

## **Arthritis treatment options in dogs**

Osteoarthritis is a common condition in an estimated 40% of older dogs, especially if they have some degree of joint dysplasia (elbow dysplasia, hip dysplasia) or past trauma (fracture through a joint, cruciate tear) or joint infection (from trauma or post surgical procedure).

COAST arthritis staging is useful for determining the degree of osteoarthritis your dog is dealing with - <https://my.elanco.com/au/insights-centre/the-canine-osteo-arthritis-staging-tool>

The mainstay of arthritis treatment centers around decreasing inflammation and pain, because inflammation leads to more osteoarthritis development. Treatment has to be customized for each dog, but it is like “baking a cake” – there are some ingredients that are always required, and then aspects like flavor, frosting type, decorations, candles etc that are different for every cake. In the same way, for dogs with arthritis, our categories look like this-

Required (maintenance or modification, depending on the dog):

1. **Weight (loss)** – extra pounds matter! Every additional pound is that much more force on the affected joints, leading to more pain and inflammation.
  - a. Goal is a Body Condition Score 4-5/9
  - b. Purina BCS chart: <https://www.purina.com/pdf/body-condition-system-dog>
2. **Daily exercise** – the worst thing you can do for a joint is to stop moving it!
  - a. Although dogs who have a flare up may occasionally need exercise restriction, when not having a flare up it is recommended to do *20-30 minute walks* twice daily.
  - b. Force = mass x acceleration, so slow walks/hikes/swims are ideal (not turning the dog loose in the backyard to run up and down the fence line!).
3. **Primary pain medication**
  - a. NSAIDs (Rimadyl, Galliprant, Metacam, etc) – this is the most useful pain relief we have for our dogs. These may need to be given long term, not just when treating a flare up or on a “bad day.”
    - i. Consistent, regular use of NSAIDs may help keep pain at a manageable level, so flare ups are less intense. Infrequent use may lead to the dog being more refractory to treatment when it is given, or requiring more medication to treat a flare up.
    - ii. Being on NSAIDs long term does not increase the risk of side effects, so use them!
  - b. Anti-NGF antibody injections (Librela)
  - c. Acetaminophen (for dogs that can't be on an NSAID)

Customized (dogs may require something from multiple categories):

1. **Physical rehab** – as needed, especially for dogs with poor conformation, or post-surgery (fractures, TPLO, etc).
2. **Secondary pain medications** (most of these would be given in addition to an NSAID, not instead of)

- a. Gabapentin – should be given 2-3 times daily and may have sedative effects
- b. Pregabalin – similar to gabapentin, has analgesic properties but less sedation
- c. Amantadine – an antiviral with analgesic properties in dogs
- d. Tramadol – works for <50% of dogs and needs to be given every 4-6 hours due to the way dogs metabolize the drug, essentially useless for osteoarthritis pain per studies
- e. Acetaminophen – yes, in certain doses, dogs can have this

### 3. Joint injections

- a. Biologics
  - i. Platelet rich plasma
  - ii. Stem cell therapy
  - iii. Strydaflex (proprietary mix of cytokines and growth factors)
  - iv. Pro-stride APS (IL-1 antagonist, platelets and growth factors)
- b. Hyaluronic Acid (eg Hyalovet, Legend, Hyvisc) – about 6 month duration
- c. Synthetic hydrogels (Arthramid, Spryng) – joint cushion, about 12-24 month duration
- d. Synoviorthesis (Synovetin) – radioactive treatment, about 12 month duration
- e. Steroids (Triamcinolone) – for end stage joints
- f. More info available here: <https://caninearthritis.org/article/how-can-joint-injections-help-my-dogs-arthritis/>

### 4. Systemic injections (SC, IM, or IV)

- a. Hyaluronic Acid (Legend) – interval depending on the patient
- b. Polysulfated glycosaminoclycan (Adequan) – two times a week for 4 weeks, then either use monthly, and/or repeat full course if a flare-up
- c. Anti-nerve growth factor (Librela) – once a month
- d. Low dose Ketamine therapy – once a week to once a month depending on the dog

### 5. Oral supplements

- a. Hyaluronic Acid (Lubrisyn HA, etc)
- b. Glucosamine (Dasaquin, Vetriflex, etc) – about 12% bioavailability, research indicates oral glucosamine does not show a difference unfortunately
- c. Fish oil with high levels of Omega3s, EPA, DHA – highly recommended regardless of other therapies
  - i. CSU's fish oil dosing chart is here: <https://csuveterinaryhealth.org/canine-fish-oil-dosing-chart/>
  - ii. Typical recommendations are a minimum 100-175mg/kg of EPA/DHA per day
- d. CBD (Ellevet, etc) – this actually has more research support than glucosamine
  - i. <https://www.ellevetsciences.com/>
- e. MYOS muscle supplements
  - i. <https://myospet.com/>

### 6. Diet (prescription joint food)

- a. Hills J/D
- b. Purina Proplan JM
- c. Royal Canin Advanced Mobility or RC Joint Care
- d. These are ideal for dogs that won't take oral medication, but they have to eat the labeled amount to benefit – if feeding less to encourage weight loss, this may not be practical.

**7. Miscellaneous/holistic**

- a. Assai Loop
- b. PEMF
- c. Acupuncture
- d. Laser
- e. Shockwave therapy

Some products can be bought or given through your regular general practice veterinarian. Others may require going to a veterinarian with a specific certification/license or specialized equipment. Depending on your veterinarian's ability or comfort level with the above categories, you can also consider going to a sports medicine or orthopedic specialist for further workup and/or treatment.

Sports medicine specialists are excellent resources. Places for my northern CO/southern Wyoming clients include (not a complete list):

- a. Canine Sports Medicine and Mobility (Dr Patrice Mich) - <https://www.caninemobilitymed.com/>
- b. Sport Dog Vet (Dr Sarah Love) - <https://sportdogvet.com/>
- c. CSU - <https://csuveterinaryhealth.org/services/orthopedic-medicine-and-mobility/> or <https://csuveterinaryhealth.org/services/rehabilitation-and-physical-therapy/>

Also, if your home has hard/slick floors, consider putting down rugs for better traction when your dog walks around the house. These can make significant difference in his/her comfort level at home.

Additional reading information on arthritis, exercise and weight loss plans, can be found at:

- Canine Arthritis - <https://caninearthritis.org/>

There are of course many other differentials for lameness/stiffness/pain in dogs, so dogs that do not respond to “common treatment for a common problem” should be re-evaluated to look for other causes. Other conditions that may be found include cruciate tears, immune mediated polyarthritis, sepsis, tick borne diseases, pano or HOD in young dogs, myasthenia gravis, IVDD, fractures and luxations, calcification of biceps brachii tendon, foreign body, iliopsoas strain, cellulitis, infection, and neoplasia (cancer).

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