**Nutraceuticals for Osteoarthritis Relief?**

Various therapies, including nutraceutical therapy, have been described to help manage osteoarthritis. This review systematically evaluated current literature on the effects of nutraceuticals on pain signs or abnormal locomotion in horses, dogs, and cats. Of the select literature, few featured rigorous randomized controlled trials; 5 in horses, 16 in dogs, and 1 in cats met inclusion criteria. Using evidence-based medicine criteria, the strength of evidence was only good for the supplementation of omega-3 fatty acids (O3FA) in dog food.

The single feline O3FA study had a high strength of evidence but authors felt that a single study could not support supplementation recommendation. This review emphasized the limited number of products with rigorous randomized controlled trials and clinical studies. Several factors make comparison of studies difficult, including the variability in study duration (eg, 90–180 days for O3FA studies, 2 weeks for other treatments). Future nutraceutical research should be standardized to enable evaluation of their potential role as disease modifiers.

**Commentary**

Only 32% (22/67) of papers evaluated were included in this systematic review while 5% (4/67) proved to be of high quality and demonstrated a significant effect on clinical signs of OA. Only dogs receiving diets supplemented with O3FAs were identified as having positive treatment outcomes; however, other trials with statistically significant improvement, clinical benefit, or other positive outcomes were eliminated because of low quality assessment. The lack of sufficient randomized controlled trials and standardized treatment/outcome measurements are common criticisms in veterinary literature, particularly in studies surrounding unconventional therapies. Without stringent study design modifications, these pitfalls will likely reoccur, making interpretation of results inherently difficult and weakening conclusion strength.—Kendra V. Pope, DVM, CVA

**Source**


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**Options for Feline Eosinophilic Lesions**

Feline eosinophilic granuloma complex (EGC) is not a specific dermatologic diagnosis, but is seen with a number of distinct clinical entities. Most authors recognize that EGC is a manifestation of allergic disease, although other causes have been suggested. Infectious agents have been proposed to be involved, but the role of bacteria is likely secondary. Cytologic and histopathologic examination are recommended. Atopic disease should be considered when other primary diseases have been ruled out, especially ectoparasitic disease and cutaneous reactions to food. Most EGC cats appear clinically well; if they show signs, other disease problems should be investigated. Systemic glucocorticoids are often used with good response, but high doses may be needed. Depot corticosteroids should be avoided. Cyclosporine is very effective at doses ranging from 3.6–13.3 mg/kg q24h. If good response is seen after 4 weeks, treatment can be tapered to alternate day and then twice weekly therapy. Concerns about toxoplasmosis and cyclosporine appear to be minimal at doses ≤7.5 mg/kg q24h. Hydrocortisone aceponate, a topical product licensed for dogs in some countries, also appears to be useful in treating EGC in cats. Chlorambucil has been used in cases refractory to steroid treatment. Anecdotal reports suggest that interferon omega can be effective and well tolerated in some cats with EGC lesions.

**Commentary**

Feline EGC can be frustrating to treat; although allergies may be an underlying cause in cats, other triggers may play a role as well. Because many dermatologic conditions feature secondary infections, and because the skin reacts in limited ways to various stimuli, a step-wise approach is indicated. This article succinctly described the diagnostic plan for approaching cats with eosinophilic lesions. The discussion on treatment options beyond steroids is particularly helpful, as these lesions can frequently be controlled with nonsteroidal therapies. Some of the treatments mentioned, however, might not be available in all countries.—William Oldenhoff, DVM

**Source**


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