

Pure Dog Talk 398 – Getting Under the Skin: Demodex and other Mites

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Laura Reeves:

Welcome to Pure Dog Talk. I am your host Laura Reeves and I am always happy to talk to my friend, Dr. Marty Greer, who is our veterinary voice here at Pure Dog Talks and I have more fun with Marty than almost anybody. So welcome Marty.

Dr. Marty Greer:

Thanks. I'm glad to be here.

Laura Reeves:

I'm glad you're here too. And we're going to talk about demodex, which is demodectic mange which is a type of mite. And there's lots of different things that go with this. And this was actually a listener request who had an Australian Shepherd. And since the treatment, for some types of demodex, Ivermectin this was a concern. So I'm excited. I'm excited to hear what you have to say on this and what do we start with?

Dr. Marty Greer:

Oh, well, gosh, we can start with the history of demodex which used to be very serious. When a dog was diagnosed with demodex back in the day, it was sometimes a death sentence. So it was quite serious. I remember seeing dogs die of demodex when I first got out of veterinary school.

Laura Reeves:

Really.

Dr. Marty Greer:

Yes. Yeah. I saw a dog that died from demodex when I was working in California in 1980, back in the old days when you used to have to ride a bicycle to run the electricity, to run the X-ray machine. Yes. [crosstalk 00:02:27].

Laura Reeves:

When Davy Crocket was just a boy... Got it.

Dr. Marty Greer:

So, I remember a little docks and we put them on Levamisole because that was this dewormer that we thought would help his immune system. And in reality, that even wasn't enough. So over the years, we've seen a huge change in the medications that we have as an option to treat demodex with. And it is no longer the scary, awful death sentence that it once was. But I still think we need to talk about demodex as far as clinical signs and what that means for our breeding program and what it means to your dog's health. So there's still quite a bit of information here that we need to go over.

Laura Reeves:

Absolutely. So I think we could start with the kind of baby puppy demodex that you see where they have a little bit of hair loss, maybe underneath their eyes, where I have seen it often triggered by, I understand stress. Is that accurate? Or talk to me a little bit about that.

Dr. Marty Greer:

Well, there's probably a component of stress that goes with it. We know that it is an immune mediated disease. So we believe it's a B-cell deficiency that the immune system doesn't have actively functioning or well enough functioning B-cells in some of these patients. Because every single dog at birth is exposed to demodex. So as it passes through the birth canal, or if it comes out through a C-section incision, as soon as it starts to nurse and it's exposed to its mother's skin, they're exposed to demodex.

Laura Reeves:

Demodectic mites just live on our skin, on the dog skin, is just a thing.

Dr. Marty Greer:

Yes. It's a thing. It's part of the normal flora in very small numbers. But our immune system typically keeps it under control. And if your immune system isn't doing what it should be doing, then that's when the numbers of mites increase to the point that you have lesions. And there's basically two categories of demodex. There's localized demodex and generalized demodex. So localized is exactly what you described, the baby puppy with a little hair loss under their eyes, maybe a couple of patches someplace on their leg or their trunk. Just a little patch of hair loss. It's not itchy. It's not uncomfortable. It doesn't look angry. It's just this little patch that you don't see hair, frequently around the eyes, but not exclusively there. And a lot of people come in and they're like, "Oh yeah, well, he's just been fighting with his brother. It's no big deal."

And you do a skin scraping and you find 30 demodex. Well guess what? You have demodex, You don't just have a puppy fighting with its brother. So the first thing we will always want to do when we see a skin lesion on a young dog is to do a skin scraping. And we shouldn't be so cavalier that we just start them on Bravecto or some other medication and say, "Well, don't worry about it. We'll just get rid of it." I think it's important that you have a diagnosis, especially if you have a breeding program and you need to know whether you have demodex in your line. So I think we shouldn't blow off doing skin scrapings. And demodex show up pretty readily on a skin scraping. There's a number of different kinds of mites that we can see in dogs and cats and demodex is one of the easiest ones to find on a skin scraping.

So it's actually kind of exciting for a veterinarian or a veterinary professional. Because you find the mite under the microscope and you're like, "Oh, everybody needs to come look at this, this is really cool." It's not really cool if it's your dog. It's really cool if you're the veterinary professional.

Laura Reeves:

Right.

Dr. Marty Greer:

Because it's really cool. Because looking into the microscope, seeing nothing is boring. So it's cool to see something interesting. So that's the first thing we need to realize is that they're pretty easy to find if they're there in enough numbers to find them on a skin scraping you have demodex, period.

Laura Reeves:

So in baby puppies, here's my question, I have seen it resolve as the puppy grows as its immune system gets stronger.

Dr. Marty Greer:

Right. And that's really common in the localized form of demodex, but then there's generalized demodex. And when my daughter was about three, we had a little pug that came to the practice. My kids used to go to work with me everyday, I had a daycare. Babysitter upstairs that took care of my technician's children and my children, and so it was great. But

she came peeling down the stairs one day into the main part of the clinic. And there was this adorable little black pug standing in the middle of the treatment area.

Dr. Marty Greer:

And Katie was about three years old, my daughter. And she stopped dead in her tracks about 10 feet away from the puppy and her eyes got big and she took three steps backwards. And she looked at her and she's like, "Ooh." Because this pug puppy had no hair on the top of her head. You could see the little eyeballs and a completely bald black pug head.

Laura Reeves:

Oh my gosh.

Dr. Marty Greer:

And I said, "Honey, it's okay. You can touch the puppy." Because I knew the puppy had demodex because I had already scraped it. I knew the puppy had demodex and I knew it wasn't contagious to my daughter because human demodex and dog demodex are different demodex. She's three and she's looking at me with these big saucer eyes looking at me like, "Nope. Not touching that. Because I don't know what that is, but that's not the way a pug is supposed to look." So it can be generalized, even in very young puppies, we can see generalized demodex. And that's the kind that used to kill dogs, not the localized, localized ones weren't serious, but generalized demodex caused enough hair loss and enough breakdown of the skin barrier, that... Your skin is a barrier to the rest of the world from all of the invading.

Laura Reeves:

Right.

Dr. Marty Greer:

And so if enough demodex lived in the skin, then your body was just invaded by other bacteria and other things that happened. And so dogs really literally did die from generalized demodex back in the day.

Laura Reeves:

Wow.

Dr. Marty Greer:

So fortunately this little pug came along late enough that we had a good treatment for it. We have better treatments now, but for a while, all we had was a product that was used as a dip. And it was an Amitraz dip and it was nasty to use. And you had to use it once a week and bathe the dog, dip the dog, let the dog dry with the dip on it, you couldn't rinse it off. And it was smelly and nasty and it was supposed to be done at the veterinary clinic. And it killed the mites, but it was unpleasant for the dog and unpleasant for the veterinary staff to use. So that fortunately, that dip has gone away. And now we have some really new, great drugs that can be used to manage both localized and generalized demodex. Although most of the time localized demodex doesn't require any kind of treatment because like you said, the little puppy's immune system goes, "Oh, I know what to do with you." And so the immune system kicks in and then everything goes away.

Laura Reeves:

So we see this, what we think of then as a juvenile demodex and the times I've encountered it, it hasn't really required a treatment per se. You're talking eight or nine weeks, they've just come home or gone home, that sort of a thing.

Dr. Marty Greer:

Right. And we used to use Goodwinol on some of these puppies too, which was just this kind of Betadine colored brown ointment. And the thought was, it probably doesn't really do much good to do Goodwinol but you always felt like as a veterinarian, that if you didn't treat it for a localized demodex and it became generalized, then the client would point a

finger back at you and say, "Look at you. You screwed up. And now my dog has generalized demodex." So it's really believed that it's not going to progress. And most people don't even notice or don't even scrape anymore for localized demodex.

So, that's where it all comes down to. But the problem here is that, so generalized demodex happen in puppies, but it can also happen in adult dogs if they are immunosuppressed, if they've got an immune system disorder, if they've been on too much prednisone or other kinds of cortisones, if their nutrition hasn't been good, if they've been on chemotherapy, if they've recently been in heat, if they have cancer, if they have diabetes. One of my dogs developed it as an adult dog when she was eight, she had a pyometra and a mammary tumor and she developed demodex in a localized form, it wasn't generalized.

But you can see a variety of situations where demodex can go from being something that the immune system is managing to something that it isn't because some other disorder is happening in that dog's physiology.

So the important thing here is that we used to pound our fists on the table and say, you absolutely positively cannot breed any dog that ever had demodex or any relatives of the dogs that ever had demodex because you may produce puppies with generalized demodex. So that's been the problem is that veterinarians have been preaching this and teaching this. But what's really interesting is that what I was reading when I was getting this ready and I actually I'm going to give you the link so that you can share this-

Laura Reeves:

Right.

Dr. Marty Greer:

Is that there's no indication that generalized demodex has a genetic component to it, but there is an indication that localized demodex does, according to the CAPSC vet website. And that's really the opposite of what you think, it's counterintuitive.

Laura Reeves:

Right.

Dr. Marty Greer:

So I want to say again, that localized demodex it appears has a genetic component. We see it really commonly in dogs like the Chinese Shar-Pei, but we see no indication, there's no good research that shows generalized demodex is genetic. And that doesn't make sense because that's completely the opposite of what we've been telling clients and what we've been taught from veterinary school. So I don't have a good answer on what to do with that right now, other than to say, because we have such good treatments now, people don't take generalized demodex or localized demodex nearly as seriously as we did back in the day when we still saw dogs that would die from this disease.

Laura Reeves:

Okay. So question for you, and I'm sure you and I have had a conversation about my favorite stump speech, which is that autoimmune diseases in people and in dogs, what is heritable is the body's propensity to attack itself-

Dr. Marty Greer:

Right.

Laura Reeves:

... not the specific disease, so autoimmune, thyroiditis, what have you. And as you're talking about this, it's very, very interesting to me because I have in my own breeding program, battled with autoimmune thyroiditis, particularly in early litters. I have pretty well now been able to manage it such that it's gone away. And as I sit here thinking about it, I haven't seen a juvenile demodex in 10, 15 years, which corresponds to the amount of time that I've been able to essentially weed out the dogs for my breeding program that had problems with autoimmune thyroiditis. So this makes

me once again, feel even stronger about my stump speech that these autoimmune disorders go together, they exist like a whole thing, not a specific disease, basically.

Dr. Marty Greer:

Right. And you can have an immune response to anything. I mean, that's what lupus is. That's what autoimmune thyroiditis is.

Laura Reeves:

Right.

Dr. Marty Greer:

So there's a lot of different immune mediated diseases, there's sterile meningitis. I mean, I can just go down the list, and autoimmune hemolytic anemia and immune mediated thrombocytopenia, there's just a huge array of immune mediated diseases. And I think you're right, I think that may not just be one tissue type or one situation or one organ system that's involved. So they probably do travel in families for your immune system went awry and can manifest in different ways. So that's exactly right. It is confusing and difficult.

Laura Reeves:

Interesting.

Dr. Marty Greer:

It makes being a breeder and making breeding decisions really difficult.

Laura Reeves:

So much more entertaining. Yes.

Dr. Marty Greer:

Yeah. You could call it that.

Laura Reeves:

Yeah, you could. I was being facetious. Okay. So when we see the adult onset demodex which you described, whether it's localized or generalized, I had experience with an ex-husband's dog Wirehaired Pointer, was not my breeding, and he had it horribly on his feet, his one whole foot, like from the toes to above the pastern frog thingy, just raw grossness. And that dog was treated with enormous, enormous amounts of Ivermectin. Is that standard or is there now something better?

Dr. Marty Greer:

That was the thing we did for a long time, because like I said, we had the dip for a while and Ivermectin in huge doses, even on a daily basis, which are way, way, way above what you would use for any kind of heartworm preventive, were the treatment of choice for a long time, because the dip was unavailable or the dip was difficult to use, but now we have this whole new category of the oral flea and ticks medications, the Bravectos, the NexGuards, the Credelios, and the Simparicas. So those are the four that we currently have on the market in the United States. And those have been shown to be safe and effective. They are not labeled. So if you read the package label, it's not going to say you can use this to get rid of demodex mite, but it's generally considered to be very acceptable, very safe and very effective treatment for dogs with demodex because it is just a really great treatment.

Typically you just give one dose according to the label, just the regular dose, and then you've got good control over the mites. So it's actually really cool. And like I said, it's made us a little bit lazy because it's easier to say, "Well, here just this Bravecto and take it home and don't worry about it. It'll get rid of it if it is demodex." And Bravecto, by the way of the four, Credelio, Simparica and now there's a new one Simparica Trio, which includes heartworm medication. So between

NexGard, Credelio, Simparica and Bravecto, the only one of those that's labeled for use in dogs in a breeding program is Bravecto.

Laura Reeves:

Bravecto.

Dr. Marty Greer:

So I want to be really clear about that. The other three companies either haven't tested or haven't shown us the information, but Bravecto has been shown to be safe in breeding dogs. And I want you to start thinking about breeding dogs when they're baby breeding dogs.

Laura Reeves:

Right.

Dr. Marty Greer:

It doesn't say when your dog is old enough to breed, it's okay to use those, it says breeding dogs. And we don't have any documentation on what those other three drugs do. They may not do anything to a breeding dog, but we don't know. And I would suggest both males and females. You don't want your dog to be the footnote in the paper that says, "Oh, and by the way, this drug caused this and this and this." So we don't have negative information, we just don't have information.

Laura Reeves:

Don't have information.

Dr. Marty Greer:

If the label says, "Do not use." Or. "Not tested," please don't be the one that test it on your dog. We saw the label, the one that says, "We know what this is going to do."

Laura Reeves:

Go with Bravecto because we know it's proven safe. And I think that's so important. And sometimes people don't hear that.

Hang tight guys, got a little bit of information for you. We'll be right back to the podcast in a minute.

So Hey crew. New year, new decade, let's have some new Pure Dog Talk promos while we're at it, shall we? All right. Our patrons group continues to grow and thrive. It's like the NPR of dog. Darn it's so cool. And Pure Dog Talk offers you my loyal listeners, an opportunity to get in on the fun. Pure Dog Talk patrons are invited to join a closed Facebook chat group just for you. And I promise you no drama, mamas, no keyboard warriors, just fabulous, supportive, Pure Dog Talk fans. That's it.

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Laura Reeves:

Okay. So, that's demodex, there are other types of mites, right? Sarcoptic mange and other kinds of things, can you give us just a really brief rundown that says, "Okay, if it looks like this, it's this one, if it looks like this, it's this other one and that's worse," and stuff like that.

Dr. Marty Greer:

Sure. So Demodex like I said, it's spread to all dogs at the time they're born, so it's not considered to be a contagious disease. Ear mites are considered contagious and the information on the CAPC website indicates that 70% of cats with the ear infections, have ear mites and 50% of dogs do. Now, that seems really high to me from my personal experience, but ear mites are mites and the same medications that will control a lot of these other mites will control ear mites. And by the way, we should probably also mention that not only does ivermectin work, but milbemycin at a high level dose and moxidectin will also eliminate demodex.

Laura Reeves:

Okay.

Dr. Marty Greer:

So milbemycin is Sentinel and Interceptor and moxidectin is ProHeart. So we have other drugs that we can use for a lot of mites. So we have ear mites, which are really common in dogs and cats, but more common in cats. We have scabies mites. And scabies are the really tough ones. Scabies are sarcoptic mange or red mange. And that is contagious, that is a mite that spread from dog to dog or from wildlife to dogs, or it happens at the groomer or at the dog park or any place that dogs are in contact with each other. And those mites are really, really, really hard to find on skin scraping. Demodex, no, a first year veterinary student can find a demodex. Scabies, you can scrape that dog 15 times and you'll swear, the dog has scabies because it's got lesions that suggest scabies, and you can't find the little buggers and on the 16th time you find it.

Well again, back in the day, we used to really work and work and work at this, and then for a long time we were taught, "Well, if it looks like scabies treat it as scabies. Don't treat it for an allergy, don't treat it for food allergy, just treat it as scabies. Well, scabies causes edges of the ears and the elbows and sometimes the hocks to get these crusty lesions on them, like the whole ear margin will be crusty, whether the dog has an upright ear or a flop ear. And their elbows... And they are intensely itchy, crazy itchy. If you take the edge of the ear, this is the scabies scalp, without a skin scraping, you take the edge of the ear and you fold the year in half and you just rub the two of the halves of the ear together, and if that dog's back foot starts going... you got scabies.

So if you thought you had scabies, if it walks like a duck, if it quacks like a duck, if it looks like a duck, it is a duck. So we would treat for scabies. And that again was high doses of ivermectin. But again, we have some of these other really nice treatments now that are successful. So things like Revolution and some of these other great products on the market will do a super job with scabies. So even though it's contagious, it can be well managed with a lot of these treatments selamectin, which is Revolution is the only labeled product for scabies, but supernel which is Frontline. And then off-label, Credelio, NexGard, Bravecto and Simparica, those are all effective against scabies along with high doses of ivermectin. But the high dose ivermectin thing is not safe for any of the white footed herding breeds that may be MDR1 dogs so we want to stick to the other products like the flea and tick Bravecto, Simparica, Credelio and NexGard, because those are safe in the white footed, MDR herding breed.

Laura Reeves:

In the herding breeds. Okay. Well, that's good for my Australian Shepherd listener who originally brought this topic to us. That's what we need to know, use Bravecto.

Dr. Marty Greer:

Yes. And I actually had a client that two years in a row came in with scabies on their Golden Retriever. And the first year we were like, "Well, we don't really know where it came from." And the second year they were looking at me like, "Okay, we don't want to have scabies every year."

This was before we had Bravecto and some of these other drugs. And I said, "Well, tell me what your dog's lifestyle is, explain to me where he goes." And so we finally figured out that there was a mangy Fox that lived just outside the fenced-in yard.

Laura Reeves:

Ew.

Dr. Marty Greer:

And I'm like, "Well, we could probably just treat the mangy Fox." And they're like, "What?" And I said, "Well, the fox doesn't belong to anybody. So we don't have to ask for consent from an owner to treat.... It's not like your neighbor dog that you can't just treat the dog." So I said, "So we're going to do this little treat thing, and we're going to throw it over the fence we're going to treat the mangy fox." And the third year they came back, they didn't mite. So they were pretty excited that we got rid of the mangy fox. I don't know if the fox went away or if the mites went away but nevertheless.

Laura Reeves:

What if the treatment killed the fox, whatever-

Dr. Marty Greer:

Probably not, but he didn't belong to anybody.

Laura Reeves:

Interesting.

Dr. Marty Greer:

But the main thing was that we didn't have to shoot the fox to get rid of the mites. So you have to really look at the whole environmental situation when you've got one dog in the house and it's just got this awful scabies infection because scabies is intensely itchy and I actually had a client that came in one year, they call it red mange, because if it doesn't get treated, the dog loses all their hair.

Laura Reeves:

Right.

Dr. Marty Greer:

And actually had a hound guy that came in because he's a hound guy, these hound guys are different. He came in and he goes, "Yeah, I think it's red mange." I said, "Well, you should probably diagnose it and treat it." And he's like, "Yeah, well, it was getting to be kind of fall and so I thought before winter came and he needed some hair to grow back that we should come in." I'm like, "Oh man. Okay. So maybe we didn't need to wait until September to get this managed." But it wasn't important to them until the dog actually needed hair for the winter. So you get all kinds of clients.

Laura Reeves:

What?

Dr. Marty Greer:

It's a fascinating study in human behavior to be a veterinarian.

Laura Reeves:

I hear that for sure. Okay. So if you see your dog and it's super, super itchy, and it's just on the edges of the ears, elbows and hocks, that's going to be the scabies sarcoptic mange. If you see just a little bit of hair loss underneath the eyes, that's probably going to be a demodex or doesn't the adult onset demodex in my understanding was a lot of times was feet, around the toes?

Dr. Marty Greer:

It can be feet. Yeah. Nail, bed, feet. And demodex is hardly ever itchy unless they end up with enough of a secondary bacterial infection that they become itchy from it. But the initial onset, they are not itchy with it. And they're easy to find the demodex mites. It's hard to find the scabies mites.

Laura Reeves:

Excellent. And ear mites are in the ear canal, so we know that.

Dr. Marty Greer:

Right.

Laura Reeves:

Okay.

Dr. Marty Greer:

Right. And then we have cheyletiella and then there's another one in the cat world. So these are now, I just learned this, this week when I was doing some writing the hair crusting mite which is cheyletiella also known as walking dandruff. And those mites live on the surface of the skin, not in the hair follicles like demodex and scabies. So those you can see without a skin scraping, if you're old like me, you need to get a magnifying glass out and a good light. And you can actually see what looks like dandruff walking around on the dog's skin surface, because those are actually mites not dandruff that are moving.

And these are pretty common in groups of dogs, boarding kennels, and show kennels and that kind of stuff. Rescue organizations have a lot of these. Again, those are contagious like scabies. And they are really, really itchy dogs too and very scaly itchy. Those little puppies that come in with that real, severe scruffy dandruff on them, that came through a breeder, a rescue, commercial breeder, whatever. If it's been with a group of dogs, the cheyletiella mite is very suspect. And again, now it's easy to get rid of because we have great drugs.

Laura Reeves:

That's good.

Dr. Marty Greer:

So life has changed a lot for us in veterinary care.

Laura Reeves:

That are living through pharmaceuticals. I'm telling you.

Dr. Marty Greer:

Absolutely. Absolutely. But they're icky, nasty little creatures. And again, the same drug that worked for all the other mites.

Laura Reeves:

What are they causing, super itchy, but are you seeing lesions or what are you seeing on the dog?

Dr. Marty Greer:

No, they don't have patches of hair loss. They don't have scaly patches. It's just generalized scurf, especially over the romper, the back of the dog. And for that diagnosis, you take a piece of scotch tape and stick it to the dogs dandruff, and then put the scotch tape on an oil slide under the microscope. And you can see the little critters. So again, these are fun to diagnose because the veterinarian and their staff get very excited about things that crawl on slides. It's very cool

Laura Reeves:

See because we're actually on Zoom now, instead of Skype, you can see my face going BLECH!

Dr. Marty Greer:

Yeah.

Laura Reeves:

And understand there's a reason I did not become a veterinarian, this is it, creepy crawly, gross things and stuff that smells bad. Totally your job everyday, totally couldn't do any of it.

Dr. Marty Greer:

Yeah. But if people want to really see what these things look like, if they go to the CAPC Vet website, it's, capcvet, CAPCvet.org, they can see photo micrographs and videos and all kinds of very cool icky, crawly things.

Laura Reeves:

Icky, crawly things. There will be an icky crawly thing link in the blog post with this podcast.

Dr. Marty Greer:

Sorry.

Laura Reeves:

Anybody. I will not be looking. I'll just be linking. Awesome.

Dr. Marty Greer:

You're no fun at all.

Laura Reeves:

Good gosh.

Dr. Marty Greer:

There's a couple of other kinds of mites that we hardly ever see. There's notoedric and there's nasal mites. I have never diagnosed either of those. Demodex, we didn't use to think cats had a demodex and now we know cats do. So. I hate to leave cats completely out of the conversation because they get their own kind of demodex, which is the short, fat, little demodex and they're really quite adorable on the slide. But remember, cats are that ear mites queens and kings of the animal kingdom.

Laura Reeves:

Yes. Because the couple of times I've ever had cats, they all had ear mites. So it's like a thing. It's like cat mites.

Dr. Marty Greer:

Yeah. And once they've had ear mites, their ears are never normal. They spend the rest of their life with this chronic low grade kind of ear infections.

Laura Reeves:

Back grosses.

Dr. Marty Greer:

Even though you get rid of the mites, it's always icky.

Laura Reeves:

And curiosity, because we do have plenty of listeners that have both cats and dogs, the mites, particularly, demodex mites between cats and dogs are different and not communicable between them, yes?

Dr. Marty Greer:

Correct. Yeah. Cats have their own demodex, And like I said, until just a few years ago, we didn't even know cats got demodex.

Laura Reeves:

Okay.

Dr. Marty Greer:

I mean, it's somebody named demodex gatoj, but I was like, "Wow, they could have named it after themselves and that would have been cool." No, that's where these names all come from, it's they named after somebody.

Laura Reeves:

Absolutely.

Dr. Marty Greer:

So most of the time you can get rid of the mites with just some of these medications. Some of these patients, dogs and cats will need eardrops for the secondary ear infection if they have ear mites, they may need an antibiotic or a special shampoo to get rid of the uncomfortable itching and the scratching and the scaling and all that other stuff that goes with the secondary infection. So sometimes an antibiotic is necessary if they have a secondary bacterial infection on the skin.

Laura Reeves:

The stuff that comes in on top of the mites, which is what happened with the dog I had.

Dr. Marty Greer:

Exactly. Then there's lice, which are really rare. Fortunately, those are not at all common in dogs. So I have to always throw that in because every now and then we'll see a dog or cat with lice. But fortunately those are not common. And again, all these things that we have now to get rid of them very effectively treat them. So life has gotten much, much easier for us to manage these external parasites on dogs and cats.

Laura Reeves:

Right.

Dr. Marty Greer:

So not only did we get rid of the fleas and the ticks, and remember ticks are eight legged like mites. So tick medications will kill mites because they all have eight legs. They're all in the same family.

Laura Reeves:

Got it.

Dr. Marty Greer:

And these drugs are super, super safe for dogs. The only reports that we have right now of any concerns are for dogs with a history of being seizure prone or tremors that these oral medications of Bravecto Cadelio, NexGuard and Simparica should either not be used or used with great caution in dogs that have a history of seizures. So just be aware of that, that if you have a white footed herding breed, that has mites and seizures, you got trouble.

Laura Reeves:

Now that's got to be a bad space.

Dr. Marty Greer:

Yeah. You don't want one of those?

Laura Reeves:

No.

Dr. Marty Greer:

But otherwise all these medications are safe and effective and super easy. And Brevacto is given every 12 weeks, the others are given every four weeks and you just pop a pill down and poof... The mites are gone. You do have to do two treatments because the mite eggs or the louse eggs hatch, then you'll have a new batch of them that come along. So you don't want to do one treatment, you want to do enough to get rid of them. And of course the recommendation for all flea and tick and heartworm medications are to go year round, even if you live in climates where mosquitoes or fleas, you don't think are year round, we do get better parasite control, both intestinal parasite and external parasite control by using them year round.

And in the Northern States or, like we're in the upper Midwest from Wisconsin. But if you're in the Northeast, in the new England States or in the Wisconsin, Minnesota, that area where Lyme disease is a problem, remember the ticks are worse from November to March. And nobody thinks about that. They think that because there's snow on the ground, that there aren't going to be ticks. But the ticks hang out, wait for a warm day when it's 40 degrees, your dog walks past and it looks like this nice juicy meal. So poof, you got ticks.

So please, please, please use your preventative year round, don't just stop because the winter got cold. You'll get much better parasite control. And I don't know anybody that says, "Yes, I would really like to have mite and fleas in my house, I think that'd be fun.

Laura Reeves:

Nobody thinks that's fun.

Dr. Marty Greer:

Nobody I know, no.

Laura Reeves:

No.

Dr. Marty Greer:

Even the parasitologist don't think that's fun.

Laura Reeves:

I'm sitting here itching. You can see, got the creepy crawlies...

Dr. Marty Greer:

You need Bravecto.

Laura Reeves:

That's enough creepy crawly for today, I've had it. Done. All right thanks so much I sure appreciate you Marty.

As always. If you have any questions or input, we'd love to hear from you. The show notes and links To resources on today's topic are available@puredogtalk.com. Drop us a note in the comments or email to laura@puredogtalk.com. Remember guys, this podcast is for you. So if you want to know something, give me a holler. We'll do a podcast for you. If you wouldn't mind, you could help me out here. Take a couple minutes to visit iTunes and give us a review. The Dog Show Superintendents Association is a proud supporter of Pure Dog Talk. Our dog show superintendents are the hardworking people who make the dog show function. They are advocates for education and mentorship in the purebred dog fancy. So stop by the supers desk at your next show. Tell them how much you love your dog talk and give them a shout out for their support. That's all for today. Thank you for joining us on Pure Dog Talk.