Methylprednisolone

(Depo-Medrone (c,d), Medrone (c,d), Solu-Medrone (c,d)) POM-V

- **Formulations**

Injectable: 40 mg/ml depot suspension of methylprednisolone acetate (Depo-Medrone); 125 mg, 500 mg methylprednisolone sodium succinate powder for reconstitution (Solu-Medrone). Oral: 2 mg, 4 mg tablets (Medrone).

- **Action**

Alters the transcription of DNA leading to alterations in cellular metabolism which result in anti-inflammatory, immunosuppressive and antifibrotic effects. Also acts in dogs as an arginine vasopressin antagonist.

- **Use**
    - Anti-inflammatory agent with five times the anti-inflammatory potency of hydrocortisone and 20% more potency than prednisolone.

On a dose basis, 0.8 mg methylprednisolone is equivalent to 1 mg prednisolone. The oral formulation of methylprednisolone is suitable for alternate-day use. The use of steroids in shock and acute spinal cord injury is controversial and many specialists do not use them. Any value in administering steroids declines rapidly after the onset of shock or injury, while the side effects remain constant and may be substantial. Doses should be tapered to the lowest effective dose. Animals receiving chronic therapy should be tapered off steroids when discontinuing them.

More +

- **DOSES**
    - **Dogs**
        - Inflammation: initially 1–2 mg/kg i.m. (methylprednisolone acetate depot injection) q1–3wk or 0.2–0.5 mg/kg p.o. q12h.
        - Hypoadrenocorticism (acute crisis): 1 mg/kg i.v. (meythprednisolone sodium succinate) followed by 0.5–1 mg/kg i.v. q8–12h until oral supplementation started.
        - Immunosuppression: 1–3 mg/kg p.o. q12h, reducing to 1–2 mg/kg p.o. q48h.
    - **Cats**
        - Asthma: 1–2 mg/kg i.m. (depot injection) q1–3wk.
        - Inflammation/flea allergy: 1–2 mg/kg i.m. (depot injection) every 2 months or 1 mg/kg p.o. q24h reducing to 2–5 mg/cat p.o. q48h. Some sources propose 1–20 mg per cat although the risk of iatrogenic diabetes mellitus may be greater with higher doses (unpublished data).