

Horse Health Myths and Misinformation

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Many of us have heard or passed down myths regarding equine health care. During this session, some of the most common myths and misinformation will be discussed about equine veterinary care. Colic, cough, preventative health care, and lameness myths will be demystified!

Colic Myths and Misinformation

1. *Never allow a horse with colic to roll.*
2. *The horse passed manure, so he must be doing fine and can be fed again.*
3. *Horses with colic should receive enemas.*
4. *Mineral oil should be force fed to horses with colic.*
5. *Colic surgery is a death sentence.*

The truth about colic: Colic is the number one cause of death in horses, excluding old age. The good news is that the vast majority of cases are mild and resolve with medical treatment. Although most horse owners hope to never have to think about it, understanding what colic is and adopting strategies for its management and prevention are an important part of responsible horse ownership and management. The USDA's National Animal Health Monitoring System published the results of a 1998 study on equine colic which determined that the incidence of colic was 4.2 events for every 100 horses per year, that 1.2% of colic cases will require surgery and that 11% will be fatal. The cost of colic was estimated to be \$115 million in 1998, and that has certainly increased in the last 10 years. So what is colic?

Colic is a clinical sign of disease, but is not actually a disease itself. Colic is defined as any abdominal pain and can come from any abdominal organ, not

just the gastrointestinal tract. Abdominal discomfort from liver or kidney disease will sometimes cause signs of colic. The signs of colic can vary from mild to severe. Mild, early signs of colic can include a poor appetite, decreased manure production, lip curling, depression, or laying down more than normal. The most common signs associated with colic include pawing, stretching out, flank watching, teeth grinding, bloated abdomen, kicking at the abdomen, rolling, and getting up and down. Owners and care takers should know what is normal for their horses, so that abnormal behaviors can be recognized as soon as possible.

Normal behaviors, appetite, and physical exam parameters can vary a little bit from horse to horse. In general, adult horses should have a normal rectal temperature of 99-101.0°F, a heart rate of 24-48 beats per minute, and a respiratory rate of 10-24 breaths per minute. The gums should be pink and moist with a capillary refill time of less than 2 seconds. Most horses will pass 6-10 piles of well formed manure in 24 hours. Horse owners and managers should routinely use thermometers and stethoscopes to evaluate the normal physical exam parameters for their horses.

Treatment for colic depends on the suspected cause. Pain medication such as Banamine® is typically indicated for initial management. Banamine® usually takes about 30 minutes to take effect, so sedatives such as xylazine and detomidine can help relieve pain while the Banamine® begins working. Buscopan™ is another drug that may be administered by your veterinarian and may help treat spasmodic colic by stopping intestinal spasms. Fluid therapy is typically also administered by an oral or intravenous route, depending on the severity and suspected cause of the colic. Laxatives like mineral oil and Epsom

salts are often utilized for impactions. Horses that are exhibiting signs of colic should generally be kept off feed until the suspected cause has resolved. It is important to remember that mild intestinal upsets and colic that require surgery may start out with very similar signs. Persistent pain remains the #1 indicator for exploratory surgery in cases of colic. Fortunately, the prognosis for horses that undergo surgery is better now than it has been in the last 50 years. Most horses will return to their previous level of competition after about a 2-3 month post-surgical rest.

Remember to stay calm if you notice that your horse is showing signs of colic. Remove the feed, but not the water, from the stall. Walking can help prevent injury if your horse is trying to go down and roll, but remember to first consider your safety as well as that of the horse. If the horse is too painful and cannot be safely walked, leave them in the stall until your veterinarian arrives. Call your veterinarian as soon as you notice a problem. Take the horse's heart rate, respiratory rate, and temperature before the vet arrives. Evaluate your horse's gum color and moisture. It is important to have the horse's previous medical and diet histories available. Have there been any changes in the horse's routine? This information will be helpful for the veterinarian evaluating the horse.

Do not give more than one dose of pain medication without consulting your veterinarian. Do not walk the horse or yourself to exhaustion. Absolutely do not try to pass a tube or force feed mineral oil. Mineral oil in the lungs can result in a fatal pneumonitis. It is also not advisable to insert a hose or anything rectally into a horse to give an enema. Remember that chronic mild signs of colic over several days or longer may also indicate a serious problem and require veterinary evaluation.

Cough Myth

1. *Persistent coughs are usually caused by bacterial infections.* In fact, the most common cause of a persistent cough from the lower airways is Recurrent Airway Obstruction (also known as heaves), which is an allergic lower airway disease. Upper airway problems (such as dorsal displacement of the soft palate) may cause coughs as well, and would need to be

evaluated by endoscopy.

Lameness Myths

1. *Wraps: You have to wrap both legs if there is an injury to one. Wraps must be applied in one direction (ie inside to outside).* These are common myths that we have all heard about the application of equine wraps. In fact, it is OK to just wrap one limb, although we often will apply a support wrap to the contralateral limb. Wraps can be applied in either direction, as long as the pressure is applied evenly.
2. *The lameness looks high up in the leg...don't forget the foot!*
3. *Lacerations or wounds near a tendon or joint are not severe as long as the horse isn't lame.* Wounds may involve the tendon sheath or joint initially with minimal lameness. Wounds or lacerations near these critical areas should always be evaluated by your veterinarian.

Preventative Health Care Myths and Misinformation

1. *Only horses that travel need to be routinely vaccinated.*
2. *Once a year vaccination for eastern equine encephalitis (EEE) is adequate.*
3. *Deworm every horse every 8 weeks.*

The truth about vaccinations and parasite control: Routine vaccination is a critical component of developing a health maintenance program for horses. It is important to emphasize that there is no standard vaccination program that is suitable for every horse, and that individual programs should be developed with your veterinarian. Vaccinations help to prime the immune system to respond quickly when a horse is exposed to an infectious agent. Although vaccinations cannot guarantee disease prevention in all circumstances, they help minimize the risk of infection and aid in the prevention of certain diseases. Vaccination is not a substitute for other good management practices, and should be used in conjunction with proper nutrition, deworming, pasture management and minimizing stress and overcrowding for optimal results in each horse and herd. Ideally, all horses in a group should receive vaccinations and be on the same schedule

when possible.

The vaccination program appropriate for an individual horse or herd needs to take into account things such as age, sex, geographic location, use of the horse, pregnancy status and risk for developing the disease. Currently, there are vaccines available for tetanus, encephalomyelitis, West Nile virus, rabies, rhinopneumonitis (equine herpes virus), influenza, strangles, Potomac horse fever, botulism, equine viral arteritis, anthrax, and rotavirus. The vaccines are administered by an intramuscular or intranasal route depending on the disease. Influenza and strangles have both intramuscular and intranasal vaccines available. Adverse reactions to vaccination are not common but are a potential risk of vaccination. Signs of an adverse reaction may include muscle soreness, swelling, fever, anorexia, and lethargy. If the signs are severe or are not self-limiting, your veterinarian should be informed and may want to initiate additional therapy.

When considering a vaccination program for your horse, it is important to remember that each horse's immune system will respond a little differently to vaccination. Not every horse will be protected to the same degree or for the same amount of time following vaccination. A primary series of the vaccines with booster doses will be required for an appropriate immune response before exposure to the disease. It will take 1-2 weeks after a completed vaccine series for your horse to be protected against the disease. After the initial vaccine series, most horses will require annual or semi-annual booster vaccinations. It is recommended that ALL horses, regardless of age or use, be vaccinated for EEE/WEE, tetanus, rabies, and West Nile Virus. In Florida, all horses should be vaccinated for EEE/WEE at least 2-3 times per year.

Establishing a deworming program for equine parasites has become a somewhat controversial topic of discussion. Due to the emergence of resistant parasites (worms that are not killed by traditional dewormers), some of the emphasis is shifting to prevention and control, rather than just routine rotational treatment with anthelmintics. The American Association of Equine Practitioners (AAEP) recommends establishing a program with your veterinarian that works best for your horse and/or herd, in conjunction with these suggestions for environmental management:

1. Clean and dispose of manure in the pasture at least twice weekly.
2. Mow and harrow pastures regularly to break up manure and expose parasite eggs to the sun.
3. If possible, rotate pastures by allowing other livestock to graze them.
4. Group horses in a pasture by age to reduce exposure to certain parasites, and maximize the deworming program geared to that group.
5. Prevent overgrazing and reduce fecal contamination by keeping the number of horses per acre to a minimum.
6. Feed horses in a feeder for hay and grain rather than on the ground.
7. Remove bot eggs from the hair routinely to prevent ingestion.

Individual horses can be monitored for parasites with a fecal examination and egg count. In Florida, the peak worm season is fall, winter, and spring. Treatment should be focused around these times. The effectiveness of different dewormers can be measured using a fecal egg count reduction test, which involves performing a fecal egg count before and after deworming your horse. Although it is critical to target the large and small strongyles in adults, as well as roundworms in foals, rotation of dewormers should not be done as often as every 4-8 weeks, because this may promote resistant worms. Ideally, a dewormer can be used for several treatments prior to rotation to a new drug. It is important to remember that treatment with ivermectin is done at 2-month intervals, while moxidectin is done at 3-month intervals. Equine tapeworms are difficult to identify in fecal examinations, and deworming for tapeworms is recommended biannually or annually with a product containing praziquantel (Zimectrin Gold®, Equimax®, Quest Plus®), or double dose pyrantel pamoate or tartrate. A blood test has been developed that identifies antibodies to tapeworms in horses. This test is only available at one lab in the United States at the University of Tennessee's College of Veterinary Medicine. However, there are likely horses with tapeworms that this test will not identify, and it is more practical to be sure horses are dewormed annually to biannually for tapeworms. Consult your veterinarian for a deworming strategy that works best for your horse and/or herd. ■