





**ZYCORTAL<sup>®</sup>**

HIDDEN DISEASE. VISIBLE ANSWER.

# Introduction

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Companion Animal Veterinary  
Technical Manager at Dechra

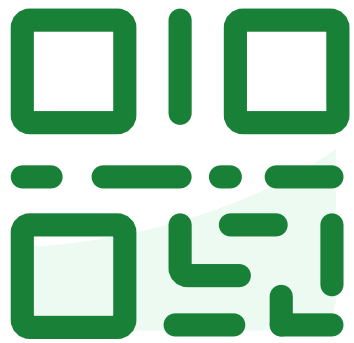
Nice to meet you!





Waiting Room

**What do we  
expect an  
Addisonian  
dog to look  
like?**



**Join at [slido.com](https://slido.com)  
#9791821**



# What does a dog with Addison's look like?



# How we expect an Addisonian dog to look





**What they actually look like**



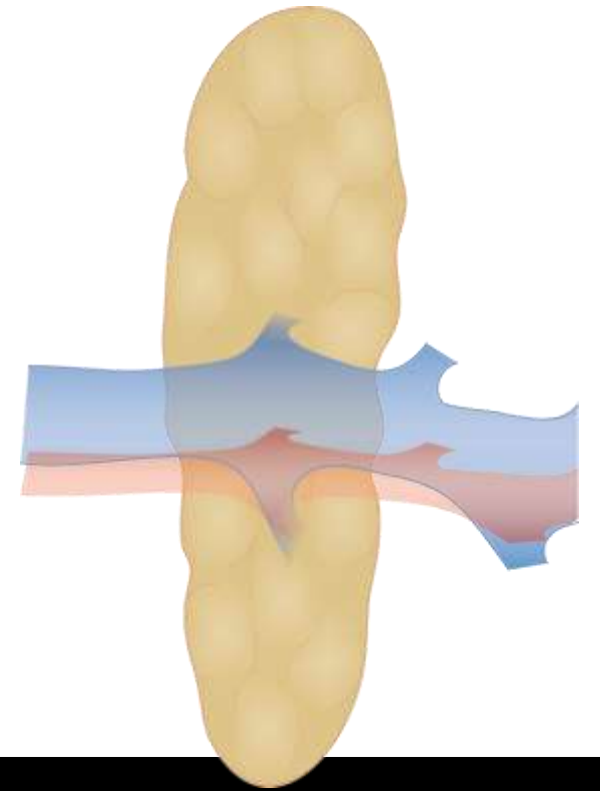
# Pathophysiology

Primary Addison's:

**Immune mediated destruction of adrenal glands**

Deficiency in:

- Glucocorticoids (cortisol)
- Mineralocorticoids (aldosterone)



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# Pathophysiology

↓ Mineralocorticoids



Electrolytes



Fluid volume

↓ Glucocorticoids



Housekeeping & metabolism



Response to stress



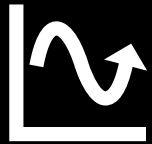


# Signalment



# Clinical Signs

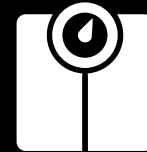
**Waxing and Waning**



**'Not quite right'**



**Weight loss**



**Variable appetite**



**Gastrointestinal signs**





# Addison's Disease

## 'The Great Pretender'

| Examples                        | Similarities in presenting signs                           |
|---------------------------------|------------------------------------------------------------|
| Acute renal failure             | Dehydration<br>Polyuria/polydipsia<br>Vomiting<br>Anorexia |
| Infectious enteritis (various)  | Anorexia<br>Vomiting<br>Haemorrhagic diarrhoea             |
| Hepatitis (toxic, inflammatory) | Vomiting<br>Diarrhoea                                      |





If left untreated,  
hypoadrenocorticism can present  
as an acute, life threatening  
emergency.

emercy

# Acute Presentation

Collapsed

Low HR

High K<sup>+</sup>

Low Na<sup>+</sup>

Shock

Acutely  
unwell



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# Acute Addison's Crisis

**ARE YOU ADDISON'S AWARE?**



## Guidelines for the treatment of acute hypoadrenocorticism (Addisonian crisis)

### 1 Intravenous fluids

- The degree of dehydration should be assessed from the history and clinical examination
- In general 5-8% saline is the preferred choice but the rate and volume of fluid administration are even more important factors in successful therapy
- Most dogs with acute severe hypoadrenocorticism will be at least 10% dehydrated. In such circumstances considerable volumes of fluids are likely to be administered (100 - 150 ml/kg over the first 24 hours)
- The best method of preloading is unknown but most authors recommend the principle of preloading. If preloading is undertaken (e.g. with 'shock dose' fluids) then it is important to continue fluid administration afterwards

### 2 Treatment of hyperkalaemia

- It is not necessary to specifically treat mild hyperkalaemia that is clinically silent
- In the vast majority of cases of hyperkalaemia, potassium concentrations will respond to fluid therapy as outlined above sufficiently rapidly
- Potassium concentrations should be monitored every 8 hours in severe cases (more than 8 mmol/L) and every 24 hours in other cases
- Continuous ECG monitoring is advisable in severe cases. However ECG findings do not always correlate with clinical severity of hyperkalaemia and may, in rare cases, even be normal in the face of life threatening hyperkalaemia
- Calcium therapy has been advocated for cases of severe bradycardia. Providing serum calcium concentrations are normal then calcium can be administered slowly. However there are no reliable case reports where this has been found to be necessary. Insulin / glucose therapy to treat hyperkalaemia is not recommended as the risk of developing hypoglycaemic seizures is probably increased in cases of hypoadrenocorticism

### 3 Treatment of hyponatraemia

- It is not necessary to specifically treat mild hyponatraemia that is clinically silent
- In the vast majority of cases of hyponatraemia, sodium concentrations will respond to fluid therapy as outlined above
- In severe hyponatraemia (less than 120 mmol/L) then rapid correction may lead to central pontine myelinolysis, which is the destruction of the myelin sheath covering nerve cells in the middle of the brainstem leading to death resulting
- Sodium concentrations should be corrected at a rate not faster than 1 mmol/L in acute cases or 0.5 mmol/L in chronic cases
- In severe cases (ser sodium < 120 mmol/L) 0.9% NaCl should be used initially. Ideally use a fluid with a sodium concentration of 150 mmol/L above the current plasma sodium concentration. Once potassium replacement should be initiated or postponed to reduce the risk of excessive rapid increases in sodium
- Sodium concentrations should be monitored every 8 hours in severe cases and every 24 hours in other cases

## 4 Glucocorticoid treatment

- An initial dose (see table 1) of intravenous glucocorticoids that is about 2 times maintenance is indicated in all cases of hypoadrenocorticism
- There is no evidence to support the use of high doses (so-called 'shock' doses) as they could contribute to GI haemorrhage without adding benefit
- Prethorazine is the drug glucocorticoid for maintenance therapy and is required in all dogs treated with Zycortal®. Minimum doses should be determined for each patient
- Strategies during stable remission (such as times of metabolic stress (e.g. surgical procedures) is advised
- Glucocorticoid is relatively contraindicated in the larger dogs. Patients should be observed for signs of polyuria/polydipsia, weight gain and other signs of exogenous hyperadrenocorticism

**Table 1. Glucocorticoids for emergency treatment of hypoadrenocorticism**

| Glucocorticoid     | Dose rate     | Duration of treatment |
|--------------------|---------------|-----------------------|
| Hydrocortisone     | 2-4 mg/kg     | 24-48 hours           |
| Dexamethasone      | 0.1-0.2 mg/kg | 24-48 hours           |
| Methylprednisolone | 0.1-0.2 mg/kg | 24-48 hours           |
| Triamcinolone      | 0.1-0.2 mg/kg | 24-48 hours           |

\* Also available as hydrocortisone sodium succinate  
† These preparations are not licensed for intravenous use in dogs. They are licensed only for intramuscular use. The volume, frequency and rate of infusion

## 5 Mineralocorticoid treatment

- There are no intravenous formulations of pure mineralocorticoids but hydrocortisone does have some weak mineralocorticoid properties
- Hyponatraemia, dehydration, pre-renal azotaemia and inadequate tissue perfusion need be corrected with intravenous fluid therapy before starting treatment with Zycortal. The initial dose is 2.2 mg/kg body weight, administered by subcutaneous injection

## 6 Correction of acidosis

- Many dogs with acute severe hypoadrenocorticism are acidotic
- Correction of fluid deficits will normally resolve acid-base balance and should always be started before any specific treatment of acidosis is attempted
- Sodium bicarbonate therapy requires a working knowledge of blood gas analysis and rapid access to a blood gas analyser
- Therapy should only be considered if blood pH is less than 7.3
- Sodium bicarbonate therapy is not without its risks which include metabolic alkalosis and death
- If in doubt it is better to concentrate on all of the above than to risk making the patient worse

## 7 Further reading and information

- Daely, H et al (2015) AAHA/AAFP Fluid Therapy Guidelines for Dogs and Cats. [www.aaha.org](http://www.aaha.org)

ZNC037N: Special concerns (hypoadrenocorticism) guide  
Dechra Veterinary Products A/S, Møllegaardsvej 6, 1131 Måløv, Denmark  
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# Diagnosis

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# Initial Screening Tests



Non-regenerative  
anaemia

Eosinophilia

Lymphocytosis



Urea/Creatinine



Cholesterol

Glucose

Albumin



Potassium

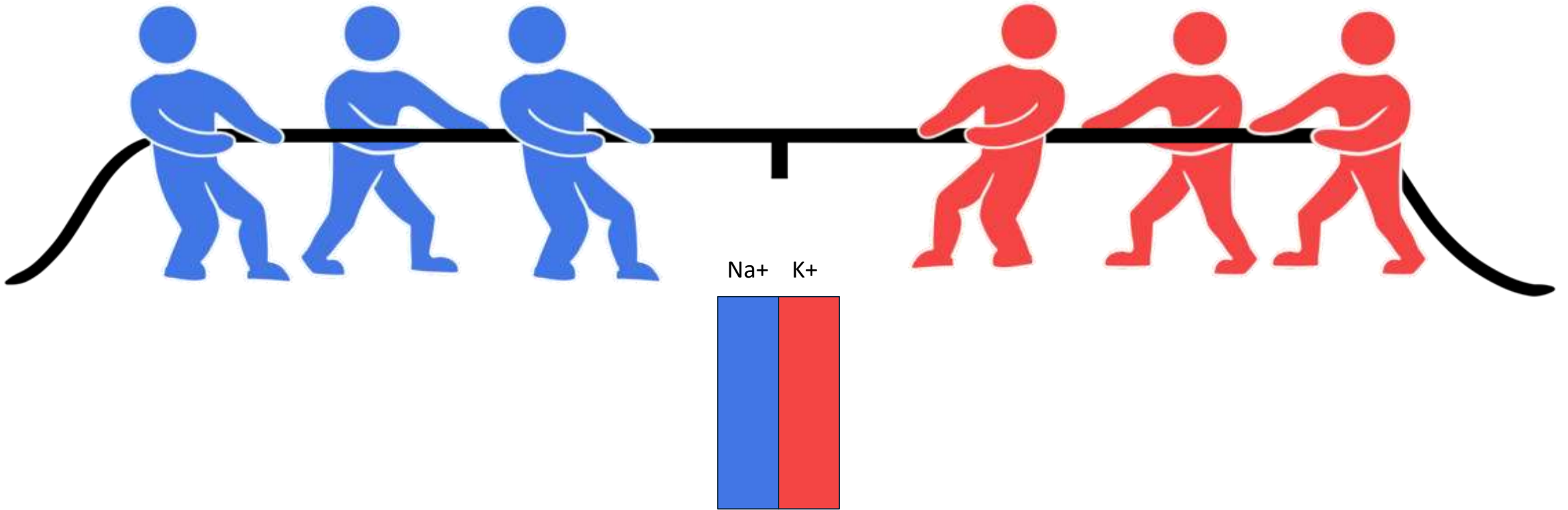


Sodium

Na:K ratio <27

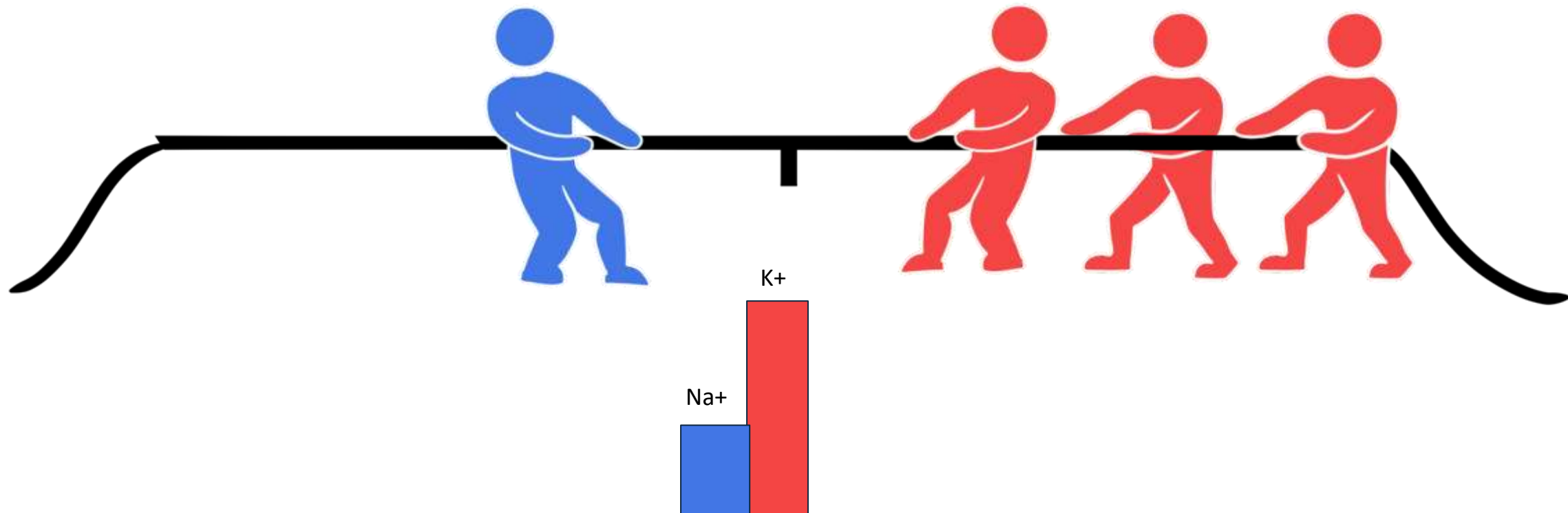


# Tug of War



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# Tug of War



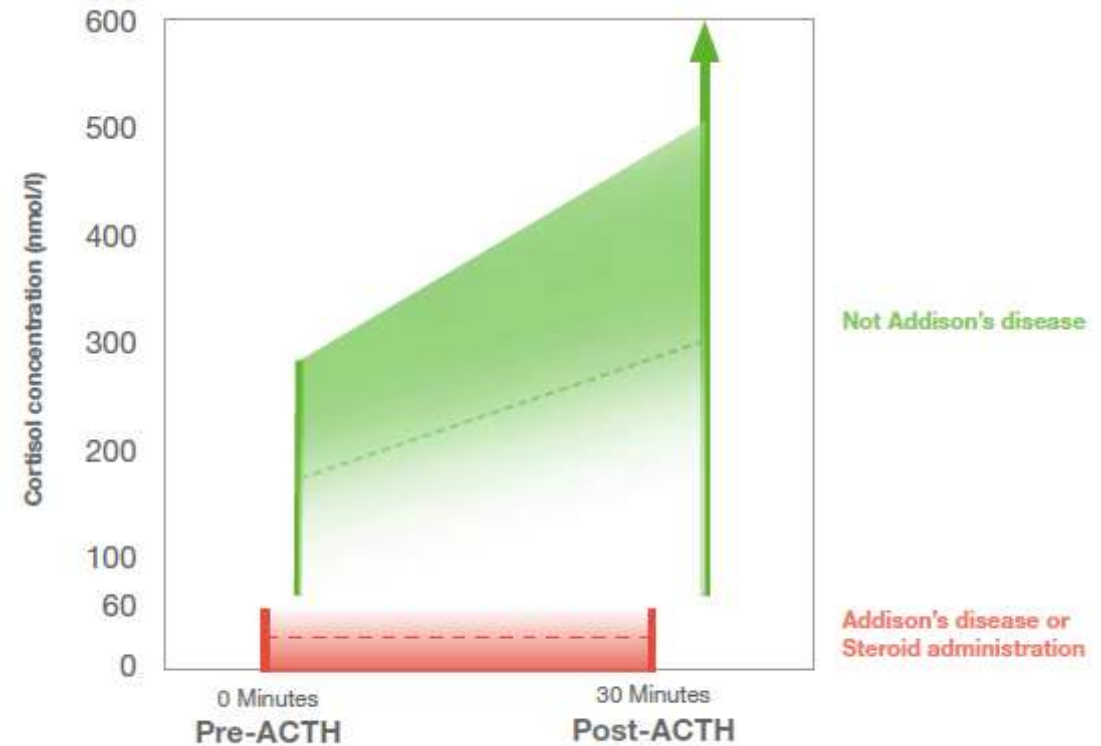
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# Confirmation

ACTH stimulation test is the **gold standard**

Post-ACTH cortisol results  $<55$  nmol/L = **positive**

NB: Basal cortisol should not be used for diagnosis. This is commonly low in sick dogs and should be used for **exclusion only**<sup>1</sup>



<sup>1</sup>Sanchez-Lara *et al*, 2025



# Case Study - Tom

1.5 Year Old

Neutered Male

Standard Poodle Cross

Presented on the **27<sup>th</sup> December** for V+/D+.

Mildly painful abdomen

HR/RR WNL

Temp 37.7°C

Weight 27.8 kg

**What would be your next step?**





# Case Study - Tom

Bland diet 1 week

Re-presented 3 months later

Inappetent

Had a 'wobble' on most recent walk



# Case Study - Tom

HR WNL

Temp 38.3°C

Weight 26.3 kg

Some pain on manipulation of spine

Tom was prescribed a course of NSAIDs  
and owner advised to film any further  
'wobbly' episodes



# Case Study - Tom

Re-presented 2 days later

Still inappetant and had vomited

Limb weakness

HR WNL

Temp 37.8°C

Moderate dehydration

Slight weight loss was noted - 26.1 kg



# Case Study - Tom

IVFT

Improved greatly within 24 hours

Bloods prior to discharge = WNL

6 days later (**5<sup>th</sup> April**), severe haemorrhagic diarrhoea

HR WNL

RR moderately increased

Dehydrated

Temp 37.9°C

Weight 25.9 kg



**What would be your next step?**





# What would be your next step?

# Case Study - Tom

| Blood Parameter                       | Reference Range | Result |
|---------------------------------------|-----------------|--------|
| White blood cell count                | 6-12            | 18.75  |
| Lymphocytes                           | 1-4.8           | 10.875 |
| Urinalysis                            | USG             | 1.024  |
| Potassium                             | 3.4-5.8 mmol/L  | 6.0    |
| Sodium                                | 136-159 nmol/L  | 133.5  |
| Na <sup>+</sup> /K <sup>+</sup> Ratio | >27             | 22.25  |

**Top tip!**

Always run bloods before IVFT



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# Case Study - Tom

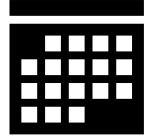
| Endocrine tests             | Result        |
|-----------------------------|---------------|
| Basal cortisol (nmol/l)     | < 6.9 (< LLQ) |
| Post-ACTH cortisol (nmol/l) | < 6.9 (< LLQ) |

Cortisol was measured using a radioimmunoassay test.  
LLQ=lower levels of quantification

Tom was diagnosed with Addison's disease, started treatment and is now doing very well – we will come back to his treatment later



# Case Study - Tom



4 months



3 vets



4 visits



2 hospital stays



**TOP  
TIP!**

**Collect blood sample  
before IVFT**

# Case Study - Pepper

6 Year Old, Neutered Female Crossbreed

## One week history of

V+, D+  
weight loss  
Lethargy  
anorexia  
periods of weakness

The vet decided to run  
a routine in house  
blood profile and  
urinalysis

## Clinical Exam:

Abdominal discomfort  
BCS 4/9  
Weak and lethargic  
HR/RR WNL  
Temp 37.5°C



# Case Study - Pepper

| Blood Parameter | Reference Range   | Result |
|-----------------|-------------------|--------|
| Amylase         | 200-1200 U/L      | 2034   |
| Urea            | 2-9 mmol/L        | 57     |
| Creatinine      | 26.5-123.8 umol/L | 318.2  |
| Total Calcium   | 2.2-3 mmol/L      | 3.5    |
| Phosphorus      | 0.9-1.9 mmol/L    | 3.0    |
|                 |                   |        |
| Urinalysis      | USG               | 1.016  |



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**What would be your most likely diagnosis at this point?**



# What would be your most likely diagnosis at this point?

- A. Pancreatitis
- B. Renal Failure
- C. Malignancy with associated hypercalcaemia
- D. Addison's Disease

## Top tip!

Apparent azotaemia + young dog....

Rule out Addison's



# Case Study - Pepper

Pepper was referred for an abdominal ultrasound

| Blood Parameter                       | Reference Range   | Result |
|---------------------------------------|-------------------|--------|
| Amylase                               | 200-1200 U/L      | 2034   |
| Urea                                  | 2-9 mmol/L        | 57     |
| Creatinine                            | 26.5-123.8 umol/L | 318.2  |
| Total Calcium                         | 2.2-3 mmol/L      | 3.5    |
| Phosphorus                            | 0.9-1.9 mmol/L    | 3.0    |
|                                       |                   |        |
| Urinalysis                            | USG               | 1.016  |
|                                       |                   |        |
| Potassium                             | 3.7-5.8 mmol/L    | 6.5    |
| Sodium                                | 135-160 nmol/L    | 131    |
| Na <sup>+</sup> /K <sup>+</sup> Ratio | >27               | 20.15  |



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**What would be your most likely diagnosis at this point?**

- A. Pancreatitis
- B. Renal Failure
- C. Malignancy with associated hypercalcaemia
- D. Addison's Disease



**TOP  
TIP!**

**Include Electrolytes In Initial  
Screening Tests**

# Case Study - Pepper

## ACTH Stimulation:

Basal cortisol:  $<5.5$  nmol/L

Post ACTH cortisol:  $<5.5$  nmol/L

**Addison's disease confirmed**



# Addison's Disease – 'The Great Pretender'

| Examples                        | Similarities in presenting signs                           |
|---------------------------------|------------------------------------------------------------|
| Acute renal failure             | Dehydration<br>Polyuria/polydipsia<br>Vomiting<br>Anorexia |
| Infectious enteritis (various)  | Anorexia<br>Vomiting<br>Haemorrhagic diarrhoea             |
| Hepatitis (toxic, inflammatory) | Vomiting<br>Diarrhoea                                      |





**TOP  
TIP!**

**If it could be Addison's run an  
ACTH stimulation test**

# Treatment

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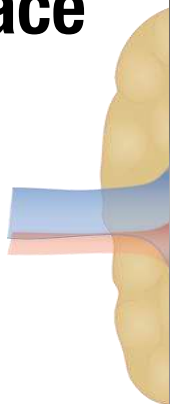
HIDDEN DISEASE. VISIBLE ANSWER.



# What are the aims of treatment of Addison's?



Replace



Normalise

|                                       |
|---------------------------------------|
| Potassium                             |
| Sodium                                |
| Na <sup>+</sup> /K <sup>+</sup> Ratio |



W



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# How Zycortal Helps

Zycortal – prolonged release synthetic  
**mineralocorticoid**

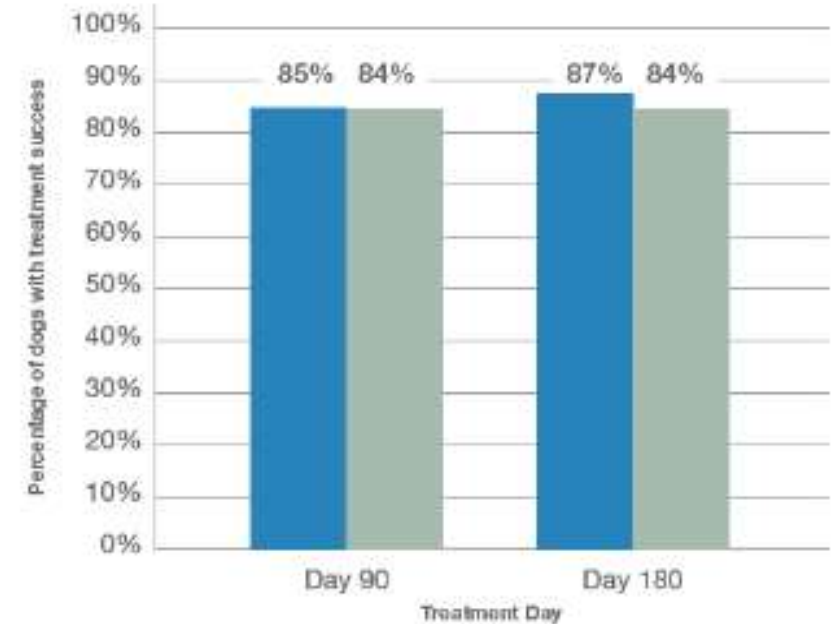
25mg/ml Desoxycortone pivalate (**DOCP**)

**Proven efficacy** with clinical success rates  $>85\%^4$

Shown to be **well-tolerated** at recommended dose  
rates



Treatment success of Zycortal on day 90  
and day 180 compared to control product  
(DOCP, registered in US only)<sup>2</sup>.



# Initial Treatment

Gently **re-suspend** before use

Starting dose: **2.2 mg/kg subcutaneously**  
approximately **once a month**

Repeat history, clinical exam and electrolytes at  
**day 10 and 28 post injection**

Adjust dose or interval depending on electrolyte  
results

Taper glucocorticoid based on clinical response



# How Zycortal Helps

- Dose rates which are supported by **safety and efficacy data** in target species
- Supported by Dechra Veterinary Technical Services team

**Licensed Product**



- Compliance
- Accuracy of dosing
- Reducing the incidence of emergency crisis
- **Bonds client** to practice

**Prolonged release, monthly injection**



- Cost effective
- Minimises waste
- 120 day broached shelf life

**Multi-Use Vial**



- Mineralocorticoid dose can be adjusted separately to glucocorticoid
- Tailored dosing individual to each patient

**Control**



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# What to monitor and when

Dose Vs Interval?

Ratios vs Ranges?

Adjusting the prednisolone dose?



# Monitoring Electrolytes

Dose should be titrated based on **electrolyte concentrations** and **clinical signs**

Aim to keep sodium and potassium **within their reference ranges throughout the dosing interval**

Datasheet gives guidance based on Na:K ratio but **also important to look at individual electrolyte values**



# Monitoring Interval

## Why day 10 and day 28?



Peak Effect

Indicates if need to increase or decrease the dose.  
Recommend dose adjustments in 10-20% increments



Duration of Effect

Indicates if can inject Zycortal.  
If K<sup>+</sup> low/ Na<sup>+</sup> high at day 28. Do not inject. Rpt electrolytes every 7 days and reduce dose.



# Tapering prednisolone

**All dogs must receive daily glucocorticoid treatment**

Starting prednisolone dose: 0.2 - 0.4 mg/kg once daily

Depending on the **clinical response**

Taper 25-50%

Wait two weeks and re-assess



# Prednisolone dose

## Glucocorticoids



### Too little

Lethargy  
Inappetence  
Weakness  
Gastrointestinal signs

**Increase dose by 25-50%**

**Increase dose by 2-4  
times in times of  
illness or stress**

### Too much

Polyuria / Polydipsia  
Poor hair growth / coat quality  
Increased bodyweight

**Reduce dose by 25-50%**



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# Putting it all together....



# Case Study: Back to Tom

2.2 mg/kg Zycortal

0.4 mg/kg SID Prednisolone

10 day check:

Doing well.

His owner however reported a mild increase  
thirst and urination

Day 10

K<sup>+</sup> = **3.5 mmol/L** (3.6-5.6), Na<sup>+</sup> = 150 mmol/L (139-154)

Na<sup>+</sup>/K<sup>+</sup> ratio = **42.8**

## What would you do now?





# Case Study: Back to Tom

Reduce prednisolone dose (0.2 mg/kg)

Re-evaluated at day 28:

The owners reported the PU/PD had resolved and Tom was doing well. Clinical examination was unremarkable

Day 28

$K^+ = 3.9 \text{ mmol/L}$  (3.6-5.6),  $Na^+ = 147 \text{ mmol/L}$  (139-154)

$Na^+/K^+$  ratio = **37.7**



## What would you do now?

Day 10 –  $K^+$  below normal limits, sodium normal

Day 28 –  $K^+$  and  $Na^+$  within normal limits



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# Case Study: Back to Tom

Repeat Zycortal injection

But what dose?

10-20% dose reductions recommended – as Tom was hypokalaemic the upper end of this guidance is sensible

1.8 mg/kg



# Case Study: Back to Tom

Tom reinjected at **1.8 mg/kg**

At Days 10 and 28, Tom returned and his owners were over the moon.  
Clinically Tom showed no abnormalities

## Day 10

$K^+$  = **3.4 mmol/L** (3.6-5.6),  $Na^+$  = 152 mmol/L (139-154)

$Na^+/K^+$  ratio = **44.7**

## Day 28

$K^+$  = 3.9 mmol/L (3.6-5.6),  $Na^+$  = 150 mmol/L (139-154)

$Na^+/K^+$  ratio = **38.4**

## What would you do now?



# Case Study: Back to Tom

Dose reduced to **1.5 mg/kg**

At days 10 and 28 clinically Tom showed no clinical abnormalities

## Day 10

$K^+ = 3.8 \text{ mmol/L}$  (3.6-5.6),  $Na^+ = 150 \text{ mmol/L}$  (139-154)

$Na^+/K^+$  ratio = **39.5**

## Day 28

$K^+ = 4.2 \text{ mmol/L}$  (3.6-5.6),  $Na^+ = 150 \text{ mmol/L}$  (139-154)

$Na^+/K^+$  ratio = **35.7**



## What would you do now?



# Case Study: Back to Tom

Tom was kept at **1.5 mg/kg**

As Tom had 2 cycles where electrolytes were WNL at all times, the frequency of electrolyte checks was reduced

Document **thirst, appetite and exercise levels** to ensure prednisolone dose is correct – Tom was eventually reduced to **0.05mg/kg SID**

Prednisolone should be **increased in times of stress**

As a minimum in long term stable dogs, **twice yearly checks** are recommended





# Introducing.....

## Dechra's FIVE GOLDEN GUIDELINES

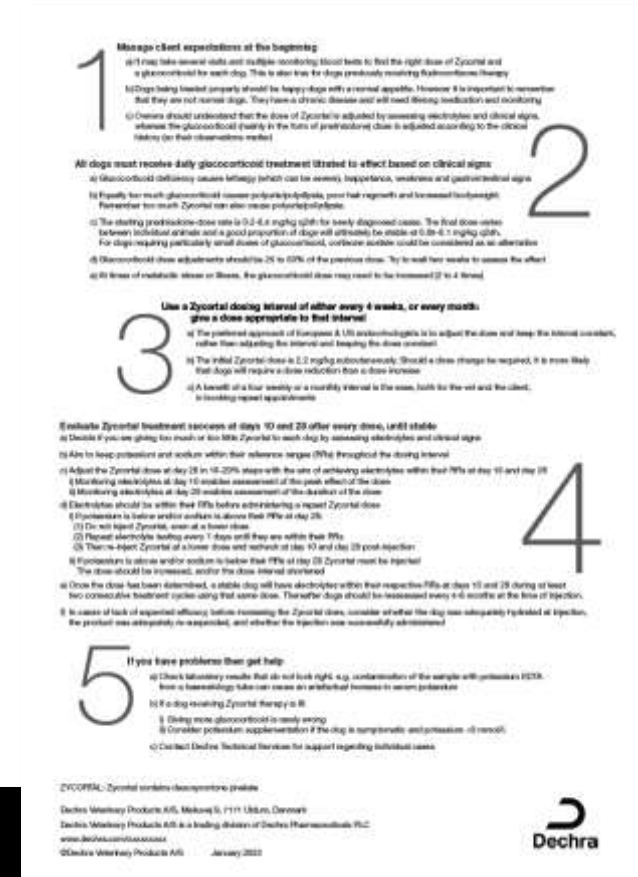


Using Zycortal 5 golden guidelines;

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SEE THE ANSWER IN 5



**1 Manage client expectations at the beginning**

- a) It may take several visits and multiple monitoring blood tests to find the right dose of Zycortal and a glucocorticoid for each dog. This is also true for dogs previously receiving hydrocortisone therapy.
- b) Dogs being treated properly should be happy dogs with a normal appetite. However, it is important to remember that they are not normal dogs. They have a chronic disease and will need lifelong medication and monitoring.
- c) Owners should understand that the dose of Zycortal is adjusted by assessing electrolytes and clinical signs, whereas the glucocorticoid (usually in the form of prednisolone) dose is adjusted according to the clinical history (or their observations) rather.

**2 All dogs must receive daily glucocorticoid treatment titrated to effect based on clinical signs**

- a) Glucocorticoid deficiency causes lethargy (which can be severe), hypothermia, weakness and gastrointestinal signs.
- b) Typically, for most glucocorticoid causes polyuria/polydipsia, poor hair regrowth and increased bodyweight. However, for some Zycortal can also cause polyuria/polydipsia.
- c) The starting prednisolone dose rate is 0.2-0.4 mg/kg daily for newly diagnosed cases. The first dose varies between individual animals and a good proportion of dogs will ultimately be stable at 0.2-0.4 mg/kg daily. For dogs requiring particularly small doses of glucocorticoid, corticosteroid soluble could be considered as an alternative.
- d) Glucocorticoid dose adjustments should be 25 to 50% of the previous dose. Try to wait two weeks to assess the effect.
- e) In cases of metabolic disease or illness, the glucocorticoid dose may need to be increased (2 to 4 times).

**3 Use a Zycortal dosing interval of either every 4 weeks, or every month, give a dose appropriate to that interval**

- a) The preferred approach of European & US endocrinologists is to adjust the dose and keep the interval constant, rather than adjusting the interval and keeping the dose constant.
- b) The initial Zycortal dose is 2.0 mg/kg subcutaneously. Should a dose change be required, it is more likely that dogs will require a dose reduction than a dose increase.
- c) A benefit of a four weekly or a monthly interval is the ease, both for the vet and the client, in tracking repeat appointments.

**4 Evaluate Zycortal treatment success at days 10 and 28 after every dose, until stable**

- a) Decide if you are giving too much or too little Zycortal to each dog by assessing electrolytes and clinical signs.
- b) Aim to keep potassium and sodium within their reference ranges (P/R) throughout the dosing interval.
- c) Adjust the Zycortal dose at day 28 in 10-20% steps with the rate of achieving electrolytes within their P/Rs at day 10 and day 28.
- d) Monitoring electrolytes at day 10 enables assessment of the peak effect of the dose.
- e) Monitoring electrolytes at day 28 enables assessment of the duration of the dose.
- f) Electrolytes should be within their P/Rs before administering a repeat Zycortal dose.
- g) Potassium is below and/or sodium is above their P/Rs at day 28.
- h) Do not repeat Zycortal, even at a lower dose.
- i) Repeat electrolytes testing every 7 days until they are within their P/Rs.
- j) Then re-inject Zycortal at a lower dose and retest at day 10 and day 28 post-injection.
- k) Potassium is above and/or sodium is below their P/Rs at day 28 Zycortal must be injected. The dose should be increased, until the dose interval shortened.
- l) Once the dog has been determined, a stable dog will have electrolytes within their respective P/Rs at days 10 and 28 during at least two consecutive treatment cycles using that same dose. Thereafter dogs should be reassessed every 4-6 weeks at the time of injection.
- m) In cases of lack of expected efficacy before increasing the Zycortal dose, consider whether the dog has adequately responded at injection, the protocol was adequately re-assessed, and whether the injection was successfully administered.

**5 If you have problems then get help**

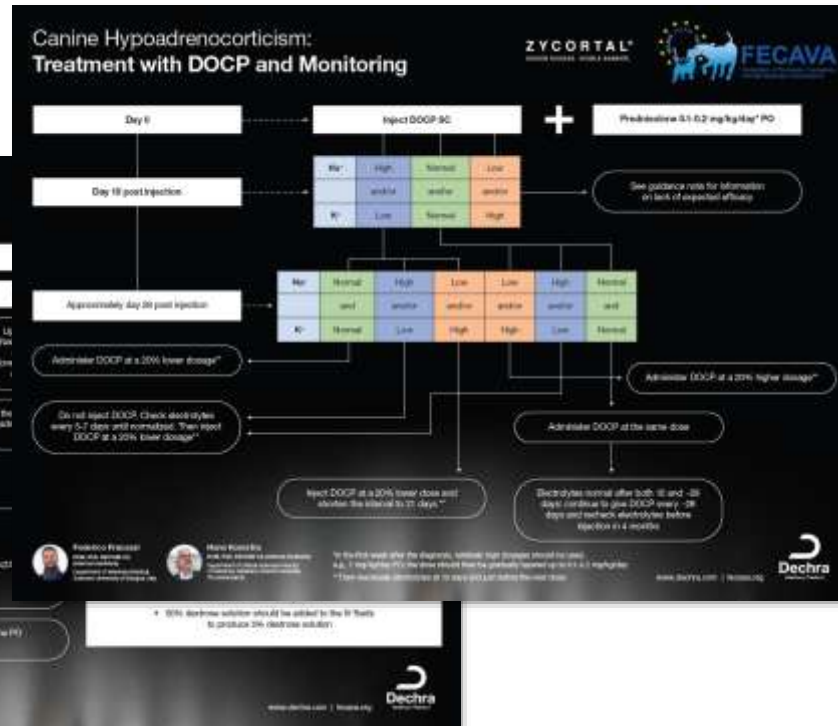
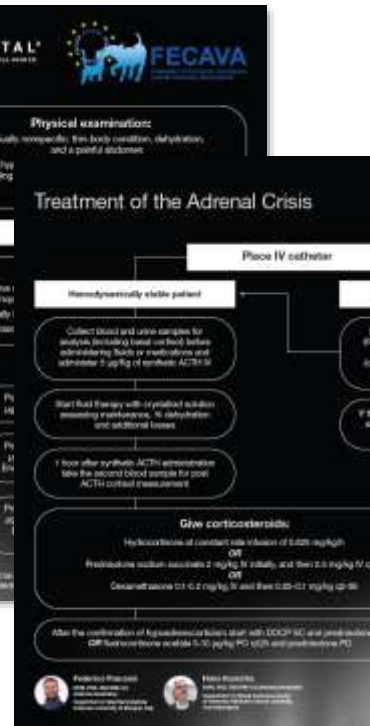
- a) Check laboratory results that do not look right, e.g. combinations of the sample with potassium < 25%, from a haematology tube can cause an artefactual increase in serum potassium.
- b) If a dog receiving Zycortal therapy is ill.
- c) Giving more glucocorticoid is rarely wrong.
- d) Consider potassium supplementation if the dog is symptomatic and potassium < 2 mmol/l.
- e) Contact Dechra Technical Services for support regarding individual cases.

**ZYCORTAL:** Zycortal contains desametasone phosphate.

Dechra Veterinary Products A/S, Melvang 5, 1111 Ulum, Denmark  
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# Oakley

3-year-old, ME, Cockapoo,  
started Zycortal recently,  
seems well

Day 10: Na normal, K+ low

Day 28: Na normal, K+  
normal

**What would you do now?**



Can I inject?

Yes

What's the dose?

20% dose reduction

Re-check electrolytes on  
day 10 and 28



# Meno

2-year-old MN, Doberman, diagnosed with Addison's 1 month ago.

Started on Zycortal and prednisolone and presented today for 28 day check.

Owner reports a ravenous appetite, weight gain and constant asking to go out to urinate. Na<sup>+</sup> and K<sup>+</sup> are normal.

**What do you suspect is happening?**



## Glucocorticoids too high

What shall we do?

Taper prednisolone dose 25-50% and wait two weeks to assess the effect that this has.





# Foxy

3-year-old, MN, Labradoodle.

Diagnosed with Addison's 1 year ago.

Started on Fludrocortisone but she has been difficult to control (glucocorticoid excess) and the owners are keen to switch to Zycortal.

Clinically well, bright and with a good appetite.  
Electrolytes normal.



## Day 1

Administer Fludrocortisone tablets as normal

Administer Zycortal 2.2mg/kg

## Day 2

Halve the original dose of Fludrocortisone tablets

Administer 0.2-0.4 mg/kg SID of Prednisolone

## Day 3

Quarter the original dose of Fludrocortisone tablets.

Continue with Prednisolone

## Day 4

Stop Fludrocortisone.

Continue with Prednisolone





**ZYCORTAL®**  
HIDDEN DISEASE. VISIBLE ANSWER.

**Using Zycortal  
in your practice**

| No previous treatment                                                                                 | Fludrocortisone alone                                                                                              | Fludrocortisone and Prednisolone                                                                                                            |
|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Day 1 for all cases - Administer starting dose of 2.2 mg/kg subcutaneously</b>                     |                                                                                                                    |                                                                                                                                             |
| <b>Day 1</b> - Administer 0.2-0.4 mg/kg SID of Prednisolone alongside the Zycortal                    | <b>Day 1</b> - Administer Fludrocortisone tablets as normal                                                        | <b>Day 1</b> - Administer Fludrocortisone and Prednisolone tablets as normal                                                                |
| <b>All dogs should then receive a clinical exam and blood electrolyte check at day 10 and day 28.</b> | <b>Day 2</b> - Halve the original dose of Fludrocortisone tablets and administer 0.2-0.4 mg/kg SID of Prednisolone | <b>Day 2</b> - Halve the original dose of Fludrocortisone tablets. Increase Prednisolone to 0.2-0.4 mg/kg SID (if not already at this dose) |
|                                                                                                       | <b>Day 3</b> - Quarter the original dose of Fludrocortisone tablets. Continue with Prednisolone                    | <b>Day 3</b> - Quarter the original dose of Fludrocortisone tablets. Continue with Prednisolone                                             |
|                                                                                                       | <b>Day 4</b> - Stop Fludrocortisone. Continue with Prednisolone                                                    | <b>Day 4</b> - Stop Fludrocortisone. Continue with Prednisolone.                                                                            |

ZYCORTAL: Zycortal contains desoxycortone pivalate

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DMP1211





**Owner  
communication**



# Owner communication

Most dogs are stable within 90 days

Will need repeat bloods

Taking the time to get the dose right will help later



**www.thevet.group**



# Take Home Messages

- ✓ Awareness is **KING** to avoid missing a **potentially life threatening** disease.
- ✓ Zycortal is a **licensed** treatment for hypoadrenocorticism.
- ✓ Zycortal can **bond patients** to the practice and provide regular clinical assessment leading to better control.
- ✓ Efficacious for both **newly diagnosed** cases and those **already receiving** treatment.
- ✓ Dechra's **Five Golden Guidelines** are there to help **you**



# Questions?



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HIDDEN DISEASE. VISIBLE ANSWER.

