"Management of Chronic GI Disease under COVID-19 Restrictions"

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Vomiting and diarrhoea are seen very commonly in first opinion practice. How do you manage these cases when they become chronic?

VVS have produced this guide to help you to manage these patients during the challenges of COVID-19 restrictions.

For patients initially presenting with vomiting and diarrhoea, it is likely that basic investigations such as pooled faecal samples and a bland diet trial will have taken place.

Abdominal imaging should be a priority, particularly in cases presenting with vomiting, to try to rule out a foreign body.

This Essential Clinical Guide will focus on reaching a diagnosis of inflammatory bowel disease (IBD). It will take you through the steps needed to reach this diagnosis, and how to manage the case thereafter.

Investigations

- **Full Blood Work** including folate and cobalamin.
    - Blood work can help to rule out other causes of vomiting/diarrhoea (for example renal or hepatic disease) and to check for hypoalbuminaemia which is indicative of more severe disease.
- **Cortisol** should be checked in dogs to screen for hypoadrenocorticism (Addison's disease).
    - If the cortisol is >55mmol/L then hypoadrenocorticism can be ruled out as a possible cause.

- Remember that atypical Addison's can present with GI signs, and in these cases no electrolyte abnormalities will be present on serum biochemistry.

- **Abdominal Ultrasound** should be performed to rule out other causes of vomiting/diarrhoea and to assess the gastrointestinal tract.
  - Assess for wall thickness and layering of the gastrointestinal tract and aim to rule out other diagnoses, such as foreign body, intussusception or neoplasia.
    - Note: detailed ultrasonographical examination of the GI tract is not straight forward and takes a lot of practice. There are various resources that can help, such as: https://todaysveterinarypractice.com/imaging-essentialsultrasonography-gastrointestinal-tract-stomach-duodenum-jejunum/
  - If in doubt, please call VVS for specialist Diagnostic Imaging support, which is available for both performing and interpreting abdominal ultrasonography. Our Specialists will be only too happy to support you and to help your patient.

- **Trial Therapy**. A diagnosis of IBD can only be definitively made by histological examination of GI tract biopsies. However, once the steps above have been completed to rule out other causes of GI disease, there are some treatments which can be trialled before considering GI biopsies. These are discussed in the section below.

Treatment

- **Cobalamin Supplementation**

- If there is hypocobalaminaemia, then supplementation (SQ or oral) should be given.
  - Cyanocobalamin can be given orally for 12 weeks:
    - 250ug if < 10Kg
    - 500ug if 10-20Kg
    - 1000ug if >20Kg
  - Or, by weekly SC injection, for 6 weeks:
    - 250ug if <10Kg
    - 500ug 10-20Kg
    - 1000ug if >20Kg.
  - During the COVID-19 restrictions, it is preferable to supplement cobalamin orally to avoid frequent visits to the veterinary surgery.
- 2 weeks after cobalamin supplementation has been completed, serum cobalamin should be reassessed to see if further supplementation is required.

- **Diet Trial**

  - If albumin is normal, the patient is still eating and is otherwise well then, a hypoallergenic diet trial is a useful diagnostic step. There are various hypoallergenic products available, including: Purina HA, Hills z/d, Royal Canin anallergenic and Dechra Specific hydrolysed diet.

  - The diet should be gradually introduced over 3-5 days and it must be stressed to the owners the importance of only feeding this and only giving water (no other drinks, such as milk).
  - The diet should be continued for 8 weeks, but generally signs improve within 2 weeks if there is a beneficial effect.

- If no improvement has been seen with one diet, then you can consider trying a different hypoallergenic diet.

- **Metronidazole**

  - Can be trialled at 10mg/kg q12hr.
  - This is the second line of treatment for patients who are not severely affected. For more severely affected patients, then immunosuppressive therapy should be initiated, and metronidazole can be added alongside these.
  - Administering metronidazole is often difficult or impossible in cats as it is quite unpalatable. Liquid formulations e.g. Flagyl may be easier to give in cats but often this is unsuccessful.

- **Immunosuppressive Therapy** should be started if any of the following are true:

  1. no response is seen to a diet/metronidazole trial,
  2. clinical signs worsen
  3. the patient is currently unwell
  4. hypoalbuminaemia is present.

  - Ideally GIT biopsies would be performed before initiating immunosuppressive therapy (as biopsies can be impossible to interpret once this has started). However, under current restrictions lengthy anaesthetics for biopsies may not be justifiable. GIT biopsies are mainly performed to rule out lymphoma / other neoplastic processes. If gut layering on ultrasound is normal, neoplasia is much less likely (VVS Diagnostic Imagers are happy to assist you with assessing the gut). This should be discussed with clients explaining that some procedures are more problematic during these restrictions.

- First line immunosuppressive therapy
  - First line immunosuppressive therapy is **prednisolone** at 2mg/kg/day in a single or divided dose. Both dosing regimens are effective, and the decision is mostly based on owner preference.
  - Owners should be warned of side effects: PU/PD, lethargy, panting, muscle mass loss and in the longer term there is a risk of diabetes and Cushing's disease developing.
- Second line immunosuppressive therapy.
  - If prednisolone does not give an adequate response or if the side effects are severe, add in **Atopica** (5mg/kg q12hr) or **chlorambucil** (2mg PO q48hr for cats >4Kg or 2mg PO q72 hr for cats <4Kg). For dogs chlorambucil should be given at 4-6mg/m2.
- Generally, if there is no improvement after 4 weeks of steroid therapy, then a second immunosuppressive agent should be trialled.
- For chlorambucil, haematology should be checked every month for 3 months, then every 2 months thereafter as myelosuppression is a risk.

- **Aspirin** should be started if the patient has hypoalbuminaemia, (0.5mg/kg q12hr) to reduce the risk of thromboembolic disease. This should be continued until albumin is stable and in the normal range.
- Patients should be reassessed, and biochemistry checked every 2-4weeks if hypoalbuminaemic, to see if this is improving.

Long Term Management

Once the GI signs resolve, and the hypoalbuminaemia (if present) resolves, then the immunosuppressive therapy can be gradually tapered by 25% every 2-4 weeks. The aim is to stop immunosuppressive therapy, if possible, and

then maintain the patient on lifelong hypoallergenic dietary therapy (if the diet has been successful).

Note re COVID-19

- This information sheet was published on 28/04/20. BVA and RCVS guidelines may be subject to regular change over the coming months. Please check for updates at:
  BVA: http://www.bva.co.uk
  RCVS: http://www.rcvs.org.uk/home/
- GI patients may require intensive nursing care, and this often requires more than one staff member to be working in close proximity.
- Ensure that social distancing guidelines are maintained and/or that appropriate Personal Protective Equipment (PPE) is supplied to staff, to minimise transmission of COVID-19.
- If staffing levels or staff safety cannot be maintained to enable appropriate levels of care for the patient, then it may be necessary to consider alternative options.
- Animal welfare should be a priority, but so should human safety in these challenging and unprecedented times. Look after yourself and your team, as well as your patient.

If you would like to speak to a VVS Specialist about any of your cases, please do not hesitate to contact us:

T: 020 7043 2283

E: admin@vvs.vet

VVS Specialists are here to help and can review clinical history and test results, assist with diagnostic imaging and advise you on cases as and when you need support.

You may be working sole charge, but you are not alone.