



Ark Vet Centre

Equine Newsletter



❄️ January 2024 ❄️

Welcome to the January newsletter, following on from last months newsletter on winter laminitis we will be discussing Equine Metabolic Syndrome in this months newsletter as now is the time to be thinking about getting weight off or watching your horses diet before spring/summer.

Equine Metabolic Syndrome (EMS)

All horses and ponies are at risk of EMS, however it's most commonly seen in overweight equines. It is a condition similar to type 2 diabetes in people.

EMS is characterized by a combination of three key features:

- **Insulin dysregulation**—horses become insulin resistant meaning glucose is not broken down correctly which in turn drives more insulin production. This leads to excessive insulin levels in the blood and glucose not getting broken down therefore driving the risk of laminitis.
- **Being overweight or regional abnormal fat deposits**
- **Increased risk of laminitis**

Clinical signs of EMS

The development of abnormal fat deposits (sometimes described as pockets/bulges/pads) usually seen around the crest, behind the shoulder, the hind quarters (especially at the tail head) and above the eyes, is one of the most common signs of EMS. Other signs can include:

- Difficulty losing weight
- Recurring episodes of acute laminitis
- Increased drinking and urination
- Lethargy (lack of energy)

Diagnosis

EMS can easily be diagnosed on a blood sample where we look for high levels of insulin. If we are presented with an overweight laminitic we will usually recommend a screen for EMS. Occasionally further testing may be required to confirm a diagnosis.



Treatment

The mainstay of treatment is **diet** and **exercise**. There are also some medications we may recommend in certain cases. Committing to a strict diet, with a reduced calorie intake is important from the outset followed by exercise as much as possible. In horses that are diagnosed during a laminitic bout obviously exercise may not be possible initially so these are the cases where we may opt to prescribe medication. We also may opt to use medication in horses that get recurrent bouts of laminitis when all management changes have been put in place but they are still getting laminitis.

Medications

There are a couple of different medications that we have recently been using to treat EMS. Metformin used to be used a lot however they required a large number of tablets and it didn't always work that effectively. A new drug has recently been trialled and found to be effective in the treatment of EMS. Ertugliflozin or 'steglatro' is a medication used in the treatment of type 2 diabetes in humans and aids break down of glucose. This in turn can assist in weight loss and better management of laminitis. For some horses this has been a life changing drug, however it should only be used alongside diet and exercise and should not be relied upon as the sole treatment. It is also expensive so sometimes we will only use it for short term to get them over a laminitic bout and then continue with diet and exercise long term.



New Vaccination Rules

We just wanted to give a brief reminder about the new vaccination rules for 2024. Some organisations have switched to the new rules and others are yet to make announcements so going forward we will be advising the following:

All horses and ponies receiving a **new primary course** of vaccinations from 1 January 2024 must be vaccinated according to this schedule:



1st vaccination

21-60 days

2nd vaccination

150-180 days

3rd vaccination.



Usually then a booster 12 months later.

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