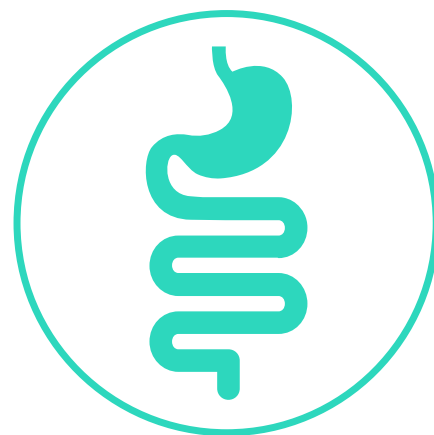




胃肠道疾病

## 犬免疫抑制剂反应性肠病 (炎症性肠病)



类固醇或免疫抑制剂反应性肠病也称为特发性炎症性肠病 (IBD), 是犬慢性肠病的类别之一。免疫抑制剂反应性肠病的特征是持续或间歇性胃肠道 (GI) 临床症状持续 3 周或更长时间, 并且不存在其他肠道疾病 (例如饮食失调、寄生虫、已发现的肠道病原体或肿瘤) 和非胃肠道疾病。<sup>1-4</sup>

可能会合并出现任何多种严重的胃肠道症状, 包括腹泻、呕吐、体重减轻、食欲变化、肠鸣音、恶心和腹痛。<sup>1,5,6</sup>

免疫抑制剂反应性肠病采用排除性诊断, 从而提示:<sup>1,5,7-9</sup>

- 驱肠虫剂、饮食和/或抗生素治疗未能产生令人满意的临床反应
- 肠道活检和组织病理学证实存在炎症
- 对糖皮质激素或其他免疫调节治疗方案产生积极反应

许多慢性胃肠道疾病 (包括免疫抑制剂反应性肠病) 患犬会出现肠道炎症和消化道微生物群的变化, 这种疾病被称为 肠道菌群失调。<sup>10-15</sup> 然而, 目前尚不清楚菌群失调是相关疾病的致因还是后果。<sup>16,17</sup>

尽管更改饮食方案本身可能无法产生充分的反应, 但对于免疫抑制剂反应性肠病患犬, 仍应考虑将营养调整作为辅助治疗方法。更改饮食方案有可能带来益处, 因为在遗传敏感犬只中, 肠道炎症被认为是由食物成分、黏膜免疫系统和微生物群之间的相互作用触发的。<sup>18,19</sup> 此外, 营养不良在慢性肠病患犬中很常见, 原因包括食欲不振、吸收不良和营养损失增加。<sup>20</sup>

营养干预的目标是提供全面均衡的饮食, 以满足犬的营养需求, 尽量减轻黏膜炎症, 弥补消化不良和/或吸收不良, 并帮助控制临床症状。

您知道吗?

研究表明, 在慢性肠病患犬中, 免疫抑制剂反应性肠病的患病率为 19% 至 22%。<sup>21,22</sup>

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## 重要信息

- 营养干预可作为免疫抑制治疗的辅助手段,用于对单独的饮食管理方案或饮食管理与抗生素联合治疗方案无反应的慢性胃肠道症状患犬。常见饮食类型包括:<sup>8,16,21,23,24</sup>
  - 水解蛋白质饮食
  - 基于氨基酸的饮食(要素饮食)
  - 新型蛋白质饮食
- 需要关注的饮食特征和营养素包括消化率、能量密度、脂肪、蛋白质、钴胺素(维生素 B12)、钾和饮水量。<sup>20,25</sup>
  - 并非所有需要关注的营养素都与患犬个体相关。
  - 特定犬个体需要关注的营养素将因存在的临床症状、症状持续时间和严重程度以及营养评估结果而异。
- 免疫抑制剂反应性肠病患犬应喂食极易消化、适口性强、中脂至低脂、水解蛋白质或新型蛋白质饮食,这些饮食能够提供足够的热量,解决了大量营养素(例如蛋白质、脂肪或碳水化合物)的消化和/或吸收功能受损以及菌群失调的问题,并最大程度地减少瘦体重流失。<sup>26</sup>
  - 此外,也可不使用水解蛋白质或新型蛋白质饮食,而是采用基于氨基酸的饮食(要素饮食)方案,以提供易于获得的氨基酸和小肽,支持蛋白质合成。
  - 应在所需的持续时长内,仅为患犬饲喂所选的饮食方案。
- 脱水是免疫抑制剂反应性肠病患犬的常见问题,可能伴有电解质失衡,特别是钾离子(可能还包括钠离子)。<sup>20</sup>轻度体液流失的患犬可通过口服饮用水或皮下注射液体进行治疗。但是,中度至重度脱水的患犬应酌情接受静脉注射液和电解质补充。
- 尽管犬类饮食中富含钴胺素(维生素 B12),胃肠道吸收不良可能导致慢性肠病患犬体内缺乏此类维生素。如果经检测显示缺乏维生素 B12,则应经胃肠外或口服途径进行补充。<sup>25,27</sup>
- Omega-3 脂肪酸具有抗炎和免疫应答调节作用,其水平的升高可能使免疫抑制剂反应性肠病患犬受益。<sup>26,27</sup>
- 益生元、益生菌或合生元对免疫抑制剂反应性肠病患犬可能有益,它们能够影响胃肠道的微生物群构成,从而改变肠黏膜中存在的细菌抗原,并调节炎症反应。<sup>25,26</sup>
  - 饮食中的益生纤维(例如可溶性或混合纤维)可通过微生物群增加短链脂肪酸的产生,使一些犬只受益。
- 许多免疫抑制剂反应性肠病患犬会出现食欲不振,最初可受益于少食多餐的投喂方式(例如,每天 3 至 6 餐)。这有助于促进营养吸收并尽量减少不良反应,例如呕吐或腹泻。<sup>25,28</sup>
  - 如果肠病的临床症状得到缓解,可以尝试在 7 天内逐渐过渡到犬的日常饮食。
  - 根据疑似的潜在病因,某些犬可能需要继续接受治疗性饮食。

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