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IBD: Another Condition on the List for Cyclosporine

The most common chronic intestinal disease in dogs, inflammatory bowel disease (IBD), is usually treated with immunosuppressive doses of Corticosteroids. However, some dogs either do not respond to this therapy or relapse after weeks or months of treatment. This study evaluated the clinical efficacy of cyclosporine (CsA) as a sole treatment for IBD in 14 steroid-refractory dogs over a period of 10 weeks. The canine IBD activity index (CIBDAI) was used to assess disease. Six variables were assigned a score from 0 to 3 points: attitude and activity, appetite, vomiting, stool consistency, stool frequency, and weight loss. A CIBDAI score of 0 to 3 indicated clinically insignificant disease, a score of 4 to 5 indicated mild IBD, a score of 6 to 8 indicated moderate IBD, and a score > 9 indicated severe IBD. At the beginning of the study, the median CIBDAI score was 9. The total number of infiltrating lymphocytes and T cells in duodenal biopsies was also assessed before and after treatment in several dogs. The dogs were given CsA 5 mg/kg once a day for 10 weeks. Clinical signs in 12 of the 14 dogs in the study improved significantly. Median CIBDAI scores went from 9 to 5, and the number of T cells in duodenal biopsies decreased after treatment. In this small number of dogs, CsA was an effective alternative for IBD that was refractory to immunosuppressive doses of steroids. Study supported by a grant from Novartis Animal Health, Basel, Switzerland,

COMMENTARY: Although the number of dogs in this study was small, the results suggest that IBD may be added to the growing list of cyclosporine-responsive diseases. This study examined only dogs that had failed first line steroid therapy, and additional investigation is needed to determine if cyclosporine should be the first drug of choice in treatment of severe IBD.—*Bess J. Pierce, MZS, DVM, Diplomate ABVP & ACVIM*

Pharmacokinetics and clinical efficacy of cyclosporine treatment of dogs with steroidrefractory inflammatory bowel disease. Allenspach K, Rüfenacht S, Sauter S, et al. J VET INTERN MED 20:239-244, 2006.