PAIN MANAGEMENT IN HORSES

TheHorse.com: Welcome to the webinar! We’ll be starting the live Q&A in just a few minutes.

TheHorse.com: If you have questions, feel free to go ahead and send them in!

TheHorse.com: Hello everyone, and welcome to our Webinar, Pain Management in Horses! We’d like to introduce tonight’s presenter, Lori Bidwell, DVM, Dipl. ACVA, anesthesiologist for Lexington Equine Surgery and Sports Medicine in Kentucky. Dr. Bidwell will be answering your questions during this live event along with Duncan Peters, DVM, MS, of the Hagyard Equine Medical Institute in Lexington, Ky.; and Wendy E. Vaala, VMD, Dipl. ACVIM, Senior Equine Technical Services Specialist for Merck Animal Health. We’d also like to offer thanks to sponsor Merck Animal Health for bringing you this free event. Visit them online at www.merck-animal-health-usa.com.

Comment From Patti: why do some vets use Banamine for hives?

Dr. Bidwell: Patti, Banamine (flunixin meglumine) is an anti-inflammatory drug that reduces inflammation associated with the allergic reaction resulting in the hives. Banamine reduces the pain associated and can produce some relief from the itch.

Comment From Patti: Is there and positive/negative interaction between joint injections of predef/celestone and bute?

Dr Peters: I do not know of any negative interactions between these groups. They act at different points in the inflammatory cycle and thus theoretically have a positive effect to suppress inflammation. Clinically, have noted that horses appear more comfortable post injections more quickly if Bute is added at the time.

Comment From Lin Thompson: Is the use of Bute over used with pain Management and can Bute cause other issues such as ulcers?

Dr Vaala: Lin: Phenylbutazone is a commonly used pain medication. Like any analgesic it can be overused or mis-used. In general phenylbutazone is preferred for musculoskeletal pain (as opposed to visceral pain such as colic). It can cause side-effects such as gastric (stomach) ulcers, right dorsal colitis and potentially kidney disease. These adverse effects are often associated with high doses and/or prolonged administration, but effects can be exacerbated if the horse is dehydrated or unusually susceptible. Before using any pain medication it is important to know what condition you are treating. Masking pain may not always be prudent.

Comment From Ellen: Have a 20 yr old QH who is an Impressive son. His hocks fused when he was 9. He is on Conquer but still a bit ouchy. What do you suggest?

Dr. Bidwell: Ellen, I would recommend adding an NSAID like Equioxx or Previcoxx (the small animal version) that can be used for long-term care.
TheHorse.com: If the video is not playing for you or is hanging up (often slow or inconsistent Internet connections can cause this), try refreshing this page.

Comment From tony wengert: I am using a B & L pellet on a daily use for my 20 year old gelding in treatment for his post epm treatment of Marquis.

Comment From tony wengert: back to my question.. what are the recomendations of using the B & L pellets as aspriin.. don’t like bute.........

Dr. Bidwell: Tony, If you are happy with the effects that you are seeing with the pellets, I would stick with that. Another alternative is to find a veterinary acupuncturist - most recommend treatment once a month or less frequently as the need is seen. Another alternative is adding Body Sore or a similar herbal medication.

Comment From Barbara: We have a retired race horse with an over-use stifle injury. X-rays show it’s bone on bone, fat pad is gone. He is getting periodic joint injections of hyaluonic acid and cortisone. He is on a low dose of Previcox 3 weeks on and 1 week off. Is there anything else we can do to help him be comfortable. He has good days and bad days, depending on how much he plays out in the pasture. Thanks!

Dr. Bidwell: Barbara, I would recommend adding gabapentin to the drug protocol. It is a relatively inexpensive drug and it is safe to use with the previcox. I would also recommend adding flax seed oil to the diet

Comment From Guest: thank you.

Comment From Guest: How do we know when behavioral changes, like aggression, are due to pain and how do we manage best, esp in older horses.

Dr Vaala: Guest: If a horse demonstrates aggression when handled or approached, it may be an indication of pain, but it may also be an acquired behavior pattern or it may be hormonal in origin. I would recommend having your veterinarian perform a thorough physical exam to determine if there is a source of pain or if there are other issues. For example, some mares can become very aggressive as a response to an ovarian tumor. If a source of pain is identified, then specific therapy can be initiated. But treatment will vary depending on the cause.

Dr Peters: Some non-steroidal antiinflammatory drugs (NSAIDs) are allowed at USEF shows along with Dexamethasone. These have antiinflammatotory effects and in part have a pain relieving component for certain conditions. The USEF has a very good pamphlet that details what can and can’t be used. It is available to competitors and has practical details of administration and withdrawl. Their # 859-258-2472. The USEF Drugs and Medication # is 800-633-2472.

Comment From Guest: What pain medications are allowable for horses showing at USEF affiliated horse shows and are there legal dosages for any?

Comment From Lori: Can I use Previcox to treat my old horse who can barely move

Dr. Bidwell: Lori, I would recommend using previcox in your older horse. Although it is a safe drug, it is wise to have your veterinarian evaluate kidney function with routine blood work first. Also, it is important that your horse have a good appetite and feeding routine when using any NSAID.
Comment From Patti: Is this a better solution than using something like Tri-hist? Banamine for hives...

Dr. Bidwell: Patti, Tri-hist is also a good solution for hives but often the decision to use one drug over the other is made based on what medications your horse is currently receiving and if there might be any interactions. Also, the decision might be made based on what caused the hives.


Comment From Julie: Is it true that it is better to administer banamine orally instead of by injection due to the risk of the development of a fistula?

Dr Vaala: Julie: Great question. Banamine should be administered orally as a paste or given as an intravenous (IV) injection. It should not be given as an intramuscular injection, since on rare occasion IM injections of Banamine have been associated with severe muscle necrosis - also referred to as “gas gangrene”. This reaction is often due to infection with gas-forming bacteria such as Clostridia perfringens or septicum. This muscle infection can be fatal.


Comment From Julie: Thank you

Comment From Robin Liebe: I have a horse with navicular disease and a deep flexor tendon issue - she has had an MRI - the vet that did the MRI said she is not a candidate for “nerving” but at some point even with corrective shoeing (55 degrees with wedges and morrison rocker shoes) isn’t she a candidate for something like nerving to ease her pain before we have to put her down.

Dr Peters: Nerving can be an option generally as a last resort. Your vet may be worried about the possibility of a DDFT rupture post nerving and he/she is the best judge of this catastrophic problem. You may talk to your vet about the use of equioxx for longer term use, or gabapentin for pain. Acupuncture may provide some relief in some cases.

Comment From OkieLiz: One of my horses had a calcified mass in his left hind leg. To control his pain and keep him comfortable, we gave him as much as 2 grams of bute twice a day toward the end of his life. It didn’t seem to cause him any issues and his prognosis was never going to be recovery - it was just comfort level to let him enjoy life as long as possible. We managed to give him almost an additional year of quality life. Have their been studies done to validate this level of use of bute?

Dr. Bidwell: OkieLiz. There have been many studies looking at the chronic use of NSAID’s. The findings are typically that some horses have few complications until very high doses are used but there are often a couple horses in each study that have significant problems after lower doses. Horses are very similar to people in how they respond to drugs. There are many people that are sensitive to NSAID’s or opioids while others do have no problems. There are many older horses that depend on phenylbutazone for daily comfort for the extent of their life and as long as they have a good appetite, they can be maintained very well.

Comment From AK: Does bute cause or lead to ulcers

Dr Vaala: AK: Phenylbutazone can cause gastric ulcers and has been associated with inflammation / ulceration of the right doral colon (a segment of the large bowel). The risk of these side effects is increased when treating horses with high doses of phenylbutazone and / or protracted courses of bute.
Dehydrated or hypotensive horses may be at increased risk for kidney disease associated with NSAID use. Some horses are more susceptible than others to the side effects of phenylbutazone. If your horse requires prolonged NSAID administration your veterinarian will want to monitor kidney function and serum protein / albumin concentrations.

**Comment From Melanie:** Is there any way to determine if ulcers are present without doing a gastroscope?

**Comment From Jennifer:** I have a 20 yo Arabian mare, notorious for hating other horses, especially in competition (endurance). Since tearing the sesamoid lig. off the bone, she is trotting sound, I am giving 1 gm but p exercise but her aggression appears to be worse. Should I up her dosage of bute or try something else on a daily basis. She is exuberant when I take her out and doesn’t misbehave.

**Dr. Bidwell:** Jennifer, I love that you have a grumpy old horse - in the acupuncture world we would refer to her as a “wood” personality (grumpy but a hard worker). I would suspect that her additional grumpiness is pain related but she would probably respond very well to an increase in her bute dose, a change to previcoxx or equioxx , the addition of a glucosamine supplement or acupuncture as treatment.

**Comment From Melady Tanner:** I have a 32 year old Arab/QH cross that is doing well however her joints are getting old and creaky and she is stiff some days more than others. She does get glucosamine daily (about 4 years now) but I don’t want to risk giving her bute due to its potential side effects so are there any other safe supplements or medications that can help her through a tough spell? I’ve heard many good comments about Previcox as an anti-inflammatory for arthritic relief in horses, do you recommend this?

**Dr. Peters:** Equiox or Previcox (firocoxib) would be a good choice. It takes a few days to build up to therapeutic levels. Can be given at 2X dose for a couple of days to get beneficial results sooner. Can be given for a longer continuous period (up to 30d) with minimal risk of problems. Kudos to your horse of 32 years and for having a wonderful mom.

**TheHorse.com:** Hi everyone, we hope you are enjoying the video! We have a pile of questions here to answer, so bear with us as we work on them. If the video ends for you and you’d like to watch it again while we type madly :) , just hit the play button and you can watch it again.

**Comment From Melady Tanner:** Is there any value to the direct application of Aloe Vera to wounds, fungus or inflammation?

**Dr. Bidwell:** Peggy, Aloe vera is an excellent treatment for wounds. It is important to clean any wound thoroughly first but it is helpful for healing. Aloe vera has been suggested to have anti-inflammatory effects but I have not heard any evidence that it has an antibiotic effect. Therefore, it is important to consult with a veterinarian if you are concerned that the wound might be infected.

**Comment From Craig:** What NSAID do you recommend for ocular pain and which seems to decrease in intraocular inflammation the best? Thanks

**Dr. Vaala:** Craig: I recommend Banamine systemically as the preferred NSAID for eye pain. There are also topical agents that can be used such as flurbiprofen. If the eye pain is causing a constricted pupil, then topical atropine can relieve the ciliary body spasm and improve comfort in the eye.

**Comment From Julie:** is it true that injectable banamine can be administered orally and if so is it effective?
Dr Vaala: Julie: Injectable banamine will have effect when given orally, but this is off-label use of this formulation. Therefore precise dosing recommendations are not available.

TheHorse.com: If anyone is still having trouble with the video, try updating your Flash player, then refreshing this page: http://www.adobe.com/flashplayer.

Comment From Guest: Regarding use of Bute and Bananmine....what is the maximum duration one should these as they are tough on the stomach.

Dr. Bidwell: It is important to monitor any patient for side-effects associated with the use of an NSAID - there is no specific limit to the duration of use of an NSAID and many horses do well on long-term use. Typically bute is used as a long-term NSAID due to cost efficiency. If you notice any ill effects like loss of appetite, diarrhea or depression, stop the NSAID immediately and contact your veterinarian.

Comment From Laurie: Are there pain relievers for long term use in a foundered 20 year old gelding that won't cause the usual side effects?

Dr Peters: Firocoxib (Equioxx) as an anti-inflammatory can be given for periods up to 30 days at the recommended levels with minimal side effects. Then a brief rest of 5-7 days is advised prior to another course of a month. Gabapentin is another drug that can be helpful in some of these longterm cases. Diarrhea and sleepiness can be side effects.

Comment From Jean: Is there a benefit to using glucosamine and condroitin for navicular discomfort?

Dr. Bidwell: Jean, Unfortunately, there are no benefits from the addition of glucosamine or chondroitin for navicular. NSAID’s appear to have more benefit in these situations. Gabapentin and acupuncture are other alternatives that might be beneficial.

Comment From Ellen: Thank you Dr.!! Now I can give him something in addition to the joint supplement!

TheHorse.com: This Webinar will be archived for later viewing, along with a transcript from this chat on TheHorse.com.

Comment From Jenni: Acupuncture has been mentioned quite often in the Q&A - how does one find a qualified equine practitioner?

Dr. Bidwell: Jenni, There are several certifying acupuncture schools in the United States. The Chi Institute in Florida and IVAS are two of the larger schools and both have a listing of acupuncturists near you on their web page. In addition, the American Academy of Veterinary Acupuncturists has a web page with a listing of certified practitioners.

Comment From Robin Liebe: Thank you - this has been very informative!

Comment From Laurie: What do you consider a high dose of Bute? My 20 year old needs pain relief forever.

Dr Vaala: Laurie: A modest dose of phenylbutazone for an 1100 horse would be 1 gram twice daily. A low dose might be 1 gm once daily. The upper limit of the recommended dose would be 2 gm of bute twice daily. Any dose above this would be considered high for the average horse. Some horses are more sensitive than others to the effects of phenylbutazone. Always try to use the lowest dose that achieves the desired effect. Give with food. Make sure your horse is well hydrated.
Comment From Jenni: Thank you Dr Bidwell!

Comment From peggy: appreciate your time..

Comment From Julie-Anne: What does combining flax seed with aspirin do?

Dr. Bidwell: Julie-Anne, Flax seed contains omega-3 fatty acids and by combing it with a low dose aspirin they have found that there are significant benefits in chronic inflammation/arthritis situations. Flax seed is inexpensive and can actually be purchased at health food stores or even in the cereal department of grocery stores.

Comment From Deborah: These webinars are great! Thank you to all of the speakers who have done them! Your time is so appreciated!

Comment From Guest: I have a STB 15 years old. Seems to be touchy in back and is consistently tripping when walking, not when in trot in paddock. has had blood test for Neurological but came negative. Would bute help this tenderness in back or should be tested further.

Dr. Peters: Bute may be helpful for this condition. If you see positive response, probably an indication of an inflammatory condition (arthritis, spondylosis of spine, dorsal spinous process impingement, lower leg lameness condition, etc) that should be further explored to determine the root of the cause. Some of the back soreness can be referred from other lameness problems. Once you and your vet have determined the cause and site of the inflammation, you both can target your treatment to get the best results for back comfort and minimize tripping. May involve your farrier or other alternative therapies also.

Comment From Becky: How much flax seed is a “daily dose” for the horse?

Dr. Bidwell: Becky, I recommend adding one cup twice daily to a 1,000 lb horse. It tastes good and contains fiber too!

Comment From Lisa: Is there a good medication to keep on hand for injuries or stressors? I have a 26 year old mare with cushings, who sometimes gets picked on and ends up with a minor, but uncomfortable injury. Thanks!

Comment From Mary: How much aspirin and how much flaxseed for a 1100 lb horse?

Dr. Bidwell: Mary, The recommended dose of aspirin is simply the 81mg dose for 1,000-1,100 lb.

Comment From Julie: What other alternatives are there to banamine for corneal ulcer with secondary uveitis? Particularly when the horse is 26 and long term tx is required.

Dr Peters: Bute or banamine probably the best for just short term.

Dr Vaala: Julie: IF your horse’s pupil is constricted as a result of pain and inflammation associated with uveitis, then administering topical atropine to dilate the pupil and relieve ciliary body spasm will provide considerable pain relief. Atropine may only need to be given once or twice a day to achieve dilation. If more frequent administration is needed, then monitor your horse’s manure output to may certain constipation is not developing.

Another topical treatment to decrease inflammation in the cornea is flurbiprophen or diclofenac.
An alternative to systemic banamine is ketoprofen. Low dose aspirin may also provide some comfort and can help prevent flare ups.

**Comment From Julie:** Does the flax seed have to be ground in order to administer it with the bute?

**Dr. Bidwell:** Julie, I would feed the flax seed as a top dressing with grain.

**Comment From Barbara:** Thank you, this webinar was very helpful!

**Comment From Susan:** Thank you Dr. Bidwell, Great session - I’m a certified equine massage therapist. So, thanks for including equine massage as an effective pain management strategy, always in conjunction with the vet’s overall pain management plan and assuming no contraindications would prevent massage. It promotes healing through relaxation, improved circulation, reduces stress/anxiety, as well as the development of scar tissue and can eliminate painful muscle spasms. (And, as humans know...it feels good.) Thanks again.

**Comment From Becky:** Is Previcox similar to Naproxin? And is Naproxin safe to use over an extended period of time?

**Dr Peters:** Previcox (firocoxib) and Naproxen ar both classified as non-steroidal anti-inflammatory drugs (NSAIDs). Work slightly differently. Naproxen is not as safe to use long term.

**TheHorse.com:** For more information on pain management in horses, see more than 210 articles plus free reports and videos in our Pain Management/Injury category: http://www.thehorse.com/TopicSearch/Default.aspx?n=pain-management-injury&nID=11&ID=309

**TheHorse.com:** There are a ton of really great questions tonight! Thanks for your patience while we get to as many as we can!

**Comment From tony wengert:** I will reask the question differently.. I was looking for a product instead of bute as a pain reliever .. I tried the B & L pellet,, don’t have a clue if it is good or bad but . coming off of epm I want to give him the least negative product that will help him . he is mostly stiff in the rear and has a front knee that is calcified with little motion ability

**Dr. Bidwell:** Tony, I am very impressed with the treatment plan that you are using for your horse. I would highly recommend adding acupuncture. A practitioner can show you points to stimulate that will aid in maintaining comfort for your horse. I think gabapentin would be helpful too for a short period to overcome some of the chronic pain associated with the EPM

**Comment From Guest:** Do you recommend any support for the gut while our horses are on pain meds? I use holistic support with good results. Stomach Soother is a hit in our barn!

**Dr Vaala:** Guest: If your horse is receiving an NSAID such as flunixin meglumine (banamine) or phenylbutazone it is helpful to give the medication with food and to ensure your horse is well hydrated. Feeding hay containing alfalfa and allowing your horse access to good pasture can provide some anti-ulcer effect. Horses normally graze most of the day and produce a steady amount of gastric acid; therefore, ensuring either free access to pasture or providing frequent hay meals throught the day can also help reduce the risk of ulcers. Once ulcers have developed, treatment is centered on reducing gastric acid production through the use of drug such as omeprazole. (Gastrogard). Antacids are not very effective in the horse since they have a short half life and must be given frequently (6 - 8 times daily).
Comment From Lisa: How long will you stay online answering questions?

Comment From Maria hawkins: What medication would you suggest be used in treating arthritic stiffness and pain in 25 year old. Mare is becoming increasingly difficult to trim due to joint pain.

Dr Peters: If you need something primarily for trimming would suggest giving 2g of Bute the night before and 1g Bute the morning of the farrier’s arrival. Would give 1g Bute that evening also.

On a daily basis, may try Yucca, MSM, Omega-3s or some of the other herbal antiinflammatory compounds. The medication firocoxib (Equioxx) can be used longer term periods (up to 30 days) and can be bebeficial.

Comment From Guest: I have a 18 year old mare TB who I retired at age 13 due to bone spurs in the left fore knee. Are there any scientifically proven meds that can assist her comfort level (I live in a northern climate where the winters are often minus 20 degrees C plus.

Dr. Bidwell: NSAID’s have been determined to aid in maintaining comfort levels in horses with boney arthritic changes. If you are not doing so already, I recommend discussing either phenylbutazone or Previcox with your veterinarian. If there is a specific joint involved, intra-articular steroid injections can produce good analgesia with variable duration of effect (sometimes several months to a year).

TheHorse.com: Hi Lisa, we’re running up against our hour time slot but we’ll tackle a few more questions before we go. Thank you for your patience!

Comment From Deborah: I have had great luck with The Stomach Soother, but didn’t realize that feeding alfalfa hay helps! Thank you so much Doc!

Comment From Marci: My 25-year-old TB/QH gelding is constantly in pain. The vet suspects it’s arthritis in the hip or higher up than X-rays show. He’s lost weight, but is doing better on that now. He’s been on 5 mg Previcox, but still holds up left hind. Just competed a week on Bute and is doing much better. Can I keep him on Bute? He’s retired completely.

Dr. Bidwell: Marci, Absolutely! If he is maintaining his appetite and showing no ill effects associated with the bute, you can keep him on it for the rest of his life.


Comment From Mary: Horseshine contains flaxseed…would I just add one 81mg asprin fed once a day? Thank you

TheHorse.com: Mary: Dr. Bidwell says once a day is fine.

Comment From Guest: Proper saddle fitting might be considered when trying to determine a pain’s cause.

Comment From Mary: thanks

Comment From Anna: Steroid injections in the muscle seem to work very well to help my mare’s SI joint paint - unfortunately permanent because of an old injury. How often can these intra-muscle injections be repeated? (}
Dr. Bidwell: Anna, Steroid injections in the muscle are likely only helping with muscle pain and not joint pain. Long-term frequent use of steroids can have associated risks (similar to cushing's syndrome - weight gain, increased risk of laminitis, etc.). I would recommend finding an alternative like SI joint injection or a systemic NSAID or gabapentin as an alternative.

Comment From Guest: I’m using banamine to manage navicular pain in a navicular horse (plus using ulcergard to protect against ulcers). Should I be considering other options? Flax seed plus aspirin was just mentioned. Or gabapentin? What about Tildren?

Dr Peters: Tildren (tilduronate) has been approved specifically for treatment of navicular bone pain in Europe. It is not approved for use here in the USA presently, but is going through the process. It can be obtained with a provisional use permit through the DEA and many veterinarians have it available. It works to reduce some of the cellular activity in bone remodeling and reduces bone edema and pain. It may be worth a try. The treatment can be expensive and there are different ways of administration. Check with your veterinarian for the best method in your case.

Gabapentin may be useful for short term pain relief episodes.

Comment From AK: Any suggestions on something to give a horse with chronic itching? The itching results in the horse rubbing on fences or anything available to rub on, sometimes rubbing the skin raw? Is this often an allergy or dry skin? I currently have this horse on an omega supplement but she is still bending fences and gates with her rubbing.

Dr Vaala: AK: It is important to determine the cause of the itching - it could be due to insect hypersensitivity or seasonal allergies - less commonly food allergens or autoimmune diseases in horses. Pinworms can also cause severe tail rubbing (treatment includes Ivermectin or oxibendazole or fenbendazole). After a good physical, skin testing may be indicated to help determine the underlying cause if insect hypersensitivity and parasites have been eliminated.

In general, systemic steroids often help relieve the symptom which is the itching. Dexamethasone is used for the most refractory cases and prednisolone is used for the milder cases. Omega acid supplements may provide mild relief, but will not help more severe cases of allergic skin disease. NSAIDs are usually not that helpful for these itchy horses.

Comment From Marie: What is in Vetericyn that it would relieve the discomfort of scratches....I thought it was mostly salt based.

Dr. Bidwell: Marie, I have used Vetericyn and I really wish I had a bottle of it in front of me right now to look at the ingredients! There is not a specific analgesic in the formulation but I believe that hypochloric saline is an ingredient and this can be soothing to the skin. I believe the company that makes it has a web site and I recommend referring to it for more information. Sorry!

TheHorse.com: Hi everyone, we still have a basketful of questions here to answer; please hold your questions and we will strongly consider rebroadcasting this event with a new Q&A in the future. Thank you all for your attention!

Comment From Susan: Thank you so much for sharing your time and expertise. Sessions like these really help those who are trying to follow best practices for equine welfare. We can not thank you enough!

Comment From Zoodles: Is there any benefit to cold hosing a horse with ringbone? What about an arthritis relief cream applied directly to the joint (such as Voltaren Emugel)?
Dr. Bidwell: Zoodles, If there has been acute exacerbation to the ringbone (competition or a long trail ride), cold hosing will help. Otherwise, a topical NSAID can help as well systemic NSAID use. Shock wave and therapeutic shoeing can also be helpful.

Comment From Marian: Can flax seed be combined with bute?

Dr. Bidwell: Marian, Yes, you can combine flax seed with bute or any NSAID.

Comment From Rachael: I have a 12 yr old TWH mare that was diagnosed with EPM at age 4. I have ridden her some since then and several years ago she showed some evidence of pain. Now she seems to be more willing. I’ve had an equine massage therapist/chiropractor with her twice also person who used a rolffing technique. I want to ride her on short trail rides but should I give her a pain med before riding. The vet determined that it affected her right hind quarters somewhat but she doesn’t show many outward signs..except I notice a slight catch in the right hind rather frequently and I think it could have affected her back to some degree.

Dr Vaala: Rachel: EPM is caused by S neurona, an organism that can destroy nerve cells resulting in permanent loss of function. This can result in an altered gait that is due to neuronal loss and not due to pain. In this case pain control will not change the abnormal gait. Many affected horses that have suffered nerve damage and muscle atrophy due to EPM will improve with regular exercise and physical therapy. They often learn to compensate. Regular exercise, massage therapy, are also helpful. Once horses have contracted EPM they may experience relapses that are characterized by a re-occurrence of the same neurological deficits they exhibited initially. If your horse shows signs of a relapse then I would treat with one of the approved EPM medications such as Marquis or Protazil.

Comment From Carol: Can Tramodol be used long term in low dose?

Dr. Bidwell: Carol, There have not been significant studies in horses regarding long-term usage of tramadol. That being said, it has been used safely in humans and small animal patients for long-term use.

Comment From Guest: I have a 5 yr old broodmare with ringbone Any suggestions to manage her pain

Dr Peters: Depending on site and cause of the ringbone, coffin joint or pastern joint, treatment may be varied. A 5yr old is relatively young for that condition. Foot care and shoeing is probably one of the best things to get on top of to minimize the mechanical stresses on those joints. Herbal anti-inflammatories (yucca, echinacia, MSM, honey) do not have some of the other medication side effects and can be used long term. Bute, banamine, equiox can be used and have to be monitored. Shockwave can be an effective pain reliever for ringbone. Specific joint injections of steroids, HA and some of the regenerative therapies (IRAP, PRP) can be useful.

TheHorse.com: We’d like to offer a special thanks to Drs. Bidwell, Peters, and Vaala for taking the time to address this topic and answer your questions. And of course thanks to this event’s sponsor, Merck Animal Health, for bringing you this free event. Visit them online at www.merck-animal-health-usa.com.

Comment From robin: my question was about previcox. my old guy has been on it since january. i’m up to giving every 4 days now. should i take a break or okay to keep on?

Dr. Bidwell: Robin, Previcox is being used safely for long-term use but is typically given at double the dose for 2-3 days initially and then backed off to a lower dose for up to 35 days. Give a week off and then you can do another month of treatment, etc.
TheHorse.com: We're going to give this 10 more minutes to hit a few more questions; I hope you're enjoying the session! :) Big thanks to Drs. Bidwell, Vaala, and Peters for staying longer to answer the questions!

Comment From Rachael: Thank you for your answer to my inquiry. EPM is difficult to understand and research actually. She did receive the 28 day Marquis treatment. I have wondered if there is a supplement that I might continue to give her like vitamin E. She does get an ADM Gro Strong mineral and Laminex (she also foundered at age 3).

Comment From Barbara: Do you think PRP therapy would be beneficial to our race horse with the arthritic stifles??

Dr Peters: PRP can be beneficial in arthritic joints. It has been shown to reduce the progression of arthritis and the pain associated with it. It will not reverse arthritic changes that have already developed. The specifics of your horse’s condition are best discussed with your veterinarian, but I have seen some horses respond very favorably and be very comfortable.

Comment From Spode: My 23 yr old horse was diagnosed with articular low and high ringbone in the spring, and it’s progressed quite far already. He’s on 1 gram of Bute daily at breakfast. Would it be beneficial to give him a week off the Bute every three weeks to reduce the risk of prolonged-use health risks? And if his pain increases, would it be safe to up his daily dosage to 2 grams a day, one gram at breakfast and one in evening feed? How long can horses stay on Bute without experiencing related health issues?

Dr. Bidwell: Spode, Many horses live very happily with chronic administration of bute. It is recommended to only use as much as needed (1-2 gm/day) and occasionally stop administration for 5-7 days (every month if possible). Blood protein levels decrease with chronic administration as well as platelets and the mucous layer in their stomach. It is difficult to set a limit to treatment so working with your veterinarian to monitor your horses total health is important.

Comment From Glenda: I have a 6 yr old gelding. 3 months after I purchased him he had chronic diarrhea (weeks) that turned in to an impaction colic and the diarrhea resolved after the colic. Last fall he had some minor surgery at a vet school and was on 1 g bute bid. I don’t remember for how long, I suspect no longer than 3 days. He quickly developed diarrhea. I wondered if it was from the stress and gave him ulcergard. The diarrhea resolved quickly. A few weeks ago he banged a knee and I gave him 1g bute in the evening and by morning he had begun to have soft manure. 1 g in the evening and diarrhea. Started on Ulcergard and gave 1 more gram bute and the diarrhea was gone within 2 days... Any Ideas what is going on? My field vet just said no more NSAIDS, period. Could he really be so sensitive? What will I do?

Dr Vaala: Glenda: Some horses are more sensitive to phenylbutazone than others. The original bout of chronic diarrhea could have been due to number of causes including small strongles, bacterial infection, as well as drug-induced. Diarrhea following phenylbutazone administration may be due to gastric ulcers or colonic ulcers. A few diagnostic tests may help determine the cause. Scoping the stomach will quickly determine if gastric ulcers are a problem and if gastrogard / ulcergrad are indicated. Measuring total protein and albumin in the blood will help determine if colonic ulcers are a problem. Ultrasound can also be used to measure the thickness of the right dorsal colon which is often thickened in cases of NSAID-induced right dorsal colitis. If your horse is unusually sensitive to phenylbutazone you might try Equioxx as an alternative.

Comment From Spode: Thank you very much. That response was very helpful and I will discuss it with my vet!
Comment From Kris: can ulcers cause chronic back pain in a horse?

Dr Vaala: Kris: Gastric ulcers can not cause back pain, but a horse may change his posture due to stomach pain and may be reluctant to perform as readily. This could be mistaken for back pain.

Comment From Glenda: Thank you, I really couldn’t believe that it would effect him so fast. He shows no other symptom of RDC and has only had bute those 2 times, with banamine during the colic..He has had a complete round of ulcergard with maintinance doses as needed....Thanks again.

Comment From Guest: Wich is the most sored part in laminitis and what can i do to provide analgesia?

Dr. Bidwell: Laminitis is inflammation of the soft tissue holding the hoof capsule to the foot. Unfortunately, horses have to continue standing on the part of their body that hurts the most. Cold hosing the feet has been a traditional method of decreasing the inflammation and minimizing pain - this is useful for the early period after the initial injury (24-48 hours). Long-term care involves dealing with the rotational changes in the foot capsule from the loss of soft tissue support of the coffin bone. This is usually achieved with bute or Banamine plus gabapentin or local anesthetics. Also, the farrier is extremely important in the post injury process. Work with your veterinarian and farrier to find a comfortable place for your horse.

Comment From Claire: What is your opinion on injecting the Navicular Bursa for Navicular horses along with the advantages and disadvantages?

Dr Peters: I do not prefer to do multiple or repeat injections into the bursa. They can be very effective in alleviating the pain associated with the navicular region but can also cause some problems depending on the specific technique utilized. If the full extent of the cause of the navicular pain is not known, then the injections may be only symptomatically useful and the area overused leading to further damage and ultimately worsening of the disease.

Comment From Kris: Thank you Dr Vaala. I have a gelding that I have not been able to ride in 3 years due to chronic back pain. He had a chiro treatment yesterday and the clinician suggested that he be checked for ulcers since he is not responding well to spinal manipulation, massage, acupuncture.... frustrating.

TheHorse.com: That’s all the time we have for today’s Webinar. Thanks for joining us! If you have suggestions for future topics or any feedback for us, please email us at THWebinars@TheHorse.com. Don't forget, this Webinar will be archived for later viewing, along with a transcript from this chat, at www.TheHorse.com/Video.aspx?vID=531.

TheHorse.com: We will definitely consider doing this one again. Thank you all for your time and attention!