



Gastric Ulcers (EGUS)

Introduction

Does your horse suffer from weight loss, lack of appetite, poor performance, changes in behaviour or have repeated bouts of mild colic? If the answer to any of the above is YES then your horse may be suffering from Equine Gastric Ulcer Syndrome (EGUS).



What is EGUS?

EGUS describes the erosion of the horse's stomach lining, due to prolonged exposure to the acid produced by the stomach, and is reported to affect at least 1 in 3 equines.

The equine digestive tract evolved in animals that lead a relatively sedentary lifestyle, continually foraging for fibre-rich and low-starch food for 16 hours a day.

By contrast, the modern day horse has daily exertional demands that require an increased quality and quantity of feed intake and they have restricted feeding patterns.

Equine Gastric Ulcer Syndrome spans a wide spectrum of severity, from an inflamed but intact stomach lining, through to widespread erosion and bleeding. There are two distinct areas in the horse's stomach; the squamous area in the top half, and the glandular area at the bottom. Either or both areas can be affected.

Which horses are prone to EGUS?

Any equine can be affected by this disease - studies have reported that 37% of leisure horses, 63% of performance horses, 93% of racehorses, 67% of broodmares and nearly 50% of foals were affected.



What are signs of EGUS?

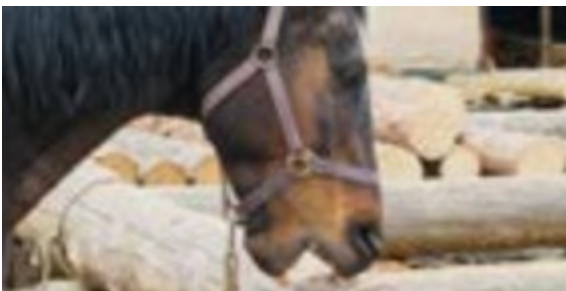
- Identifying those horses with gastric ulceration can be difficult, but clinical signs may include:
- Poor appetite, weight loss and poor condition including a dull coat
- Poor performance or behavioural changes e.g. difficult to ride, bucking, refusing to jump, back pain, agitation when girthed up
- Mild or recurrent colic e.g. teeth grinding, turning the upper lip up, rolling
- Crib biting
- Foals can show very vague clinical signs (teeth grinding, excess salivation, long period of lying down, infrequent feeding and diarrhoea) making their detection difficult.



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What factors increase the risk of a horse having EGUS?

- Diet type and continual access to forage appears to be an important factor. Ulcers have been shown to develop in horses that do not have free access to forage
- High intensity exercise is associated with increased risk as the blood flow to the stomach decreases with exercise and the food contacts areas of the stomach that are not designed to be exposed to gastric acid
- Physical stress and illness such as transportation, stable confinement and new surroundings are proven risk factors
- Medication with certain drugs may inhibit production of the stomach's protective mucus layer within the stomach and thus increase the risk of gastric ulceration
- Newborn foals are at risk during the first few months of life, particularly during periods of stress such as transportation and illness
- Horses that crib-bite are at an increased risk



Why does EGUS develop?

Horses secrete gastric acid continuously, whether or not they are eating, and gastric ulcers occur when aggressive factors in gastric juice overpower the stomach lining's protective factors.

Horses have evolved to continually graze such that the roughage, and saliva are continually secreted into the stomach to help buffer and neutralise the acid. When horses have prolonged periods without food, that would neutralise the acid, or diets high in concentrates, ulcers may develop.

How is EGUS diagnosed?

A gastroscopy can provide a definitive answer as to whether your horse is suffering from gastric ulcers. It allows the vet to visualise the lining of the stomach by passing a 3m long endoscope through the nasal passage into the back of the throat, where it is then swallowed into the oesophagus. The endoscope is then passed down the oesophagus to the stomach. The horse is sedated for this procedure, and it should take approximately 15 minutes to carry out. The horse must have been fasted over night prior to the examination to ensure no food material obscures our vision (no food for 12 hours).

Treatment

If your horse does have gastric ulcers then a treatment plan will be devised, including medication, diet and management changes and will depend on the location of the lesions (squamous vs glandular). After treatment, it is advised that your horse has a repeat gastroscopy to see if the condition has improved