**Using steroids for atopy**

Glucocorticoids are the mainstay of effective atopic dermatitis (AD) therapy. In many cases the side effects outweigh the benefits. Use oral prednisone or prednisolone at the lowest possible dose to control pruritus (“comfortably itchy” is the goal). A proposed “safe annual steroid dose” has been published: 15 x weight in lb = mg prednisolone/year and can be used as a guide for dogs being managed with long-term glucocorticoid therapy. The minimal use of long-acting injectable glucocorticoids should be avoided in the long-term management of canine AD. Temaril P is a medication that is a combination of an antihistamine, 5 mg of trimeprazine, and 2 mg of prednisolone. Using Temaril P may allow you to provide pruritus relief, often with a lower dose of corticosteroids than if using plain prednisone.

**SQ hydrating the CKD patient**

As the kidney becomes diseased, the ability to concentrate the urine is lost. Although it has not been systematically assessed in a clinical trial, adequately maintaining hydration by giving subcutaneous fluids anecdotally appears to substantially help quality of life, improve appetite and activity (Grade 4). It can be a very helpful tool for owners in management of disease, but may not be necessary for every patient. The best candidates for SQ fluid therapy (75-150 ml, SQ, every 1-3 days) are those cats that appear to gain clinical benefit from management of hydration, are prone to secondary complications of chronic dehydration such as constipation, and do not suffer quality of life concerns from the procedure. If possible, supplementation with free water (orally or with a feeding tube) is preferred to avoid the sodium load that comes with the electrolyte solutions available for subcutaneous use. Feeding canned food instead of dry, or adding water to food is another way to potentially increase water consumption. Paying special attention to water sources in the house - fresh, accessible, water fountains etc., is also key.

**Hypomagnesemia in brachycephalics**

Chronic magnesium deficiency has been associated with hypertension and obstructive sleep apnea in many species; brachycephalic dogs are at increased risk for these conditions. All but 1 of 16 bulldogs in this study had total Mg levels at or below the lowest reference value. The authors suggest decreased GI absorption of Mg in bulldogs likely plays a role in hypomagnesemia. Ionized-to-total Mg are impractical and of poor added value at present time. This author believes that Mg measurement is hardly justifiable to pet owners and that in brachycephalic patients experiencing systemic hypertension and/or severe hypercapnia, clinicians might consider empiric Mg supplementation. A dose of 0.005-0.01 mEq/kg/hour with maximum rate of administration of 0.05 mEq/kg/hour in sick, anorexic, and nonazotemic dogs has been reported in a recent proceeding.

**AVMA help for cyberbullying**

The AVMA Board has approved a recommendation from the Office of the Executive Vice President to create the new member benefit (dealing with cyberbullying). The hotline (626-531-1140) is available 24/7. Members can get 30 minutes of confidential, free consulting time. If additional guidance is needed, the rate will be discounted. In 2015, the AVMA developed resources to address best practices for preventing online reputation problems and mitigating cyberbullying. The Online Reputation Management page is at http://jav.ma/AVMAonlinereputation.