Equestrian Issue 21 2010

Talking Horses

The newsletter with news, views and practical advice

From the editor...

Welcome to our 3rd issue for 2010! The review of sarcoids in the previous issue, E20, prompted a number of emails and calls outlining various successful treatments. However, the overall consensus was that if a sarcoid is flat and away from a tack area, leave it well alone! It is pleasing that so many readers email and express their gratitude for the information in the newsletters - it makes my efforts worthwhile and rewarding.

In this issue, we focus on coughs and colds in the lead up to winter. Respiratory disease is the second most common reason for horses having downtime from training or competition. If recognised early, the long term affects can be avoided with minimal down time. Young and elderly horses are most likely to be affected and prompt isolation of a coughing horse can help restrict the spread of aerosol viral particles in warm, humid stables and during transport.

And for those horses in heavy show condition, it's time to consider a short, over-winter paddock spell to readjust glucose and insulin response to avoid the risk of insulin resistance and laminitis on spring pastures.

Regards,

Dr John Kohnke BVSc. RDA

In this issue...

Handy Hint 1

Quarantine New Arrivals

Many horses, especially young horses in work or a newly introduced horse, are at risk of harbouring or catching respiratory viral infections during the cold, wintery weather. Equine Herpes Viruses (EHV-1, EHV-4), the common forms of the 'stable virus' in Australia, are spread and multiply under enclosed, humid and warm stable environments. It is important to quarantine all new arrivals to your stable or isolated horse group, by confining them to a yard or a stable apart from other horses for a minimum of 5 days to observe if they have a cough, a nasal discharge, a depressed attitude or are off their feed. Monitor body temperature each morning for 3 - 5 days. An early morning body temperature above 38.4°C should be treated as a possible underlying infective condition. This procedure is important, especially for young horses, which have been transported long distances in an enclosed commercial float, where aerosol virus particles are likely to be spread by an infected or 'carrier' horse. A high temperature, off feed and depressed attitude within 24-48 hours following long distance transport of more than 6 hours, can be early symptoms of 'travel sickness' in susceptible horses. Consult your vet for advice.

Handy Hint 2

Keeping the Shoes Tightly in Place during Wet Weather

The shoes often work loose and are more easily cast on horses which are turned out onto dew soaked and rainy wet pastures after daily training. Wet weather can soften the hoof wall around the pressure area under the clinches, allowing the nail clinch to pull downwards to loosen the shoe. Once sand becomes wedged under the shoe, it can continue to pack in and separate the shoe from the hoof wall, increasing the risk of loosening the shoe. One way to reduce this risk is to thoroughly wipe around the clinches on each hoof with methylated spirits to repel moisture and clean away oils and soil, then apply a dollop of silastic window sealant, spreading it over the clinches to seal out the moisture. Stand the horse to feed for a few minutes while the sealant hardens before turning the horse out into wet pasture. It also helps to keep the shoes tight on horses which are washed to hose off sweat each day, or swum as part of training or to assist cooling out after exercise. You can use silastic in the same way to seal over any cracks in the hoof wall or broken away hoof edges.

Catching a Young or Unhandled Horse

Catching a young, unbroken horse can be both dangerous and time consuming. You can try to corner such a horse with another horse, but the young horse usually gets in behind the horse being held and can't be reached. As a vet, the most successful way I find is to get the horse into a corner and have one person helping by standing across the escape line. Keep all dogs, children, on-lookers and other horses away - this is most important. Only the person trying to catch the horse moves or speaks - the other(s) must stay mute. Talk softly to the horse and look it in the eye at all times - never become distracted. Slowly move in towards the horse on the near side with a headstall and rope in the left hand. Use your right hand, with the back of the hand towards the horse, to gain the horse's attention by gently wave it up and down continuously in a set pattern, as if to stroke the horse on the neck. This movement, combined with looking the horse in the eye and gently talking to it in a soft monotone, seems to mesmerize the horse. Keep slowly moving forward until the right hand gently makes contact with the neck, talking softly to the horse all the time. Then gently stroke the neck for 10-15 seconds to help settle the horse, softly talking to the horse and looking it in the eye. Don't take your eyes off the horse - look it in the eye at all times. Do not make any quick movements and while stroking the neck with the back of the right hand, bring up the headstall in the left hand and gently put the lead around the neck, then slowly fit the headstall to the head, talking to the horse the whole time and looking it in the eye. I find it is a waste of time trying to offer feed. The gentle, hand stroking approach is the best. Once caught, leave the headstall on for a few days on a foal or young horse with a short lead rope about 40cm hanging down. Repeat the same catching technique each day for a few days and most horses, unless they are completely feral (or need a new owner) are broken to be caught.

New Fact Sheet on Safe Pastures for Horses with Laminitis

This Fact Sheet summarises the relative risk of grass pasture species, certain weeds and hays as triggers for laminitis. It's a handy guide for all horse owners. Email Gary at newsletters@kohnkesown.com for a copy.

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Respiratory Disease - Winter 'Coughs and Colds'

Like humans, horses often catch a 'cold' during the winter months as viruses in particular are more easily spread and the animal's immune system may be compromised by the stress of cold weather.

The respiratory system is paramount to a horse's ability to exercise and perform. This vital system is hidden in the depths of the thoracic cavity (chest), taking up almost 50% of a horse's body 'barrel' capacity. However, in many cases, only very subtle signs, such as a slight 'wheeze' or cough, are the only outward signs which indicate that potentially debilitating airway disease is affecting your horse.

The lower respiratory tract within the lungs is subjected to heavy insult during exercise from a variety of inhaled bacterial and viral micro-organisms, as well as allergens, including moulds and dust, which can increase airway reaction and excess mucus production as a form of bronchitis. Pollutants, such as ammonia, an irritating gas released from the stable bedding, as well as inhaled cold air during early morning training without adequate pre-exercise warm up, especially in winter, increase the risk of compromising the defences and efficiency of the respiratory system.

Most of the inhaled microbial and irritant particles lead to airway allergy, low grade infection, increased mucus build-up often with partial airway shutdown due to broncho-constriction. Once the lower airways in the lungs are affected, the slow response of the immune system external to the blood and body tissues, increases the risk of chronic lower airway disease, combined with continued airway insult during exercise.

Handy Hint 3

'Stable Virus' Infection Affects the Throat Initially

The infective EHV viral particles inhaled in moist air initially attach to the nasal and throat membranes and the large throat tonsil area in the rear of the throat. The tonsil area is covered in mucus, lymphocytes and monocytes (immune white cells and scavenging 'phagocytes') which engulf and attempt to limit the numbers of viral particles being inhaled into the windpipe and lungs. Young, elderly and horses in hard work often have lower immune reactivity and are unable to limit the number of viral microbes entering, multiplying and being excreted in large numbers from the tonsil area. **This can lead to tonsil immune reaction, which is referred to as Pharyngeal Lymphoid Hyperplasia (PLH) often resulting in affected horses harbouring viable viral microbes on the tonsil surface, to become a long term 'carrier'. They can suffer repeated flare-ups when their immune system wanes due to other sickness, hard work or stress during relocation or transport.**

Handy Hint 4

Recognise Respiratory Symptoms Early

It is important to recognise the symptoms of EHV before the virus multiplies within the throat lining and tonsil cells and 'breaks' out to be inhaled with the airstream during exercise into the lower airways. The normal incubation period is from 4-7 days before an infected horse develops external symptoms of a 'runny nose' or a cough when exercising. **The earliest signs within the first 36-48 hours after infection include a slight loss of appetite, reduced ability to exercise, depression and an increased early morning before work (or evening) body temperature above 38.4-39°C.** Stopping exercise and resting the horse in this initial early stage can help the immune system 'fight' the virus and reduce its multiplication within the nasal and throat lining cells. This will help limit numbers of infective viral particles inhaled into the lower airways to establish lower airway disease, which can result in long term secondary bacterial infection and reduced respiratory function, necessitating expensive antibiotic and supportive therapy with extended downtime from training.

Handy Hint 5

Always Mix in New Bedding

If you muck out wet spots and soiled bedding, always mix any new top-ups of sawdust or shavings by placing it on the cleaned floor area and raking the slightly soiled bedding over it. If the bedding is very dusty, then spray it over with a mist of clean water to help settle the surface dust. Most horses will 'sniff' new dry bedding when they are returned to the stable, especially after exercise, and are at risk of deeply inhaling fine dust. Always try to allow 30 minutes with the doors and/or windows open after mucking out a stable to disperse dust and ammonia gas released from the bedding.

Did You Know That...

* Respiratory disease is second to lameness as a cause of downtime and the need for horses to be rested from training for up to 5-7 days.
* If not recognised early, EHV infection can result in increased downtime from an initial 4-6 days, up to 6 weeks, especially if a horse is continued to be worked through the initial viral infection period.
* Up to 20% of horses suffer from asthma-like symptoms with broncho-constriction (small airway narrowing and shutdown) which can be triggered by inhalation of cold air, allergic pollen (eg ryegrass pollen), dust particles (eg dusty hay or bedding in stabled horses, dusty arena surfaces), ammonia from bedding, as well as atmospheric pollution (eg smog) in urban areas.
* Up to 10% of horses with EHV become 'carriers', harbouring active viral microbes in their throat and tonsil area tissues.

There are a number of infective organisms which can result in inflammation and low grade infection within the respiratory tract. In Australia, the Equine Herpes Virus (EHV-1, EHV-4 subtypes) commonly referred to as the 'stable virus' is the most widespread viral disease which results in 'flu' like symptoms in horses of all ages. Studies indicate that up to 40% of long term airway disease, especially in young horses in training, is caused by 'stable virus' infection. Often young horses, especially weanlings under the physical and mental stress of weaning, cold weather and grouped with other young horses, have a high incidence of EHV infection in the autumn-winter period. Infection is carried and spread in aerosol droplets in the breath of horses which have incubated the virus or are harbouring the virus as a 'carrier' in their throat tonsil area. 'Carrier' horses may not exhibit any signs of respiratory disease, but they can redevelop the infection if stressed by training, sickness, poor feed, heavy worm burdens or wet, cold conditions.

Thankfully, the Equine Influenza (EI) virus was eradicated after the outbreak in 2007, as this is a much more aggressive respiratory virus with potential for severe airway damage and long term side-effects.

Did You Know That...

The dust which you cannot see in the air is the most dangerous. Large-size dust particles greater than 5 microns (µm) in diameter, such as contained in dry sawdust, wood shavings and rice hulls used as stable bedding – the dust you can see drifting and swirling around in the air with the naked eye, settles out and adheres to the moist nasal passages when inhaled. However, smaller dust particles less than 5 microns (µm) in diameter, which include moulds and airway pollutants, as well as irritant ammonia gas released from urine, droppings, decaying straw and bedding materials, are taken up in the airflow and inhaled deep into the lungs. Even sawdust and wood shavings can be virtually 'ground' into smaller airborne particles as a horse with metal shoes walks and moves around in a stable.

The 'grinding' effect of the shoes also occurs in dry sand yards and lunging arenas, which eventually reduces particle size of coarse sand, making the small particles, including decaying droppings mixed into the surface, more likely to be inhaled as a horse walks around 'hoovering' the surface for spilt food morsels, or exercises in a dry, dusty yard or an arena.

This is why it is important to ensure that a horse is able to put its head down for at least 20-30 minutes each day when eating hay, which should be dampened and fed in a feed bin (eg tyre feeder) on the stable floor or a sheltered area of an outside yard. Turning a horse out to graze for 2-3 hours after each day's exercise also helps to naturally drain away inhaled dust and irritant particles. If a horse has little opportunity to eat with its head down to drain its lower airways, it has an increased chance of developing chronic low grade airway disease. If it becomes infected with the 'stable virus', although normally confined to the nasal passages, throat and upper airways, without adequate head-down drainage, the inhaled mucus and infective viral particles have a risk of establishing chronic lower airway disease.

Diagnosis of a 'Cold'

The typical signs of a nasal discharge, reduced appetite and an occasional cough, develop between 4-6 days after the initial infection with EHV once the virus has multiplied and has triggered an immune reaction and increased airway cleaning mucus and fluid within the lungs.

Monitoring the horse's temperature first thing each morning and again in evening before the night feed, will help identify the infectious nature of the 'stable virus' with a body temperature above 38.4-39°C. Examination with a stethoscope under the throat latch area and upper windpipe may help to determine increased upper airway 'noise' due to the constriction of the upper airways as a result of inflammation and strands of mucus build-up. In most cases, except where lower airway reaction with increased mucus streaming up the windpipe and partial airway constriction may result in airway resonance when breathing or a slight wheeze, which is aggravated by light exercise, often lung sounds and the respiratory rate or breathing 'effort' are not increased.

Young Horses

Most young horses develop a 'head' cold with a runny nose, coughing and a 'sore throat' which reduces their appetite. This is due to increased upper airway mucus, tonsil reaction and occasionally mildly swollen glands under the rear angle of the jaw resulting from increased lymph drainage and inflammatory immune related reaction. If these symptoms are not recognised, and the animal rested up or treated and managed early in the infective stage, lower airway reaction and Inflammatory Airway Disease (IAD) can develop within 5-7 days. This is often a complication in race horses, with up to 65% developing IAD if early symptoms are not recognised, which is aggravated by inhaled cold air during early morning fast exercise.

Older horses often develop more chronic Reactive Airway Disease (RAD) which affects their exercise tolerance and results in a chronic low grade airway reaction, increased fluid and mucus accumulation and a deep 'moist' cough when exercising.

Managing a 'Cold'

It is most important to recognise the symptoms (Refer to Handy Hint 4) as early as possible. If the horse has not been infected, a couple of days of rest will not greatly affect its training schedule, but it will reduce the risk of further complications and long term chronic airway disease if it really has a viral or other airway infection.

1. Monitor the horse's temperature and appetite daily.
2. Ensure that the horse is provided with shelter and a warm rug.
3. Separate it from other horses in the immediate vicinity - especially in stables and yards where horses can come into nose contact through a wall or over a fence.
4. Place all feed on the floor - dampen all feed, including hay (Refer to Handy Hint 6) to assist nasal and throat drainage. Damp feed will be less likely to irritate an inflamed tonsil or throat and it will often help to encourage the appetite.
5. Only remove patches of wet and soiled bedding and replace with slightly dampened shavings or sawdust to reduce dust. Try to avoid straw bedding as this is more likely to contain minute mould and dust particles which can be inhaled into the lower airways.
6. Cease exercise for at least 48 hours to reduce the risk of lower airway insult with virus particles - if the horse recovers, re-introduce light exercise after 3-4 days, but maintain below chest height, floor feeding.

Aids to Assist Recovery from the Stable Virus

There are a multitude of preparations, many of which are similar to medications for human 'coughs and colds', that are available for horses.

Antibiotics, Bronchodilators and Mucus Clearing Preparations

These preparations are only available from your vet and are usually only prescribed following a clinical appraisal of the horse's respiratory function and perhaps a scope of the lower windpipe area to determine the amount or number of strands of mucus accumulated in the lower part of the windpipe. A Broncho Alveolar Lavage (referred to as a BAL or 'lung wash') may be collected by passing a special BAL tube down the windpipe into the rear end of the lung bronchi, injecting 60ml of saline and collecting a representative wash of the lower airways and examining the wash fluid for types of cells, such as monocytes (scavenging cells), lymphocytes (cellular immune cells), eosinophils (allergic reaction cells) and red blood cells (lung bleeding during intense exercise) and mucus content.

A BAL is not an accurate means of culturing for airway bacterial infection due to the high degree of contamination of the lower airway with microbes and dust from inhaled air. The horse may be prescribed antibiotics as a precaution against secondary infection, which is a common problem following respiratory viral infection, as it is in humans.

Mucolytic agents (they act to liquefy thick mucus in the throat and lower airways) and bronchodilators (they act to relax constricted airways to facilitate breathing and mucus drainage) - they are often combined together, and can help to facilitate expulsion of thick mucus from the lower airways by head-down airway drainage when feeding or grazing. They may be beneficial to hasten recovery if a horse has accumulated airway mucus or a runny nose or sticky, thick snot in its nostrils. Consult your vet for advice on the selection, dose rate and treatment time relative to the type, secondary complications and response to the therapy.

Cough Preparations

There are a number of cough elixirs (thick sugary flavoured syrups which stick to the throat membranes and soothe the throat to reduce irritation and the stimulus to cough), just like the over-the-counter cough medicines available for humans. These can help relieve a 'ticklish throat' and clear away excess mucus. The problem is that horses are unable to spit out mucus from their mouths as they have a long soft palate which prevents them breathing, coughing up mucus or vomiting through their mouth - they do not have stomach vomiting muscles anyway, as vomit would otherwise be expelled through the nostrils! With head -down feeding some of the coughed up mucus may be expelled through the nose as a discharge, or swallowed to be digested and rendered harmless.

Some contain a cough suppressant; others contain an expectorant to help make coughing more productive by thinning and expelling mucus. However, as is the case in humans, there are concerns that by suppressing the cough reflex, the horse may be unable to clear the throat and lower airways. On-ground feeding with the head down greatly assists lower airway drainage and is likely to be of more direct benefit in most horses.

Menthol Gels up the Nose

Menthol and camphor are popular aromatic compounds which are inhaled up the nose to help reduce nasal irritation, membrane swelling and oedema and clear the airways as in human inhaled decongestants as 'flu' remedies. Inhaling menthol vapours by adding a menthol 'cooling' gel or Vicks Vaporub® to hot water and positioning it in a bowl under a horse's nose for 5 mins 2-3 times per day when it is tied to a rail, or added to a nebulizer unit, is considered to be beneficial in clearing the airways. However, both menthol and camphor are prohibited substances in racing and show horses and must be withdrawn 144 hours before competition. Consult your vet for withdrawal times.

Immune Aids

A number of injectable immune stimulating agents are available and may be recommended by your vet to assist the immune status of a young horse, a horse in hard work with a low white blood count or an aged horse where immunity may wane with increasing age or an associated loss of weight and ill-thrift condition on a pasture based diet.

There are also some nutritionally based immune support preparations. These often contain herbs, vitamin C, Vitamin A and Vitamin E, zinc and selenium to 'feed' the immune system with nutrients required for antibody synthesis and general well-being. *Continued over page...*

Handy Hint 6

Dampen all Hay and Feed Below Chest Height

Dry, loose hay is a major source of inhaled dust as a horse feeds. Dampening hay by placing the biscuit in a poly-woven chaff bag, spraying it with clean water for a few seconds, then leaving it to soak up the moisture for 10 minutes before feeding can reduce dust particles by 30 times as compared to the same hay which is fed dry. Placing it in a poly-woven bag allows it to be carried to the stable or yard feeders without an excessive loss of leaves - simply shake the biscuit and leaves from the bag into the on-ground feed bin. If a horse is fed at chest height on a wall feeder or a rail in an outside yard, the airway cleaning fluids are unable to drain from deep within the lungs. Studies have shown that it takes 4 hours to accumulate a sufficient volume of cleaning fluid and mucus (in fact about 3-4 litres) to saturate the air sacs in the lower lobes of the lungs and reduce airway function. It only takes about 15 mins of head down feeding or grazing to drain away excess cleaning fluids, inhaled particles and accumulated dust, especially after exercise or travelling.

Kohnke's Own Activ-8 contains bioflavanoids (Vitamin C like anti-oxidants) organic zinc, organic selenium, Vitamins A, C and E and other immune support nutrients. Extensive field trials carried out on 100 horses with symptoms of viral respiratory disease, including EI, indicated that it had a role in supporting the immune system. A 21 day in-feed course is widely used to support the immune system of horses with respiratory disease. It is used by owners of horses travelling to shows and competition, or long distance transport, as they have observed that it has a beneficial role in immune support of horses at risk of developing respiratory conditions.

Garlic Powder

Garlic is widely touted as an immune boost nutrient, but although it may have benefits as a natural insect repellent when given daily during the biting insect season, it has not been credited with assisting the immune system of horses at the dose rates (20g daily) as often recommended.

Trials have shown in race horses that 20g or more of garlic daily in the feed can increase the formation of Heinz bodies in red blood cells and dramatically reduce their lifespan in the blood, thereby resulting in a relative anaemia from red cell loss. It is not recommended for performance horses for this reason.

Echinacea

Echinacea is claimed to support the immune system in humans, but in carefully controlled trials in Canada, it was found to have no benefit at all in horses at commonly recommended dose rates in feed or supplements.

Vitamin C

Vitamin C has a role as an anti-oxidant in the blood and muscles during exercise to regenerate Vitamin E and early studies in humans suggested that high doses assisted the immune response and reduced the severity of flu-like symptoms. The average healthy horse synthesises about 21 grams of Vitamin C from glucose in its liver each day to meet its needs - humans, apes, reptiles and birds are unable to synthesize Vitamin C and need a daily source in food. It is considered that Vitamin C could benefit the immune system when given with other immune support nutrients, especially in aged horses and pregnant mares, which may have lower blood levels of Vitamin C.

Herbs containing Vitamin C, such as Rose Hips - they contain 112mg Vitamin C per 20g dose when freshly harvested and about 20mg iron (a horse needs 350mg iron per day) are unlikely to have any nutritional benefit to support the immune system.

Vaccination

A vaccine has been developed in Australia and is available from vets for the immunisation against EHV. It is recommended for horses which travel frequently or are exposed to EHV infections on agistment farms, breeding farms and show competition. Consult your vet for advice on the benefits of EHV vaccination.

Winter Strip-Out

Avoiding Laminitis in Heavily Conditioned Horses

Heavily conditioned horses and ponies, with fatty deposits behind the shoulders above their tail-butts and hard, almost 'cresty' neck have a high risk of developing Equine Metabolic Syndrome (EMS) as they reach middle-age at 12-14 years of age. EMS is a metabolic problem usually affecting 'good doers' or 'hoovering' horses, which is linked to a high intake of Non-Structural Carbohydrates (NSCs) and soluble sugars over the years when grazing high producing grass based pastures (dairy pastures) and fed on good quality grassy hay, as well as over feeding hard feeds based on grains and grain by-products, to help maintain show condition, often without regular exercise.

The excess intake of these sugary compounds results in a glucose intolerance and increased blood levels of insulin hormone in an attempt to limit blood sugars, which leads to a relative Insulin Resistance (IR). The end result is the increased risk of insulin-induced laminitis and symptoms of Type 2 Diabetes. Many horses and ponies which have developed IR are on a 'knife edge' of balancing blood sugar and insulin surges and even a slight increase due to new pasture growth, a longer time spent grazing on sunny days or paddock rest without regular training, can trigger a laminitic episode.

Planning a winter 'strip-out' by turning a horse out for 4-6 weeks during the daytime is one way in which you can help your horse readjust his glucose-insulin response and lower blood insulin levels to below a laminitic trigger level. Slow-growing or dormant winter grasses contain less soluble sugars and the increased walking as the horse or pony grazes each day, as well as the colder weather requiring more energy to maintain body temperature, helps to reduce the glucose overload and insulin surge. Most over-conditioned horses will lose excess tail-butt and neck fat and trim down over a 4-6 week period.

An over-weight, high risk EMS horse must be confined to a stable or yard each night to limit overnight grazing. Weight loss can be assisted without starving the animal, which can trigger a metabolic condition such a Hyperlipaemia in fat horses and ponies, by reducing the hard feed to half and feeding additional soaked hay to provide bulk without excess energy. A course of **Kohnke's Own Trim**, given as directed each day for 2-3 weeks, may assist in weight control on the lower calorie (low GI) diet.

For more information on Safe Pastures and Feeds for EMS and IR affected horses and ponies, email Gary at **newsletters@kohnkesown.com** for Fact Sheet No 51 or information on how Kohnke's Own Trim can help your horse.

Product of the Month

Kohnke's Own®

AUSSIE SPORT™

As its name suggests, Aussie Sport is formulated to make up shortfalls of bone minerals, trace-minerals and vitamins in the diets consisting of grain, chaff and hand/or pasture commonly fed to sporting horses. These include Western pleasure, barrel racing, reining, roping, camp drafting and of course, polocrosse horses - the real 'true blue' Aussie Sport horse.

However, owners of medium level dressage horses, trail riding horses and sporting ponies like the ease of adding the 4 Supplet® pellet blend of Aussie Sport to make up short falls in their horse's diets. The innovative pellet blend eliminates sift-out, dust and sludging in the feed bin, as well as incompatible nutrient reactions when mixed into a damp feed.

Aussie Sport contains more iron, Vitamin A and Vitamin E to match the specific needs of working horses, many of which are fed a diet based on daytime grazing and a hard feed once a day, and trained daily with regular competition. The nutrient blend in Aussie Sport helps maintain good coat condition, provide for bone maintenance and assist muscle antioxidant function by providing Vitamin A, organic selenium and Vitamin E in exercising horses, as well as correct any low or inadequate micro-nutrient content of basic diets.

Aussie Sport is available in 1.4kg. 4kg and 10kg packs.