

Spring Newsletter 2018

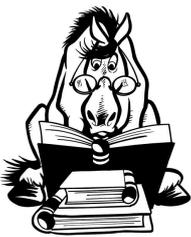
Spring has certainly sprung! The weather is improving, days are getting longer, and our first newborn foals have hit the ground. This newsletter's clinical section talks about veterinary issues that can affect your horse as the spring/ summer weather approaches.

Latest News

Who needs the Royal Wedding when our very own Sara got Married?!

On Sunday 1st April (yes April Fools and Easter Sunday), Sara and Greg tied the knot at Froyle Park. Sara and Greg struck lucky with the weather seeing as Easter Sunday was the only dry day over the four-day bank holiday weekend! The day was incredibly special, and Sara and Greg are very grateful for all the lovely comments and congratulations that have been said over the past few weeks and in the run up to the big day! You may all be wondering what Sara's name is now going to be?! Despite her married name changing to 'Ward', Sara will be keeping her professional name as 'Vaux'.

Jordan sadly couldn't go to the wedding, but he enjoyed his little break to North Norfolk with Sara and Greg on their Mini-moon straight after the wedding.



General Data Protection Regulations 2018 and you!

As you may know, as of the 25th May 2018, data protection and privacy laws in the UK are changing. If you would still like to receive newsletters like this and hear about our upcoming events like the one detailed below then head over to our website at <https://kingsbountyequine.co.uk/client-registration/> to complete the registration and preferences form online. Alternatively, please feel free to contact the practice to request a paper or emailed copy.

Upcoming Events

'How to get the best out of you and your horse' – Summer Client Lecture Evening

This summer, Kings Bounty will be teaming up with sports psychologist Steffi Dampney to bring you a fun filled and informative evening centred on getting the best out of you and your horse, both at home and in the competition environment. Watch this space for more information!

Equine Health Issues in the Spring/ Summer

Rising pollen counts and an increase in environmental allergens:

- a. Inhaled allergens can cause **lower airway inflammation**, similar to asthma in humans due to a hypersensitivity reaction. Horses often present with a *cough, nasal discharge and have increased respiratory effort*. A diagnosis is made via clinical evaluation and sample collection from the airways (tracheal wash and bronchoalveolar lavage) to look at the cell types present. Treatment usually involves three factors: *management changes, corticosteroid therapy (to help reduce airway inflammation) and bronchodilator therapy (to open up the airways)*.
- b. **Headshaking behaviour:** Approximately two thirds of equine head shaking cases have a *seasonal occurrence*. Head shaking is a frustrating syndrome and unfortunately the majority of cases do not have an underlying structural cause. These cases are classified as *idiopathic head shakers* and are thought to be due to *facial pain caused by hypersensitivity of the trigeminal nerve*. Head shaking is often aggravated by *exercise and trigger factors* e.g. pollen, dust, bright sunlight, rain, wind. A diagnosis of idiopathic headshaking is made once any structural causes are ruled out. There are multiple treatment options for idiopathic head shaking. Some work on reducing the trigger factors e.g. nose nets, face masks and tinted contact lenses. Various



medications can be trialled with different success rates. The most recent advancement in treatment is Percutaneous Electrical Nerve Stimulation (PENS) therapy.

c. Allergic skin diseases:

- Environmental allergens may cause some horses to develop seasonal allergic skin disease called '**Atopy**'. Horses often present with itchy skin and can have a variety of skin lesions. A common presentation is *urticaria (hives)*. Clinical signs are caused by hypersensitivity to specific antigens. *Intradermal skin testing can be used to diagnose this problem*. Allergens that are known to cause allergic problems are injected into the horse's skin and the sites are assessed for a reaction. Those allergens that are deemed to cause a positive reaction can then be formulated into a vaccine to enable the horse to undergo a period of hyposensitisation. This can take up to 12 months to have an effect and has a variable efficacy. Other treatments used for allergic skin disease include *corticosteroids, antihistamines, supplementation with fatty acids and topical shampoos/ lotions*.
- **Insect Hypersensitivity: Sweet Itch** is the name given to the allergic reaction (hypersensitivity) to the saliva of biting insects, most commonly the *Culicoides spp* midge. Skin lesions develop in the areas where the insects bite the horse (different species prefer to feed at different sites on the horse). Treatment is aimed at *insect control and symptomatic therapy* to control the horse's itch! Methods to reduce insect exposure include: *barriers* to keep insects away in the form of rugs/ masks/ dense topical oils, *fly repellents, stabling horses during peak biting hours* e.g. dusk and dawn and move horses away from any areas of stagnant water (midges do not like breezy areas). Symptomatic treatment includes *antihistamines, corticosteroids, fatty acid supplementation and topical creams/ shampoos*.



Gastrointestinal Issues

1. **Colic** can affect horses all year round however certain types can have a seasonal pattern. The emergence of lush spring grass can bring about an increased incidence of **gassy spasmodic colic** as well as **large colon displacements**.
2. **Larval cyathostomiasis** can also affect horses in the spring. This is caused by the emergence of redworm larvae that have hibernated in the horse's gut over the winter if horses have not been wormed correctly. The warmer weather causes the larvae to emerge from the gut wall causing gastrointestinal damage leading to signs like colic and diarrhoea. The disease can be fatal and therefore it is imperative that your horses are wormed correctly.
3. **Grass Sickness** can occur all year around but there tends to be a peak in cases between April – July. Grass sickness is a disease that affects the nerves controlling the movement of the gastrointestinal tract, subsequently stopping intestinal movement. The cause of grass sickness is thought to be due to toxins released by *Clostridium botulinum* bacteria in the soil. There are three forms of grass sickness: Acute, subacute and chronic. Colic is one of the major clinical signs, especially in the acute and subacute cases. Chronic cases tend to have a more gradual onset of clinical signs, presenting with weight loss, looking tucked up and depressed. They may present with an 'elephant on a drum' stance and show difficulties eating. Unfortunately, recovery from the acute/ subacute forms is near enough impossible with treatment of chronic cases involving intensive nursing care that can be lengthy, costly and still often not successful.



Laminitis



As the spring grass becomes available, the risk of pasture associated laminitis increases. The warmer weather, sunshine and heavy rainfall favours increases in rapidly fermentable non-structural carbohydrates e.g. fructans, simple sugars and starches within the pasture. The role of these structures in contributing to laminitis is thought to be due the systemic inflammatory response that occurs when the horse's hind gut is overloaded with these carbohydrates, which subsequently causes inflammatory responses at the laminae in the feet leading to lamellar injury and ultimately signs of laminitis.

It must be noted that horses/ ponies with Equine Metabolic Syndrome (insulin resistance/ abnormal insulin regulation +/- obesity) are at a high risk of developing laminitis, particularly at this time of year. Cushing's disease is another major cause of laminitis in equine patients in the UK. Restricting access to lush grass in laminitic prone horses/ ponies is key at this time of year. Blood tests can be taken to test for EMS or Cushing's disease enabling a more direct treatment/ prevention plan to be implemented.