

Spring 2019

Questions? Comments?
Suggestions?

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Darlene Reilly, Editor
Reilly Designs, LLC • reillys44@gmail.com

PRESIDENT'S MESSAGE

The board and its committees have been very busy. We are kicking off an important clinical study this spring, choosing the 2019 veterinary scholarship winner, preparing to revise the website, developing additional policies, planning the annual WFA Facebook Auction (August 16-18, 2019), monitoring ongoing studies, evaluating potential future studies, and working to assure good communications with our donors and the Westie public. It's a tall order but our board of directors and Advisory Council are up to it!



Bebe Pinter

In this issue start reading about the Endocrine System's Cushing's Disease from *The Westie Health Book*. Subtopics include: Introduction and Overview, Pathogenesis, Clinical Signs and Symptoms, Laboratory Diagnosis, and Treatment. Unfortunately, Cushing's is common in dogs and our breed, as is Addison's Disease and Diabetes Mellitus.

Thank you to Valerie Fadok, DVM, PhD, Diplomate, ACVD for another great article on allergies. This article is "Choosing the right medication for your Westie's allergies: partner with your veterinarian for the best results". "When we discuss medications, it is always important to define what we mean by the terms "safe" and "effective", according to Fadok. Dr. Fadok goes into detail to provide a valuable up-to-date reference guide for Westie owners.

Please note the new laboratory information for the Craniomandibular Osteopathy (CMO) test. Breeders can finally remove this disease from our breed with the proper testing and breeding programs.

Don't forget to order your personal copy of *The Westie Health Book*. An order form is included for your convenience. It is my pleasure to mail the book to you. We appreciate your notes and send our condolences to those of you who have had your dear Westie cross The Rainbow Bridge. Please know that everyone involved with the WFA truly understands.

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(President's Message continued from page 1)

Take a little time to peruse the Donors, Memorials and Honorariums pages. We thank them one and all! Without our dedicated donors, the WFA could not do the work necessary to help improve the health of all Westies. We need your support and encourage you to become an annual WFA donor. We are an active board for a canine foundation that is making real progress in the health arena. You may contact Jim McCain, Donor Manager at donormanager@westiefoundation.org or visit our website www.westiefoundation.org for assistance. In addition, I would be delighted to visit with you about what the WFA has accomplished, major projects and research underway, and ways you may volunteer if you are interested. My email is president@westiefoundation.org.

The updated article “*Let the IRS Help*” is contributed by Tom Barrie, WFA director. Barrie provides numerous effective and tax-efficient ways beneficial to donors in supporting Westie health research through the WFA. If you have any questions he would be happy to answer them.

Dean Nelson pens the last article about his life with Westies and why he volunteers for the WFA. Have you ever thought of the people you might not have met if it were not for Westies. Dean is such a person that we are so glad we met through mutual love of Westies. Welcome to the board of directors, Dean. You are a perfect fit!

Thank you for your continued involvement and support of the WFA but most of all, your love of Westies!

Bebe Pinter

The opinions expressed in the articles herein are those of the authors and not necessarily of the editor or the Officers or Directors of the Westie Foundation of America, Inc. (WFA). The WFA does not sell or promote products discussed in the newsletter.

The Westie Foundation of America, Inc is a nonprofit corporation, recognized by the IRS as a 501 (C) (3) organization. The mission of the Foundation is to advance and support medical research to benefit the health and quality of life of West Highland White Terriers: and to further develop and communicate information regarding the health, care, breeding and quality of life of Westies to Westie owners, Westie breeders and veterinarians.



Request for Samples

RESEARCH PROJECT	SAMPLES NEEDED	CONTACT INFORMATION
Genetic marker for Atopic Dermatitis	Saliva swabs or blood samples from dogs with skin disease or from normal dogs 5 years of age or older from family lines free of allergies	Kim Williams North Carolina State University 919-513-7235 kdwilli4@ncsu.edu
Genetic susceptibility of Transitional Cell Carcinoma (TCC) (Bladder Cancer)	Blood samples from dogs diagnosed with TCC and dogs over the age of nine who have no known cancers	Gretchen Carpintero Ostrander Lab National Human Genome Research Institute 301-451-9390 Dog_genome@mail.nih.gov
Genetic marker for Addison's Disease	DNA from cheek cells and/or blood from affected dogs and unaffected dogs over the age of 7	Dr. A.M. Oberbauer UC Veterinary School (Davis) 530-752-4997 http://cgap.ucdavis.edu/
Clinical Features and Genetic Basis of Idiopathic Pulmonary Fibrosis (IPF)	Blood samples from dogs diagnosed with PF and healthy dogs over age 8 without lung disease	Drs. Ned Patterson and Peter Bitterman Katie Minor (contact) University of Minnesota 612-624-5322 minork@umn.edu
Idiopathic Pulmonary Fibrosis (IPF)	Cheek and/or blood samples from dogs diagnosed with pulmonary fibrosis	Dr. Victor J. Thannickal University of Alabama Sample collection coordinated by Dr. Pamela Whiting, DVM pgwhitingdvm@aol.com 707-529-9222 (cell/text) 707-837-8101 (clinic)
Dry Eye Syndrome (keratoconjunctivitis sicca)	Dogs diagnosed with dry eye and dogs over 7 years old with no ocular abnormalities *participants must be available for appointments at UC Davis Veterinary Center (CA)	Dr. Sara Thomasy UC Veterinary School (Davis) 530-752-1770 smthomasy@ucdavis.edu
Mechanisms of Allergic Disease (Atopic Dermatitis)	Blood samples from allergic dogs and non-allergic dogs	Elia Tait Wojno, PhD Cornell University of Veterinary Medicine 607-256-5635 Edt42@cornell.edu

For more information about any of the above projects visit www.westiefoundation.org

On The Health Front

By Kay McGuire, DVM, MS

As the Vice President of Health, I feel that I am on the front lines when I hear from Westie owners that have dogs afflicted with a health problem. Our Westies are not just pets, they are family members and most owners are tuned into their dog's nuances early. One of the health problems that is being reported more and more is kidney disease.

As our dogs age, we expect that they will encounter "old age" conditions just like their human counterparts. The body simply wears out if there is not a specific disease cause. Renal (kidney) disease is one of the most common causes of death but we have been seeing an increase in the condition at a younger age.

We have done histopathology on affected kidneys on dogs passing younger than 10 years of age and are finding the diagnosis of renal dysplasia. Renal dysplasia is a hereditary disease reported in many breeds of dogs and the exact mode of inheritance is unknown. Veterinarians think of Shih Tzu's and Lhasa Apso's when you discuss this disease. In the Shih Tzu breed, inheritance is thought to be an autosomal dominant gene with incomplete penetrance. Renal dysplasia can also be associated with in utero infections such as herpesvirus-s in puppies.

Renal dysplasia is characterized by abnormal development of renal tissue and disorganization of development of the renal parenchyma. Immature glomeruli will persist in the kidney past 6 months of age and secondary degenerative and inflammatory changes occur as the disease progresses. The rate of progression of disease varies but clinical signs are typical of kidney failure with increased thirst, urination, dehydration, lethargy, vomiting and weight loss.

If you have lost Westies to early kidney disease, please do a pedigree search and see if it can be correlated to other dogs that have passed. I believe the prevalence is much higher than we realize.



The WFA is anticipating a very informative lecture on this topic and Urethral Carcinoma at our annual Health Seminar on Thursday, October 3, 2019 at the Kimberton Fire Hall.

Working on genomic research under the tutelage of Matthew Breen, PhD at North Carolina State University, Dr. Claire Willey will present us with pertinent information on diagnostics and treatment.

Cushing's Disease

(Hyperadrenocorticism)

Westie Health E-Book

Introduction and Overview

Cushing's disease is the term commonly used to identify a condition that results from the over-production of cortisol by the adrenal glands, two small glands located near the kidneys. Cortisol, a hormone that is important for regulating the metabolism of proteins, fats and carbohydrates, is produced by specialized cells comprising the outer or cortical portion of the adrenal glands. As a result, this condition also is called hypercortisolism (hyper = excessive, cortisolism = involving cortisol) or hyperadrenocorticism (hyper = excessive, adrenocorticism = involving the adrenal cortex). The term 'Cushing's Disease' often is used to describe this condition, which is named in honor of Harvey Cushing, an American neurosurgeon who first described the clinical syndrome in people in 1932. In his original publication, the underlying problem was a tumor in the pituitary gland in the brain that affected the adrenal glands and caused a variety of clinical signs and symptoms including high blood pressure, weight gain, fatigue, impaired immune function, and excessive deposition of fat on the sides of the face.

Cushing's disease typically occurs in middle-aged and older dogs of all breeds, with no predilection for either gender. The most common symptoms associated with the condition related to the urinary system include increased thirst (polydipsia)

and urination (polyuria). Affected dogs also have changes in the musculoskeletal system, which include decreased muscle mass, muscle weakness, obesity, excessive fat on the neck and shoulders, a pot-bellied abdomen, and lack of energy. Skin manifestations of the condition include hair loss (alopecia), thin skin, bruising, hyperpigmentation, and white scaly patches on the elbows.

Pathogenesis of Cushing's Disease

Under normal conditions, cortisol production is indirectly controlled by a hormone, corticotropin-releasing hormone (CRH), released by a region of the brain called the hypothalamus. The hypothalamus releases this hormone under two circumstances. One is governed by the animal's diurnal rhythm, which is related to the normal sleep-wake cycle. Early in the morning, the hypothalamus releases CRH, which then stimulates the pituitary gland, which is located at the base of the brain, to release adrenocorticotrophic hormone or ACTH into the blood, which then results in an increase in production of cortisol by the adrenal gland. As a result, blood levels of cortisol are highest in the morning, and these increased circulating concentrations of cortisol result in negative feedback on both the hypothalamus and the pituitary gland to reduce both CRH and ACTH. As a result, circulating concentrations of cortisol decrease and reach their lowest values at night. The other stimulus for increased cortisol secretion is stress, which again stimulates the hypothalamus to release CRH, which enhances ACTH production, and eventually increases cortisol production.

Cushing's disease occurs commonly in dogs, with more than 80% of cases being the result of a pituitary tumor called an adenoma that secretes ACTH. In dogs with pituitary adenomas, production of ACTH no longer responds to the negative feedback signal normally associated with cortisol production.

As a result, the cells in the adrenal cortex continue to secrete cortisol, resulting in hypercortisolism and Cushing's disease (Figure 1).

In a relatively small number of dogs, typically reported to be ~15% of cases, hypercortisolism occurs independent of ACTH secretion and is due to a cortisol-secreting tumor in the adrenal gland. In rare instances, the condition may occur

Common Clinical Findings

Middle-Aged and Older Dogs

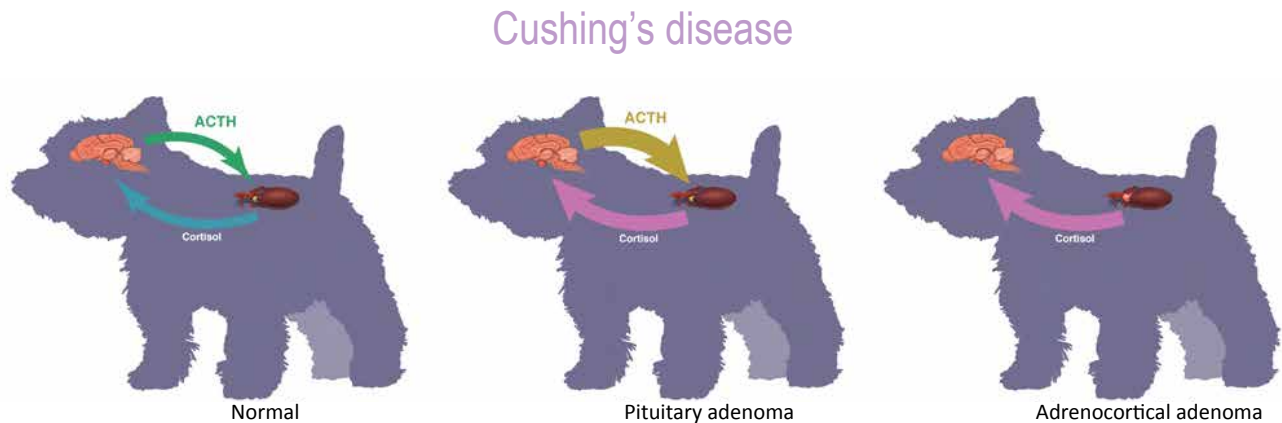
Polydipsia

Polyuria

Obesity

Pot-Bellied Abdomen

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"Figure 1 - This illustration depicts the normal interaction between the pituitary and adrenal glands, the effect of a pituitary adenoma on secretion of both ACTH and cortisol, and the effect of an adrenocortical adenoma on secretion of cortisol."

secondary to chronic administration of corticosteroids used in the treatment of diseases caused by allergies, autoimmune or inflammatory responses, or neoplasia.

Clinical Signs and Symptoms of Cushing's Disease

Cortisol has important effects on metabolism of carbohydrates, proteins and fats. For example, it increases blood concentrations of glucose by inhibiting the uptake of glucose into cells and by stimulating the production of new glucose molecules by the liver. It also stimulates the degradation of protein and adipose tissue. When production of cortisol is excessive, as occurs in animals with Cushing's disease, the end result is very high blood concentrations of glucose, loss of glucose into the urine, which also occurs in dogs with diabetes mellitus, loss of structural proteins, muscle weakness and fatigue. For reasons that are unclear, some of the extra glucose is converted into fat and is deposited in the abdomen. Cortisol also interferes with kidney function, causing increased urination which in turn causes the animal to drink large amounts of water in order to replace what is lost in the urine.

Laboratory Diagnosis of Cushing's Disease

Based on the animal's history and physical examination findings, veterinarians suspecting that the underlying problem might be Cushing's disease measure cortisol concentrations in plasma or urine samples. It is important to note, however, that some dogs may have less obvious clinical signs and

symptoms. Other findings that occur frequently in dogs with Cushing's disease include increased plasma activity of the alkaline phosphatase enzyme, high levels of lipids in the blood, and a reduced concentration of thyroxine (T4).

A diagnosis of hypercortisolism is based on a combination of the clinical signs, increased circulating concentrations of cortisol or the presence of cortisol in the urine, and a reduced sensitivity of the pituitary-adrenocortical system to the negative feedback effect that normally occurs in response to administration of a synthetic cortisol-like compound, referred to as a glucocorticoid. To perform this latter test, the veterinarian will measure blood concentrations of cortisol before, 4 and 8 hours after administering a synthetic glucocorticoid, such as dexamethasone. In healthy dogs, dexamethasone will exert a negative feedback on the production of ACTH by the pituitary gland and significantly reduce blood concentrations of cortisol at the later time points. In contrast, an ACTH-producing pituitary tumor will not respond to the synthetic glucocorticoid and circulating cortisol concentrations will remain unchanged or be decreased only at the 4-hour time point. Because some dogs with illnesses unrelated to the adrenal glands may respond similarly, this test is not 100% reliable for making a diagnosis of hypercortisolism.

In many practices, additional emphasis is placed on the measurement of cortisol in the urine. This is because urine accumulates in the bladder before being voided, which minimizes the concern over potential fluctuations in concentrations of cortisol that may occur as the result of other stresses (e.g., a visit to the veterinarian's office). In

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most instances, urine concentrations of cortisol are related to those of creatinine and these measurements are made in urine samples collected on several consecutive days.

While it would appear logical that dogs with ACTH-producing pituitary tumors could easily be identified by measuring concentrations of ACTH in the circulation, this is not the case. This is because some dogs with hypercortisolism secondary to a pituitary tumor have normal circulating concentrations of ACTH. If, however, the hypercortisolism has developed as the result of a tumor in the adrenal cortex, this laboratory test is extremely important. Dogs with adrenocortical tumors will have extremely low circulating concentrations of ACTH, which makes it much easier to distinguish between hypercortisolism caused by a pituitary tumor or an adrenocortical tumor.

Treatment of Cushing's Disease

Many factors enter into the decision about how best to treat dogs with hypercortisolism. These include the underlying cause, other diseases that might exist (e.g., neoplasia), cost of treatment, and the client's preference. Fortunately, immediate treatment is not

required in all dogs with hypercortisolism, particularly those exhibiting mild clinical signs.

When hypercortisolism is the result of a pituitary tumor, the condition can be treated either medically or surgically. Medical treatment of the condition involves administration of drugs that either reduce the production of ACTH by the pituitary tumor or the production of cortisol by the adrenal cortex. The most commonly used drug is trilostane, a synthetic steroid that inhibits one or more of the enzymes responsible for the synthesis of cortisol by cells in the adrenal cortex. The duration of effect (i.e., how long circulating concentrations of cortisol remain decreased) varies among dogs, which accounts for why once-daily administration is not effective in some dogs. As a result, the dosage may need to be increased or the drug administered more often to achieve the desired effect. Adjustments in the dose of trilostane are based on repeated assessments of clinical signs and the results of routine blood tests, such as determination of alkaline phosphatase concentrations. Typically improvements in the dog's status will be apparent in 7 to 10 days, but associated skin problems may require months to resolve.

The other drug that is commonly used to treat dogs with hypercortisolism is mitotane, a drug that causes destruction of the cells in the adrenal cortex that produce cortisol. To determine whether or not treatment with mitotane has achieved the desired results, the veterinarian will perform ACTH stimulation tests. The ultimate goal of treatment with mitotane is to reduce resting concentrations of cortisol and to see little, if any, increase after the administration of ACTH. When this has been achieved, it may be necessary to provide exogenous glucocorticoids during periods of high stress or illness.



Hypercortisolism in dogs with pituitary tumors also can be treated surgically or with radiation therapy. The surgical procedure is performed by cutting through the sphenoid bone beneath the pituitary gland and removing the tumor. Response to surgical treatment has been reported to be very good, and compares favorably with those reported for dogs treated medically as

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described above. The other approach involves the use of radiation therapy to reduce the size of the tumor. Outcomes with radiation therapy have been variable, with optimal responses occurring in dogs with small tumors.

When hypercortisolism is caused by a functional adrenocortical tumor, treatment is surgical removal of the tumor. If the entire tumor cannot be removed, mitotane can be administered to cause destruction of the tumor and associated adrenal cortical cells.

Current Research About Cushing's Disease

Cushing's disease affects about 100,000 dogs each year in the US. Because this condition also occurs in people, the approaches used to treat humans have been applied to dogs. While these approaches have markedly improved the prognosis in humans, questions remain about how best to treat the condition in dogs, how to improve the results obtained with surgical intervention, and how to more fully understand the effects of the disease. For these reasons, in this section we review three recent studies related to the most common form of the disease, namely pituitary-dependent hypercortisolism.

van Rijn SJ, Galac S, Tryfonidou MA, Hesselink JW, Penning LC, Kooistra HS, Meij BP. The Influence of Pituitary Size on Outcome After Transsphenoidal Hypophysectomy in a Large Cohort of Dogs with Pituitary-Dependent Hypercortisolism. *J Vet Intern Med.* 2016 Jul;30(4):989-95.

Surgical treatment of dogs with pituitary-dependent hypercortisolism consists of removal of the pituitary gland by a transsphenoidal approach, which is similar to the approach used in humans with the disease. Since the early 1990s, this surgery has been performed on dogs with this condition, with remission rates exceeding 80%. In earlier studies, one of the main prognostic factors for long-term remission in dogs was pituitary gland size. Consequently, the goal of this project was to further investigate the influence of pituitary gland size on outcome in a large number of dogs treated using this surgical approach over a 20-year period. To do this, the investigators determined survival times and recurrence rates for 306 dogs and related these variables to the pituitary gland size. Four weeks after surgery, 91% of dogs were alive and remission was confirmed in 92%. The median survival time was 781 days, median disease-free interval was 951 days. Over time, hypercortisolism recurred in 27% of dogs after a median period of 555 days. Dogs with recurrence had a significantly higher ratio of the area of the pituitary height to the area of

the brain area. The survival time and disease-free interval of dogs with enlarged pituitary glands was significantly shorter than that of dogs with a nonenlarged pituitary gland. The size of the pituitary at the time of surgery significantly increased over the 20-year period. Although dogs with larger tumors have a less favorable prognosis, the outcome for dogs with larger tumors improved over time. These findings suggest that pituitary gland surgery remains an option for treatment of dogs with large tumors, and that success rates increase with increasing experience.

Fracassi F, Malerba E, Furlanello T, Caldin M. Urinary excretion of calcium and phosphate in dogs with pituitary-dependent hypercortisolism: case control study in 499 dogs. *Vet Rec.* 2015 Dec 19;177(24):625.

Pituitary-dependent hypercortisolism in dogs often is characterized by high circulating concentrations of phosphate. The goal of this study was to compare serum and urinary concentrations of phosphate and the degree to which phosphate and calcium are excreted into the urine in healthy dogs and 167 dogs with this disease. Serum concentrations of phosphate in dogs with pituitary-dependent hypercortisolism were significantly greater than those either in healthy dogs or in dogs with other diseases. Serum concentrations of calcium also were significantly higher in dogs with hypercortisolism than in dogs with other diseases. Dogs with hypercortisolism excreted less phosphate but more calcium than either healthy



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dogs or dogs with other diseases, whereas excretion of calcium was higher. These findings suggest that the high serum concentrations of phosphate in dogs with pituitary-dependent hypercortisolism are due, at least in part, to retention of phosphate by the kidneys.

Mamelak AN, Owen TJ, Bruyette D. Transsphenoidal surgery using a high definition video telescope for pituitary adenomas in dogs with pituitary dependent hypercortisolism: methods and results. *Vet Surg.* 2014 May;43(4):369-79.

Even though surgical removal of pituitary adenomas has been performed successfully in dogs for many years, it has not been used widely because it is both technically challenging and expensive. The two most commonly encountered difficulties are accurately defining the appropriate borders of the basisphenoid bone and illuminating the surgical site. To address these problems, these investigators used a new high definition video telescope to remove tumors from 26 dogs with pituitary dependent hypercortisolism. They modified the traditional surgical approach, observed the procedure using a high definition video telescope, and improved their ability to localize the site by drilling pilot holes in the basisphenoid bone followed by computed tomography. Overall, the mortality rate was 19%, with 0 deaths occurring in the last 16 dogs. The investigators reported sustained tumor remission and normalization of laboratory findings in 20/21 (95%) dogs at 1-year follow-up. They concluded that the modified

trans-oral approach is a safe and effective strategy for long-term remission of hypercortisolism occurring secondary to pituitary adenomas.

Acknowledgements

Mr. Matthew Crotts, a medical illustrator in Educational Resources in the College of Veterinary Medicine at the University of Georgia, created the illustration used in this chapter.

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Choosing The Right Medication For Your Westie's Allergies: Partner With Your Veterinarian For The Best Results

By Valerie A. Fadok, DVM, PhD, Diplomate, ACVD

Senior Veterinary Dermatologist, Zoetis and past owner of 3 fabulous Westies with atopic dermatitis

Those of us who know and love the West Highland White Terrier know that some of them really suffer from allergies. I am writing this article as an allergic Westie owner, a veterinary dermatologist, and an immunologist with the hope that the information here will help you make the best choices you can if you have an allergic dog. We have learned a lot about allergies in dogs over the last 10-15 years, and this new knowledge has resulted in the development of better diagnostic aids and targeted treatments that are safe and effective. The term allergic dermatitis refers to any of the skin allergies we see, including those caused by fleas, by foods, and by contact allergens (relatively uncommon in dogs). Atopic dermatitis is the inherited predisposition to develop reactivity to environmental triggers such as pollens or molds or mites or danders; reactivity to food can be part of this disorder. Atopic dermatitis is the most difficult to control because we can't control the trigger factors. We can control fleas and we can control what dogs eat, but we can't control pollination! It is better not to have allergies, but the veterinary profession has so much more to offer our beloved itchy pets in the 21st century.

When we discuss medications, it is always important to define what we mean by the terms "safe" and "effective." Safe doesn't mean no risk; it means low risk. I talk about benefit:risk ratio whenever I prescribe a medication for my patients as

TESSIE BELLE BEFORE



TESSIE BELLE AFTER



well as my own dogs. In most dogs with atopic disease, the itch and inflammation are moderate to severe. When a medication is called safe, the very low risk of a drug side effect pales when we consider the daily suffering our allergic dogs experience. We want our dogs to have the best quality of life that they can. When we use the term "effective," we mean that the treatment controls the disease so that any remaining itch is tolerable.

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In my opinion, atopic dogs will always be more itchy than nonatopic dogs. But if they eat and play and sleep well, we and they can tolerate it.

It is also important to understand how medications are labeled when they are approved by the FDA. Drugs that dampen the immune response are called “immunosuppressive” which can sound scary; however, an overactive immune system is why dogs are itchy and red. Modern approaches reduce the immune response enough to keep dogs comfortable but not enough to prevent an otherwise healthy dog from fighting off viruses and bacteria. One of my favorite analogies to help explain this is the thermometer analogy developed by Dr. Thierry Olivry. He compares the immune system to a thermometer. Most allergic dogs have a “high temperature” immune system; we can give them a medication that cools it down so they are comfortable but they can still fight off infection. There are a very low number of dogs whose immune systems are marginal, and if they take

a drug that cools their immune response down, they might be at risk for infections. We can stop the medication and look for alternatives if these rare events occur.

Any new drug that affects the immune system is required by the FDA to have a warning that its use could increase susceptibility to infection and neoplasia. This warning is not based on the observation that these problems have occurred in dogs, but that the potential is there. Each of the companies that make these medications follows up on any adverse reactions that are reported, and this information is delivered to the FDA regularly.

Now let’s talk about treating our itchy dogs. Modern veterinary dermatologic care enables us to work with our veterinarians to develop an individualized approach to each patient, depending on his or her need. Customizing treatment is very important because allergies are forever. Atopic dermatitis is a lifelong inflammatory disease and our goal is to keep our dogs as comfortable as we possibly can throughout their lives. We do need to be realistic, though, because there will be flares. Our hope is that by partnering with our veterinarians we can reduce the flares and keep our dogs comfortable. Over half the dogs with atopic dermatitis itch year round and so they need treatment year round. We will start discussing our medication options, then talk about some of the things we, as owners, can do to maximize the benefit of the medications we use.

In the past, our only choice for the management of the itch associated with atopic dermatitis was to use a glucocorticoid (steroid). I call steroids the atom bomb of inflammation control. They are very effective and broad spectrum drugs, but they definitely have side effects that are undesirable, particularly if they are required over many years. Ciclosporin (Atopica®) offered the first effective nonsteroid treatment for atopic dermatitis. It is more targeted than glucocorticoids, in that it affects fewer parts of the immune system. Atopica® works to reduce the production of cytokines (inflammatory mediators) that promote an immune response. More recently oclacitinib (Apoquel®) and canine atopic dermatitis immunotherapeutic (Cytopoint®) have become available. The former is a drug that affects fewer inflammatory mediators than Atopica®, and Cytopoint® is a biologic agent that is specific for one cytokine (inflammation mediator) only. Apoquel® gets inside the cell to block the signaling of the molecules (cytokines) that stimulate allergic itch and inflammation. This drug works very quickly because it stops the signaling rather than the production of these itch and inflammation molecules. Most dogs will be much more comfortable within a few hours. Apoquel® was developed to be a replacement for steroids for short term use, but it has

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(Choosing the Right Medication continued from page 10)

been shown to be safe when used over many months to years. By contrast, Cytopoint® is a biologic agent. Specifically, it is a monoclonal antibody that was developed to block the itch molecule interleukin-31. It is given by subcutaneous injection every 4-8 weeks, and can be used throughout the year if needed.

So how do we choose the right medication for our pets? Most veterinarians agree that it is best to avoid the use of long term glucocorticoids because of the risks associated with them. Glucocorticoids affect almost every cell in the body. Their effects on the immune system make dogs more susceptible to infections in the skin, bladder, and other organs; there can be muscle weakness, thinning of the skin, and changes in function of the liver, kidneys, and adrenal glands. Glucocorticoid can affect heart function and even behavior. In the short term, glucocorticoids can increase water drinking and urination; our dogs may urinate in the house and/or beg to be let outside more often. And even in the short term, behavior can be changed. Dogs may be more grouchy than normal with other dogs in the house and even with us. Having said that, glucocorticoids have been the mainstay of treatment for years. Whereas they were my first choice as a dermatologist to control itch in an allergic dog, they are now my last choice. If your dog needs to take glucocorticoids for any disease, partner with your veterinarian to achieve the lowest possible dose that controls the disease. I have lived with 5 atopic dogs who have taken glucocorticoids, and each of them has struggled with excess urination, often in the house.

When would we choose Apoquel®? Apoquel® is a great choice when we want to stop the itch quickly. It is absorbed into the body rapidly and stops itch in many dogs in less than 4 hrs. In fact, when compared to prednisolone (a glucocorticoid), it is just as effective. Apoquel® is a great choice for a dog that develops a hot spot associated with fleas or other allergies. It has a very flexible dosing schedule that allows us to use the drug for the time needed. Apoquel® has been approved by the FDA for use in dogs one year of age or older, and because it does dampen parts of the immune system, it shouldn't be used in a dog with a serious infection (e.g. pneumonia or urinary bladder), or a dog with an active cancer. The most common side effects are upset stomach and diarrhea, but these side effects occur in less than 5% dogs. Much more rarely, dogs can develop viral papillomas (warts), demodicosis, and infections in organs other than the skin. I have found that the vast majority of dogs tolerate Apoquel® extremely well, and it has given my patients a quality of life that they had never had before. If your dog does well with Apoquel® taken once a day, then it can be used for long term

allergy management. For more information you can type this URL into your web browser.

<https://www.apoqueldogs.com/>

When would we choose Cytopoint®? Many of us would prefer that our dogs not have to take a drug every day for years. In that case, Cytopoint® can be a great choice because it is not a drug and it is not immunosuppressive. It affects one cytokine only and that cytokine (IL-31) is not essential for normal immune function. As a biologic agent, it can be ideal for the management of atopic dermatitis. The USDA recently expanded the label, so Cytopoint® can be used for any allergic itch, which is great for dogs in which we would hesitate to use Apoquel® (e.g. dogs less than a year of age, dogs with serious infections, and dogs with active cancer). We are recognizing allergies in dogs as young as 4-6 months, and it is great to have an option other than steroids to control their itch. Side effects have been rare; they include the possibility of hives but this side effect is extremely uncommon. It is given as an injection every 4-8 weeks, or as needed to control itch. It doesn't require daily administration of a pill and it is great for those of us who travel a lot. If you have tried Apoquel® for your dog and it hasn't provided the relief you for which you hoped, consider Cytopoint®. A recent publication from Colorado State University showed that 70-80% of dogs who were poor responders to Apoquel® did very well with Cytopoint®. For more information on Cytopoint®, visit the website listed below.

<https://www.cytopoint4dogs.com/>



(Continued on page 12)

When would we choose Atopica®? Atopica® has been used successfully for over 15 years, and has a history of efficacy and safety recently lauded in the Veterinary Journal in 2014. Veterinary dermatologists have used this drug successfully to help control the itch of atopic dermatitis, particularly during the induction phase of allergen immunotherapy. It is not good for sudden itch, because it takes a good 4-6 weeks to be fully effective. The most common side effect is vomiting and diarrhea, which can occur in 20-30% of dogs; in most dogs, these gastrointestinal side effects are transient and easy to control. Some dogs will develop gingival hyperplasia (overgrowth of gum tissue) and Westies appear to be a breed predisposed to this side effect. Atopica® is approved for use in dogs six months of age and older, and should not be given to dogs with cancer or serious infections. As an owner and a veterinary dermatologist, I would choose Atopica® for those dogs who failed to respond well to Apoquel® or Cytopoint®. If a dog is doing well with Atopica and you have been able to reduce the dose to 2-3X a week, I would not recommend changing just to try something new. We don't want to fix what isn't broken! For more information about Atopica®, please visit the website below.

<https://us.atopica.com/>

Now that we have great choices to control the itch, what can we do to maximize control of atopic dermatitis? I still believe in allergen immunotherapy, whether given by injection or drops; it is the only treatment we have that can change the abnormal immune system. It can prevent the progression of the disease and reduce the need for medication over the lifetime of the dog. While we don't have firm evidence, many veterinary dermatologists believe that this approach works better when a dog is young. Their immune systems are more plastic and better able to be molded. The best candidates are young dogs who have moderate to severe itch nearly year-round. I do think that Westies can do very well with immunotherapy. My three certainly did. I tell people that this approach is an investment in their dog's future. It won't work today but hopefully in a year the dog will need less

medication. We can use Atopica® or Apoquel® or Cytopoint® as we wait for the immunotherapy to work.

One of the most important aids in the management of atopic dermatitis is the best ectoparasite control we can provide. We know that even in dogs without classic flea allergy, fleas will induce flares of atopic dermatitis. We now have isoxazolines, the best and fastest flea and tick killers ever, and these medications kill mites and lice as well. There are 4 brands: Simparica®, Nexgard®, Bravecto®, and Credelio®. You can speak with your veterinarian about which product they would recommend. The International Committee on Allergic Diseases of Animals recommends that an oral fast acting flea control medication be given to all atopic dogs year round. Using good ectoparasite control helps our anti-itch medications work better.

Bathing can be tremendously helpful to dogs with allergies. It reduces infection and removes allergens from the skin. I favor the shampoos with skin barrier lipids in them. Dogs with atopic dermatitis have a more porous skin that increases their susceptibility to infection and very dry skin. Using shampoos, sprays, mousses, or spot-ons with phytosphingosine (e.g. DOUXO®), ceramides (e.g. Biohex™), or fatty acids (e.g. Dermoscent® line) help the skin repair itself and reduce infections.

It is important to learn whether your dog has food allergy along with pollen allergy. In spite of all the advertising, none of the serum, hair, or saliva tests with claims to diagnose food allergy are effective in telling us what foods are allergenic in our dogs. Two of our veterinary dermatology colleagues recently published papers in which they reported the results of sending fur from a stuffed dog, along with saline, to these labs. The stuffed dog had lots of positive reactions! And so did sterile saline! The only effective way to diagnose food allergy is to use a diet containing ingredients your dog hasn't eaten before for at least 8 weeks. Then challenge with the old diet. Your veterinarian can help you pick the right diet for your dog. Even if your dog doesn't have food allergy, good nutrition helps! Diets that contain the right balance of omega fatty acids

(Continued on page 13)



have been shown to reduce skin inflammation and even a little bit of the itch. Again, this approach can maximize the benefit of our anti-itch medications.

What do we do when our allergic dogs flare? It is very important to come back to basics before we worry about a medication failure. Are we giving our flea control correctly? Could our dog have become infested with the scabies mite? Coyotes, red fox, and raccoons can carry this mite into our backyards even in cities, and we don't always find these mites on skin scraping. Has our dog developed an infection with staphylococcal bacteria or yeast? Our new targeted allergy medications were never

meant to control the itch of these infestations and infections. It is true, though, that some dogs are so allergic that they can break through what we are doing and need some extra help during bad pollen seasons, even if they don't have fleas or infections. We can give Cytopoint® with Apoquel® or Atopica® or even steroids if needed. We do not like to mix steroids with Apoquel® or Apoquel® with Atopica® for longer than 3 or 4 weeks, but Cytopoint can be administered with any of these medications.

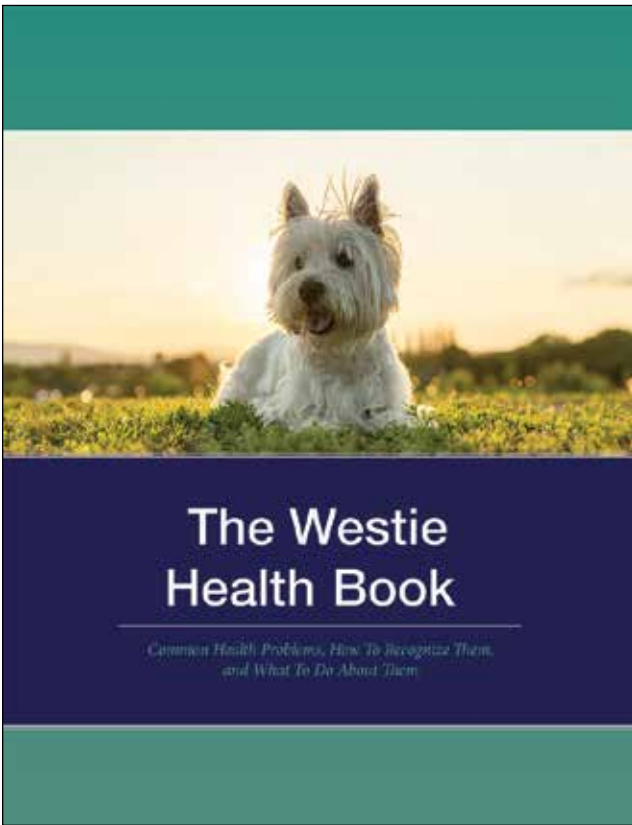
Living with an allergic dog can be hard, but we now have many good choices to treat their disease. Work with your veterinarian to find the way for your dog.

New Laboratory For CMO Testing

By Kay McGuire, DVM, MS

Most Westie owners have been submitting the genetic test swab for Craniomandibular Osteopathy (CMO) to Optigen. Optigen has been sold to the Mars Company which supplies the Wisdom Genetic and Health Panel. The Wisdom S is a genetic profile that will test for all known Genetic mutations, even those which do not affect our breed. The average cost of this profile is \$150 with an approximate two week turnaround time.

Vetgen Laboratories will now process the CMO test for \$55/sample. Go to Vetgen.com for information. The test is prepaid online or by telephone, **(800) 483-8436 (US & Canada)**. If you have multiple samples and call Vetegen's number between 9 AM-4 PM EST, they will provide a small discount. They will supply the test kit and return mailer.



PRINTED COPIES OF **THE WESTIE HEALTH BOOK** ARE NOW AVAILABLE!

A printed copy of **THE WESTIE HEALTH BOOK** provides an easily accessible reference to help ensure your Westie's health. There are up-to-date sections on health, breeding, genetics, common diseases, complementary and alternative medicine, and sections on each of the health problems affecting our beloved Westies, written by the foremost researchers and veterinarians who have the greatest knowledge about the health of our breed.

GREAT GIFT FOR YOURSELF, YOUR VETERINARIAN, OR A NEW WESTIE PUPPY OWNER!

LINK TO WFA WEBSITE ORDER FORM: westiefoundation.org/westie-e-book.html
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Let the IRS Help

By Tom Barrie

Making a contribution to the Westie Foundation should be a convenient, efficient process. In addition to the satisfaction of supporting Westie health research, one of the benefits of contributing is the income tax deduction which is allowed for charitable contributions. The 2018 tax law changes may reduce the benefits to the donor by making the standard deduction large enough that charitable deductions, with other deductions, do not exceed the standard deduction allowance. For some, the new increased standard deduction will make itemizing deductions of no benefit to the taxpayer.

Donating investments—especially highly appreciated securities—instead of cash can be a very effective and tax-efficient way to support a charity. Generally, if your assets have appreciated in value, it's best not to sell securities to generate the cash you need for a donation. Contributing the securities directly to the charity increases the amount of your gift as well as your deduction.

You can usually deduct the full fair market value of appreciated long-term assets you've held for more than one year, such as stocks, bonds or mutual funds. In addition, if you donate stocks or other investments, you pay no capital gains tax. Yet the charity receives full value of the gift.

This method will maximize the effect of your gift to the Foundation by donating appreciated assets, such as stocks, bonds or mutual funds. Especially after a period of escalating stock markets, the value of many stocks will include unrealized gains. By making a donation of appreciated stock, the recipient gets the current appreciated value, and the donor is allowed the deduction for that value. No tax is due to the donor on

the appreciation – the charity pays no tax: in effect, a tax-free transaction.

Many retired individuals are faced with IRA Required Minimum Distributions (RMD). Specified amounts must be withdrawn each year or the owner faces major penalties. Again, in this case, if the owner chooses to make a donation out of this withdrawal, he should make it as a direct in-kind donation

to the Foundation, avoiding personal taxes on the donation, yet fulfilling the obligation for the RMD. This process is called an IRA Charitable Rollover, and allows a donor to lower their adjusted gross income and therefore their overall tax liability.

Since fewer taxpayers are itemizing their tax deductions, it may make sense to “double-up” your contributions by making double contributions in one year.

Every Broker will have the forms on their website necessary to make a direct stock transfer, or contact your customer representative to get the information you need.

Donors electing to make securities donations should contact Gary Sackett, WFA Treasurer, treasurer@westiefoundation.org or Jim McCain, Donor Manager, catercain@gmail.com for necessary information on where the donation is to be sent.

Of all the itemized deductions available to you, the charitable deduction is perhaps the most flexible in that you can control both the amount and the timing of your donations. And, as with all tax decisions, it's a good idea to consult with a tax or financial advisor to determine the best charitable-giving strategy for your situation.



SUPPORT THE WFA CAUSE

Our **2019 Facebook auction** is scheduled for **August 16-18**. We will have tons of unique Westie items and some nice buy it now items. Last year we auctioned off over 500 items, including our buy it now items, so we hope to surpass this in 2019. This is a great and fun way to support the WFA cause.

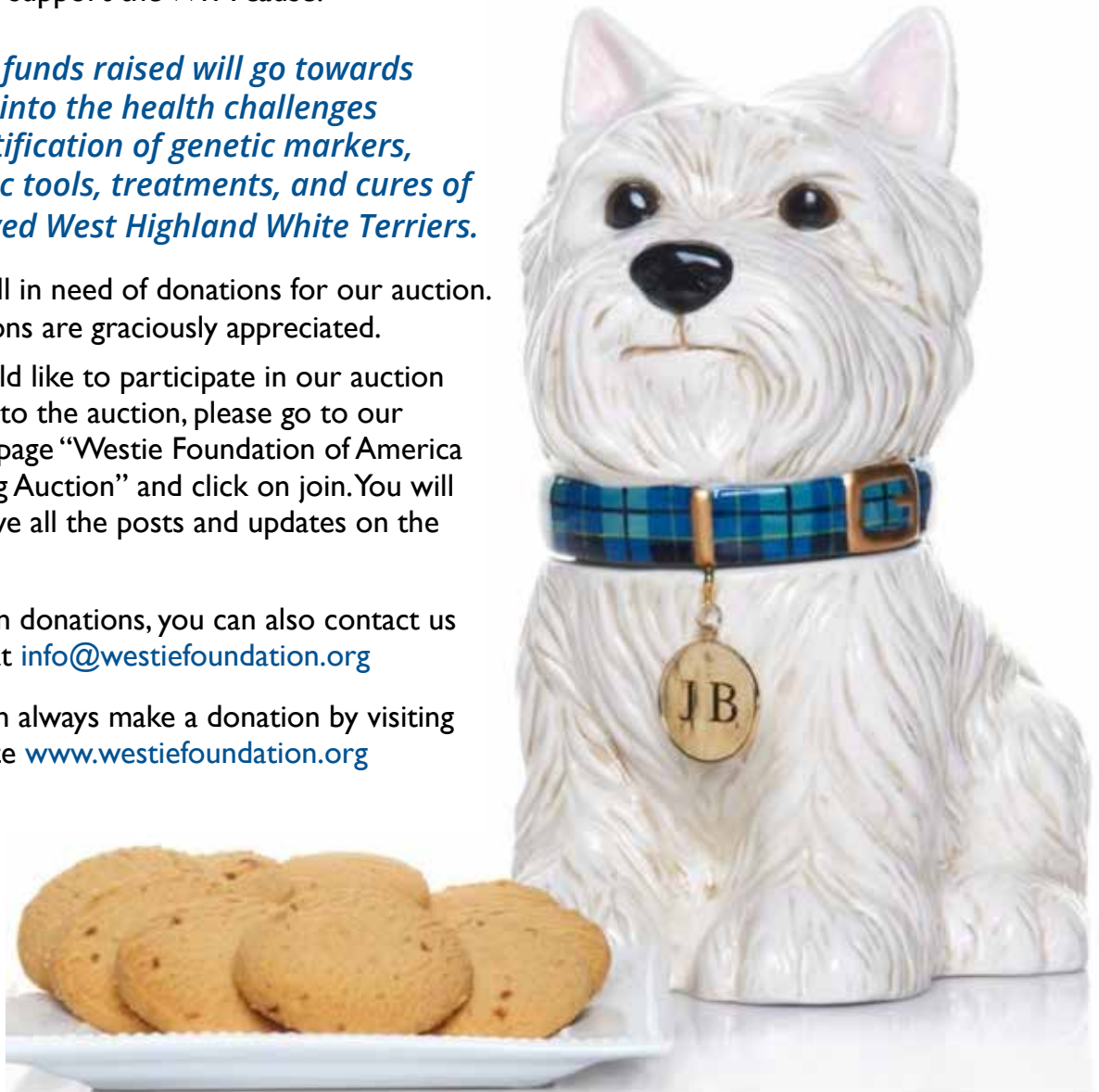
All of the funds raised will go towards research into the health challenges and identification of genetic markers, diagnostic tools, treatments, and cures of our beloved West Highland White Terriers.

We are still in need of donations for our auction. All donations are graciously appreciated.

If you would like to participate in our auction or donate to the auction, please go to our Facebook page “Westie Foundation of America Fundraising Auction” and click on join. You will then receive all the posts and updates on the auction.

For auction donations, you can also contact us by e-mail at info@westiefoundation.org

Or you can always make a donation by visiting our website www.westiefoundation.org



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Getting to Know the Foundation Board



Mr. B. Dean, and Marni

Dean Nelson, CPA

WFA Director

When Rhonda and I married in 1979, she moved to Anchorage, Alaska with two dogs, Monique, a Poodle and Jake, a Cairn, and three Siamese cats.

When Monique passed away at 18, Rhonda gave me Jenny as a father's day gift, our first Westie. Jenny had one puppy, Benjamin. When Jenny passed of old age, we acquired Megan. Then came Marni and Mr. B. Our household has had two Westies since 1990.

I am a retired CPA, having spent thirty-five years as an audit partner with Ernst & Young and Deloitte. After attendance at Westminster in 2014, Crufts in 2015, and Montgomery shows for several years, and developing close relationships with members of the Westie community, I was asked to serve on the Finance Committee and finally the Board. I am pleased to be a director and proud to serve.

My wife, Rhonda Roberts, has significant involvement as an owner, assisting with breeding and grooming activities, and participating with our dogs in barn hunt, earth dog and tracking, with scent work and rally on the horizon.



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WFA's Wills, Gifts and Bequests package can help you make arrangements to ensure our Westie breed's health will be cared for into perpetuity. www.westiefoundation.org/legacyalliance



Westie Cartoon Caption Contest

Create the winning caption for this Westie cartoon. Please send your caption to bjpinter@msn.com before July 15, 2019. The winner will be announced in the next newsletter with his/her caption.

Create a Caption for this Cartoon

Copy of original watercolour by Ruth Sutcliffe, England



Winning Caption of Last Cartoon! Cynthia Hintz



“Hey, Dasher! How come WE do all the work and HE gets all the milk and cookies??”



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St. Louis, MO 63129
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