



LIPHOOK
EQUINE HOSPITAL

Gastric Ulcers

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).



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Gastric Ulcers

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 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. In extreme circumstances the condition develops to such an extent that perforation of the stomach can occur, and this can be fatal. Such fatalities most commonly occur in foals, rather than adult horses.

Which horses are prone to gastric ulcers?

Any equine can be affected by this disease - recent 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.

How do gastric ulcers 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.

What factors increase the risk of my horse having gastric ulcers?

Severe gastric ulceration may develop in the absence of risk factors, but the following have been identified as increasing the risk of your horse having gastric ulcers:

- **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, such as *bute*, *danilon* and *finadyne*, may inhibit production of the stomach's protective mucus layer within the stomach and thus increase the risk of gastric ulceration
- Newborn **foals** are particularly 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



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What clinical signs might my horse show if it has gastric ulcers?

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

How are gastric ulcers diagnosed?

We use a 3m long narrow flexible video **gastroscope** camera which is passed up the sedated horse's nose and into their stomach via their oesophagus. This is a relatively simple and painless procedure which is generally well tolerated in a sedated horse. The horse must have been fasted over night prior to the examination to ensure no food material obscures our vision (no food for 14-16 hours and no water for 4 hours).

How can I treat my horse's gastric ulcers?

Treatment of this common condition involves both **drug medication and crucially long term management** changes or EGUS will return:

- **Omeprazole**, *Gastrogard*, is an acid inhibitor and is the only licensed treatment for EGUS in the UK. It is given once daily into the mouth like a wormer
- Free, **continual access** to grass or hay
- Frequent feeding to help buffer the acid in the stomach
- Feed a **low concentrate** diet of <0.5Kg/100Kg bodyweight at intervals of no less than 6 hours, up to a limit of 2Kg per horse per day
- Use preventative treatment, with *Gastrogard*, during periods of stress
- Although there are a number of dietary supplements on the market there is little scientific support for their efficacy



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It is important that your horse is re-gastroscooped to ensure that the ulcers are healing with the changes you have made to your horse's lifestyle and the treatment protocol that you are using.

If you are concerned that your horse may be affected by EGUS then contact your vet for further advice as it is a common condition that can be affectively treated using drug medication and by making some management changes. Following treatment most horses show an improvement in performance, temperament, appetite and condition.



Gastroscopy can be performed on your yard, but there are occasions when visibility is poor and it needs to be repeated in a few hours so most clients prefer to leave the horse at the hospital for 24 hours.



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