

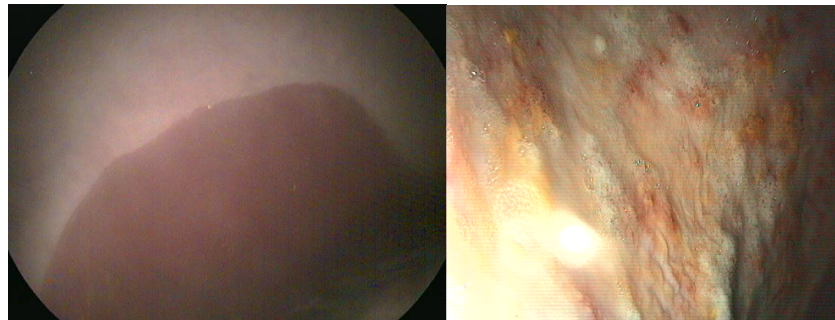


EQUINE GASTRIC ULCERS

Introduction

Gastric ulcers (Equine Gastric Ulcer Syndrome (EGUS)) are erosions to the lining of a horse's stomach which can cause a variety of problems. They are more common amongst high performance/racehorses but they can affect any breed or type.

Historically we used to classify all stomach ulcers under the term EGUS, however more recent research has divided ulcers into two separate conditions: **equine gastric squamous disease** which affects the squamous (upper) portion of the stomach and **equine gastric glandular disease** which affects the glandular (lower) part of the stomach.



Normal stomach (L) compared with squamous disease (R)

Causes

- **Dietary** - high concentrate diets/low forage/infrequent feeding.
- **Stress** – the stress of frequent transportation, stabling, and pain (e.g. lameness) have all been shown to be a risk factor in ulcer development.
- **Exercise** – high intensity training and exercise on an empty stomach have also been shown as risk factors, with up to 58-100% performance horses in work having evidence of ulceration.

Clinical Signs

Affected horses can show a variety of (sometimes subtle) clinical signs. The characteristic clinical signs we have historically associated with ulcers are not as useful as we once thought in determining their presence.

Some of the signs we commonly see in horses that have ulcers include:

- Behaviour changes including adverse reactions to being girthed/ridden
- Poor appetite/weight loss
- Poor performance
- Recurrent colic



Diagnosis

The only way to definitively diagnosis gastric ulcers is by **gastroscopy**. This involves sedating your horse to pass a 3m long scope via the nostril into the stomach to allow visual assessment of the lining. This allows us to confirm if any ulcers are present and, if so, where and to what extent.

In order to see the stomach lining during this procedure your horse needs to be starved for at least 12 hours prior to the scope. The best way to achieve this is to stable the horse overnight with no food and remove their water early in the morning, then perform the scope as the first appointment of the day. We have found that some horses do like to eat their bed, even shavings, so these horses will require a muzzle overnight.

If you have adequate facilities for starving your horse then the scope can be performed at your yard, but if this presents problems you have the option of bringing your horse in to the hospital the day before and leaving them with us overnight, prior to us scoping the following morning.



Treatment

Treatment of gastric ulcers varies depending on the nature of the condition, which is why gastroscopy is so important. We will recommend an appropriate treatment course based on our findings. The most common therapy is omeprazole, which can be given orally or by injection; in some situations other medication may be recommended. Management of any causal factors is also important to prevent recurrence.

Prevention

There are a number of things you can do to help prevent your horse developing gastric ulcers in the first place, these can include:

- Access to high quality ad lib forage - ideally turnout
- 24hour access to water
- Split hard feeds – two smaller feeds better than one large one
- Alfalfa meal prior to riding – 2 litres (= one stubbs scoop) given within 30min
- Oil can aid in healing of glandular ulcers
- Supplements – there have been a few studies which have shown some supplements can aid in ulcer prevention and management but these shouldn't be relied upon alone. If you would like to know whether there is any published data on a specific supplement please speak to one of us.

For more information about our gastroscopy service, please get in touch.