

Induction and synchronization of estrus in dogs

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Abstract

Indications for estrus induction in the bitch include missed breeding opportunities or conception failure, the treatment of primary or secondary anestrus and synchronization of ovulation for embryo transfer programs. Reported methods for canine estrus induction include the use of synthetic estrogens (diethylstilbesterol), dopamine agonists (bromocryptine and cabergoline), GnRH agonists (lutrelin, buserelin, fertirelin, deslorelin, and leuprolide) and exogenous gonadotropins (luteinizing hormone, follicle stimulating hormone, human chorionic gonadotropin, pregnant mare serum gonadotropin, and human menopausal gonadotropin). These methods vary widely in efficacy of inducing estrus, as well as in the fertility of the induced estrus. The applicability of some of these methods for clinical practice is questionable. This review will summarize published reports on estrus induction and synchronization in bitches and summarize preliminary results using a long-acting injectable preparation of deslorelin.

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1. Introduction

There are many indications for estrus induction in the bitch. Estrus induction is clinically useful in conjunction with routine breeding management when breeding opportunities are missed or following conception failure and may also be used as a treatment for primary anestrus. The onset of puberty typically occurs between 6 and 12 mo of age in dogs. Absence of estrous cycling by 24 mo of age may be indicative of hypothalamic-pituitary-ovarian axis malfunction and warrants detailed reproductive evaluation, which may include estrus induction. The average interestrus interval in the

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dog is 7 mo but varies in fertile bitches from 16 to 56 wk [1] with the exception of the Basenji breed in which the interestrous interval is 12 mo [2]. Estrus induction may also be used as a treatment for secondary anestrus (interestrous interval >12 mo). In addition, reliable synchronous estrus induction is a necessity for canine embryo transfer programs.

There is convincing anecdotal evidence that a “dormitory effect” occurs in canids, such that co-housing bitches in mid to late anestrus with proestrous or estrous bitches will shorten the duration of anestrus by 30 d or more in anestrus bitches [3]. It is assumed that this phenomenon of “natural” estrus induction is mediated by pheromones but the mechanism by which an increase in gonadotropin secretion is mediated is not known. However, since 1939, there have been more than forty protocols investigating pharmacological estrus induction in bitches. The protocols and results from these studies are summarized in Tables 1–4. The following definitions should be used when interpreting information from these tables:

- (a) *Proestrus*: Onset of vulvar edema and/or serosanguinous discharge.
- (b) *Estrus*: Onset of either behavioral signs (willingness to allow mating) or vaginal epithelial exfoliative cytology (>90% cornification).
- (c) *Ovulation*: Determination of a progesterone concentration >5 ng/mL or presence of corpora lutea visualized on the ovaries.
- (d) *Pregnancy*: Existence of embryos within the uterine tubes or uterus.

2. Gonadotropins

Factors regulating the duration of anestrus within individual female dogs are not known but the termination of anestrus in bitches is associated with increased serum concentration or pulse frequency of luteinizing hormone (LH) [3]. Serum follicle stimulating hormone (FSH) concentrations are increased throughout much of canine anestrus while LH concentrations are low except near the end of anestrus [3]. However, both LH and FSH appear to be folliculotropic in the dog as administration of pharmacologic doses of either LH or FSH alone induces estrus (Table 1) [3,4]. An estrus induction protocol was established with combined dosages of FSH and LH designed to resemble the gradual increase of endogenous FSH coincidentally with the LH increase during proestrus [4]. However, this protocol was not successful (Table 1). It is important to note that a slight but significant increase in serum estradiol concentration occurs before the onset of proestrus, roughly 30 d before the onset of estrus [5]. The functional significance of this increase in estradiol is not known but it may prime the hypothalamic-pituitary-ovarian axis thereby initiating an increased rate of pulsatile LH release. This mechanism is supported by the successful induction of fertile estrus in bitches following administration of diethylstilbesterol (DES) (Table 1) [6,7]. In addition to exogenous pituitary gonadotropins, pregnant mare serum gonadotropin (PMSG), human chorionic gonadotropin (HCG), and human menopausal gonadotropin (HMG) have been used for estrus induction in bitches [8–11]. The most widely studied gonadotropin for estrus induction in the dog is PMSG, with protocols ranging from daily to weekly injections using either subcutaneous or intramuscular routes

Table 1
Gonadotropins and estrogens used for estrus induction in the bitch

Reference	No. of bitches	Protocols		Results			
		Estrus induction	Ovulation induction	Proestrus%/estrus%	Ovulation%	Pregnant%/whelped%	
[4]	5	FSH 0.77–1.1 mg/kg IM once	None	60 (in 5–12 d)/20	40	20 (pregnant)	
[4]	4	FSH 0.077–0.11 to 1.23–1.78 mg/kg IM SID for 10 d (double the dose of FSH every 2 d)	None	50 (in 7 d)/25	50	0 (pregnant)	
[4]	5	FSH 0.077–0.11 to 1.23–1.78 mg/kg IM every 48 h (repeat low dose once then double the dose of FSH every 2 d); LH 0.077–0.11 to 0.38–0.55 mg/kg IM every 48 h (repeat low dose four times then double the dose of LH on the last 2 treatments); FSH and LH injections are given on days 1, 3, 5, 7, 9 and 11	None	0/0	0	0/0	
[35]	5	DES 0.19–0.21 mg/kg SID PO for 14 d; FSH 0.38–0.42 mg/kg IM on 9th and 11th d	hCG 37.9–42.4 IU/kg IM on 5th d of proestrus	80 (proestrus)	20	Not given	
[6]	5	DES 5 mg/dog ^a PO SID for 6–9 d until proestrus occurs	None	100/100	100	100/100	
[36]	13	DES 0.1–0.2 mg/kg SID PO for 14 d; FSH 0.2–0.4 mg/kg IM on 5th, 9th, and 11th d	None	69 (estrus)	46	31 (pregnant)	
[10]	16	LH 0.1 IU/kg TID for 7 d	None	100/44	44	37.5/37.5	
[11]	10	HMG 1–7 IU/kg SID IM for 9 d	None	90/60	60	40/40	

^a Mongrel dogs were used but weight was not given.

Table 2
Pregnant mare serum gonadotropin used for estrus induction in the bitch

Reference	No. of bitches	Protocols		Results		
		Estrus induction	Ovulation induction	Proestrus%/estrus%	Ovulation%	Pregnant%/whelped%
[37]	18	PMSG 187 IU/dog ^a IM once	hCG 50 MU ^a /dog ^b at time of PMSG injection	78 (estrus in 2–6 d)	Not given	50 (whelped)
[12]	6	PMSG 500 IU/dog ^a SID SQ for 8–9 d	hCG 500 IU/dog ^b SC on 10th d of treatment	100 (estrus in 10–14 d)	100	Bitches were not bred ^c
[38]	6	PMSG 31.2–71.4 IU/kg SID SC for 10 d	hCG 31.2–71.4 IU/kg SQ on 10th d of treatment	50 (estrus)	50	50/50
[38]	7	PMSG 15.6–35.7 IU/kg SID SC for 10 d	hCG 31.2–71.4 IU/kg SQ on 10th d of treatment	57 (estrus)	57	57/57
[38]	12	PMSG 20 IU/kg SID SC for 10 d	hCG 31.2–71.4 IU/kg SQ on 10th d of treatment	58 (estrus)	58	58/58
[39]	8	PMSG 44 IU/kg SID IM for 9 d	hCG 25–50 IU/kg IM on 10th d of treatment	100 (estrus in 5–19 d)	80	60 (pregnant)
[39]	5	PMSG 44 IU/kg SID SQ for 9 d	hCG 25–50 IU/kg IM on 2nd d of estrus	80 (estrus in 9–11 d)	80	60 (pregnant)
[40]	8	PMSG 110 IU/kg IM up to three times at 7 d intervals	None	100 (estrus)	87.5	Not given
[40]	3	PMSG 110 IU/kg IM up to three times at 7 d intervals	hCG 37–62.5 IU/kg IM on 1st d of estrus	100 (estrus)	100	Not given
[41]	8	PMSG 18.9–31.2 IU/kg SID SQ for 14–20 d	hCG 37–62.5 IU/kg SC on 1st d of estrus or 21st d of treatment	87.5/62.5	75	Not given
[42]	Not given	PMSG 20–50 IU/kg IM twice at 6 d intervals	hCG 500–1000 IU/dog ^d IM on 1st and 2nd d of estrus	100/60	Not given	Not given
[43]	15	PMSG 27.8–41.7 IU/kg SID IM for 10 d	hCG 27.8–41.7 IU/kg IM on 10th d of treatment	100/87	100	20/20
[43]	5	PMSG 27.8–41.7 IU/kg SID IM for 10 d	Gonadoliberin 0.003–0.004 mg/kg IM on 10th d of treatment	100/60	100	0/0
[13]	11	PMSG 44 IU/kg SID IM for 9 d	hCG 25–100 IU/kg IM on 10th d of treatment	100/64	64	13/13 ^c
[8]	17	PMSG 20 IU/kg SID IM for 10 d	hCG 500 IU/dog ^e IM on 10th d of treatment	100 (proestrus in 4–6 d)	Not given	35/0
[8]	6	PMSG 20 IU/kg SID IM for 5 d	hCG 500 IU/dog ^b IM on 5th d of treatment	100 (proestrus in 4–6 d)	Not given	50 (pregnant)
[14]	14	PMSG 20 IU/kg SID IM for 5 d	hCG 500 IU/dog ^b IM on 5th d of treatment	100 (estrus)	Not given	43 (pregnant) ^c

^a Mouse units.

^b Beagle dogs used but weight not given.

^c Premature luteal failure.

^d Breed and body weight of dogs not given.

^e Niederlauf dogs used but weight not given.

Table 3

Dopamine agonists used for estrus induction in the bitch

Reference	No. of bitches	Protocol Estrus induction	Results	
			Proestrus%/estrus%	Pregnant%/whelped%
[9]	6	Bromocryptine 0.02 mg/kg PO BID until proestrus	100 (proestrus in 47 ± 2 d)	
[3]	5	Bromocryptine 0.05 mg/kg PO BID until proestrus	80 (proestrus in 28 d)	Not given
[22]	48	Bromocryptine 0.3 mg/bitch for 3 d, then 0.6–2.5 mg/bitch PO SID continued 3–6 d after onset of estrus	100 (estrus)	83 (pregnant)
[44]	Not given	Bromocryptine 0.10 mg/kg PO until proestrus	80 (proestrus in 17–28 days)	Not given
[45]	5	Cabergoline 0.005 mg/kg PO SID from 30 d past the LH peak until onset of proestrus	80 (proestrus in 29.75 ± 5 d)	0 (pregnant)
[21]	5	Cabergoline 0.005 mg/kg PO SID until 3–8 d after onset of proestrus or 40 d	80 (proestrus in 20 ± 3 d)	60 (pregnant)
[21]	5	Cabergoline 0.005 mg/kg PO SID until 3–8 d after onset of proestrus or 40 d	100 (proestrus in 14 ± 3 d)	100 (pregnant)
[21]	5	Cabergoline 0.005 mg/kg PO SID until 3–8 d after onset of proestrus or 40 d	100 (proestrus in 6 ± 1 d)	80 (pregnant)
[33]	12	Cabergoline 0.005 mg/kg PO SID until progression of proestrus to estrus	83 (proestrus in 23.5 ± 3.2 d)	83 (pregnant)

of administration (Table 2). However, premature luteal failure with subsequent shortening of diestrus and pregnancy loss has been reported following the use of PMSG [12–14].

3. Prolactin

Prolactin appears to play a part in canine interestrus intervals, possibly by affecting gonadotropin secretion and/or ovarian responsiveness to gonadotropins. Suppression of prolactin secretion by administration of dopamine agonists shortens the duration of anestrus [9,15] or induces estrus in cases of prolonged anestrus [16,17]. However, prolactin inhibition alone is not sufficient to terminate anestrus in bitches as the administration of a serotonin antagonist (metergoline) suppresses prolactin concentrations similar to concentrations observed with dopamine agonists (bromocryptine and cabergoline), but does not induce estrus [18]. It does appear that prolactin inhibition is necessary for estrus induction to occur. Bitches that did not respond to dopamine agonist therapy (e.g. proestrus was not initiated) did not have a decrease in prolactin concentrations [3]. These observations suggest that an inhibition of prolactin secretion may regulate the initiation of

Table 4
Gonadotropin releasing hormone and agonists used for estrus induction in the bitch

Reference	No. of bitches	Protocols	Results	
			Proestrus%/estrus%	Ovulation% Pregnant%/whelped%
[36]	36	GNRH 0.000015–0.000500 mg/kg IV every 90 min for 7–9 d	72 (proestrus in 5.1 ± 0.4 d)/56	44 33 (pregnant)
[46]	8	GNRH 0.000096–0.000139 mg/kg IV every 90 min for 11–13 d	100 (estrus within 23 d)	87.5 87.5 (pregnant)
[47]	8	GNRH 0.000040–0.000430 mg/kg IV every 87 min for 9 d	75 (within 2–4 d)/62.5	50 37.5 (pregnant)
[48]	10	Buserelin 0.0015 mg/kg SQ TID for 11 d and 0.00075 mg/kg SQ TID for 3 d	30 (proestrus in 18.6 ± 4.7 d)	20 20 (pregnant)
[24]	24	Lutrelin 0.0017–0.0025 mg/kg/d for 14–28 d, via SQ osmotic mini pump	87.5 (proestrus in 5.1 ± 0.4 d)	75 37.5 ^a
[49]	18	Leuprolide 0.10 mg/kg SQ once ^b	100 (estrus within 7–15 d)	83 78
[25,26]	7	Deslorelin 2.1 mg implant/dog ^c SQ once	100 (proestrus within 6–10 d)	100 43 (pregnant) ^a
[33]	6	Deslorelin 2.1 mg implant/dog ^c subcutaneous once	100 (proestrus within 5–6 d)	100 67 (pregnant)
[33]	5	Deslorelin 2.1 mg implant/dog ^c subcutaneous once	100 (proestrus within 5–6 d)	80 40 (pregnant)
Kutzler MA (unpublished)	3	Deslorelin 1.5 mg/dog ^d IM once	100 (proestrus within 5–6 d)	100 100/100

^a Premature luteal failure.

^b Ovulation induction agent used; fertirelin 0.003 mg/kg IM given on 1st d of estrus.

^c Beagle dogs were used (5.4–13.6 kg).

^d Lakeland Terrier dogs were used (6.8–9.1 kg).

proestrus. Kooistra et al. reported that follicle development and resulting estrus induction with bromocryptine was associated with an increase in plasma FSH concentration without a concomitant increase in plasma LH concentration [19]. It is important to note that in normal cycling bitches, prolactin concentrations during late anestrus do not change prior to the onset of proestrus [20].

Dopamine agonists successfully induce fertile estrus in most bitches (Table 3) but can be cost prohibitive in the United States, where these drugs are not readily available for veterinary use. In addition, this method of estrus induction may require >30 d of treatment before the onset of proestrus occurs, which is dependent upon the stage of anestrus (early versus late anestrus) [21]. Lastly, centrally acting dopamine agonists (e.g. bromocryptine) commonly induce vomiting. Habituation to bromocryptine, beginning with lower doses initially, is reported to almost completely eliminate emesis as a side effect of treatment [22].

4. GnRH

Pulsatile secretions of gonadotropin releasing hormone (GnRH), a hypothalamic decapeptide, are released every 70–90 min to mediate the synthesis and release of pituitary LH and FSH [23]. Pulsatile administration of GnRH at doses of 0.2–0.4 µg/kg at 90 min intervals is sufficient to obtain increases in LH similar to the endogenous pulses that normally occur at the end of proestrus [3]. However, estrus induction protocols using short-acting native GnRH or GnRH agonists are not clinically applicable due to the expense of pulsatile infusion pumps or need for hospitalization during continuous intravenous infusion (Table 4).

It is important to note that increases in LH do not need to be pulsatile to induce estrus [3]. Constant infusion or release of a GnRH analog (lutrelin, deslorelin, and leuprolide) via a subcutaneous osmotic mini pump or implant resulted in similar estrus induction and pregnancy rates as GnRH pulsatile infusion, provided that the GnRH agonist therapy is discontinued after ovulation [3,24]. Premature luteal failure resulting in a shortened diestrus with subsequent pregnancy loss has been reported with GnRH agonist therapy for estrus induction [24–26]. Prolonged administration of GnRH agonists resulted in pituitary overstimulation, suppression of LH secretion, decreased luteal responsiveness to LH, and decreased progesterone secretion [27–29].

By making molecular changes to native GnRH, more than 700 GnRH agonists have been synthesized that have an increased receptor affinity and enhanced stability [29]. Deslorelin is a D-Trp⁶–Pro⁹–des-Gly¹⁰GnRH analogue with two amino acid substitutions. Veterinary clinical applications of deslorelin in canids were first introduced by Trigg et al. during an investigation for a novel contraceptive (Suprelorin[®]), which is now commercially available in Australia (Peptech Animal Health, North Ryde, New South Wales) [30]. Preliminary investigations with this product demonstrated that it induced estrus in all anestrous bitches treated initially, which was followed by prolonged estrus suppression [31,32]. Ovuplant[®] (Fort Dodge Animal Health, Overland Park, KS, USA) is a biodegradable, sustained release, subdermal implant containing 2.1 mg of deslorelin, licensed for use in horses. According to label claims, Ovuplant[®] induces ovulation in

mares within 48 h. Previous studies in dogs with this product demonstrate its reliability for inducing a rapid and synchronous estrus [25,26,33]. However, the availability of this form of deslorelin (Ovuplant[®]) in the United States has been limited in the past 2 yr due to manufacturing problems, leading to a need for investigations into alternative deslorelin preparations.

BioRelease[™] deslorelin (BET Pharmacy; Lexington, KY, USA) contains 1.5 mg/mL of deslorelin in a proprietary biocompatible liquid vehicle for intramuscular injection in mares. This is a compounded product and has not been approved for use in any species by the Food and Drug Administration. However, research in mares suggests that this product is effective at inducing ovulation [34]. Preliminary clinical investigations using BioRelease[™] deslorelin are underway at the Oregon State University Veterinary Teaching Hospital. Three client-owned Lakeland terrier bitches have received one 1 mL (1.5 mg) injection of BioRelease[™] deslorelin in the epaxial or semimembranosus muscle. Two of the three bitches previously had estrus induced within the past 12 mo with either cabergoline (5 µg/kg SID PO until onset of proestrus) or Ovuplant[®] (vulvar implant removed initial rise in serum progesterone concentrations), which resulted in normal pregnancies. All three bitches treated with BioRelease[™] deslorelin came into proestrus within 3–5 d, ovulated and had successful pregnancies.

5. Conclusion

Many protocols exist for reliable estrus induction in bitches. However, fertility with induced estrous cycles is variable. In addition, some methods are too expensive or labor intensive to be suitable for clinical veterinary practice. None of the drugs listed herein are approved for the treatment of estrus induction in bitches in the United States. However, cabergoline (Galastop[®]; Boehringer) is licensed for estrus induction in bitches in Europe. Owners should be cautioned that many of these treatments are still experimental.

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