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***Anxiety, phobias & medical treatment.***

**[Separation Anxiety, Fears and Phobias](#)** by Diane Frank, DVM,  
Diplomate ACVB

**[Separation and other Anxiety disorders in Dogs](#)** by Dr. Michael  
Richards, DVM

**[Thunderstorm Anxiety & Storm Phobia](#)** by Gloria Manucia, PhD. M.C.P

**[Thunderstorm Phobia](#)**

**[Fearful Dogs](#)**

Web site dedicated to helping fearful dogs and their owners.

## Canine Fearfulness

Includes sections entitled "Don't let phobias put your dog in a tailspin," "Socialization and fearfulness toward other dogs," and "Shyness/fearfulness toward people."

## Dealing with Sound Phobias

Sarah Heath BVSc DECVBM-CA MRCVS

Proceedings of the World Small Animal Veterinary Association Sydney, Australia – 2007

How do antidepressants work (in dogs and the rest of us)? by Jessica Perry Hekman, DVM, MS

*At the first or earliest signs of your young or adult dogs of any anxiety phobia or any (experiences) other phobia behaviour ... **take this problem seriously** for the sake of a happy dog - immediately start behavioural and or medication treatment (sooner rather than later) - **particularly if signs are getting worse.***

Some dogs react to high-pitched beeping sounds, such as cell phones, pagers, alarms, the microwave oven, gunshots, fire cracker "various loud noises – the list goes on) and might develop many other behaviour phobias.

## **Looking at supplements for calming/anxiety.**

If your dog is noise phobic, thunder, has trouble in the car while traveling or air freighted, or experiences nervous situations.

First try natural methods of treatment first, then realize that there are also prescribed medications that can offer your dog quality of life that may not be obtainable in any other way.

Sometimes the dogs need a little something to help them get over the edge and remain calm during certain situations.

Use something 100% natural, all human grade and non-habit forming.

### **Looking at medical drug therapy.**

You might be looking at behavior-altering drugs to help “some” dogs. Consult your Vet - the usual methodology is to start with a low dosage, and then increase if no improvement is seen after 3-4 weeks. Treatment must continue for at least 6-8 weeks before you can know for sure whether it helps.

*Psychopharmacology of behavior phobia problems, including – social anxiety, agitation associated with depression, aggression, reactivity, stress, noise fears, fears, panic, compulsory obsessive disorders (tail chasing), separation anxiety, avoidance disorders, including post-traumatic stress disorders.*

For your reference - Plumb's Veterinary Drug Handbook have the most current information on drug dosages and interactions – you need to consult with your vet).

Some of the following is taken from this source, and some from various papers written by noted veterinary behaviorist Dr. Karen Overall and other veterinarians.

### **Treatments.**

Treatments including Melatonin

Adaptil

dog appeasing pheromone products (diffusers, collar, and spray)

counter-conditioning

**but then again none of these might really solve the problem.**

Most growing dogs normally **start of confident** but cautious with some people or scenarios **but not fearful**, and eager to explore new places.

During environmental stimuli when the dog encountering certain noises (the unknown) can either excite or leads to fear phobias - they bark, cry, pant, pace, tremble, try to hide, dig compulsively both indoors and out (to the point of making their nails bleed), might chase and bite their tail **and seek safe human attention and comfort** .

**Important to understand** by over protecting or comforting while still hearing the noise ... **it might be the end of it or the beginning of a lifelong phobia.**

Understanding the dogs phobia it's important to know **not to** reinforce or punish the attention-seeking behaviors even if distracting attentions helps while it is applied - then in most cases ... only as long as this attention can be kept up the dog might calm down but when stopped or left on its own to cope with it the phobia and fearful behaviour will be back it all intensity.

Even TCL, stroking and talking – **nothing** might really made any difference.

Exposure to some **new** or continuous work shop noises – construction in progress stumping, drilling, grinding and excavating digger noises – back fire of a vehicle or gun shots and fire crackers noises, motorbikes – all the foreign new sounds that the dog never heard before or now will bothered them, such as alarms, lawnmowers, leaf blowers, loud trucks and busses, and even the sound of other dogs barking, might now frightened them or cause unease.

This can manifest fear and flight behaviour relating to any noises - reacting to the sound of bird taking off - night awakenings, pacing, panting, and unable to rest and pawing, crying barking to get out of "confinement" – the locked up house, room kennel or yard – escalating to **"generalized anxiety disorder (GAD)"**.

Such dog owners will want give up and decide they can't live like this – the problems they then have with complaining neighbors – the dog escaping confinement – the damage this dog causing, generally to possessions and property and to themselves – the financial implications – the list might carry on.

Then for some dog owners we are talking about their dog – their APBT – their companion animal and family dog.

### **About the option of anxiety medications (anxiolytics).**

The purpose of this article is informative.

All of the following medical drugs describes are prescription medications.

It is also important to consider behavior modification for your dog fist {see articles relating to this on this website}, as drugs alone will rarely resolve

a severe anxiety phobia problem by themselves, just as behavior modification alone often will not work without drugs.

Therefore the importance for you as a dog owner is to consult a professional dog behaviorist (veterinary or otherwise) that can truly help you with these phobia behaviours.

**Note!** - it is important that you work closely with your veterinarian for specific on dosages, or with the professional dog behaviorist, when using anxiolytic drugs. Suggested examples mentioned in this article is from qualified professionals and researched information.

### **There are several different types of anti-anxiety medications.**

Again be advised by your vet.

**Benzodiazepines** are a fast-acting drugs and prescribed to be used on an as needed basis, **or** in combined with longer-acting drugs for a quicker response and when a little more help is needed.

## **Tricyclic antidepressants (TCAs)**

## **Selective serotonin reuptake inhibitors (SSRIs)**

## **Azapirones**

Are drug treatment that will only be effective in time and must therefore be given continuously, and require several weeks to become fully effective.

Dogs with frequent or severe anxiety will benefit from these longer-acting drugs to decrease overall anxiety and reactivity.

Following this informative summary of the different types of anti-anxiety drugs, what they are commonly used for will give you direction with what you need to know before using them.

With the exception of "Clomipramine", the use of these drugs has not been approved by drug companies and have not been submitted to the necessary research on dogs.

However, many of these drugs were tested on animals before their use in humans, and they have been used off-label by many vets.

## **Looking at Sileo - introduced in 2016 by Zoetis**

Dexmedetomidine oromucosal gel - designed for dog owners to administer before or at the time of a fear, anxiety or other phobia - to eliciting noise stimulus, it is approved treatment specifically for animal noise aversion – e.g. thunder and fireworks.

Sileo has a rapid speed of onset, typically taking effect within 30 to 60 minutes after application.

It is squirted into the cheek pouch (in the mouth), and each dose lasts two to three hours.

Suggested dosage (clear with your vet first) Sileo can be re-dosed as needed every two hours, up to a total of five doses per one event.

*Some initial feedback from some dog owners on using Sileo medication - is mixed:*

"I only found a slight calming are seen at first but it is not very noticeable and definitely not something they would consider and answer to the dogs problem"

"It seems to have no effect on the dog with major anxiety about long car rides.

But worth mentioning that the syringe is only good for 48 hours after opening, making this a very expensive option"

"In treating my dog - the dog slept through the neighbors setting of fireworks that would normally cause my dog to tremble and hide"

The rescue dog who was terrified of thunder and fireworks received about six doses of Sileo over two to three weeks during a time with fireworks display -

while it didn't seem to help at the time, but the next time during a thunderstorm it was noted this dog no longer reacted to the thunder. The improvement has continued, and the dog will even go outside to potty during thunderstorms now."

Nothing else changed - was it likely Sileo was responsible for these positive changes?

### **Looking at Benzodiazepines (BZs)**

Benzodiazepines are fast-acting drugs that can be used on an as-needed basis for dogs that need periodic help with anxiety, such as those afraid of thunder or fireworks.

They can also be used in combination with TCAs or SSRIs when first starting treatment to hasten the effects, or on an ongoing basis, either regularly or as needed to prevent or lessen acute anxiety episodes.

For example, one might use a benzodiazepine with tricyclic antidepressants for a dog suffering from separation anxiety with a panic component.

**Note!** - the effects of BZs do not last very long, usually only a few hours.

**Note!** - when used continuously, they create a physical dependence – realize these are addictive drugs.

Benzodiazepines commonly used with dogs include Alprazolam (Xanax), clonazepam (Klonopin), and diazepam (Valium).

These drugs are used to treat anxiety, noise phobias (including thunder phobia), panic attacks, and separation anxiety.

**Please note!** They should be used with caution in fear-aggressive dogs, as they may lower fear-based inhibition and increase the likelihood of the dog biting.

Their safety range is very wide, and they can be combined with most other medications, including TCAs and SSRIs, as well as with pain medications such as tramadol.

They can also be used together (with dosage of each reduced proportionately).

As with **all** anti-anxiety medications, you should start with a low dose for your dog and increase only as needed.

*Dr. Overall. "The key to treatment for noise phobias and panic is to give the Benzodiazepines early and often" says*

### **Clonidine.**

Dr. Dodman has had a lot of problems with Xanax (alprazolam causing paradoxical excitement in dogs.

He now prefers using **Clonidine** instead when quick action is needed.



Clonidine helps with storm phobias, noise phobias, separation anxiety, and other types of fear-based behavior problems.

*(See Other Drugs below for more information.)*

Now Dr. Dodman's first choice is a combination of Prozac (fluoxetine) and Clonidine - for dogs with storm phobias, while in the past he has used Clomipramine and Alprazolam (Clomicalm and Xanax).

**Alprazolam** is Dr. Overall's drug of choice for dogs with storm and noise phobias and dogs who panic.

It takes effect very quickly, within 20 minutes of being given, and does not tend to cause sedation.

Alprazolam has some effect if given after the dog becomes anxious, but it works far better if given ahead of time.

For dogs with thunder phobia, it should be given whenever a storm is expected, rather than waiting until it arrives, though more can be given at that time during the storm, if needed.

The recommended dosage range is quite wide, with the highest dose being 10 times the lowest dose.

**Clonazepam** is used less frequently than Alprazolam, as it takes a little longer to be effective, but it is also longer lasting.

**Note!** - Clonazepam is addictive so once you achieved results slowly reduced the dosage.

Then give Melatonin (3 mg) plus a very small dose of Alprazolam (0.25 mg) instead daily.

There are two recommended dosage levels for Clonazepam - one for seizure control, and one for anxiety.

**Note!** - it is important to be aware of this, as the dosage for seizure control is much higher than that used for anxiety.

Thereafter very slowly reducing the Clonazepam dosage.

**Diazepam** is more sedating than the other drugs in this class, and may have less "anxiolytic" effect, so it is generally not recommended for anxiety.

It is the shortest-acting of this drug class in dogs, and does not take effect as quickly as the others.

**Note!** - In Dr. Overall's article he discussed the use of Alprazolam for noise phobias (see "References" below).

**Alprazolam** - With starting at 0.25 mg (0.017 mg/kg), it had little effect - with 0.50 mg (0.03 mg/kg), it seemed to help.

Giving this dosage the dog usually settle down within an hour after getting the medication but later on will wake you up again – it also seem it wasn't enough.

The vet then suggested an increased dosage of Alprazolam at bedtime before the dog became anxious.

Rather than giving 0.50 mg (barely enough to help) increase to 0.07 mg/kg. This made a *huge* difference and giving 0.1mg/kg 8 hourly and the dog slept without anxiety through the night thus controlling the anxiety phobia.

Switching to Clonazepam because it should have a longer lasting effect and the recommended dosage range of Clonazepam for anxiety in dogs is similar to that for Alprazolam it was found the same dosage (1 mg) was not enough. Then the increased the dosage to 2 mg (0.13 mg/kg), still well within the recommended range - giving this amount twice a day, at bedtime and after breakfast the dog was able to sleep through the whole night.

### **Azapirones.**

There is only one drug in this class used with fear and anxiety dogs:

### **Buspirone (BuSpar).**

Buspirone is now also being used to treat dogs for phobias and other anxiety disorders, including fear aggression, especially if accompanied by signs of poor socialization.

**Note!** It is not helpful for panic disorders, **but** is effective for more generalized anxiety.

Because Buspirone has few side effects and does not cause sedation.

Dr. Dodman's first choice is Buspirone is for treating generalized anxiety and noise phobias, but he says it's important to give a high enough dosage.

### **Dosage.**

He recommends starting with 1 mg/kg twice a day, increasing to twice as much if needed.

Buspirone also helped a dog that was growling and urine-marking after the arrival of a new baby.

It is an excellent first choice for treating dogs with aggression or anxiety that is not too severe.

It must be given continuously for at least four to six weeks in order to determine whether or not it will help.

Again, it's best to start at a low dose and increase if needed.

Buspirone can be combined with TCAs or SSRIs, *though it is questionable whether this helps or not.*

### **Tricyclic antidepressants (TCAs).**

Tricyclic antidepressants are used with dogs to treat anxiety, panic, phobias, and obsessive compulsive disorders, such as shadow chasing and lick granulomas.

They are also used to treat aggression that is caused by underlying anxiety.

Dr. Dodman prefers using SSRIs to TCAs, as the effects are similar but SSRIs are safer.

Combining Clomicalm with behavior modification therapy (BMT) for separation anxiety achieves a faster response than using BMT alone, but after three months, the results are similar.

The Tricyclic antidepressants most commonly used with dogs are **Amitriptyline (Elavil) and Clomipramine (Clomicalm)**.

The general recommendation is to start with a low dose, then increase every two weeks as needed.

These drugs do not take effect immediately, and several weeks' treatment may be needed before their effectiveness can be fully ascertained.

Side effects.

The most common side effect of TCAs is sedation and anorexia (loss of appetite), but usually goes away after a few days.

Giving with food and dividing the dosage between meals may decrease gastric side effects.

Dr. Dodman feels amitriptyline is not as effective as Clomipramine.

**Prozac** is equally or more effective than Clomipramine, and is safe and inexpensive, so it would be a better choice than Amitriptyline, but his preferred medication for anxiety is **Buspirone** (see above).

Some vet prefers to use Amitriptyline as the first choice when treating anxiety, not because it is the most effective drug, but because they feels it is safer than Clomipramine. It is also inexpensive.

Amitriptyline's most common side effects are dry mouth and sedation. It is well suited to dogs with relatively mild anxiety disorders, including anxiety-related aggression and submissive urination.

**Note** - It is not useful for compulsive disorders.

Amitriptyline can relieve chronic pain, and has some action as an anti-histamine.

**Clomipramine** is best suited for situations involving anxiety, including separation anxiety, as opposed to reactivity.

**Note!** - Clomipramine is also very effective at treating compulsive disorders.

**Note!** TCAs can cause bone marrow suppression.

It's important to do blood work a couple of weeks after starting this drug (as well as before, for older dogs), then monitor every six months to a year thereafter.

Amitriptyline for noise phobia -25 mg (1.7 mg/kg) twice a day, then increased to a very high dosage of 25 mg three times a day after a month.

The dog tolerated the drug very well, no problems with sedation or other side effects.

However, as time went on, no improvement in behavior, even after an increased dosage.

**Clomipramine (Clomicalm)**. 20 mg (1.3 mg/kg) twice a day. After two weeks increased to 25 mg (1.7 mg/kg) twice a day.

The dog tolerated it well - no stomach upset, and blood work was normal after two weeks.

After three weeks - no improvement but got much worse after weaned off the drug. It is very important not to give up too soon when giving TCAs or SSRIs.

### **Selective Serotonin Reuptake Inhibitors (SSRIs)**

Because of their safety margin, Dr. Dodman does not feel it is necessary to do blood work or other tests prior to starting healthy dogs on SSRIs. All of the follow-up blood work he has done over twenty years has been normal.

Aggression and separation anxiety generally respond very quickly (within a week) to the use of medications, while depression and compulsive behavior may take up to several months.

**Tryptophan**, an amino acid supplement, can be combined with Prozac for dogs with low serotonin levels.

Buspirone can also be combined with Prozac to increase the release of "serotonin."

Serotonin-enhancing drugs help in fearful conditions by stabilizing mood.

These include "social anxiety," storm phobia, noise phobia, and separation anxiety.

SSRIs are antidepressants and anxiolytics, used to treat aggression, separation anxiety, generalized anxiety, panic disorders, and obsessive-compulsive behaviors.

SSRIs are stronger, more effective and longer-acting than TCAs, and may take longer to fully assess their effects.

They are considered safer than TCAs, but they can have side effects, including gastric upset and sedation.

It is important to do blood work before starting, especially for older dogs, and monitor periodically after that.

SSRIs can be combined with TCAs using low-end doses of each, which may help them take effect faster and lessen the chances of side effects.

**Fluoxetine (Prozac)** is the most commonly used SSRI with dogs.

Others include **Sertraline (Zoloft)** and **paroxetine (Paxil)**, all with similar potential side effects, though **Paroxetine is more difficult to wean off** and may have a shorter half-life, leading to more variation in its effects. Fluoxetine is used to treat aggression, obsessive-compulsive disorders,

separation anxiety, panic and avoidance disorders, including post-traumatic stress disorder.

Fluoxetine is also an aid for conditions involving reactivity, including some forms of aggression.

## **Looking at fluoxetine treating canine OCD?**

By [Avi Blake, DVM](#)

Fluoxetine is commonly prescribed for people suffering from OCD, and a veterinary-approved formulation is available for the treatment of separation anxiety in dogs.

A study recently published in the *Journal of the American Veterinary Medical Association* sought to determine the efficacy and safety of fluoxetine for the treatment of canine compulsive disorders.

This randomized, controlled clinical trial included patients that were diagnosed with a compulsive disorder by three independent board-certified behaviorists.

The dogs were given complete medical examinations before being included in the study.

Additionally, the owners were instructed not to change their interaction with the dogs and were not given any behavior modification information or training.

The results of this 42 day trial showed that fluoxetine may be efficacious in these cases.

A significant number of owners in the study reported a decrease in the severity of the compulsive disorder, but the duration of the longest daily episode and the number of daily occurrences did not change.

The side effects of the medication appeared to be mild and generally lasted only the first two weeks of treatment.

This study did not seek to determine whether combining this treatment with environmental and behavior modification would be superior to

medical treatment alone.

Concurrent behavior modification is recommended when using fluoxetine for the treatment of canine separation anxiety.

Additionally, in human cases of OCD treated with this class of drug, there is a reported lag time from the onset of treatment to evidence of therapeutic effects. Consequently, patients with canine compulsive disorder may require a longer treatment period before more significant improvements are noted.

While the findings of this study are not definitive, they do open the door to improved treatment options for these difficult cases in the future.

Irimajiri M, Luescher AU, Douglass G, et al. Randomized, controlled clinical trial of the efficacy of fluoxetine for treatment of compulsive disorders in dogs.

*J Am Vet Med Assoc* 2009;235(6):705-709.

Link to

abstract: <http://avmajournals.avma.org/doi/full/10.2460/javma.235.6.705>

**Paroxetine** is used to treat depression, social anxiety, and agitation associated with depression.

**Sertraline** is useful particularly for generalized anxiety and panic disorder.

25 mg to 37.5 mg (2.5 mg/kg) once a day.

Fluoxetine at a low dose of 10 mg (0.7 mg/kg) once a day, and then increased to 15 mg (1 mg/kg) after two weeks – initially some loss of appetite and sedation experienced with this medication for the first few days.

The blood work was fine on rechecking after a couple of weeks on this



drug. The treatment was helping, but the dog was still on edge and overly reactive.

**Looking at other factors influencing behaviour – anxiety, agitation associated with depression, aggression, reactivity, stress.**

Chronic pain could be a direct cause of behaviour.

Because many medications can be dangerous to combine with SSRIs or TCAs, be careful what pain medication you use during this treatment.

**Don't stop too soon.**

The SSRIs (fluoxetine and sertraline) and the TCAs (particularly clomipramine) will only prove to help more after a few weeks before they reach full effectiveness while benzodiazepines will prove to be quicker-acting and therefore do not question the value of these slower-acting drugs.

It is suggested then if on TCAs, SSRIs or Buspirone to not give up too soon, keep using them for at least one to two months and preferably longer, before deciding that they're not working and before giving up. If needed, you can combine them with the quicker-acting benzodiazepines to get some relief while waiting for the other drugs to take effect.

Although only the Benzodiazepines are physically addictive, it is important to wean off all anti-anxiety medications slowly, reducing dosage gradually every one to two weeks, rather than stopping abruptly.

Stopping SSRIs and TCAs too quickly can result in symptoms returning. Stopping Benzodiazepines too quickly can lead to seizures; they must be weaned slowly as they create physical dependence.

Plain logic that when you find medications that work, you need to continue to give them for some time.

A dog must be treated with SSRIs or TCAs for a minimum of three to

five weeks before you are able to assess the effects; then, you must maintain treatment until all the dog's symptoms are gone or are at the same low, consistent level, for at least another one to two months.

Treatment should be continued after that for at least as long as it took to achieve that level, before even beginning to think about weaning them off.

Total length of treatment should be a minimum of four to six months.

One of the common mistakes are always trying to give the minimal drugs possible;

every time you would see improvement, trying quickly to reduce the amount of drugs the dog was getting, to only find the dog relapsing and again getting worse.

Realize it takes time to overcome anxiety disorders; they do not go away overnight.

#### **Aftercare.**

If needed, be prepared to keep the dog on these drugs for the rest of their life – that is if the dog is tolerating them well, with no side effects and continued normal blood work checkups.

If the improvement is so dramatic you might consider discontinue the treatment.

I have come to realize that there is no harm in relying on drugs when they are needed.

#### **Drugs should never be the first choice.**

Anxiety drugs should never be treatment as a first choice, before trying to address anxiety with natural methods and active programs, but when a dog's quality of life is at stake, the drugs can perform miracles.

After care - Sertraline (37.5 mg once a day) - Clonazepam 1 mg in the morning and 2 mg at night.

Occasionally when needed ... at night Melatonin (1.5 to 3 mg) and

Alprazolam (0.25 mg.

When phobia escalates give more Alprazolam - every half hour to an hour until the dog settles down.