Q&A Dr. Meghan Herron

**What have you found works best for noise phobia specifically?**

If we have a noise phobia case in house it may be hard to appreciate unless there is a loud noise trigger, such as a storm. We usually start with trazodone and only reach for a bigger gun like clonazepam if the panic is severe and the dog is causing self-injury and/or trazodone isn’t touching it. I will say we might question adoptability for a dog that severe and might push for someone on our team taking the dog home to foster for a better assessment or utilizing a special foster who is experienced and knows what to look for and how to manage.

I manage this differently in an owned pet and my decision there is influenced by a number of individual factors (level of underlying generalized anxiety, frequency and predictability of triggers, level of panic, appetite, underlying medical concerns, GI health, etc.). I rarely have a go-to drug for conditions – more go-to for the patient if treating privately owned pets.

**How are you ruling out pain in terms of decision making for scripts? we consistently see high population shelters not recognize pain, and or "hidden pain" regularly!**

All of our dogs are evaluated by a veterinarian (which includes a pretty extensive ortho exam as we do a lot of ortho surgeries here) and then spend quite a bit of time with the behavior team their first few days. If the pain was not apparent at the time of the intake exam, behavior team is pretty good at picking out subtle lameness and other MS discomfort. Also our animal care team has a low tolerance and will quickly report signs a dog is painful – social withdrawal, cowering, changes in appetite, aggression in response to touch, etc.. When in doubt I am a big advocate for treating both!

**How do you recommend someone who attended this presentation but is not a veterinarian approach their shelter vet if based on what you said today, they’ed like their vet to consider it for one of their shelter animals.**

I get this question A LOT. What I typically recommend is to start by sharing the notes from this presentation. You can also share my email if your vets want to contact me with questions. I also do this as a paid webinar or in-person talk for medical teams. Often when I have a chance to talk one-on-one with the vet team I am able to dispel their (valid) fears about psychopharmacology. The simplification of prescribing and creating wean plans has taken a lot of burden off of our medical team. The did gripe a little at first, but also appreciated the need for it so have always been on board. We are a new shelter so had the benefit of setting up expectations and standards from the start of hiring anyone.

Gabapentin

**Re Gabapentin, What about tiny tabs, they use for cats and small dogs**

LOVE THESE! They just cost more so may not be an option for ever shelter. And may be hard where gabapentin is a controlled substance and compounding rules are stricter.

**Re Gabapentin, Have you ever known of a dog or cat to seizure because of sudden gabapentin withdrawal? Or do you think that it is really more likely only in cases where  the animal already has a history of seizures?**

I have only seen this happen in a few cases (all dogs) and none of them were known epileptics. So many people are using it now and I am sure it gets stopped abruptly more often than not. But no one is studying it. I use it as my argument to wean rather than cold turkey.

You can reach out to Dr. Herron at [mherron@gigis.org](mailto:mherron@gigis.org)

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