

## Prednisolone

(Prednicare (c,d), Prednidale (c,d), Pred-forte\*) POM-V, POM

- **Client Information Leaflet:** [Prednisolone acetate](#)
- **Formulations**

Ophthalmic: prednisolone acetate 0.5%, 1% suspensions in 5 ml, 10 ml bottles (Pred-forte). Topical: prednisolone is a component of many topical dermatological, otic and ophthalmic preparations. Oral: 1 mg, 5 mg, 25 mg tablets.

- **Action**

Binds to specific cytoplasmic receptors which then enter the nucleus and alter the transcription of DNA, leading to alterations in cellular metabolism which result in anti-inflammatory, immunosuppressive and antifibrotic effects. Also has glucocorticoid activity and acts in dogs as an arginine vasopressin antagonist.

- **Use**

- Management of chronic allergic/inflammatory conditions (e.g. atopy, chronic enteropathy).
- Management of immune-mediated conditions.
- Management of hypoadrenocorticism.
- Management of lymphoproliferative and other neoplasms.

Prednisolone has approximately 4 times the anti-inflammatory potency and half the relative mineralocorticoid potency of hydrocortisone. Like methylprednisolone, it is considered to have an intermediate duration of activity and is suitable for alternate-day use. Animals receiving chronic therapy should be tapered off their steroids when discontinuing the drug. There are no studies comparing protocols for tapering immunosuppressive or anti-inflammatory therapy; it is appropriate to adjust the therapy according to laboratory or clinical parameters. For example, cases with immune-mediated haemolytic anaemia should have their therapy adjusted following monitoring of their haematocrit. There is no evidence that long-term low doses of glucocorticoids do, or do not, prevent relapse of immune-mediated conditions. Impaired wound healing and delayed recovery from infections may be seen. The use of steroids in most cases of shock and spinal cord injury is of no benefit and may be detrimental.

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- **DOSES**

See Appendix for chemotherapy and immunosuppression protocols.

- **Dogs**
  - Ophthalmic: dosage frequency and duration of therapy is dependent upon type of lesion and response to therapy. Usually 1 drop in affected eye(s) q4–24h, tapering in response to therapy.

- Hypoadrenocorticism: starting dose 0.2 mg/kg p.o. q24h with desoxycortone pivalate (DOCP); 0.1 mg/kg p.o. q24h with fludrocortisone. The dose of prednisolone may be reduced considerably in most cases once the animal is stable; in cases with fludrocortisone it may be discontinued but in cases with DOCP it should be continued at a low dose.
- Allergy: 0.5–1 mg/kg p.o. q12h initially, tapering to lowest dose q48h.
- Anti-inflammatory: 0.5 mg/kg p.o. q12–24h; taper to 0.25–0.5 mg/kg q48h.
- Immunosuppression: 1–2 mg/kg p.o. q24h, tapering slowly to 0.5 mg/kg q48h (for many conditions this will take 4–6 months).
- Lymphoma: **see Appendix.**

○ **Cats**

- Ophthalmic, hypoadrenocorticism, allergy: doses as for dogs.
- Anti-inflammatory: 0.5–1 mg/kg p.o. q12–24h; taper to 0.5 mg/kg q48h.
- Immunosuppression: 1–2 mg/kg p.o. q12–24h, tapering slowly to 0.5–1 mg/kg q48h (for many conditions this will take 6 months).
- Lymphoma: see Appendix.