Guide to the management of canine idiopathic epilepsy

WHEN TO START EPIPHEN
- More than 1 seizure per month and/or the owners object to the frequency
- Animal has very severe seizures or a cluster of seizures irrespective of frequency
- Underlying progressive intra-cranial disorder
- Seizures increasing in frequency and/or severity
- Post-ictal signs are undesirable (e.g. aggression)

STARTING DOSE
2 to 5 mg/kg divided twice a day orally

CHECK SERUM BLOOD CONCENTRATION *
10 to 14 days later

If < 20 mg/dl (86.5 µmol/l)
- Decrease dosage by 20-30%

20 to 35 mg/dl (86.5 to 151 µmol/l)
- Monitor seizure frequency over 2 months

> 35 mg/dl (151 µmol/l)
- Increase dosage by 20-30%

WHEN TO CHECK SERUM CONCENTRATION
- 2 weeks after any dose change
- Presence of side effects
- Following changes in seizure frequency
- Every 3 to 6 months + CBC/Serum biochemistry as routine

Seizures Controlled
(> 50% reduction in frequency)

If no reduction in seizure frequency re-consider the diagnosis*

Yes
- Remain on same dosage

No
- Reduce the dose of Epiphen by 30% until the serum concentration is < 35 mg/dl (151 µmol/l)
- Start another anti-epileptic medication *

Seizures Not Controlled
(< 50% reduction in frequency)

Is the patient showing any side-effects?

Yes
- Increase dosage by 20-30%

No
- Stop the Epiphen over 5 to 7 days and start another anti-epileptic medication *

Severe polyuria / polydipsia
Severe polyphagia
Severe hyperexcitability
Acute hepatic necrosis
Bone marrow dyscrasia
Superficial necrolytic dermatitis
Chronic hepatopathy

If < 30 mg/dl (130 µmol/l)
increase dosage by 20-30%

If > 30 mg/dl (130 µmol/l)
remain on same dosage and start another medication*

CHECK SERUM BLOOD CONCENTRATION + CBC/ SERUM BIOCHEMISTRY
every 3 to 6 months

Sequeances
- Acute hepatic necrosis
- Bone marrow dyscrasia
- Superficial necrolytic dermatitis
- Chronic hepatopathy

Is the patient showing any side-effects?

Yes
- Stop the Epiphen over 5 to 7 days and start another anti-epileptic medication *

No
- Reduce the dosage by 20 to 30% and start another anti-epileptic medication (but avoid drugs with similar side-effects) *

Severe hyperexcitability
Severe polyuria / polydipsia
Severe polyphagia

1. Effects relate to serum concentrations and NOT the oral dosage.

2. For further assistance on the diagnosis and management of refractory epilepsy please contact Vetoquinol for information supplied by the authors of this poster.

epiphen® 30mg Tablets contain 30mg of phenobarbital, Epiphen® 60mg Tablets contain 60mg of phenobarbital, Epiphen® Solution contains 4% phenobarbital.

For use in the control of epilepsy in dogs. POM-V. *Based on MAT of total veterinary sales of licensed epilepsy drugs in the UK reported on GFK data December 2009

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The UK’s number one epilepsy treatment* in dogs now provides improved tools to make epilepsy management easier.

For your free practice support pack phone 0800 169 8197
Name of veterinary medicinal products: Epiphen®30mg Tablets, Epiphen®60mg Tablets, Epiphen®Solution. 
Target species: Dog. 
Indications for use, specifying the target species: Phenobarbital is an antiepileptic agent for use in the control of epilepsy in the dog. 
Contra-indications: Not for use in pregnant animals. Do not administer to animals with impaired hepatic function. 
Special warnings for each target species: None. 
Special precautions for use: (i) Special precautions for use in animals: Withdrawal of phenobarbital or transition to or from another type of antiepileptic therapy should be made gradually to avoid precipitating an increase in the frequency of seizures. Phenobarbital may reduce the activity of some drugs by increasing the rate of metabolism through induction of drug-metabolising enzymes in liver microsomes. Use of phenobarbital tablets in conjunction with primidone is not recommended as primidone is predominantly metabolized to phenobarbital. Smaller quantities dispensed from the tablet pack should be supplied in a container with a child resistant closure. (ii) Special precautions to be taken by the person administering the veterinary medicinal product to animals: In case of accidental ingestion, seek medical attention immediately advising medical services of barbiturate poisoning, or show the container. Wash hands thoroughly after use. (Epiphen® solution: Flammable, keep away from sources of ignition. Do not smoke.) 
Adverse reactions (frequency and seriousness): Occasionally polyphagia, polyuria and polydipsia have been reported, but these effects are usually transitory and disappear with continued medication. Toxicity may develop at doses over 20mg/kg/day or when serum phenobarbital levels rise above 45µg/ml. In the light of isolated reports describing hepatotoxicity associated with combination anticonvulsant therapy, it is recommended that: 1. Hepatic function is evaluated prior to initiation of therapy (e.g. measurement of serum bile acids). 2. Therapeutic phenobarbital serum concentrations are monitored to enable the lowest effective dose to be used. Typically concentrations of 15-45µg/ml are effective in controlling epilepsy. 3. Hepatic function is reevaluated on a regular (6 to 12 month) basis. 4. Seizure activity is reevaluated on a regular basis. Use during pregnancy, lactation or lay: In humans, mothers receiving antiepileptic medication have a 6 to 10% incidence of significant abnormality in their offspring. Neonatal sedation and drug dependence may occur if given close to term. Phenobarbital crosses the placental barrier and small amounts are excreted in breast milk. For these reasons, phenobarbital is contraindicated in pregnancy and nursing bitches. Interaction with other medicinal products and other forms of interaction: Phenobarbital will potentially reduce therapeutic levels of a wide range of drugs due to its inducing effect on hepatic enzymes. Overdose (symptoms, emergency procedures, antidotes), if necessary: Overdosage may result in coma, severe respiratory and cardiovascular depression, hypotension and shock leading to renal failure and death. Following the recent ingestion of an overdose, the stomach may be emptied by lavage. The prime objectives of management are then intensive symptomatic and supportive therapy with particular attention being paid to the maintenance of cardiovascular, respiratory and renal functions and to the maintenance of the electrolyte balance. Legal category: POM-V.