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BSAVA Formulary: Your questions answered

The brand new 9th edition (Part A) of the BSAVA Formulary which covers drugs used for dogs and cats has just been published and distributed to BSAVA members as a part of this year's membership benefits. The new edition contains 440 monographs covering most of the drugs authorised for use in cats and dogs as well as a selection of the most commonly used, yet unauthorised, drugs. Each monograph has been reviewed by at least one experienced practitioner (usually a specialist) in the field and the editor-in – chief and then checked by a desk editor. The editor in chief Ian Ramsey provides some answers to the most common questions

Why has the formulary been split into 2 books?

The decision to split the formulary was taken by a group of practitioners and specialists who sit on the BSAVA Publications Committee. This decision was made 4 years ago (i.e. before the previous edition was even published!) and the change was needed because the volume of information on the so-called exotics (though how 'exotic' a rabbit is I leave to others to discuss) was growing so large that it threatened to overwhelm the rest. There was also a recognition that the sources of the recommendations in the Formulary were needed and this would further increase the volume of information in the book. We hope that this format meets our members needs but please let us know if you think otherwise.

Why has the binding been changed?

For many years, veterinary surgeons have reported that the spiral binding was preferred because the book would stay open flat when being consulted. However, the complaints about the inevitable loss of pages from this slowly grew and so the publications department sourced a stronger than normal glue binding to see if this could achieve both the page retention and the ability to open the book with ease. Probably you don't want to do this with a brand-new book but take a deep breath and really open that book and press down the spine to read the contents. Do the pages fall out? If they do then please let us know and we will go back to the spiral binding!

What is new in this edition and what have you taken out?

(Please supply list of new and removed drugs as a table)

In addition, there are new guidelines on steroid use and all the other guidelines and protocols have been updated. Also new to this edition is the inclusion of further reading and references for most drugs. These have been further augmented in the on-line version and this work will continue in the next edition as well. A comprehensive set of references for each drug would be a huge undertaking and most vets never need such detail, but the evidence basis of our recommendations is far clearer now. The most important references are still the Summary of Product Characteristics produced by the manufacturers of veterinary and medically authorised drugs and the British National Formulary.

Why aren't all drugs that are authorised for use in small animals in the Formulary?

A very few drugs that are authorised and available for use in small animals in the UK are not included in the formulary because the editors do not consider them useful. These drugs often gained their licences by right several decades ago. Some are useful in other species even if they are no longer used in small animals. A few are also not included because they are not available in the UK despite being authorised – a situation that may become more common following Brexit. Some drugs exist in so many formulations with different trade names that it is not possible to list them all. This is situation that we keep under review and we are always happy to hear from practitioners who feel that a drug that they use should be included.

Why are you including guidelines on steroid drugs?

The formulary already has guidelines on antibiotic use, sedation protocols and chemotherapeutic regimens. Although steroids are amongst the most commonly prescribed drugs in small animal practice, the fears about their side effects and widespread misconceptions about their pharmacology regularly prevent them being used as effectively as they can be. Yet. They are not ‘the drugs of last resort’ but equally they are not sugar pills to be given to animals for extended periods. Some guidelines on their use seemed a logical step. These guidelines are a new development to try to help practices achieve a degree of internal (and even external?!) consistency in their use of glucocorticoids. Steroids are drugs that need to be titrated to effect and their suppression of the normal pituitary function is marked but reversible. I would encourage every reader, even the most experienced practitioner, to read these guidelines and discuss with their colleagues (perhaps as a topic for a practice meeting). Feedback from practices and individual readers is particularly welcomed about how useful they find these guidelines. Further guidelines are under active consideration for future editions, for example the use and selection of non-steroidals and other treatments in arthritis cases. In this development the Canine and Feline Formulary is mirroring what is already standard practice in the British National Formulary.

What am I supposed to do about antibiotic prescribing?

Many practitioners wish to reduce the range of antibacterials they use, and the number of prescriptions that they issue, to reduce the likelihood of resistance. However, when they start looking they find that the antibiotic they wish to use is not authorised for that condition, whereas another antibiotic is authorised. It is a common problem and one that is far from been fully resolved.

The VMD has stated that it considers that it is justified, on a case-by-case basis, to prescribe an antibiotic on the cascade in the interests of minimising the development of resistance, particularly where culture and sensitivity data indicate that a particular antibiotic active substance is effective against a bacterial pathogen and where knowledge of pharmacokinetics indicates that the selected product is likely to be safe and effective for the animal species and condition being treated; i.e. the prescription of a narrow spectrum antibiotic on the cascade can be preferred over a broad spectrum antibiotic even if it has a specific indication for that condition.

Hopefully, by following the guidelines on antibacterial prescribing in the Formulary and reading the individual monographs, readers can formulate their own antibacterial prescribing policies within their own practice that will withstand scrutiny. The use of the PROTECT poster and the Antibiotics Client Information Leaflet (both available from the BSAVA) are highly recommended.

Why do you not include more details about the drugs?

Generations of vets have told us that one of the things they value about the formulary is that it is the size that it is. It would be comparatively easy to include every known fact about a drug, all the formulations, all the trade names, all the references and every possible side effect, drug interaction and dose. In the days of the internet this information is readily available -but the result would run to at least 2 volumes of a large textbook. So ‘completeness’ is not a high priority for the Formulary – what is important is ‘relevance’.

What should I do with my old editions of the Formulary?

Each monograph is checked for accuracy and the literature consulted for recent updates by the section editor who also advises on the most common trade names and formulations to include. It is surprising how much can change even in 3 years since the last edition. I am horrified when I see how much reliance vets can place on battered old editions of the formulary. If you see an old edition of

the formulary in your practice, then please do yourself, your patients and your colleagues a favour and throw it away and get the individual to buy the most up to date edition (or better still become a member of BSAVA and get a free copy along with so many other benefits that you will see described in the pages of Companion).

Why does my other textbook give one or more different doses, where the formulary only gives one broad range?

All the drugs listed in the formulary have a single dose (or a limited dose range) for any given indication. This is done to avoid confusion and provide clear guidance to the reader. However, the scientific justification for such certainty is often limited. Many drugs have been used at several different doses for any given indication. The information in your text book may well provide a great survey of the available literature but does it provide clear guidance about where to start to a busy practitioner? Any dose supplied in the formulary should be regarded as a starting point for discussion about dose selection. The enormous range of sizes of dogs means that it is unlikely that mg/kg doses can be followed without due consideration of the size of the dog. For example, a 3 kg Pomeranian getting 2 mg/kg of prednisolone is getting 30 mg/m² whereas a 60 kg St. Bernard getting 2 mg/kg of prednisolone is getting 80 mg/m². The effects of age, breed, body composition, renal/hepatic function all affect drug metabolism and so it is best to think before blindly following any dose – even one in the BSAVA Formulary.

How long does it take to produce a new edition of the Formulary?

None of this is achieved without the dedicated work of a diverse group of talented specialists. The process from first commissioning to final printing takes about 1 year, with each member of the team contributing about 3 to 6 months. Readers of the Formulary owe them a huge amount of thanks for their diligence, timeliness and research in getting the contents of the formulary carefully reviewed. BSAVA is fortunate to be able to call on the services of such individuals and the BSAVA and personally I am grateful to them all.

What do I do if I find a mistake

Nobody is perfect and even groups of specialists get things wrong. If you find what you think may be a mistake then please let us know. There is a new edition of the formulary every 3 years but it is reprinted several times in that 3 years and small mistakes can be sorted out quickly. More serious mistakes (which fortunately have not happened in a few editions) can be corrected through the pages of the veterinary press – including companion – so it is a good idea to at least check through each issue of companion for such notifications. Of course, the most up to date version is always on-line so it is worth comparing your printed version with the on-line version as well.

BOX Don't forget the BSAVA's Client Information Leaflets.

(picture of leaflets)

BSAVA produces a large range of client information leaflets for vets who are prescribing drugs on the cascade (i.e. are not authorised for veterinary use). When dispensing such drugs to a client the vet assumes complete responsibility for ensuring that the owner is provided with sufficient information so that they are aware of the common complications associated with the drugs. The vet is also responsible for making sure that the client is aware that the drug is not authorised for use in animals. Written in plain English that most clients should be able to understand and with a specifically veterinary slant using the BSAVA leaflets is a big step to fulfilling this obligation. Download your copies now from the BSAVA members' area of the website. Don't forget the 3

generic leaflets on steroids, antibacterials and topical eye preparations which are really useful additions to the information that you provide to clients in a wide range of circumstances.