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When considering the geriatric horse one of the major difficulties is deciding at what age a horse becomes ‘old’. Many studies use demographic old age which is the point at which there is less than 75% survivorship of the general population. In the horse this is estimated to be 15 years old.

A recent survey conducted in the North West and Midlands showed that 29% of the horse population was estimated to be 15 years equating to some 300,000 horses in the UK. This figure is higher than previous surveys reflecting improved husbandry, nutrition, farriery, dentistry and veterinary care available to the older horse.

The same survey revealed that whilst one-quarter of these older horses were retired companions, the majority were still at work on all levels from light hacking through to competition. An American report showed 38% of horse owners considered their animal to be a family member and this strong owner–pet bond is reflected in increased financial investment particularly in veterinary care. With referral rates for the old horse having increased at least 6-fold in recent years it is highly important to be aware of the specific needs of the geriatric patient.

Common reasons for veterinary referral of the aged horse include colic, dental disease, neoplasia, lameness and pituitary disease (Equine Cushing’s Disease - ECD). Colic in the older horse is more likely to be serious and require surgery than in the younger adult horse. Small intestinal lesions such as strangulating pedunculated lipomas feature heavily. However a recent study demonstrated older horses were just as likely to survive such surgery as younger animals and age was not deemed to effect prognosis until at least mid-20s. Geriatric horses treated medically for colic were 3 times more likely to be subjected to euthanasia if their condition deteriorated compared to younger animals where surgery was more likely to be requested. Neoplasia is seen more frequently in the older equine even when pituitary and thyroid adenomas are discounted from studies. Older geldings are at risk of squamous cell carcinoma of the external genitalia and melanomas are found in the aged grey horse.

Hospitalisation of the older horse brings several unique problems. Dental disease can go unnoticed by owners when the horse is kept out at pasture and may only be observed in the hospitalised horse fed on forage. Dental disease predisposes the older horse to colic from impactions or recurrent episodes of oesophageal obstruction (choke) requiring urgent veterinary intervention. Signs such as quidding of forage, chewing on one side, halitosis or wet faeces can indicate a dental examination and specialist feeding is required.

Many aged horses suffer with osteoarthritis especially of the hocks and pasterns and whilst they remain comfortable at pasture, extended box rest can provoke stiffness and filling of the distal limbs. Loss of weight and muscle tone with age can lead to intermittent locking of the patella when stabled and the horse may be more likely to get cast. Rubber matting, deep bedding and good stable management will help prevent injury and pressure sores. Additional studies reveal that the type of bedding and stable size can affect the amount of time a horse will spend in lateral recumbency which is deemed necessary for paradoxical sleep, full relaxation of postural muscles and recuperation.

Immunosuppression is well documented in the geriatric horse especially where ECD is present and post operative care should take account of this. The older patient can show reduced response to vaccination, delayed wound healing, increased susceptibility to parasitism and would be highly vulnerable to nosocomial infection within a hospital. There is a high prevalence of recurrent airway obstruction (heaves) in the older horse after a lifetime of exposure to pathogens and allergens. Many of the changes become irreversible with time leading to fibrosis and mineralisation within the lungs. Extra diligence with stable hygiene and feeding is required to prevent deterioration.

When caring for the patient with ECD the thick hirsute coat and endocrine imbalance limits their ability to thermoregulate and increased sweating is seen. Affected horses may drink 80 or more litres of water a day and produce just as much urine. They are very prone to laminitis and generalised immunosuppression is often seen in the form of conjunctivitis, skin and respiratory disease. Anti-oxidants, electrolytes and a low sugar diet are useful in caring for these patients. Regular baths and clipping out the heavy coat can also make them feel more comfortable.

The geriatric patient may have underlying liver or kidney disease running concurrently with their real reason for hospital referral. Routine blood samples are very helpful upon admission and can affect the choice of which antibiotics and anti-inflammatories are used and whether or not general anaesthesia is performed.

Further reading