

Short Note

Use of Dexmedetomidine in Veterinary Practice

Scrollavezza Paolo*

School of Biosciences and Veterinary Medicine, University of Camerino, Italy

INTRODUCTION

A variety of alpha₂ adrenoceptor agonists - xylazine, detomidine, romifidine, medetomidine (MED) and dexmedetomidine (DEX) - have been developed in veterinary medicine for sedative purpose. The tranquilizing and muscle relaxant effects of these substances differ primarily because of their *alpha-2: alpha-1* affinity on central nervous noradrenergic receptors (maximum for dexmedetomidine, minimum for xylazine) in a dose-dependent way in small and large animal. The analgesic and anxiolytic effects of alpha₂ agonists is due to different mechanisms of action in the different animal species, and is not proportional to the tranquilizing effect. In general, the sedative and analgesic effects of alpha₂ agonists are dose-dependent at low dosage; at high dosage, there is an upper limit on the degree of analgesia, while the sedation increase only in duration [1,2]. The adverse effects are also dose-dependent, especially the reduction in blood pressure and heart output [3]. In most animal species, dexmedetomidine (the active enantiomer of medetomidine) have replaced the other alpha₂ agonists because the higher receptor selectivity making its effect more predictable. Moreover, its anesthetic and collateral effects may be completely antagonized with a specific antidote (atipamezole) [4,5]. The sedative DEX activity is two times potent than MED and with less side effects [6]. In the cat only, the muscular relaxation induced by MED seems deeper [7]. The dosages of DEX are one half the dosage for racemic MED, but the concentration of DEX [0.5 mg/ml] is half that of MED [1 mg/ml]; therefore, the dosage volumes are the same for both commercial products (*Dexdomitor* and *Domitor*).

DOG AND CAT

DEX and MED commercial products are labeled for use in dog and cat only. In ASA class I or II dogs and cats, the restraint dosage of MED causes side effects a little more serious than the equipotent dosage of DEX [8]. Then, from a clinical point of view, it is difficult to assess whether a dog or cat have been received sedation with MED or equivalent dose of DEX. In ASA III or IV, where the patient has severe systemic disturbances or systemic disease is life-threatening, the use of DEX is not recommended because its important adverse effects, especially on cardio circulatory and respiratory system [9-11]. For this reason and to minimize the overall adverse effects, administer low doses of DEX in conjunction with other agents (dissociatives, opioids, tramadol) as part of an anesthetic balanced regimen, it's a good

***Corresponding author**

Scrollavezza Paolo, Retired Professor from School of Biosciences and Veterinary Medicine, University of Camerino, Italy, Tel: 393387974266; Email: paolo.scrollavezza@unicam.it

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choice normally used by vets in dog and cat as well as in other species [12,13]. DEX can also enhance the analgesic effects of other agents given epidurally in the dog. It acts in synergy with opioids and local anesthetics, improving the quality and duration of analgesia [14,15]. DEX is absorbed by epidural space, increasing the effects of other sedatives used to permit epidural injection.

USE OF DEXMEDETOMIDINE IN OTHER ANIMALS

DEX is labeled for using only in dog and cat, but due to its potency, the small volume necessary to produce sedation, the synergic effect with other anesthetic substances and the possibility to reverse completely sedative and collateral effects with a specific antidote, DEX is utilized widely by vets in other domestic and not domestic animal.

Horse

DEX is used in standing chemical restraint as a part of a balanced anesthesia or in Total Intravenous Anesthesia (TIVA) [16,17]. Standing chemical restraint becomes necessary when general recumbent anesthesia is hazardous for the horse (i.e. pregnancy or severe respiratory problem), or when the operator have to perform diagnostic or surgery procedures keeping the anatomic planes in a physiological position (i.e. abdominal endoscopy or laryngeal surgery, as shown in Figure 1 and Figure 2). The balanced anesthesia in standing chemical restraint is obtained with a combination of DEX and opioid. DEX is to prefer to the other alpha₂ agonists because the high potency, especially on the opioid brain receptors. This results in a synergistic effect, leading to improved quality and duration of analgesia. TIVA is an effective method of providing *field anesthesia* and anesthesia for short procedures in the practice setting. TIVA is obtained with DEX in conjunction with many substances like dissociatives, opioids, propofol, guaifenesin or tramadol by intravenous route. Depending on the need, these anesthetics can be injected one at a time, mixed in the same syringe or in constant rate infusion. In this species DEX can also be used intraarticularly because alpha-2 agonists are also distributed on the terminal ends of primary afferent nociceptive fibers [18]. The combination of DEX and a local anesthetic (i.e. bupivacaine or mepivacaine) is then used to provide long term analgesia when given in the joint after arthroscopy or arthrotomy [19,20].



Figure 1 Standing chemical restraint in a horse submitted to laparoscopy.



Figure 2 Standing chemical restraint in a horse submitted to laryngoplasty.

Ruminant

Medetomidine, dexmedetomidine and detomidine induces severe collateral effects in adult cattle [21]. Therefore, the oldest alpha-2 agonists xylazine is preferred to produces sedation in these animals. In small ruminants (sheep, goat, alpaca, llama and calf) DEX is used in standing chemical restraint with tramadol or opioids as a part of balanced anesthesia [22-24]. In combination with intramuscular ketamine, DEX works very well in these animals to obtain short recumbent anesthesia. Prolonged recumbent anesthesia with TIVA or inhalants can be complicated and life threatening because of their unusual anatomy and physiology.

Swine

In domestic animals, swine is the most resistant to sedative drugs. DEX can be intramuscular administered in combination with a particular tranquilizer (azaperone) and dissociatives to produce deep sedation and smooth induction of inhalant anesthesia [25,26].

Non-Domestic Animal

The presence of alpha2 adrenoreceptor in the central nervous system is a constant in animal species. Therefore, administration

of an alpha2 adrenoreceptor agonists always gives a sedative effect in the majority of animal species. In small animal species (i.e. birds, rabbits, tortoises, snakes) DEX is right and proper because it is very powerful and need a small volume to give sedative effect [27-31]. The small volume it's also important because it's necessary to inject small quantity of liquid in the little muscles of these particular animals. MED and DEX can be mixed in the same syringe without chemical interaction with all the other drugs necessary to perform balanced anesthesia [32].

Small volume and efficacy is in fact a primary need when veterinarians have to charge a small syringe to capture a wild or unapproachable animal with teleanesthesia. For example, mixing *Dexdomitor* 2,5 ml and *Ketavet 100* 2,5 ml can immobilize in few seconds a 100-kg deer using remote injection with a dart gun [33].

REFERENCES

1. Virtanen R. Pharmacology of detomidine and other alpha 2-adrenoceptor agonists in the brain. *Acta Vet Scand Suppl.* 1986; 82: 35-46.
2. Virtanen R, Savola JM, Saano V, Nyman L. Characterization of the selectivity, specificity and potency of medetomidine as an alpha 2-adrenoceptor agonist. *Eur J Pharmacol.* 1988; 150: 9-14.
3. Murrell JC, Hellebrekers LJ. Medetomidine and dexmedetomidine: a review of cardiovascular effects and antinociceptive properties in the dog. *Vet Anaesth Analg.* 2005; 32: 117-127.
4. Granholm M, McKusick BC, Westerholm FC, Aspegrén JC. Evaluation of the clinical efficacy and safety of intramuscular and intravenous doses of dexmedetomidine and medetomidine in dogs and their reversal with atipamezole. *Vet Rec.* 2007; 160: 891-897.
5. Granholm M, McKusick BC, Westerholm FC, Aspegrén JC. Evaluation of the clinical efficacy and safety of intramuscular and intravenous doses of dexmedetomidine and medetomidine in dogs and their reversal. *Vet Rec.* 2007; 160: 891-897.
6. Doze VA, Chen B-X, Li Z, Maze M. Pharmacologic characterization of the receptor mediating the hypnotic action of dexmedetomidine. *Acta Vet Scand Suppl.* 1989; 85: 61-64.
7. Scrollavezza P, Tambella AM, Vullo C, Piccionello AP. Evaluation of the muscular relaxant effect of dexmedetomidine or medetomidine in cats. *Vet Res Commun.* 2009; 33: 213-215.
8. Kuusela E, Raekallio M, Väisänen M, Mykkänen K, Ropponen H, Vainio O. Comparison of medetomidine and dexmedetomidine as premedicants in dogs undergoing propofol-isoflurane anesthesia. *Am J Vet Res.* 2001; 62: 1073-1080.
9. Bloor BC, Frankland M, Alper G, Raybould D, Weitz J, Shurtliff M. Hemodynamic and sedative effects of dexmedetomidine in dog. *J Pharmacol Exp Ther.* 1992; 263: 690-697.
10. Hunt JR, Slingsby LS, Murrell JC. The effects of an intravenous bolus of dexmedetomidine following extubation in a mixed population of dogs undergoing general anaesthesia and surgery. *Vet J.* 2014; 200: 133-139.
11. Sinclair MD. A review of the physiological effects of alpha2-agonists related to the clinical use of medetomidine in small animal practice. *Can Vet J.* 2003; 44: 885-897.
12. Barletta M, Austin BR, Ko JC, Payton ME, Weil AB, Inoue T. Evaluation of dexmedetomidine and ketamine in combination with opioids as injectable anesthesia for castration in dogs. *J Am Vet Med Assoc.* 2011; 238: 1159-1167.

13. Cardoso CG, Marques DR, da Silva TH, De Mattos-Junior E. Cardiorespiratory, sedative and antinociceptive effects of dexmedetomidine alone or in combination with methadone, morphine or tramadol in dogs. *Vet Anaesth Analg*. 2014; 41: 636-643.
14. Sullivan AF, Kalso EA, McQuay HJ, Dickenson AH. The antinociceptive actions of dexmedetomidine on dorsal horn neuronal responses in the anaesthetized rat. *Eur J Pharmacol*. 1992; 215: 127-133.
15. Ossipov M, Harris S, Lloyd P, Messineo E, Lin BS, Bagley J. Antinociceptive interaction between opioids and medetomidine: systemic additivity and spinal synergy. *Anesthesiology*. 1990; 73: 1227-1235.
16. Rezende ML, Grimsrud KN, Stanley SD, Steffey EP, Mama KR. Pharmacokinetics and pharmacodynamics of intravenous dexmedetomidine in the horse. *J Vet Pharmacol Ther*. 2015; 38: 15-23.
17. Hopster K, Müller C, Hopster-Iversen C, Stahl J, Rohn K, Kästner S. Effects of dexmedetomidine and xylazine on cardiovascular function during total intravenous anaesthesia with midazolam and ketamine and recovery quality and duration in horses. *Vet Anaesth Analg*. 2014; 41: 25-35.
18. Kim WH, Cho D, Lee B, Song JJ, Shin TJ. Changes in brain activation during sedation induced by dexmedetomidine. *J Int Med Res*. 2017; 45: 1158-1167.
19. Al-Metwalli RR, Mowafi HA, Ismail SA, Siddiqui AK, Al-Ghamdi AM, Shafi MA, et al. Effect of intra-articular dexmedetomidine on postoperative analgesia after arthroscopic knee surgery. *Br J Anaesth*. 2008; 101: 395-399.
20. Panigrahi R, Roy R, Mahapatra AK, Prasad A, Priyadarshi A, Palo N. Intra-articular adjuvant analgesics following knee arthroscopy: comparison between single and double dose dexmedetomidine and ropivacaine: a multicenter prospective double-blind trial. *Orthop Surg*. 2015; 3: 250-255.
21. Ranheim B, Søli NE, Ryeng KA, Arnemo JM, Horsberg TE. Pharmacokinetics of medetomidine and atipamezole in dairy calves: an agonist-antagonist interaction. *J Vet Pharmacol Ther*. 1998; 21: 428-432.
22. Seddighi R, Odoi A, Doherty TJ. Effect of dexmedetomidine hydrochloride on tiletamine hydrochloride-zolazepam hydrochloride anesthesia in alpacas. *Am J Vet Res*. 2016; 77: 1057-1063.
23. Cagnardi P, Villa R, Ravasio G, Lucatello L, Di Cesare F, Capolongo F, et al. Pharmacokinetics and sedative effects of dexmedetomidine in dairy calves. *N Z Vet J*. 2017; 65: 14-18.
24. Borges LP, Nishimura LT, Carvalho LL, Cerejo SA, Auckburally A, Mattos-Junior E. Behavioral and cardiopulmonary effects of dexmedetomidine alone and in combination with butorphanol, methadone, morphine or tramadol in conscious... *Vet Anaesth Analg*. 2016; 43: 549-560.
25. Linkenhoker JR, Burkholder TH, Linton CG, Walden A, Abusakran-Monday KA, Rosero AP, et al. Effective and safe anesthesia for yorkshire and yucatan swine with and without cardiovascular injury and intervention. *J Am Assoc Lab Anim Sci*. 2010; 49: 344-351.
26. Santos M, Bertrán de Lis BT1, Tendillo FJ. Effects of intramuscular dexmedetomidine in combination with ketamine or alfaxalone in swine. *Vet Anaesth Analg*. 2016; 43: 81-85.
27. Ter Beest J, Mc Clean M, Cushing A, Bildfell R. Thiafentanil-dexmedetomidine-telazol anesthesia in greater rheas (*Rhea americana*). *J Zoo Wildl Med*. 2012; 43: 802-807.
28. Santangelo B, Micieli F, Marino F, Reynaud F, Cassandro P, Carfora A, et al. Plasma concentrations and sedative effects of a dexmedetomidine, midazolam, and butorphanol combination after transnasal administration in healthy rabbits. *J Vet Pharmacol Ther*. 2016; 39: 408-411.
29. Terada Y, Ishiyama T, Asano N, Kotoda M, Ikemoto K, Shintani N, et al. Optimal doses of sevoflurane and propofol in rabbits. *BMC Res Notes*. 2014; 7: 820.
30. Harms CA, Piniak WE, Eckert SA, Stringer EM. Sedation and anesthesia of hatchling leatherback sea turtles (*Dermodochelys coriacea*) for auditory evoked potential measurement in air and in water. *J Zoo Wildl Med*. 2014; 45: 86-92.
31. Craig A.E. Mosley. Anesthesia and analgesia in reptiles. *Seminars in Avian and Exotic Pet Medicine*. 2005; 14: 243-262.
32. Dodd J. *Zoo Animal and Wildlife Immobilization and Anesthesia*. *Can Vet J*. 2010; 51: 622.
33. Bouts T, Taylor P, Berry K, Routh A, Gasthuys F. Evaluation of medetomidine-ketamine and dexmedetomidine-ketamine in Chinese water deer (*Hydropotes inermis*). *Vet Anaesth Analg*. 2011; 38: 106-112.

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