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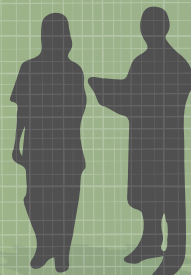
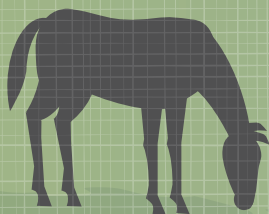
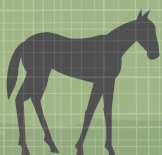
Championing the Equine Vet



60th



Handbook of Presentations



15.05

Should wormers be POM-V only, an update

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When surveyed at the end of 2021, 90% of BEVA members from the UK felt that reclassifying anthelmintics as POM-V would reduce the use of anthelmintics and delay the development of resistance.

For the past two decades, equine healthcare providers have been encouraging horse-keepers to move away from routine use of anthelmintics at calendar-based intervals toward a diagnostic-led approach. However, the increasing prevalence of anthelmintic resistance would suggest that change has not been fast enough and there are now genuine fears that equine welfare and the viability of equine businesses will be compromised by untreatable endoparasitic disease. Rates of horse-keeper engagement with diagnostic-led parasite control appear relatively low [1,2] and sales of anthelmintics have not diminished significantly in the UK [3]. Furthermore, premises that have the highest stocking densities and present the greatest risk for anthelmintic resistance are least likely to adopt diagnostic-led approaches [4] and there remains an overdependence on the newest class of equine anthelmintics, the macrocyclic lactones [1,2,4,5]. A review of factors that motivate human behaviour change highlights why efforts to date have had limited impact and provides insight into the measures that need to be implemented if meaningful reductions in anthelmintic use are to be achieved [6].

If we are serious about averting a welfare crisis associated with anthelmintic resistance, then we have to find means of reducing the use of anthelmintics, and one clear pathway to achieving this is by adding greater 'friction' to the process of acquiring them. A diagnostic-led approach will never be easier than purchasing anthelmintics, therefore an audited framework is required to ensure that anthelmintics can only be purchased and used where there is demonstrable need. If such measures were supported with clear information and consistent messaging, simple and cost-effective diagnostics, and the promotion of diagnostic-led approaches as a normal part of responsible ownership, meaningful change should result.

Restriction of access through prescribing is an approach currently used across various European countries, where anthelmintics can only be bought on prescription [7]. Earlier this year, Ireland announced a reclassification of anthelmintics. Most notably, Denmark has achieved a high level of uptake of diagnostic-led approaches and more than halved its use of anthelmintics through a requirement for diagnostic testing results and veterinary prescription prior to the sale of anthelmintics [7]. Importantly, the legislation has been supported by clear and unified messaging around the issues of anthelmintic use and resistance, and there have been high levels of veterinary engagement in performing diagnostic testing, in order to provide a clear set of actions that owners should take with the support of their vet.

Anthelmintics lost their POM-V status in 2005 to increase availability and competition in response to a perception that sale through veterinary practices was artificially elevating prices. Since 2005 the landscape of anthelmintic use has completely changed. Anthelmintic resistance is now ubiquitous and there is evidence of ecotoxic effects of some equine anthelmintics. There is consensus that anthelmintic use needs to be reduced

and that these medicines should only be used within herd health plans that have diagnostics at their core. There is an acceptance that we should not be using anthelmintics routinely and should not be seeking to eliminate parasites. The use of anthelmintics is therefore far more complicated and the framework within which anthelmintics can be dispensed needs to reflect this. Since 2005, further diagnostics have become available that allow assessment of parasite burdens such that the need for anthelmintics can be better established and routine use reduced. Serological tests require blood testing and veterinary interpretation of the results. Only veterinary surgeons have the prerequisite training and legal status to be able to integrate diagnostic testing results into health plans.

The prescribing of anthelmintics becomes more complex as resistance becomes more common. Some products are no longer effective when used in accordance with their registration and the necessity to use anthelmintics 'off label' is increasing. SQPs are not (and should not) be at liberty to prescribe 'off label', necessitating veterinary involvement in prescribing where resistance has been demonstrated. The withdrawal of a praziquantel-only product has resulted in the use of an extemporaneous preparation by veterinary surgeons to reduce selection pressure; SQPs are unable to prescribe such products which necessitates their prescribing of combined products contrary to best practice. Therefore only veterinary surgeons can implement plans that consider all possible options for optimal parasite control.

SQPs are not equipped with clinical record keeping systems that are a prerequisite when integrating diagnostic and clinical data across groups of horses and over time. While SQPs do not have the prerequisite skills or legal status to be performing diagnostic tests of developing health plans, research has shown that they have a good understanding of the storage and use of medicines [8]. The SQP network therefore provides a valuable means of supplying medicines to the user and providing advice on the specifics of product storage and use as a follow-up to the development of a veterinary-led parasite control programme.

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