

Owner-Reported Use of Pre-Visit Pharmaceuticals for Companion Dogs: Usage Patterns and Perceptions

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Introduction

Pre-visit pharmaceuticals (PVPs) are often used to alleviate signs of fear, anxiety, and stress (FAS) in dogs during veterinary visits and represent a growing area of focus in companion animal medicine. These interrelated physiological and behavioral responses occur during veterinary visits, impacting patient welfare, health outcomes, risk of staff injury, and owner perceptions^[1–3]. While numerous studies have investigated PVPs, limited information exists regarding commonly used medications, drug combinations, and dosing strategies. Most studies have focused on single-agent protocols administered 90–120 minutes prior to veterinary visits. Little is also known regarding owner perception of these medications and reasons for non-use, despite the high prevalence of FAS in companion dogs^[4,5]. This knowledge gap motivated the present study to examine real-world PVP use and owner perceptions.

Hypothesis/Objective

The primary objective of this study is to characterize owner-reported PVP use in companion dogs in the United States. It includes commonly prescribed medication protocols, dosing, owner-perceived efficacy, and changes in owner-reported FAS scores associated with PVP administration. Additionally, this study seeks to identify owner-reported reasons for either not using PVPs or discontinuing them. We hypothesized that PVP administration would be associated with reduced owner-reported FAS scores.

Methods

This study utilized a voluntary online survey of dog owners and collected data regarding PVP prescriptions, including dosages, timing, frequency, efficacy, and side effects. FAS severity was assessed using the Fear Free scale, utilizing its imagery and descriptions.

Pre- and post-administration FAS scores (scale: 0 = relaxed to 5 = fight/aggression) were compared using the Wilcoxon signed-rank test, and owner-perceived efficacy across medication plans was evaluated via multinomial logistic regression.

Results/Conclusion

Initial responses totaled 1,097 surveys. Incomplete surveys were excluded, resulting in the inclusion of 823 participants reporting data for 1,031 dogs. Respondents could report data for multiple dogs; therefore, counts across categories were not mutually exclusive.

Current PVP Use

A total of 175 participants currently administer PVPs to their 188 dogs. The most prevalent protocol was gabapentin and trazodone combined (34.0%, n=64), followed by trazodone (28.7%, n=54) and gabapentin (11.2%, n=21) as monotherapies. Other medication plans were less common and included gabapentin or trazodone combined with other medications, such as acepromazine, clonidine, dexmedetomidine oromucosal gel, benzodiazepines, or others. Across all dogs receiving PVPs, a significant decrease in FAS score was reported, from 3.47 ± 1.33 (Median = 4) to 2.15 ± 1.51 (Median = 2) ($p < 0.001$).

For dogs receiving both gabapentin and trazodone, trazodone was administered at a mean dose of 6.37 ± 3.07 mg/kg, and gabapentin was administered at a mean dose of 16.23 ± 9.18 mg/kg. Approximately 53.0% of owners administered these medications the night before and 1 to 2 hours before the appointment, while 35.9% of owners administered these medications only 1 to 2 hours before the appointment. Approximately 80% of owners administering both gabapentin and trazodone reported an improved experience. In this group of dogs, the most reported side effects were sedation (85.9%) and unsteadiness (34.4%).

Similar analyses were performed for other common medications. Across the most common medication plans, FAS scores decreased by approximately 1.5 points, consistently shifting from a median of 4 to 2 in all three groups (gabapentin and trazodone = 1.48, trazodone = 1.50, gabapentin = 1.57).

Discontinued PVP Use

A total of 67 participants previously administered PVPs to their 67 dogs, but discontinued use. The most common medication given was trazodone (46.3%), followed by gabapentin and trazodone (20.9%), and only gabapentin (16.4%).

Thirty-four owners reported discontinuing medications because they perceived their dogs' anxiety as mild or resolved; however, the owner-reported FAS level for these animals was 2.60 ± 1.58 .

Retrospective analysis revealed that, prior to discontinuation, these patients experienced significant FAS reduction compared to baseline (Baseline: 2.60 ± 1.58 vs. PVP: 1.88 ± 1.61 , $p < 0.001$).

Non-Use of PVPs

PVPs were never administered by 615 participants to their 776 dogs. Common reasons for non-use included perceptions that the dog's anxiety was not severe, that the dog enjoyed veterinary visits, or the absence of anxiety. Notably, 19.7% of respondents were unaware of PVPs. The average FAS score for this population was 1.27 ± 1.38 (Median = 1).

PVP usage, particularly the combination of gabapentin and trazodone, significantly reduced FAS scores and improved owner-reported experiences in 80% of cases. Despite the high prevalence of FAS reported in previous studies^[4,5], 75% of dogs in this survey had never received PVPs. These findings underscore the importance of client education focused on recognizing FAS signals and proactive use of PVPs to support patient welfare.

Keywords

pre-visit pharmaceuticals, PVPs, anxiolytics, stress-reducing animal care, trazodone, gabapentin

References

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