

Arthritis in Dogs

- All The Factors
- What You Can Do
- What You Can't Do
- Tips and Tricks
- The Arthritis Triad

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Arthritis in dogs

Recognizing arthritis and why limping isn't a good reference
If your dog has arthritis in the "lower back" (lumbar) will it "limp"?

No, not really. It might just have a 'funny' or 'stilted' walk, but it won't go lame on a particular leg. Steve Budsberg (chief of surgery at UGA) showed us a case in Vet School that had TWO ruined, dysplastic hips. It WAS in fact limping - -and as he said "If it could limp on BOTH hind legs, it would."

The point is that sometimes people don't know that the dog is in pain from arthritis.

Why would you treat arthritis before you can see it?

Arthritis is a progressive state-of-affairs. It starts out as joint stiffness and is nominally painful. Dogs may "take a minute to warm out of it" when they get up from a long rest. Inflammation is present in the joints.

Science has revealed that reducing that inflammation "early" reduces the erosion of the joint over time. Folks with automotive experience know that if "the bearings" in a wheel are going bad, the metal shavings erode the joint faster and rebuilding the bearings eliminates the grinding shavings.

So, anti-inflammatories used in inflamed joints BEFORE the dog's actually, visibly arthritic, delays the onset of severe arthritis. .

So remember: Metal shavings in a wheel bearing

Aspirin For Dogs

When arthritis first appears, customers may put the pet on "aspirin" which is sold for pets without a prescription. This is "just okay" because the incidence of problems is low. However, if your dog develops a gastric ulcer or a bleeding disorder, you've got grounds to sue the manufacturer for neglect because truly, selling aspirin for literally "all dogs" is reckless. Quite a few dogs are NOT good candidates for aspirin.

Don't misunderstand me, I've recommended aspirin a LOT for dogs, but ***I know the dogs.***

Aspirin is available in many forms from adult-human "enteric coated" across the board to "pet-chewable." And "buffered" in between.

My favorite aspirin for dogs is "buffered".

Enteric coated aspirin will pass through the dog's short intestinal tract without dissolving and ends up in the yard.

Pet chewables are pretty neat, as long as they post the milligrams/pill on the bottle and as long as you can trust that label.

Buffered aspirin (the kind made for people) is actually “pretty good” for dogs because it doesn’t tend to aggravate the stomach lining as much.

Dosing for buffered aspirin varies for different dogs. A general guideline based on what I recommend for patients I know, is an adult, 325mg buffered aspirin per 50 pounds of dog, once per day. This is a moderate to low dose.

I typically recommend that be given NO MORE THAN 4 days a week. Aspiring decreases the quantity and quality of platelets in the blood stream. Giving three days off allows the body to replenish and reinforce the platelets without badly compromising the anti-inflammatory benefits of aspirin.

I really think you should ask you vet before embarking on a course of aspirin.

The Single Most Important Management of Arthritis in Dogs:

The single most important factor in the management of arthritis in dogs is their weight. There is a disconnect between what the dog can carry effectively, and what they actually weigh. The most common presentation of arthritis happens to be past-middle-age dogs that weigh 30-50% more than they should, with only 60 to 80% of the ability to carry themselves effectively. If they weighed only what they should weigh, they would have close to 100% ability to carry their lean body mass.

Often recorded in a wobbly-patient’s note: ***“He’s at 60% capacity under 150% load.”***

Weight loss in dogs may not be as easy as it sounds, limiting calories is the primary method, assessing thyroid status is also important because that may be the greatest impediment to weight loss. Some veterinarians will use thyroid replacement whether need it or not, to stimulate the metabolism. I’ve seen that to be successful and I’ve done it in malignantly obese cases. Exercise is difficult in morbidly obese pets because these animals are neither comfortable nor agile.

Using food as bait just to get them to cross the floor or the yard is sometimes effective.

The impact of heat on arthritis in dogs

Heat will double the effectiveness of any medication you’re using for arthritis. In other words, when you’re using Deramax by itself, and you ALSO get the dog to rest on a warmed bed - they literally do twice as well.

The problem is, many dogs don’t appreciate being overly warm on the “down side” towards their beds. I think part of the reason is that a lot of dogs are “arthritic” principally because they’re overweight. Folks don’t believe it when the dog loses weight and it’s ‘obvious’ arthritis becomes unnoticeable again.

Arthritic “Mobility” isn’t just “inflammation” in the joints.

Your dog is having trouble getting around for more than one reason, and in fact, probably five or more reasons. Some of which we can “help” and some of which we can not.

Here are the causes of “arthritis” and mobility issues in dogs.

1. Nerve impingement (pinching) loss of sensation (Upper motor neuron)
2. Nerve impingement (pinching) and loss of strength (Lower motor neuron)
3. Nerve impingement (pinching) and pain
4. Mechanical impediment to range of motion. They literally CAN'T use their joints well because they're crusted with “osteophytes” (bone spurs).
5. Inflammatory pain
6. Muscle spasms from impinged nerves, which causes pain and has a significant impact on range of motion
7. Simple loss of agility with age.
8. Simple loss of strength with age.

Is That All?

Something else impacting ambulation and dog that is entirely unrelated to arthritis: Foot fur and overly long nails. This causes traction issues with older dogs. And if a dog is very heavy on these brushy feet, they can go down as if they're having legit mobility issues, but are just unsure of foot for lack of traction.

Long foot hair and overgrown nails negatively impacts mobility in dogs already having trouble with the first 8 issues above.

How is arthritis a synthesis of actually three syndromes?

While we can't improve strength and agility in older dogs in any practical way, there are medicines that ameliorate issues with 1-3 above, and 5 and 6 in the same list.

1. Bone on bone causes the most severe pain.
2. Muscle spasm from nerve impingement is an often overlooked cause of pain and loss of mobility but for anyone who has HAD a muscle spasm, they know it's murder.
3. Inflammation (like any headache or ingrown toenail) is painful.

Does glucosamine help?

Well yes and no. Not all glucosamine is even digestible or absorbable. When they make it out of crappy ingredients, like horse hoof, or pig skin, or chicken beaks, glucosamine is of limited value entirely. Can you sense my sarcasm at an industry with practically no regulation?

Actual glucosamine in a digestible / absorbable formulation is just a building block of cartilage formation and ligament repair. It doesn't CAUSE those things. So, if it's a 17 year old dog on his last-legs and has given up on healing and tissue regeneration long ago, Glucosamine isn't going to help.

If the pet's young-ish and has had an injury or surgery impacting cartilage or ligaments, providing building blocks of these structures is of demonstrable benefit.

I'd say this about Glucosamine: First, it doesn't hurt a thing. Second, it's not THAT expensive. Thirdly, when it works, it works BIG TIME.

Steroids Work on Arthritis and Pinched Nerves

Why not jump straight to steroids?

They work the best, but they have multiple side effects, including weight gain which is EXACTLY the opposite of what mobility dogs need. Every extra ounce on the body of a mobility-dog is just another cinderblock in the bed of a truck with a broken axel.

All dogs with arthritis will, and should end up on steroids, eventually. However that should be at the trailing end of the battle. Your final fallback. Your last resort.

What Are the Best Medications for Mobility Issues in Dogs?

A discussion of the arthritis triad. There are three medications that I've been putting together in cases which intercept the three most common causes of mobility issues as itemized in the previous paragraphs.

1. **Deramax or other Cox II** inhibitor intercepts inflammation. The redness and swelling in affected joints is reduced by this medication. And it has none of the steroid side effects of thirst and weight gain.
2. **Methocarbamol** is a muscle relaxer and it's under-estimated in it's value. When a nerve is pinched, the muscle it feeds may spasm. Other times we'll see muscle spasm as the body tries to stabilize a "bad" joint. In any event, after a while the spasmed muscle burns. Methocarbamol releases the spasm of the muscle.
3. **Gabapentin** is important for "nerve pain" such as 'pinched nerves' and "bone on bone" crepitus. It works by chopping up the painful nerve signals into a staccato wave instead of a deep, constant current. Even if I'm dead-wrong about how it works, I'm *correct* in recommending it as a crucial part of the triad.

Why the triad is comprehensive

Because it intercepts muscle spasm, bone-on-bone and inflammation, it doesn't leave out many of the most painful causes of mobility issues.

How to interpret the results of the triad.

Before I was using the triad with deliberate intent, I'd put some dogs on the combination "just because" I couldn't guess if they were suffering with muscle spasm or just inflammation. I'd use all three meds and then something like this would happen:

Dog comes in walking around pretty well.

ME: *"Wow, look at him go! What are you doing to keep him going?"*

THEM: *"I'm using that medicine you sent home."*

ME: *"But you're out of the Deramax and Gabapentin."*

THEM: *“I know I ran out a long time ago, but when I ran out of the Methocarbamol he went bad again. All he seems to need is the methocarbamol!”*

And so I learned from that: Their dog, that particular dog, was experiencing MORE pain from muscle spasm and less pain from inflammation, obviously. And that’s not something you can guess. Trial-and-error is the only way to figure it out.

What if the Triad doesn’t work?

That suggests that “arthritis” and “muscle spasm” aren’t really a player in the pet’s mobility issues.

If the triad works, how does the client proceed?

So if your dog is one of the many that thrives on the three medications in the triad, the object THEN is to see one of two things:

1. How little of the medicine can we use to produce the same amount of comfort?
2. Which medicine even MATTERS in the ease of the pets pain?

The way to know these things would be to stop one or the other medicine and see if it impacts the way the dog is performing.

Some people may decrease the amounts of all the medicines, or some of the medicines to see what amounts are truly needed. There’s economy in that approach, too.

Some folks change up the dosing, to attempt:

- Methocarbamol in the **morning**
- Gabapentin in the **evening** and
- Deramax once a day or even once **every OTHER** day.

The heavier the dog is, the more medicine it will need to remain functional and the shorter the remission of soreness will be.

The role of tramadol

Tramadol is a mild pain reliever that’s been used in cases of canine arthritis for a long time. It’s “pretty good” in my hands. I used a ton of it when all I was doing was Deramax. So “Deramax and Tramadol” was my go-to older-dog arthritis cases. Now it’s just okay and not as good as the Triad.

The role of CBD

CBD stands for Cannabidiol which is a compound extracted from the cannabis plant, or hemp. CBD is legal, while THC (tetra-hydro-cannabidiol) is not legal in many states.

Anecdotal evidence derived from human usage suggests that CBD makes a difference. In some cases such as my own Temporo-Mandibular-Joint Disease, results were remarkable. I also stopped teeth grinding while sleeping and that may have helped with the TMJ.

Results of CBD use in animals are not as remarkable as drugs from the shelf of a western pharmacy. It is possible that the application of high quality CBD on a regular basis for over 30 days may create the possibility of reducing other medications. In mild cases of mobility issue, and with weight loss in the affected pet, CBD might work as monotherapy. (By itself).

The eventual role of THC

THC is an entirely different situation. The impact on arthritis and anxiety even at sub-psychoactive levels are stark.

Someday, THC will be legal, and this conversation will be taken to the next level and contain dosing and other remarks. At present time unless you live in a state that has legal THC, you are unable to realize the benefits of THC in the management of osteoarthritis. In people, THC is extremely palliative and permits even the worst arthritis cases to get at least four hours of undisturbed sleep, pain-free. For many pain sufferers, "falling asleep" is the most impactful effect of THC and can provide a great deal of physical and emotional comfort.

The use of steroids and Deramax together

Imagine if you used Deramax and steroids together! Think of the impact!

It makes sense to wonder but the issues are serious. Stomach and other effects are too dangerous. So veterinarians will recommend ONE or the OTHER.

But then again, if you run out to seventeen years old and nothing's working, WHY NOT?

Risks to benefits. You need to have "nothing to lose" before doing this and the pet should be on adsorbents and antacids. You should expect trouble with the stomach and eventually with the internal organs. But that doesn't ALWAYS happen. I've got several cases who started Prednisone and kept giving Deramax against medical advice and the dogs are doing okay. That's their 'thin ice' to skate on, but I would remark that the cases to which I refer should be dead by now based on their performance before the owner decided to double up.

Simply: It works. If it doesn't kill them.

The use of narcotics in pain management in dogs.

Simply, I just don't. It's not worth it to me, and I've felt that when you're out to the point where narcotics are the only way to keep a dog between the lines and functional, maybe it's time to send them to heaven.

The opiate addiction issues in the United States of forced many pharmacies to start shaming their customers when approaching the pharmacy for narcotics and opiates. Walgreen's pharmacies are actively engaging 'shaming', to discourage people having those prescriptions filled there. They actually distributed a 'memo' to pharmacist and staff about this issue to create the obstacles. Walgreen's will make their bread-and-butter on blood pressure medications and humiliate people legitimately seeking opiates. CVS engages shaming actively but that was spread as "word of mouth" but also by letting pharmacists know that CVS will let them swing if there's a problem with a narcotics prescription they filled. Pharmacists have the right to decline

to fill a prescription if they are worried about legitimacy and it makes the most sense for pharmacists at CVS and Walgreen's just to decline most of them.

In other words, it's hard enough to get narcotics for humans, let alone a dog.

I absolutely will NOT have narcotics in my clinic-pharmacy because the absence of one document or penstroke can result in severe consequences.

The impact of television and Internet veterinarians on arthritis

There are veterinarians operating under their first names, like "Doctor Arnie" or "Doctor Judy" (names change to protect the flim-flammers) on the Internet and through the media selling mediocre foods and supplements for many different disorders. You don't get what you pay for. These veterinarians capitalizing on their degrees and calling themselves "America's favorite veterinarian or similar, and their "one-size-fits-all" diets and treatments are simply prostituting their degree. If I followed their links to products that were *better than average*, I might say something different. But all I am saying is that the solution to osteoarthritis in dogs is far less expensive than they would make it. And, far more effective.

By messing around with mediocre foods and 'magic-powders' from *America's Favorite Flim-Flam-Man* - - you're delaying the application of legitimate science and the results that go with that.

The role of eastern medicine in arthritis

- Acupuncture
- Manipulation and adjustment
- Laser therapy
- Activation

I am no expert at chiropractic, nor acupuncture in dogs; however, I did have the privilege of seeing good and bad brought to bear on cases. One veterinarian who had been doing acupuncture and chiropractic in animals for *decades* had pretty good results. In particular, using acupuncture and activation.

In the same breath I would point out that a human chiropractor down the street from my office, spent considerable time and caused considerable agony manipulating and adjusting intervertebral disc disease in dogs, sometimes paralyzing them. At the same time adjusting cases like "septic arthritis" until the abscess is broke to the surface and the joint was lost.

It is important for anyone engaging eastern modalities in your dog to be able to recognize actual dog diseases.

In this day and age it's possible to check people out on the Internet look at the reviews. Ignore the most positive and the most negative reviews. The ones where the person tells the whole "And then I said blah blah blah and then he said blah blah blah" -- just the middle-of-the-road reviews should help.

I would strenuously recommend that you do that. It is also not unreasonable to ask what their experience and training are. If they have tons of experience they won't be offended – in fact proud to itemize their qualifications.

Problem is, there are acupuncture and veterinary chiropractic seminars that are offered in “Las Vegas for a weekend”, sending home “experts“ every year. Those modalities can not be picked up in a weekend. But the ‘shingle gets hung’ out front anyway. Broken backs be damned.

Other Things That Help

Some solutions offered by customers

Yellow brick road of interlocking spongy floor panels. They sell these interlocking soft panels that go on the floor like puzzle-pieces of ‘yoga-mat’ and you can put them down the hallways of your home, on the hardwoods to give the dog a highly visible, high-traction pathway across otherwise treacherous flooring.

Carts

I’ve been super impressed by some of the new carts that are available. They are being sold for hundreds of dollars and also for almost two hundred dollars which is a strange phenomenon. The same cart on Amazon, being sold for \$150 is also being sold for \$400+

In the “old days” carts were engineered for a specific pet made of aluminum rebar by hand. Now the adjustable carts (probably made in china) are available for ‘not a lot of money’ and can work really well. I do highly recommend the FOUR wheel carts because the pet can stop and rest without having to bear up 100% of the time.

The purpose of the cart in SOME cases is to sustain the spirit of the dog, and in other cases to allow the dog to have physical therapy and not let its legs atrophy. Carts also allow a dog to function, whether it will ever regain the use of its legs or not. Again, the FOUR WHEEL carts are better.

Success or failure of the cart is very much dependent upon the spirit of the animal put in the cart. I’ve seen dogs put in carts that just stand there with the most dour facial expressions as if they are just “over it” and other dogs that IMMEDIATELY get the sense that they’re mobile again, and tear off across the floor.

The Arthritis Triad

There are three medicines that I'm using together to curb arthritis pain and they're working VERY well.

In the brief discussion of arthritis above, you get the idea that "bad back end" is really a combination of more than five potential deficiencies.

The "arthritis Triad" treats:

1. Bone on bone and nerve pain
2. Nerve impingement and muscle spasm
3. Inflammation

We give all three medicines for ten or more days and assess just how well they do on them.

Sometimes there is no benefit. This may mean that arthritis pain has nothing to do with the case. They don't need it.

Or it may mean that they are far too severe for "just medicine" and surgery crosses your mind.

The combination is:

1. **Gabapentin** (Neurontin, for bone and nerve pain)
2. **Methocarbamol** (Muscle relaxer)
3. **Deramax** (COX II inhibitor super "aspirin" safe for dogs.)

Sometimes the Gabapentin starts out low and bumps up because it can cause some dizziness in dogs at first. That looks like:

1. 100mg in the morning x 7 days
2. 300mg at night for 7 days
3. Then 300mg twice a day for 7 more days.

After we assess how well they do on these medications – we cut back. We reduce dosing to amounts as small and economical as possible WHILE STILL PRODUCING THE AMOUNT OF COMFORT they provided at full dose.

A suggested method would be to drop the Methocarbamol to morning only, and Gabapentin at night. The Deramax would continue daily, but may be cut to every OTHER day or swapped out for a 'lesser' anti-inflammatory.