

Autumn

Equine Newsletter 2021



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All you need to know about EMS, from how it is diagnosed to how it can be treated.



on Facebook:

facebook.com/don-viewvets



Check out our website:

donviewvets.co.uk

GOLDEN OLDIES



Donview Veterinary Practice - Equine is dedicating September to the Golden Oldies!

Horses, like people, are living much longer. Improvements to diet, management and veterinary care means that horses and ponies can easily live into their 20s and 30s. Horses are defined as veterans once they go over the age of 15 but that doesn't automatically mean they're ready for retirement - far from it.

In this newsletter we offer lots of information on common problems of the older horse as well as how to care for your horse as it gets older.

So, whether your golden oldie is still enjoying an athletic career or has settled into retirement, this newsletter is all about them!

Our news and updates

Welcome to the team

We would like to welcome and introduce to you two new members of our team. Both are additional vets to our ever expanding team.

Ashleigh McLeish joins us from Aberdeen Veterinary Referrals, and is working towards a certificate in small animal surgery. She is experienced in equine acupuncture.

Ashleigh previously worked in Wales in an Equine and Small animal role.

Sally Kirkpatrick is recently graduated from The University of Glasgow.

She is keen on all aspects of mixed practice.



Did you know we are an RCVS Accredited Practice?

Launched in 2005, the RCVS Practice Standards Scheme (PSS) was created to promote and maintain high standards in veterinary care by setting standards and inspecting the practices that choose to take part.

Here's a short video to tell you a little more about the scheme:

<https://youtu.be/fPmkfznoX88>



Have you seen our Equine Biosecurity and Equine Breeding Packs?

Donview Equine Biosecurity Pack

Looking to review your biosecurity policy on your yard?

Looking for ways to protect your horse from potential contagious diseases?

Please feel free to download our new biosecurity pack with lots of useful information on how to prevent the spread of equine contagious diseases:

<https://bit.ly/3CRK1M1>



Donview Vets equine breeding pack

Maybe you are thinking about getting your mare in foal one day, maybe you are hoping to have a foal this year?

Please take a look at our breeding pack to give you lots of useful information:

<https://bit.ly/3k2tnAF>





Preparing your horse for autumn

Stabling



If your horse has been out 24/7 all summer and they're going to be stabled more often in autumn and winter, make sure the transition to coming inside is gradual so they can adjust to the change in routine.

Start with short periods of stabling, gradually increasing the time spent inside over a period of weeks.

A useful tip: If your horse is reluctant to drink from the bucket in his stable, try filling it up using the water supply in his field, which he's been drinking all summer.

Autumn worming



Targeted worming is essential to reduce the incidence of resistance to wormers and involves only treating your horse when required, based on faecal worm egg counts (FWECS). FWECS should be done every 3-6 months, depending on the horse and its environment. The horse will only need worming if the faeces sample contains a high number of worm eggs.

Tapeworms and encysted cyathostomins (red worms) are difficult to assess based on a FWEC and therefore treatment of 'at risk' patients may be required and should be based on advice from your veterinary surgeon.

If your vet thinks your horse is at risk, they may recommend treatment in autumn but not all horses will need deworming.

Preparing your horse for autumn

Weight management



How is your horse looking after the summer? Have they lost weight or put on too much?

Now is a great time to body condition score them so you can adjust the feed accordingly.

For a guide assessing your horse's condition, visit:

www.bluecross.org.uk/pet-advice/how-body-score-your-horse

Review your horse's nutritional needs



Whether you have an ex-racehorse or a traditional cob, fibre should be at the centre of any horse's diet.

As temperatures drop, grass growth will slow and its quality will decrease, so it is important to add fibre to your horse's diet to maintain a healthy digestive system. Caution is required as autumn can be surprisingly warm and wet and it is not uncommon to have an autumn flush of grass.

Hay is the most common way of providing your horse with fibre and meeting their nutritional needs.

Do not give your horse hard feed if they do not need it. Feed a balancer instead, which provides the essential vitamins and minerals that a horse needs, without providing extra calories.

Whichever fibre and feed option you choose for your horse, be sure to make any dietary changes slowly to reduce the risk of colic.

Clipping



Most people who exercise their horses over the autumn and winter months tend to have them clipped to minimise sweating and ensure they dry quicker. As we all know, horses can be unpredictable and some can feel anxious about the clipping process. To help keep their handler safe, many horses therefore require sedation for clipping. This can be administered by the owner using an oral syringe (available from your vet practice), or sedation can be given by your vet via intravenous injection. Please note horses can still kick out even when they have been sedated.

Please give us a call if you would like us to come out and sedate your horse.

Preparing your horse for autumn

Mud Fever



Make sure you check your horse's feet and legs daily for signs of skin damage, as these conditions are much easier to treat when caught early.

This time of year puts horses' feet at an increased risk of abscesses and thrush. Mud fever on the lower limbs is also more common during late autumn and winter.

Signs of mud fever include lesions, scabby areas and discharge between the skin. There may also be heat and swelling present. The skin becomes inflamed and looks red and irritated.

Treating mud fever:

- Removal from wet and muddy conditions
- Carefully trim the hair from the affected area
- Remove dirt and scabs using a mild anti-bacterial warm water wash
- Dry very thoroughly
- Speak to your vet who may suggest applying an anti-bacterial, anti-fungal, antibiotic or anti-inflammatory ointment

Poisonous Plants



There are a number of poisonous plants which can lead to disease in horses. As Autumn arrives, the grass growth starts to slow, and this can lead to horses accidentally ingesting poisonous plants, such as:

- Oak leaves & acorns
- Sycamore seeds and seedlings
- Bracken
- Yew
- Rhododendron
- Buttercups
- Deadly nightshade
- Privet
- Foxglove
- Ivy
- Ragwort

Maintaining a good pasture is essential in minimising the risk of exposure to these toxic plants and it is really important to regularly check your horse's paddock regularly. Removing these plants will prevent your horse from ingesting them.

If you suspect your horse has been poisoned, call your vet immediately. Don't take any risks!

Preparing your horse for autumn

Exercise



If your stabled horse can't be turned out as often during the autumn/winter they will still need regular leg stretches, either in-hand or ridden. Ideally, every horse should be allowed daily turnout in a paddock or arena to move around and have a good roll too!

When exercising your horse during the colder months, it's important to warm them up and cool them down properly. Long hours in the stable may make your horse stiff, and the colder weather means muscles take longer to get going.

Over-rugging your horse



When the temperature gets cooler, it can be tempting to start wrapping your horse up just because you feel chilly, but it's important that you don't over-rug them.

It can be a big problem during autumn, as it can be cold in the early morning and during the night. However, during the day the temperature can rise to the mid-teens, so a horse that is left in a rug that's too thick can easily overheat.

Over rugging overweight horses can also hinder weight loss efforts and many unclipped overweight horses do not require rugs at all.

A good quality and well-fitted rug, that is waterproof and windproof will be most efficient, rather than worrying about tog value.

Be safe & be seen



As at any time of year, you and your horse should wear hi-viz gear when hacking out and it's especially important in autumn and winter. Daylight begins to fade earlier, and poor weather conditions can affect your visibility.

Here are some tips to keep you and your horse safe and seen on the roads:

- Make sure you're clearly visible from the front, rear and above
 - Wear approved protective headgear
 - Always make sure you are alert, and look and listen out for traffic and other hazards
 - Use the correct hand signals to communicate with other road users. Smile and say thank you – nod your head or raise your hand
- Be confident to give your horse confidence
 - Always ride single file

Equine Metabolic Syndrome (EMS)

Equine Metabolic Syndrome (EMS) is a condition associated with excessive secretion of insulin, which predisposes horses and ponies to laminitis. Horses or ponies with EMS respond differently to sugar than healthy horses by releasing far more insulin than normal when sugar is eaten. High levels of insulin cause damage to the laminae in the hooves, which can weaken them and trigger laminitis.



The problem is rooted in genetics as well as usually having been fed a diet that is excessive in sugar content. Certain breeds are at greater risk of EMS, including Welsh, Dartmoor and Shetland ponies, and Arabians and Warmbloods, although any breed can be affected if their management, particularly diet, is inappropriate.

Equine Metabolic Syndrome (EMS)

How is EMS recognised?

A predisposition to laminitis is the commonest reason to suspect EMS. Indicators of this can include poor horn quality, uneven or divergent growth rings on the hooves, flat or convex soles, divergent white lines and chronic foot infections. Lameness is not always obvious and hoof damage often occurs gradually and apparently painlessly in many cases. Your vet may take x-rays of your horse's feet to determine the severity of any structural changes within the foot following laminitis as sometimes such changes occur without obvious signs of pain.

Obesity is also a typical sign of EMS and it may be seen as being generally overweight, or as localised uneven distribution of fat (e.g. fat deposits on the crest of the neck, above the eye, behind the shoulders or at the tail head) also known as regional adiposity.

How is EMS diagnosed?

Your vet may be suspicious of EMS based on the body condition of the horse and a history of laminitis, but a definitive diagnosis requires demonstration of abnormal regulation of insulin. Common testing methods include:

Karo Light Syrup Test (Oral Sugar Test)

Feed should be withheld for 3-6 hours (usually simply achieved by reducing the supply of overnight hay) and then giving a calculated dose of Karo Light corn syrup by mouth. Your vet will then blood sample your horse between 60-90 minutes later to monitor the blood glucose and insulin responses. The vast majority of EMS cases show abnormally high insulin values following this test, although a few other conditions can produce similar responses such as equine Cushing's disease (PPID), pregnancy, stress, anxiety and other generalised illnesses.

Resting or fasting glucose and insulin blood test

Glucose and insulin can be also measured after a horse has been eating its normal diet (e.g. after a haynet or a period of grazing) or sometimes after a short fast for a few hours. Normal results in these tests do not rule out EMS, but they do offer useful information regarding the suitability of the current diet by giving insight about whether or not the current diet stimulates insulin levels high enough to lead to damage to the laminae.

Adiponectin is a hormone made by fat tissue that affects insulin actions.

It is found to be abnormally low in most EMS cases.

How can EMS be managed/treated?

The most crucial element of treating EMS cases is to ensure an appropriate diet; both with respect to what is fed as well as how much. It is important to realise that high insulin levels are the cause of damage to the laminae, so a diet must be given that does not stimulate excessive insulin levels.

As sugars and starches are the major cause of insulin release, this must be targeted and restricted to no more than 10% of the horse's diet. Most mixes and cubes will contain higher levels of starch and sugar than this, and it is not unusual for hay to have higher values also. Any dietary changes should be made gradually (over at least 2 weeks) as a sudden, severe calorie restriction is potentially harmful.

Weight loss and increased exercise (if sound) are also helpful as leaner and fitter horses tend to release less insulin than overweight and unfit ones. In some cases, medication can be beneficial, although will never be a substitute for changes in management.



Forage

Hay is generally preferred as the source of forage as some evidence suggests greater insulin release after eating haylage.

Soaking hay for one to 12 hours (depending on the ambient temperature) will reduce its sugar content, although how effective this will be? is variable between hay batches.

Weigh your hay! In order to achieve weight loss, most horses should receive 1.2-1.5% of their body weight in forage every day, comprising hay and also everything else that is fed.

Equine Metabolic Syndrome (EMS)

Grazing

Access to pasture should be restricted or eliminated while EMS is being treated and rich, sugary grass definitely avoided, especially in the spring and summer, as this usually causes high insulin levels which cause further damage to the laminae.

Turning your horse/pony out with a grazing muzzle and restricting grazing to a small area of the field can be helpful in maintaining a healthy weight following on from a weight-loss programme. Turning out in a sand or woodchip pen or bare paddock with hay is better still. Also, turning horses/ponies out at night might reduce high sugar intake as the sugars within the grass are often lower during this time, although this effect can be variable.

Other feeds

Any additional feeds that are offered (e.g. to carry drugs or supplements) must be low in calories, sugar and starch. Non-molassed chaff-based products are good in this respect.

Anything else?

A feed balancer is important to include in the ration to ensure adequate protein, mineral and vitamin intake.

Do not feed treats as these are often high in sugar.

Medications:

Diet and exercise are the best way to manage EMS, but sometimes a little help is needed from short-term medication:

Metformin - decreases glucose uptake by the intestine, therefore reducing blood sugar levels and the insulin response.

Levothyroxine - may aid in weight loss by increasing the basal metabolic rate, but will also increase appetite so it is important that diet is restricted.

Exercise:

As long as laminitis is not currently present, and the feet are strong, daily exercise helps weight loss and decreases insulin levels. At least 30 minutes of exercise that makes your horse work (i.e. sweat!) several times a week is required to make a difference. Buying a heart rate monitor can be helpful in measuring how hard the horse has worked - aim for 110-170 beats per minute.



Regular Check-Ups:

- **Weigh tape** - using a weight tape weekly is helpful to see whether your horse's weight is going up or down and therefore whether dietary changes are required
- **Weighbridge** - this will give you a more accurate measurement of your horse's weight
- **Vet checks** - regular check-ups from your vet will help to monitor your horse's progress and allow for regular assessment of insulin levels

How can I prevent EMS?

Maintaining a fit horse with a low sugar diet and a healthy weight is the best way of preventing EMS!



Golden Oldies - a guide to caring for the senior horse

This September we are celebrating all the golden oldies. Like humans, horses and ponies are living longer, thanks to the help of advances in veterinary care. A horse is classed as a veteran from 15 years and over, but that does not mean they have to retire. Many senior horses continue to compete and lead very active lives well into their 20s. However, as the years pass your horse is likely to show obvious signs of ageing.



Normal signs of ageing are:

- Drooping of the lower lip
- Grey hairs (mainly around eyes and muzzle)
- Loss of muscle tone
- Deepening of the hollows above the eyes

However, your horse may also show more serious ageing signs and it is advisable to contact your vet if you notice any of these:

Abnormal signs of ageing:

- Weight loss
- Loss of appetite
- Difficulty eating
- Musculoskeletal stiffness and a decrease in joint flexion
- Exercise intolerance/fatigue
- Changes in hair coat

Golden oldies

Annual health check

An annual health check provided by your vet will ensure your horse is checked over thoroughly and enable them to diagnose any problems early.

What does an annual health check include?

- Body condition score
- Dental check
- Listen to heart and lungs
- Eye examination
- Blood sample - general screen which often includes assessment of red blood cell count, white blood cell counts, protein levels, liver and kidney enzymes
- Worm egg count

Weight loss

Weight loss is one of the most common and visible signs in the senior horse that something isn't right. Monitoring their weight is important to keep on track of their management and to help detect illness earlier.

Body condition scoring (BCS)

The most effective way to monitor your horse's bodyweight and condition is by body condition scoring. The BCS is a graded scale (between 0-5, with 2.5 being ideal condition) and assesses the amount of fat covering present on the neck, withers, shoulder, ribs, loin and tailhead.

Weighing your horse

In an ideal situation, you would weigh your horse on an equine weighbridge to get an accurate weight. However, if this is not possible or accessible then a weigh tape can be used. Make sure the horse is standing square and on a flat surface, and position the tape around the girth area, just behind the withers. Take the measurement where the end of the tape meets the weight.

Common causes of weight loss:

- Dental problems
- Worms
- Cushing's disease (PPID)
- Diet

Less common causes:

- Liver damage/disease
- Intestinal disease
- Kidney dysfunction/disease/problems
- Infections
- Tumours



Golden oldies



Dental disease

One of the main causes of loss of condition is dental disease. Dental care is extremely important to the health and welfare of your horses. As herbivores they rely on the efficient grinding mechanism that is their teeth to obtain adequate nourishment.

What are the signs of a dental problem?

Clinical signs of dental disease are variable and sometimes there may be no obvious signs at all.

Common indicators of dental problems:

- Quidding – when a horse is unable to completely chew their food and spit out partly chewed food
- Halitosis – bad breath
- Behavioural issues
- Chewing on one side of the mouth
- Lack of appetite

Equine teeth are continually erupting and as the mouth matures the teeth are prone to issues. As horses get older, their teeth have a much shorter reserve crown (the portion within the tooth socket) and eventually the horse runs out of tooth, which can cause numerous problems. It is therefore very important to have regular check-ups, to ensure your horse's mouth stays healthy.

Regular dental check-ups

In recent years equine dentistry is an area of veterinary medicine in which there has been many significant advances.

With the myriad of dental problems which may be found in the geriatric patient, regular examination is all the more important.

Nutrition/diet

A key factor in maintaining a healthy senior horse is nutrition. As horses get older their digestive efficiency reduces, which means they absorb less protein and nutrients from their food.

There is no one-size-fits-all option, so what you choose to feed should be adapted depending on their health and condition.

If your horse is no longer able to eat hay, you will need to provide fibre through a hay replacer. Horses with dental problems may also require a special diet as they may find chewing difficult.

Colic

Whilst senior horses are more susceptible to certain types of colic such as impactions and lipomas, they have no difference in survival and recovery from surgical colic problems than younger horses.

Laminitis

As horses get older they may become more susceptible to laminitis due to underlying endocrine (hormonal) disease, such as PPID. Laminitis is a painful and potentially devastating disease that causes pathological changes in the anatomy of the foot that can lead to long lasting, crippling changes in function or even, in some cases, such severe pain that euthanasia is required.

The classical signs of laminitis are easily recognised and include:

- Weight shifting
- Reluctance to move
- Rocking back onto the heels
- Increase in hoof wall temperature and digital pulses
- Stiffness at walk especially on turning
- Discomfort when being ridden over hard ground

Watch that your horse does not become overweight. You should carefully monitor your horse's diet. Restrict their grass intake where necessary by strip grazing using electric tape or using a muzzle. Monitoring hay intake by weighing nets may also be required.

Golden oldies

Cushing's Disease (PPID)

When older horses and ponies are prone to laminitis it is important to test for PPID, along with other endocrine diseases such as equine metabolic syndrome (EMS).

PPID can be seen in any horse but more often it is seen in senior horses and ponies while being rare in younger horses. It is due to degeneration of the pituitary gland at the base of the brain. Dysfunction of this gland results in higher than normal levels of adrenocorticotrophic hormone (ACTH) and other hormones, which through resulting changes in the body, can lead to an increased risk of laminitis. A blood test carried out by your vet can diagnose this condition and enable treatment and management regimes to be instigated, if appropriate.

Clinical signs

- Laminitis
- Excessive hair growth or abnormal retention of the hair coat in the summer
- Abnormal fat deposition and insulin resistance may develop in up to 60% of horses with PPID. A common site of increased fat deposition is around the eyes
- Increased drinking and urination may occur
- Increased sweating may be seen, even in horses that don't have an excessively long hair coat
- Lethargy, or a more docile temperament, may be observed and usually resolves with treatment
- Infertility may occur in mares as a result of altered hormone production
- Infections may occur more commonly in horses with PPID because some of the hormones released with the condition suppress the immune system

PPID is a natural degenerative condition and therefore there is nothing that can be done to prevent it. Early treatment with pergolide may slow the progression of the disease, but again this is unproven. Careful weight management earlier in life, however, will reduce the risk of EMS and the associated laminitis risk.

With good management there is no reason why horses with PPID cannot live a long and normal life and continue in normal work.



Riding

Some senior horses can be ridden well into their 20s, if they are managed correctly. If you are still riding your senior horse, discuss your riding plan with your vet, as they can advise you if they are able to safely do the work. The chances are your horse will at least benefit from some regular light exercise.

It can be a difficult decision to decide when the time is right to retire your senior horse. The most important points to consider are their health and whether staying in work is in their best interest.

Signs you should stop riding your horse:

- Are they starting to trip?
- Do they become tired more quickly?
- Are they losing weight or muscle condition?
- Are they struggling to keep up with other horses on a hack?
- Has their temperament changed?



Golden oldies



Arthritis (Degenerative Joint Disease)

Arthritis (DJD) is a very common problem affecting many horses, especially senior horses. It can be a painful disease that causes inflammation within the joint and commonly affects hocks, pasterns, front fetlocks, and coffin joints although any joint may be affected.

DJD describes a process in the joint where the joint cartilage is progressively destroyed and changes occur in the associated bones and soft tissues.

Signs of DJD:

- Lameness
- Reluctance to work
- A change in behaviour
- Stiffness
- Muscle wastage
- Effusion (swelling) of the joints
- Reluctance to lift limbs for farrier

How to manage DJD:

- Managing the horse's weight is essential.
- If possible, gentle and regular exercise can be beneficial
- Regular turnout is important to keep your horse moving
- Good farriery is essential
- A joint supplement can help to manage DJD (ask your vet for advice on the best one)
- Anti-inflammatory drugs, prescribed by your vet, can help to reduce the pain
- Intra-articular medication (medications injected into the joint)
- Other systemic medications such as bisphosphonates or pentosan polysulphate

With appropriate/correct? medical treatment and management, many horses with DJD can continue to lead active lives.