Dexamethasone

(Aurizon (d), Dexadreson (c,d), Dexafast (c,d), Dexafort (c,d), Dexa-ject (c,d), Duphacort Q (c,d), Rapidexon (c,d), Voren, Dexamethasone*, Maxidex*, Maxitrol*) POM-V, POM

- **Client Information Leaflet:** Dexamethasone
- **Formulations**

Ophthalmic: 0.1% solution (Maxidex, Maxitrol). Maxitrol also contains polymyxin B and neomycin. Injectable: 2 mg/ml solution; 1 mg/ml, 3 mg/ml suspensions; 4 mg/ml (1.32 mg/ml sodium phosphate + 2.67 mg/ml phenylpropionate salts) (Voren); 2.5 mg/ml dexamethasone + 7.5 mg/ml prednisolone suspension. Topical: 0.9 mg/ml suspension with clotrimazole and marbofloxacin (Aurizon). Oral: 0.5 mg tablets. 1 mg of dexamethasone is equivalent to 1.1 mg of dexamethasone acetate, 1.3 mg of dexamethasone isonicotinate or dexamethasone sodium phosphate, or 1.4 mg of dexamethasone trioxa-undecanoate.

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- **Action**

Alters the transcription of DNA, leading to alterations in cellular metabolism which cause reduction in inflammatory response.

- **Use**
    - Anti-inflammatory (lower doses) and immunosuppressive (higher doses) action.
    - Assessment of adrenal function in suspected hypercortisolism. Consult specialist texts and laboratories for advice on the performance and interpretation of dexamethasone suppression tests.
    - Emergency treatment of hypoadrenocorticism.
    - To prevent and treat anaphylaxis associated with transfusion or chemotherapeutic agents.

Anti-inflammatory potency is 7.5 times greater than prednisolone. On a dose basis 0.15 mg dexamethasone is equivalent to 1 mg prednisolone. Dexamethasone has a long duration of action and low mineralocorticoid activity and is particularly suitable for short-term high-dose therapy in conditions where water retention would be a disadvantage. Unsuitable for long-term daily or alternate-day use. Animals receiving chronic therapy should be tapered off steroids when discontinuing the drug. The use of long-acting steroids in most cases of shock and spinal injury is of no benefit and may be detrimental.

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- **DOSES**

See Appendix for immunosuppression protocols.

- **Dogs**
    - Ophthalmic: Apply small amount of ointment to affected eye(s) q6–24h or 1 drop of solution in affected eye(s) q6–12h.

- Otic: 10 drops in ear q24h for 7–14 days (authorized dose; many authorities use less).
- Hypoadrenocorticism: 0.2 mg/kg i.v. Repeat daily until able to use oral medication.
- Inflammation: 0.05–0.2 mg/kg i.m., s.c., p.o. q24h for 3–5 days maximum.
- Prevention and treatment of anaphylaxis: 0.5 mg/kg i.v. once.
- Immunosuppression: 0.3–0.5 mg/kg i.m., s.c., p.o. q24h for up to 5 days.
- Assessment of adrenal function (low-dose dexamethasone suppression test): 0.01–0.015 mg/kg i.v. once.

- **Cats**
  - Ophthalmic, cerebral oedema, inflammation, anaphylaxis, immunosuppression: doses as for dogs.
  - Assessment of adrenal function (dexamethasone suppression test): 0.1–0.15 mg/kg i.v. once.