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Managing COPD



Veterinary surgeon Liz O'Flynn examines the best management options for horses with COPD

PART 2

IS IT POSSIBLE TO MEDICALLY PREVENT THE OCCURRENCE OF COPD IN A HORSE?

Yes, it can be prevented though this may be more difficult in more susceptible horses and in those that have had repeated bouts of the condition. Where these horses may be due to compete in a major race or competition, the veterinary surgeon may decide to prescribe drugs to help in the prevention of COPD during these periods which may be critical to the horse's career.

IS COPD HEREDITARY?

Yes. Again as in the case of asthma in humans, COPD has a high heritability factor. For this reason it is not advisable to breed from a "broken winded" stallion or mare.

SHOULD A HORSE WITH COPD BE EXERCISED?

In mild cases, a certain amount of exercise is beneficial mainly to keep the lungs and airways open. However, if the horse develops a severe bout of coughing during exercise, the horse should be allowed to stand or walk to regain its "breath".

Horses with severe COPD should not be exercised.

IS COPD CONTAGIOUS?

No. The condition is not passed on from one horse to another.

AT WHAT AGE IS COPD LIKELY TO DEVELOP?

It can develop at any age but is more commonly seen in adult horses. Some horses appear to become sensitised after a bout of "flu". COPD is common in countries with cold climates, where horses are kept in barns for prolonged periods of time and hay fed. It is less commonly apparent in warm, dry climates where horses may be kept outside for most of the year. COPD may cause the premature end to a horse's athletic career.

DOES A HORSE WITH COPD CONTINUE TO BE SUBJECT TO RECURRENCE OF THE CONDITION FOR ITS LIFETIME?

Unlike asthma in humans, where the seven-year cycle occurs and is known to relieve the condition in many children who suffer from asthma, horses are less fortunate in this area.

Though some horses do appear to become desensitised and cured of the condition, this is most likely to be attributable to improved management.

WHAT MANAGEMENT RECOMMENDATIONS ARE ADVISED FOR COPD?

► **Feed:** Ensure that feed is as dust-free as possible

► **Concentrates:** Most of the proprietary branded horse nuts and coarse ration are reasonably dust-free. They are unlikely to carry fungal spores if used when fresh and in date. Some feeds have molasses mixed through them which helps to reduce the dust risks.

It is advised that other concentrates such as oats, should be moistened before feeding.

It is important to ensure that the feed bowl is routinely cleaned out thoroughly prior to the subsequent feed being put in place.

► **Forage:** As previously mentioned, it is advisable to use dust-free alternatives e.g. haylage, horsehage, etc., but they should be used within 3-4 days of opening the bale. Forage testing for the presence of spores/allergens, is sometimes carried out where there is a specific concern in this area.

If hay is used, it should be of the best possible quality available. The incidence of COPD is predictably higher when hay quality is of a lower quality/dusty type. Soaking of the hay for at least six hours helps to reduce the dust/spore levels but this has its limitations in the case of poor quality hay.

► **Storage of Hay:** Hay and straw should not be stored in the same area as the stables. In older yard design, hay was traditionally stored in a loft above the horse's stables and fed down through trapdoors in the loft floor into the hayracks in the stables.

This system is likely to trigger sensitisation of horses' respiratory systems resulting in COPD.

Also in the American Barn system of stabling, it is important not to store hay and straw within the barn.

► **Manure storage:** This should be as far away from the barn as possible. Stables should be mucked out while horses are exercised to allow the agitated spores from the bedding to settle down.

► **Bedding:** Do not use straw. Use dust-extracted shavings or rubber matting. Shredded paper may also be used but is not ideal as spores will multiply in this medium when it becomes wet.

► **Grooming:** This should preferably be done outdoors. Prior to grooming, place the horse to ensure that it is facing the



Outdoor COPD or PAPD is often seen where horses are grazing in the vicinity of oilseed rape

wind to avoid brushing dust and spores in the direction of the nostrils.

► **Type of stables:** A basic requirement in any stable is good ventilation. Avoid a low roof. It should allow good circulation of air and adequate air changes at the overhead level of the stable.

This is achieved by placing the air inlets and outlets high up and at the same level.

The side walls between adjoining stables should extend upwards to the roof thereby forming a complete separation between them. In this way, where a horse is bedded on straw, the spores from this bedding will not affect a sensitised horse in an adjoining stable through sharing the same air space.

SHOULD TOP DOORS OF STABLES BE LEFT OPEN?

Yes. They should always be left open to allow the horse adequate supplies of clean air.

► **Travelling:** Horses can come in contact with spores when travelling or when stabled at racetracks or equestrian events, etc., Avoid having hay in the box while travelling.

If stabled at a racetrack or at an equestrian event, it is advisable to bring your own bedding and forage.

WHAT IS PAPD? - IS IT ASSOCIATED WITH COPD?

PAPD is Pasture Associated Pulmonary Disease, sometimes referred to as SPOPD - Summer Pasture Obstructive Pulmonary Disease.

It is not common in horses but where it occurs, it is usually seen where horses are grazing in the vicinity of fields of oilseed rape.

WHAT CAUSES PAPD?

These horses have no exposure to fungal spores or mould but it is thought to be an allergic reaction triggered off by a high pollen count, as can occur in humans with asthma.

WHAT ARE THE SYMPTOMS?

The signs and symptoms are identical to those seen in COPD.

WHAT IS THE RECOMMENDED TREATMENT AND MANAGEMENT FOR PAPD?

Where the condition is associated with proximity to a field of oilseed rape, move

the animal from the offending area near the vicinity.

As in COPD, treatment and management are based on maintaining a dust-free environment for the horse.

Injections or oral treatment may be used to alleviate the symptoms, e.g. anti-inflammatories - cortisone, bronchodilators-Ventipulmin etc.

The symptoms of PAPD may diminish when the pollen count in the air is reduced.

CAN PAPD BECOME CHRONIC?

No. As in pollen-initiated asthma in humans, it appears to occur on a seasonal basis when the pollen count is higher.



It is less commonly apparent in warm, dry climates where horses may be kept outside for most of the year

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