ULCERS (EGUS)

With ulcers affecting a huge percentage of many horses and ponies, we take a look at some of the causes and best feeding management pratices...

Trigger Factors...

High grain diets (too much starch in any one meal)
Forage deprivation
Feeding straw
Stress eg change of environment, separation
Leaving a horse too long without feed (> 4-6 hours)
Lack of access to water
Intense exercise
Travel
Breed Type predisposition

Symptoms...

Varies from:
May leave hard feed after a few mouthfuls and then return several times
Dull coat
Weight loss
Inability to gain weight no matter what is fed
Unwillingness to work
Girthiness
Unwilling to bend
Sensitive when being groomed
Change in attitude

DID YOU KNOW?

The two most common types of ulcers are Squamous and Glandular.. TBs are most commonly affected by squamous type and, glandular found more commonly in Warmbloods.

Squamous ulcers - affect the top, white-coloured third of the stomach and reflect increased acid exposure of the tissue. These ulcers form quickly. Treatment with Omeprazole is consistently very effective, with most lesions healing within 14-28 days.

Glandular ulcers -affect the pink bottom two-thirds of the stomach, in particular the final part. Ulcers here form slowly and reflect failure of the mucus coat that protects glandular tissue from acid. Physical, toxic, bacterial or physiological changes contribute to this failure. Clinical signs are more variable and may or may not include appetite change and/or weight loss. Some horses may start to resent the girth being tightened but this is not specific.

Treatment with Omeprazole alone is much less effective than in cases of squamous disease (25% healed after 28-35 days). Instead, a combination of omeprazole and the mucosal protectant sucralfate is used leading to a 68% healing rate.

DIAGNOSIS AND TREATMENT - TWO STAGES

Stage 1

- Get your horse scoped to confirm ulcers and level of ulceration

TREATMENT

The most effective way to resolve ulcers is with an equine-specific form of omeprazole, given at a bodyweight-appropriate dose for a period of time sufficient for the severity of his case.

At the same time, subtle changes should be made to feeding and management to limit gastric acid production and the mobility of acid within the stomach.

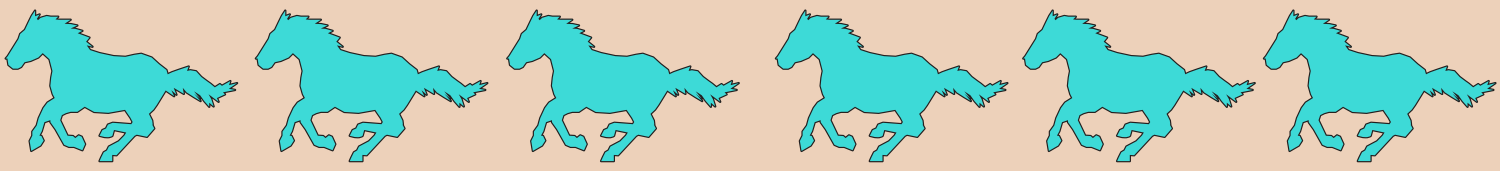
Stage 2

Complete healing occurs in up to 80% of squamous cases.

NB: Gastroscopy should ideally be repeated, but if the horse has responded well then this can be skipped and the horse put onto maintenance treatment for two to three months. **Simply stopping all treatment at this point is associated with a high ulcer recurrence rate (approximately 80% within 6 weeks).**

How to achieve this...

• Allow free choice access to high-quality forage, or ensure your horse does not go without forage for any longer than 4-6 hours
• If stabled, create multiple forage sources to improve eating consistency and allow foraging activity.
• Use hay (dry, soaked or steamed) or haylage as a forage source, there's no difference between them in relation to ulceration. Avoid coarse stalky hay.
• Feed no more than 0.25kg/100kg BWT of cereal hay. This should not be the only forage source.
• Provide continuous access to fresh clean water 24 hrs per day.



More Management Tips

- Try and avoid grain based feed - if needing energy opt for legumes such as lupins
- Add chaff to all meals
- Add a little oil to the diet (simple corn oil or cold pressed linseed oil (50-100ml per day) to help reduce the amount of stomach acid produced.
- Consider using fermented probiotics and the yeast saccharomyces ceravisiae.

Fibregenix balancers contains Live yeast probiotic which can increase the digestibility of the horse's diet, so improving large intestinal function. Purified Nucleotides can assist in the healing process of the mucosal layers of the stomach

- Also try feeding lucerne chaff before exercise - 500g of chaff given within 30 minutes of exercise may trap acid and limit ulceration and improve gastric blood supply.