. Diet trial options:
    1. Novel protein
        1. Home cooked
        2. commercial
    2. Hydrolysed protein



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Food trial

Critically appraised topics

Part 1: Duration of elimination diets

Part 2: Common food allergen sources in dogs and cats

Part 3: Prevalence of cutaneous adverse food reactions in dogs and cats

Part 4: Can we diagnose adverse food reactions in dogs and cats with in-vivo or in-vitro tests?

Part 5: Discrepancies between ingredients and labelling in commercial pet foods

Part 6: Prevalence of noncutaneous manifestation of food reactions in dogs and cats

Part 7: Signalment and cutaneous manifestations of dogs and cats with adverse food reactions

Part 8: Storage mites in commercial pet foods

Part 9: Time to flare



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Food trial Critically appraised topics (Müller & Olivry + Prelaud)

Part 1: Duration of elimination diets

- 5 weeks (80%); 8 weeks (90%)

Part 2: Common food allergen sources in dogs and cats

- beef, dairy products, chicken, wheat, and lamb

Part 3: Prevalence of cutaneous adverse food reactions in dogs and cats

- 6% w skin disease; 20-29% with allergic disease

Part 4: Can we diagnose adverse food reactions in dogs and cats with in-vivo or in-vitro tests?

- No; patch test ? To choose ingredients; serum; not useful

Part 5: Discrepancies between ingredients and labelling in commercial pet foods

- mislabeled pet foods 0% to 83%; novel/limited ingredients" or "restrictive" diets 33-83%; hydrolysed: non contaminated

Part 6: Prevalence of noncutaneous manifestation of food reactions in dogs and cats

- V/D**;** anaphylaxis, increased defecation, sneezing, SLO

Part 7: Signalment and cutaneous manifestations of dogs and cats with adverse food reactions

- 40% 1> 1 yr; GSD, WHWT, Retrievers; pruritus, dysbiosis, otitis

Part 8: Storage mites in commercial pet foods

- Food: storage airtight container, cool, indoors, low humidity

Part 9: Time to flare

- 7 to 14 days

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CAD

Clinical Dx & rule out DD !

1. ‘allergy testing’ not to diagnose
2. Test-that-lets-me-pick-allergens-for-preparing-a-vial-of-allergen-specific-immunotherapy-in-a-patient-with-proven-canine-atopic-dermatitis-due-to-consistent-clinical-signs-and-ruling-out-other-differential- diagnoses
3. Serum allergen specific IgE test
4. Intradermal allergy test
5. → allergen specific immunotherapy ASIT

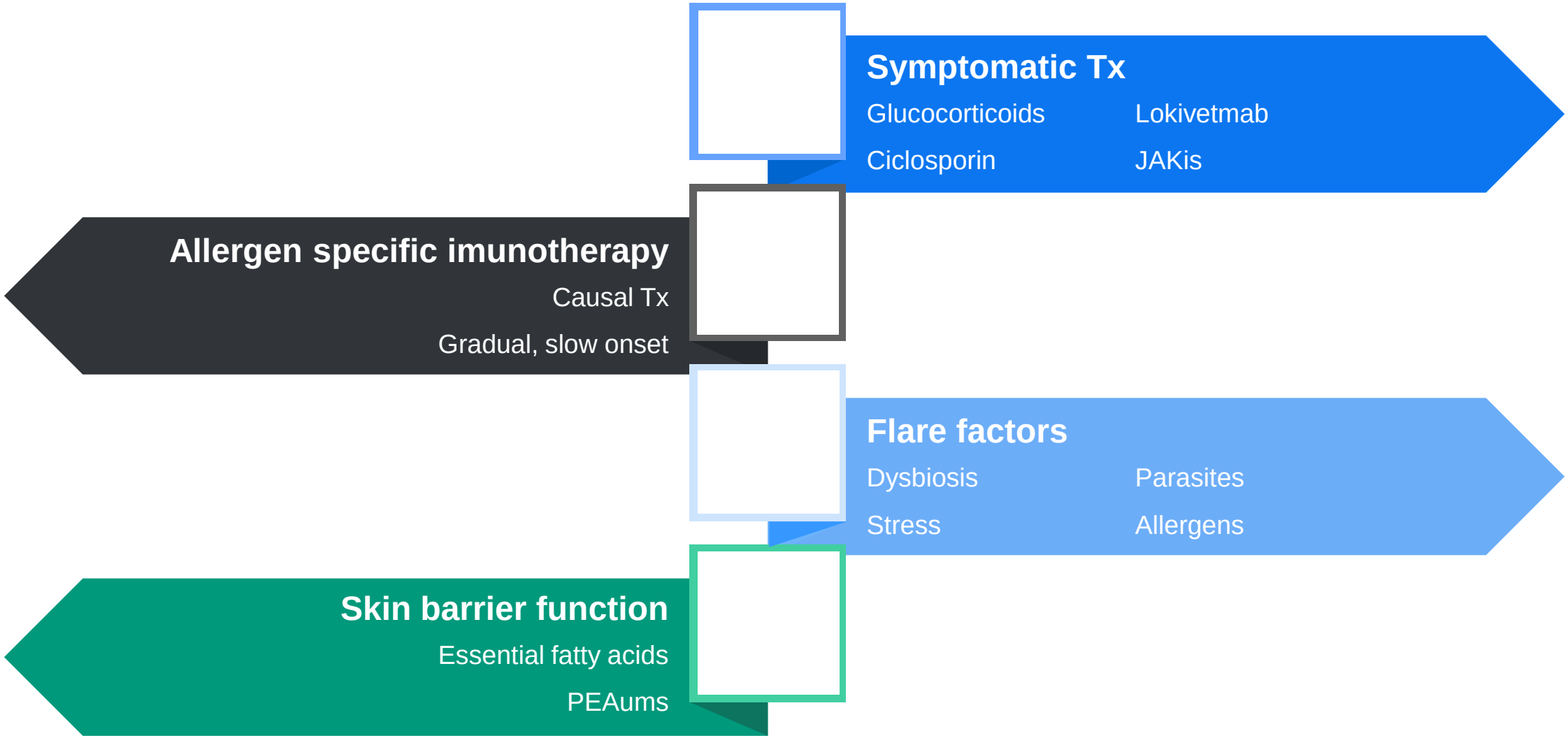


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Management options

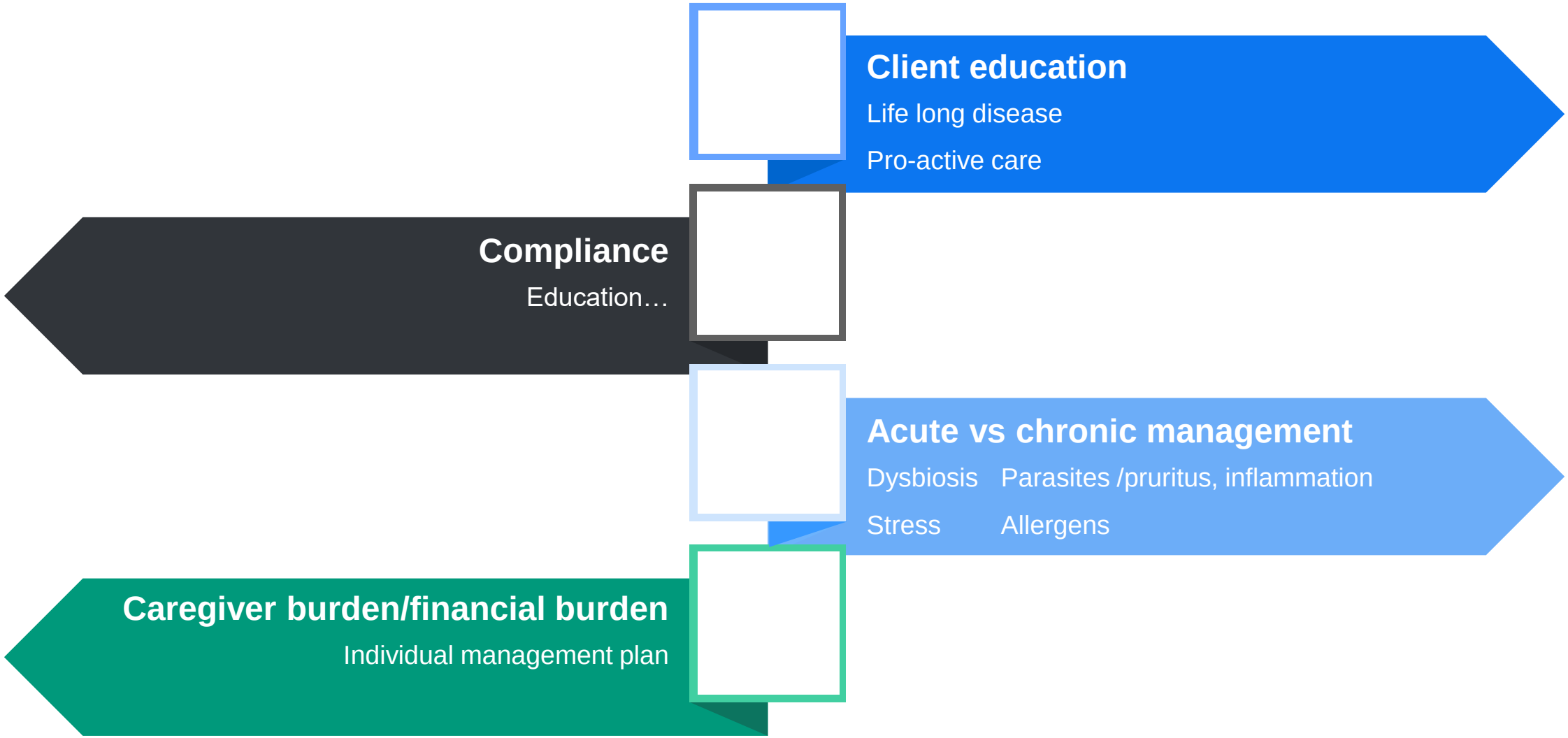


CAD Management



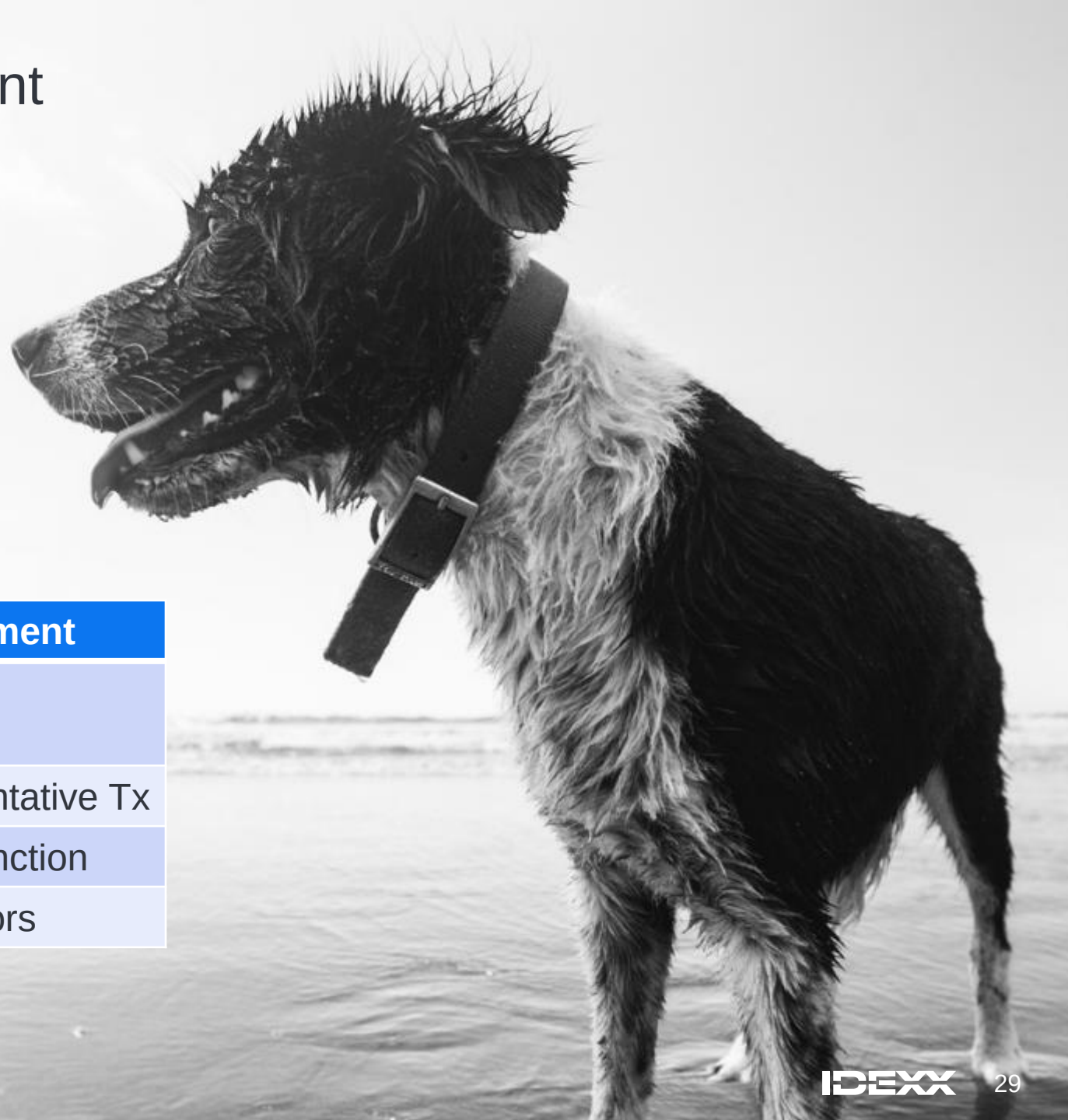
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CAD Management



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Acute flare vs chronic management



Acute flare	Chronic management
Reduce itch: symtomatic Tx	Immunotherapy
Check & treat dysbiosis	Proactive & preventative Tx
Allergen load increased?	Improve barrier function
Stress? Parasite?	Address flare factors

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ICADA guidelines 2026

- Mueller RS, Banovic F, Bensignor E, Santoro D, Nuttall T. Treatment of Canine Atopic Dermatitis: Updated Guidelines From the International Committee on Allergic Diseases of Animals (ICADA). Vet Dermatol. 2026 Sep 28. doi: 10.1111/vde.70128. Epub ahead of print. PMID: 42805756.

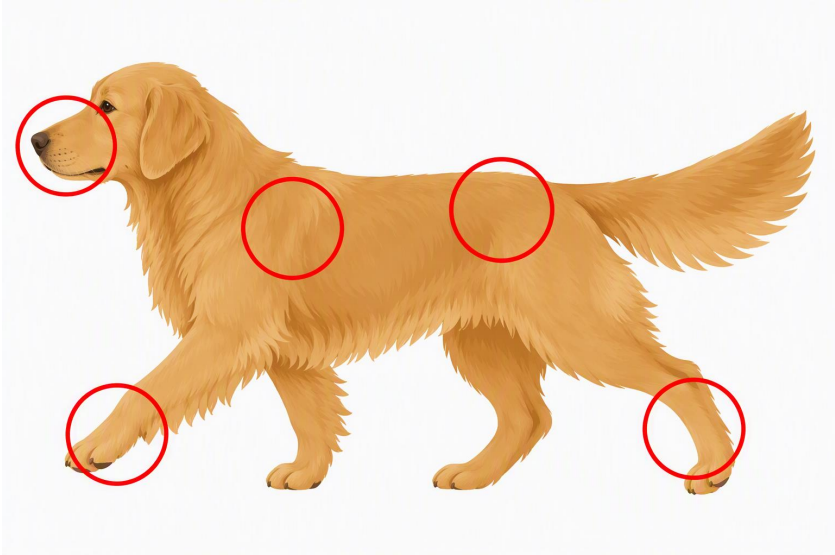


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ICADA

- **Key Concept**
- cAD is a complex disease involving skin barrier dysfunction, dysregulated inflammation, pruritus, allergens and microbiome alterations.
- Management should be individualized and divided into two therapeutic phases.
- **Message** Treatment selection should be based on:
  - Disease severity
  - Lesion type and distribution
  - Presence of flare factors
  - Safety, cost and practicality
  - Dog and owner quality of life

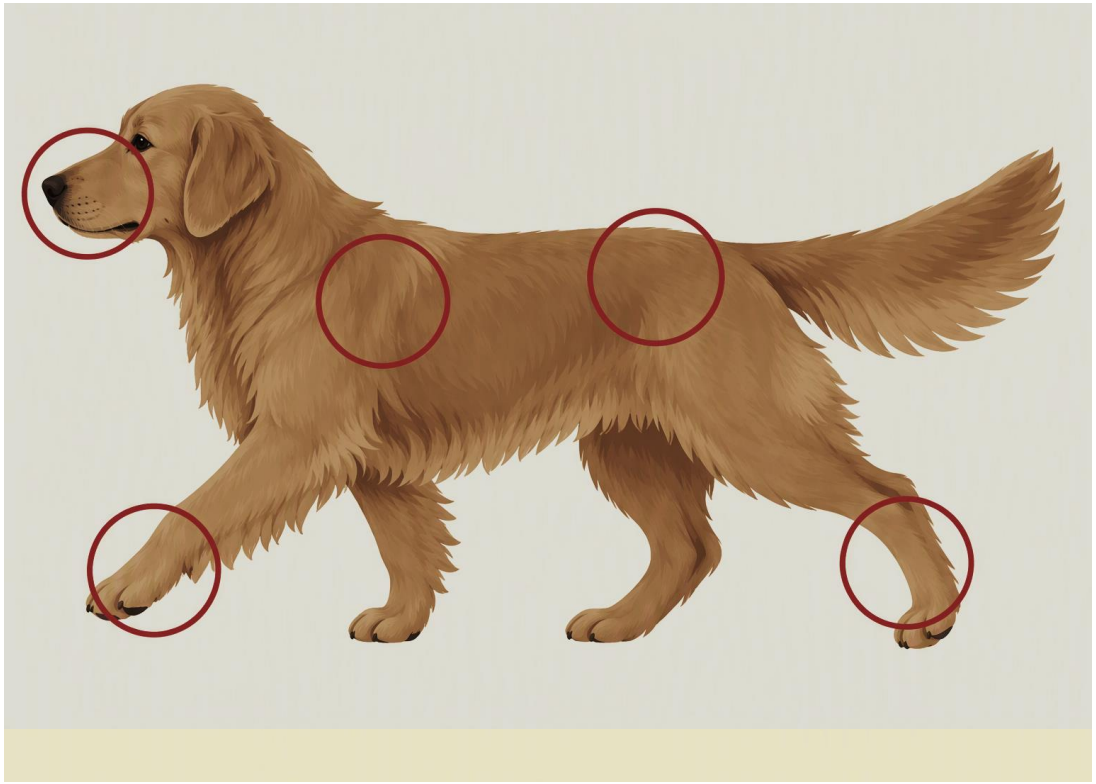
- **Phase 1: Reactive Therapy** Goal: Achieve rapid control of pruritus and skin lesions.
- **Phase 2: Proactive Therapy** Goal: Maintain remission and prevent flares.



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Summary for pet parents



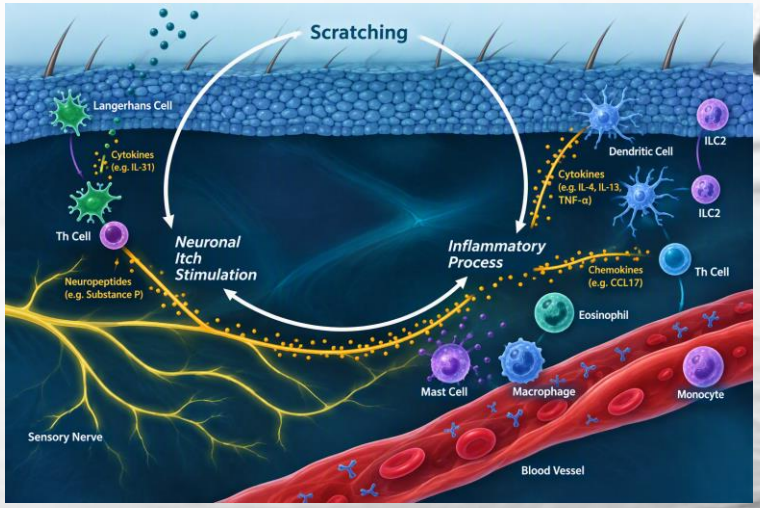


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1 Symptomatic Tx

+ Steroids: systemic/topical
+ Ciclosporin/tacrolimus
+ JAKis
+ Biologicals (lokivetmab)

+ Others...not nearly as useful

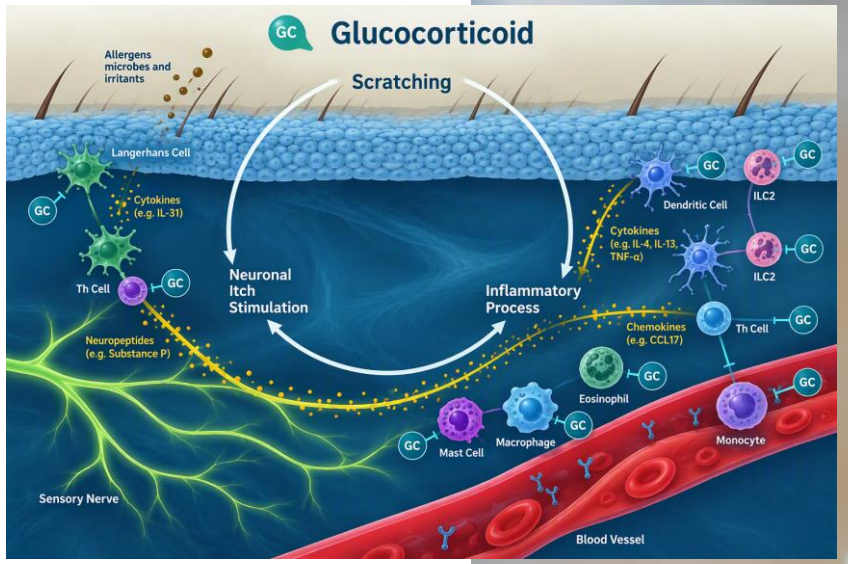


Co-pilot modified after education graph Zoetis

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Steroids

Systemic vs topical



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1. Good evidence
2. Cheap
3. Effective
4. Side effects long term use!
5. Topical may be used longer term than systemic (formulation)
6. Side effets: long list, can be severe...
    1. PU/PP/PD
    2. Alopecia
    3. Muscle/skin atrophy
    4. Calicinosis cutis
    5. DM
    6. Liver
    7. Etc

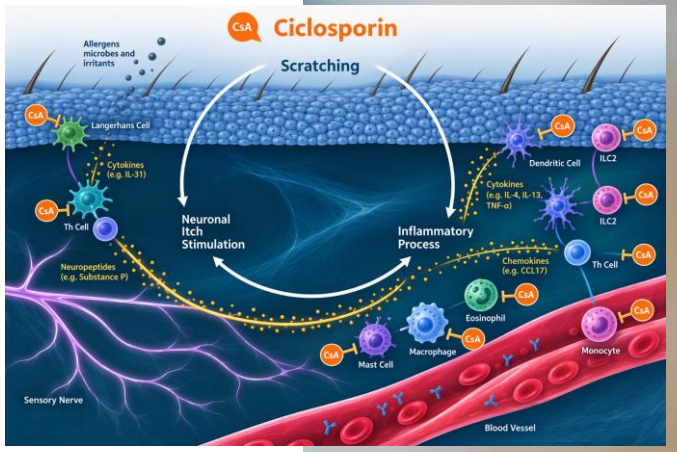


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Ciclosporin

‚old‘ drug

1. Expensive
2. Takes a while to take effect
3. Effective
4. Can often reduce dose/cost
5. Well tolerated
6. Side effects:
    1. V/D
    2. Gingival hyperplasia
    3. Papillomas
    4. Hirsutism
    5. Cystitis



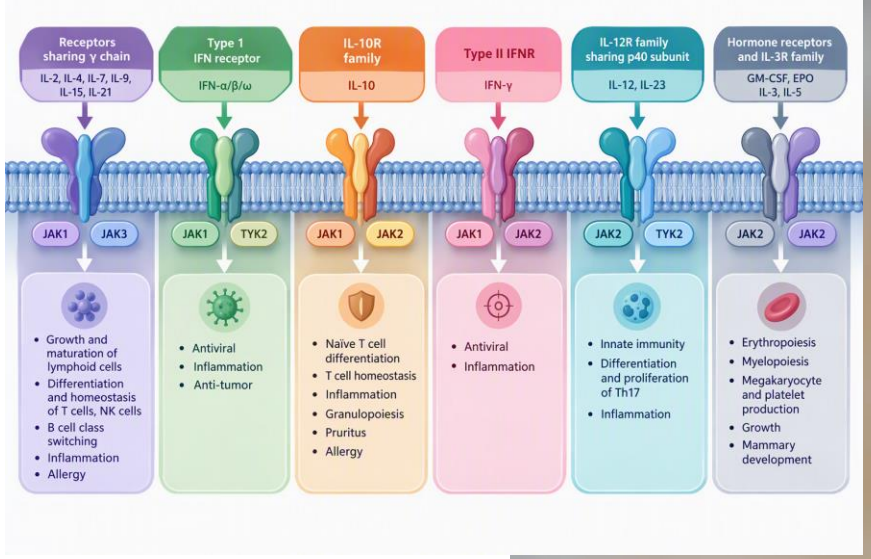
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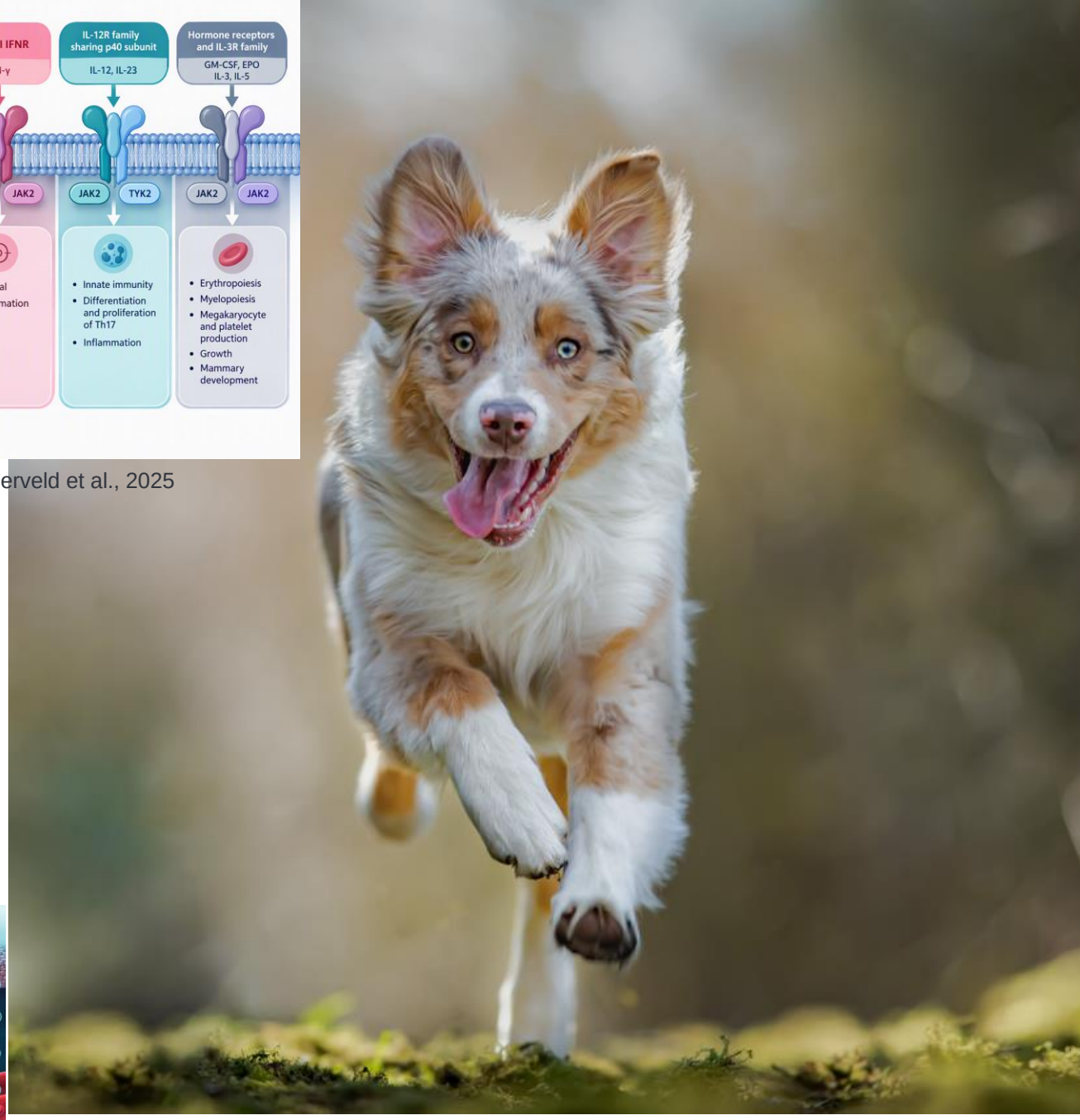
JAKis

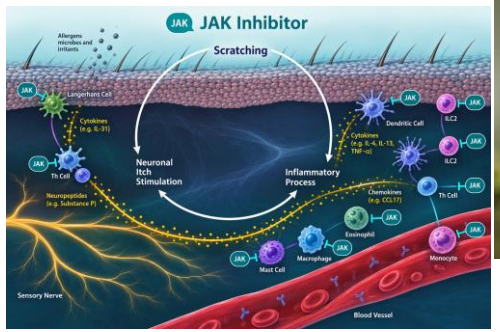
Several now

1. Fast onset
2. Effective
3. Neutropaenia possible
4. Few side effects: V/D, lethargy
5. Molecules:
    1. Apoquel (oclacitinib): A selective JAK1 inhibitor used for dogs 12 months of age and older; typically dosed twice daily for two weeks, then once daily.
    2. Zenrelia (ilunocitinib): A once-daily option approved for dogs 12 months and older.
    3. Numelvi (atinvicitinib): A second-generation, once-daily JAK inhibitor approved for puppies and dogs starting at 6 months of age.



Modified after Nederveld et al., 2025





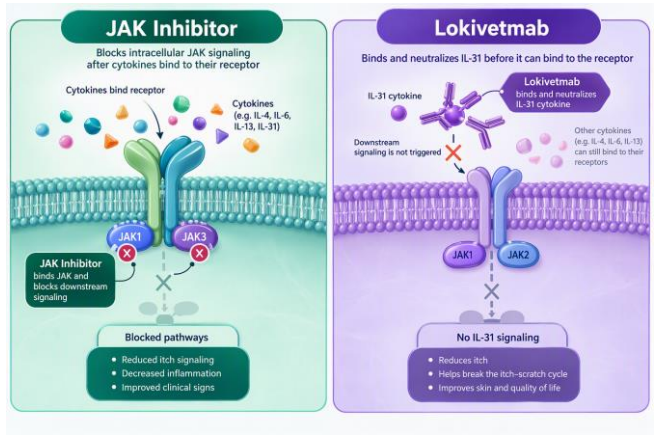
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Biologicals

lokivetmab

1. caninized anti-cIL-31 monoclonal antibody
2. Injectable, q 4 weeks
3. Effective
4. Expesive
5. Few side effects



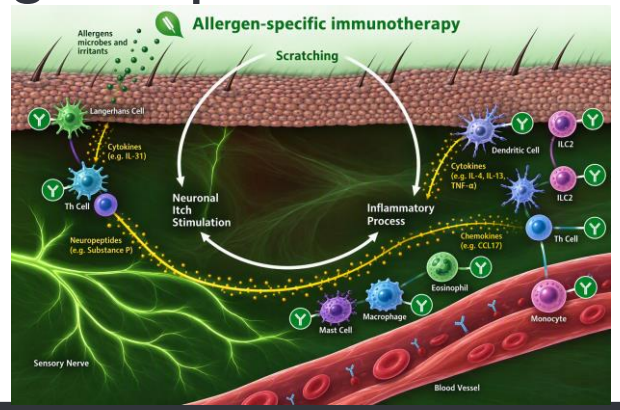
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2 causal: Allergen-specific immunotherapy (ASIT) = desensitisation

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Long term Tx

Takes time

Life long if successful

Only causative Tx

Re-educates immune response

‘allergy’ test required

…to obtain ‘recipe’

Monthly injection

Induction (slow increase low dose of allergens)

Maintenance

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ASIT

protocols

1. SCIT-subcutaneous
2. SLIT sublingual
3. ILIT intralymphatic
4. RUSH one day induction



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Allergen avoidance

Often tricky

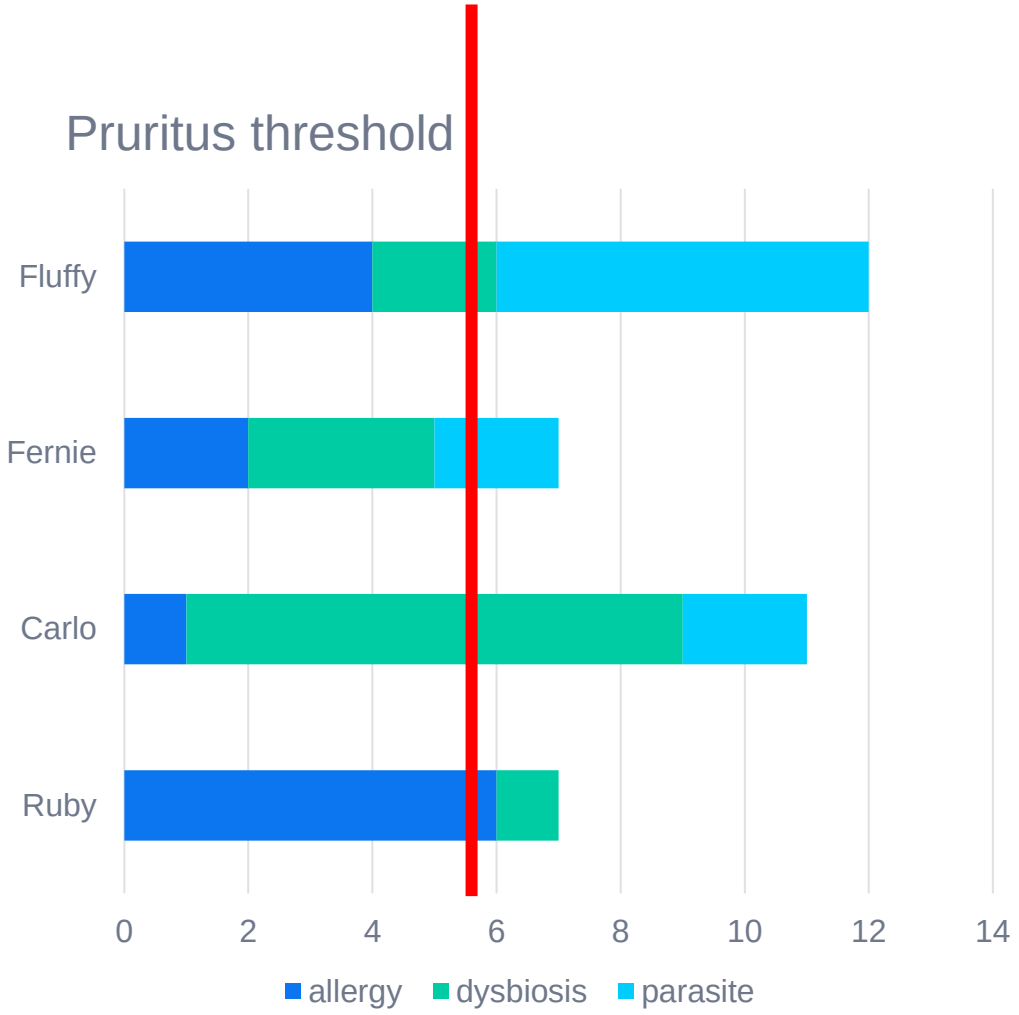
1. Avoid outdoor activity high pollen count
2. HDM sprays
3. Bedding cover for asthmatics
4. Washing/cleaning
5. HEPA filter
6. Change environment



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Flare factors

Important!





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3 Flare factors

- Parasite control
- Control dysbiosis:
  - Topical chlorhexidin/hypochlorous acid
  - Shampoo/mousse/wipes/spray/spot on
  - Probiotics
  - Control inflammation
- Stress?
- Environmental factors
  - Humidity
  - Pollen count



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4 Barrier function

Defective in allergic dogs

1. Ceramide levels are significantly reduced in atopic dogs (Olivery et al. 2019)
2. TEW higher
3. Stratum corneum disrupted
4. Filaggrin, involucrin & loricrin reduced
5. Microbial barrier altered
    1. Dysbiosis
    2. Antimicrobial peptide (AMP) reduced
    3. Microbial overgroth -⟶ inflammation -⟶ pruritus -⟶ further disruption

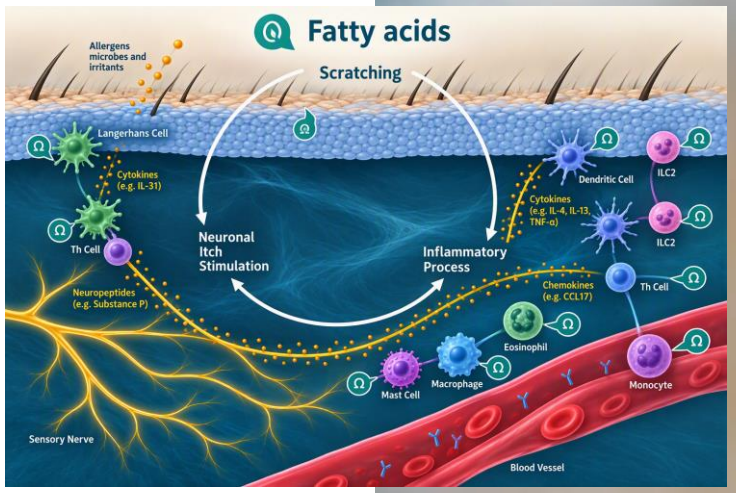


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Barrier function

Defective in allergic dogs

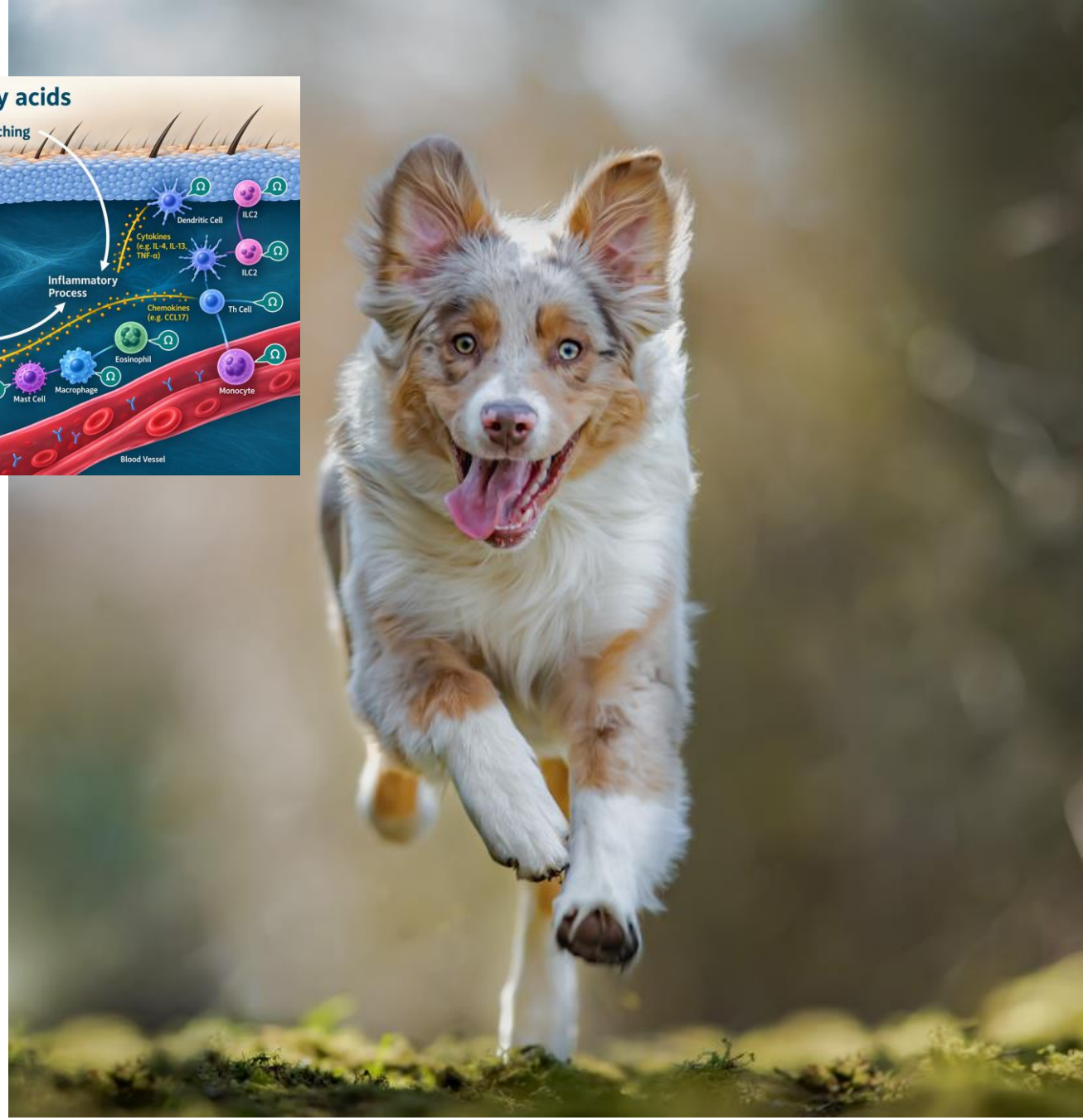
- Higher allergen penetration
- Immune dysregulation
- Itch-scatch cycle
- Dysbiosis



Co-pilot modified after education graph Zoetis

Strategies to improve barrier function:

1. Essential fatty acdis
    1. Topical
    2. Systemic
    3. High EFA food
2. PEAums (ultra-micronized palmitoylethanolamide)
3. Pro/pre/post -biotics



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Individual management

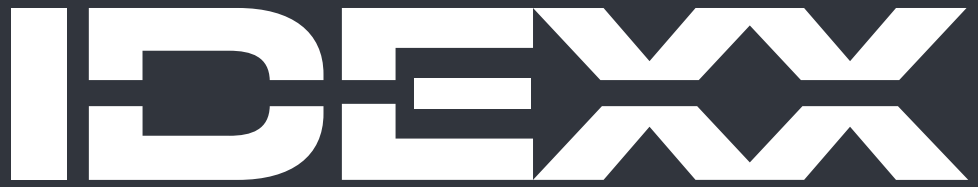
Fluffy ≠ **Ruby**

1. Different breeds
2. Different individual dogs
3. Different budgets
4. Different owner compliance
5. Different response to Tx

→ Always individualise for each patient!



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