

Concurrent management of diabetes mellitus and hyperadrenocorticism using trilostane

Recommended Diagnostics

-If LDDS does not differentiate between pituitary and adrenal dependent, recommend endogenous ACTH level sent out to Auburn or HDDS.

-Urine culture

-Blood pressure

Treatment

The initial goal is to control the hyperadrenocorticism, and aggressive insulin therapy should be avoided during this initial phase. Once the hyperadrenocorticism is controlled, insulin dosage adjustments may occur.

-Initial insulin dose of 0.25 units/kg -0.5 units/kg while beginning trilostane

-Monitor for hypoglycemia. Any blood glucose level less than 150 mg/dl or lack of glucosuria should be followed by a 25% reduction in insulin dose.

-Give trilostane 2-4 mg/kg divided twice daily. For instance, if dose if 2 mg/kg daily for a 10 kg dog, give 10 mg every 12 hours for a total of 20 mg daily. Give with food.

