Acepromazine (ACP)

(Acecare (c,d), ACP (c,d)) POM-V

Formulations

Injectable: 2 mg/ml solution. Oral: 10 mg tablets.

Action

Phenothiazine with depressant effect on the CNS, thereby causing sedation and a reduction in spontaneous activity.

Use

- Sedation or pre-anaesthetic medication in dogs and cats.
- ACP raises the threshold for cardiac arrhythmias and has antiemetic properties.
- Sedation can be unreliable when ACP is used alone; combining ACP with an opioid drug improves sedation (neuroleptanalgesia) and the opioid provides analgesia.
- Also used for the management of thromboembolism in cats because of its peripheral vasodilatory action.

Depth of sedation is dose dependent up to a plateau (0.1 mg/kg); higher doses provide little benefit but increase the duration of action, and the risk and severity of adverse effects. The lower end of the dose range should be used for giant-breed dogs to allow for the effects of metabolic body size. Onset of sedation is 20–30 minutes after i.m. administration; clinical doses cause sedation for up to 6 hours. The oral dose required to produce sedation varies between individual animals and high doses can lead to very prolonged sedation. ACP is not recommended for the management of sound phobias, such as firework or thunder phobia, in dogs.

DOSES

When used for sedation and premedication is generally given as part of a combination with opioids. See Appendix for sedation protocols in cats and dogs.

- **Dogs (not Boxers), Cats** 0.01–0.02 mg/kg slowly i.v.; 0.01–0.05 mg/kg i.m., s.c.; 1–3 mg/kg p.o.
- Boxers: 0.005–0.01 mg/kg i.m.

Warnings

Adverse reactions

Rarely, healthy animals may develop profound hypotension following administration of phenothiazines. Supportive therapy to maintain body temperature and fluid balance is indicated until the animal is fully recovered.

Contraindications

Hypotension due to shock, trauma or cardiovascular disease. Avoid in animals <3 months and animals with liver disease. Use cautiously in anaemic animals as it will exacerbate anaemia by sequestration of red blood cells in the spleen. In Boxers, spontaneous fainting and syncope can occur due to sinoatrial block caused by excessive vagal tone; use low doses or avoid.

Drug interactions

Other CNS depressants (e.g. barbiturates, propofol, alfaxalone, volatile anaesthetics) will cause additive CNS depression if used with ACP. Doses of other anaesthetic drugs should be reduced when ACP has been used for premedication. Increased levels of both drugs may result if propranolol is administered with phenothiazines. As phenothiazines block alpha-adrenergic receptors, concomitant use with adrenaline may lead to unopposed beta activity, thereby causing vasodilation and tachycardia. Antidiarrhoeal mixtures (e.g. kaolin/pectin, bismuth salicylate) and antacids may cause reduced GI absorption of oral phenothiazines.

Safety and handling

Normal precautions should be observed.