



Equine Newsletter

August 2015

Laminitis - Part 2 Treatment, Control and Prevention

by Sarah Mosley, MRCVS

(To read about the signs, causes and diagnosis please see last month's newsletter, available on www.tysulvets.co.uk - Newsletters - Equine - Jul 15)

Initial treatment

It is essential to phone for veterinary attention immediately if you suspect laminitis. Whilst waiting, box rest your pony or horse, this restricts movement, which will reduce the chance of permanent changes within the hoof. Also provide a deep, cushioning bed, to take the pressure off the laminae.

We will assess the severity and cause of the laminitis to instigate treatment, this will vary with every case but will involve some of the following:

- **Removal/treatment of the underlying cause**
 - e.g. preventing access to grass and concentrates
 - soaking hay for an hour to remove sugars before feeding
 - treatment of colitis, metritis (infected uterus) or an injury to the contralateral limb (other side)
 - investigate underlying causes eg Cushings or Equine Metabolic Syndrome and prescribe pergolide or metformin respectively if confirmed
 - advise a steady weight loss program



- e.g. flunixin meglumide, which has slightly better anti endotoxin properties
- phenylbutazone, which is debated to give slightly better pain relief to the laminae
- **Vasodilating, blood pressure reducing medication**
 - e.g. acepromazine
- **Application of frog supports to relieve pressure from the toes**
- **Continuous cryotherapy if caught in the very early stages to reduce the severity of lamella damage**

Longer term control

It may be necessary to box rest and remain on anti-inflammatory medication for a longer period of time, some cases may need lifelong management to keep them comfortable which may involve:

- **Radiography (x-rays) to assess the severity of sinking and rotation of the pedal bone**
- **Remedial farriery**
 - e.g. radical trimming to re-balance the foot
 - placement of heart bar/backwards/imprint shoes
 - application of solar pads/heal wedges to improve cushioning and support
- **Surgery to cut the deep flexor tendon (a salvage procedure in very severe cases)**
- **Dietary control**
 - e.g. low carbohydrate, high fibre, reduced molasses commercial diets
 - use of small, bare paddocks
 - restricted turnout hours and turnout during the night when fructose levels are low
 - use of grazing muzzles
- **Exercise and weight control (if soundness will allow) regular and low impact exercise will help to keep your horse or pony at its ideal weight and prevent further damage from overloading strains**
- **Continued monitoring and management of underlying endocrine diseases**
- **Prompt identification and treatment of recurrent bouts of laminitis**



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Prevention

Once a pony or horse has had laminitis they are more prone to get further bouts throughout life so management of these animals needs to be even stricter. In general it is important to recognise fields that are lush in grass or that tend to cause laminitis and restrict access to these fields, do not turn out on frosted grass, make alterations to concentrate feeds slowly, avoid fast exercise on hard surfaces, ensure regular foot trimming and get prompt treatment of concurrent diseases e.g. colitis, a retained placenta (which should be removed by 6 hours of foaling), an injury to the contralateral limb and suspected endocrine disease.

Summary

Laminitis can vary from causing a potter's gate for a few days to being a life-threatening disease, the threat can not be underestimated. Severe cases which don't respond to intensive treatment and cases where the pedal bone has penetrated the sole have a hopeless prognosis and euthanasia is the only option. Even mild cases can take many months to improve and full soundness is frequently never regained, however many cases can be prevented or have a better outcome if managed correctly, hence immediate veterinary attention is crucial. If you have any questions please feel free to contact the surgery, if unsure about your horse or pony's ideal weight or correctness of current hoof trimming, please ask us to body condition score or assess the feet whilst visiting you.

Sweet Itch

By Sarah Mosley, MRCVS

The majority of us will have owned or known of a horse or pony which suffers from sweet itch to some degree, it affects at least 5% of the UK horse population and is more common in cob breeds. It is a very frustrating condition which is often hard to control and can leave your horse quite debilitated from spring through to autumn. Signs can carry on throughout winter if the weather is mild. Sweet itch is a type 1 hypersensitivity reaction to the saliva of the *Culicoides* midge, affected animals have an 'over the top' immune reaction to being bitten, resulting in a histamine reaction which produces swellings and intense itching. Self-trauma caused by scratching typically results in hair loss mainly around the mane and tail and can even cause wounds and secondary infections. Horses and ponies develop the hypersensitivity due to an immune dysfunction to varying degrees of exposure to the midge saliva in the previous years. There was great hope that a vaccine would be the answer to control, however after trialling a vaccine a few years ago, this proved to be unsuccessful. So how else can it be managed?



"Sweet itch". Licensed under Public Domain via Wikipedia - https://en.wikipedia.org/wiki/File:Sweet_itch.jpg#/media/File:Sweet_itch.jpg

Allergen avoidance

Midges are most active at dusk and dawn so keep affected horses stabled during these times.

Reduce midge presence in the stable e.g. fit a fly screen to the door, hang fly tapes, fit fans.

Graze in low risk areas e.g. windy, exposed fields. Midges are attracted to wet and wooded areas as well as muck heaps so graze in fields away from these.

Fit a fly/sweet itch rug which covers the whole body, including the forelock and belly, when out at grass.

Fly repellents, there are a wide variety on offer which work to varying degrees, if you have one that you find works well, stick with it. Two recommendations are 'Deosect 5%' which claims to protect for 2-4 weeks, it has to be diluted and the solution used within 24 hours. The other being 'Coopers fly repellent plus' which can be applied ad-hock when needed and lasts for 12-24 hours.

Oils and greases, such as citronella, garlic and tea tree both repel and provide a physical barrier to midges biting. Benzyl benzoate (active ingredient of Killitch) has repelling properties as well as soothing itchy, damaged skin. It is quite labour intensive to use, having to be rubbed down to the skin of affected areas initially twice a day, reducing to once a day, then 3-4 times a week as the irritation subsides. Best results are seen if it is started before sweet itch takes hold, if affected areas are washed at least weekly before application and if re-application is given post exercise.

Antihistamines

Tablets e.g. piriton can be tried but the effects are rarely rewarding and the number of tablets needed and frequency of dosing are fairly impractical.

Cavalesse

This is an oral supplement containing the active ingredient nicotinamide (a type of Vitamin B3), which alters the immune function of the skin (reducing the amount of histamine produced) as well as improving the natural barrier to midge bites by increasing the skin's lipid content. It comes in a powdered form to be mixed with water, 2-3mls is to be given once a day in a small amount of feed / on a treat to ensure complete ingestion. One pack lasts roughly 3 months.

It is to be started at least one month before your horse is expected to start suffering from sweet itch, to give time for the immune function and composition of the skin to change.

It is also useful for other skin allergies such as plant, food and fly hypersensitivities.

Steroids

These are reserved for cases which can't be controlled by any of the management options discussed above, use of steroids (usually at higher doses than those needed to relieve sweet itch) does carry a risk of inducing laminitis so should not be used in laminitic sufferers. Steroids work by dampening down the immune response to the midge saliva, hence breaking the itch-scratch cycle. Either a course of tablets (prednisolone) or short acting injections (dexamethasone) are given