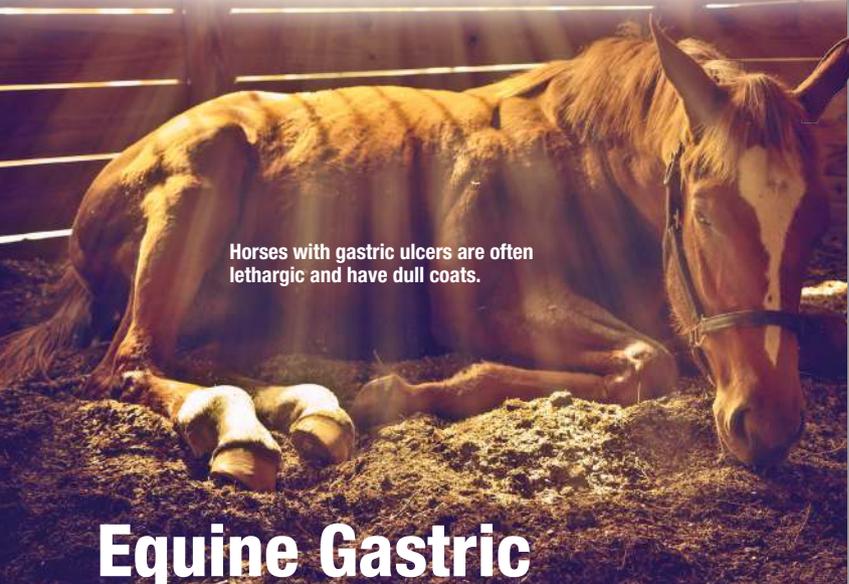


AT A GLANCE

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Horses with gastric ulcers are often lethargic and have dull coats.

Equine Gastric ULCERS

By Michelle Anderson, *The Horse* Digital Managing Editor
Reviewed by Frank Andrews, DVM, MS, Dipl. ACVIM,
Louisiana State University

Equine gastric ulcer syndrome (EGUS) is a painful and common condition in horses. In fact, an estimated **50-90%** of horses suffer from gastric ulcers, with performance and racehorses being most susceptible.

In athletic horses, EGUS can cause **decreased performance** and a **reluctance to train**. Other clinical signs include:

- **Dull coat;**
- **Lethargy**, or lying down more frequently than usual;
- **Loose stool;**
- **Inappetence** and poor body condition; and
- **Low-grade colic.**

An ULCER is an open sore on an external or internal body surface, caused by a break in the covering or (squamous) mucous membrane that fails to heal.

Gastric ulcers can also cause a variety of behavioral issues and stereotypies.

Horses with EGUS often exhibit signs of stress at feeding time or become “cinchy,” flinching, pinning their ears, grinding their teeth, or stomping their feet during girthing. Research has also shown that cribbers might be more likely to have EGUS.



Discomfort during saddling

DUSTY PERIN

WARNING!
In foals, EGUS can potentially lead to catastrophic rupture of the ulcerated stomach.

More than **50%** of foals suffer from EGUS, and foal-specific clinical signs include:

- **Intermittent colic**, usually after suckling or eating;
- **Lying on their backs frequently;**
- **Intermittent nursing;**
- **Diarrhea** or history of diarrhea;



Sick foal

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- **Poor appetite;**
- **Teeth grinding;** and
- **Excessive salivation.**

Veterinarians can make a presumptive EGUS diagnosis based on clinical signs and response to treatment; however, definitive diagnosis can only be done by endoscopic examination.



COURTESY DANNY HOLBROOK

A horse's stomach is essentially divided into two “halves.”

The top half has a skinlike lining (squamous cells), while the bottom has glandular cells that produce hydrochloric acid and mucus to help protect the stomach lining from the acidic pH.



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The **EQUINE STOMACH** is small and produces hydrochloric acid continually to aid in food digestion (unlike humans, on the other hand, who produce hydrochloric acid only when food is present). This design is perfect for the perpetual grazer, which is how horses evolved, but not for horses fed concentrate diets only a few times a day. When horses are fed infrequently, acid is produced in the stomach between meals and can splash up and damage the upper part of the stomach, causing ulcers.

Drug treatment can include antacids, ranitidine and cimetidine, or omeprazole.

Other factors thought to contribute to EGUS include:

- Feeding high-starch diets that increase acid production in the stomach;
- Strenuous training regimens;
- Stall confinement/lack of movement;
- Medications such as non-steroidal anti-inflammatory drugs (NSAIDs, such as phenylbutazone or flunixin meglumine);
- Stress related to lifestyle or transport; and
- Severe illness



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The stress of training, competing, and traveling, combined with concentrate diets, put horses at risk for equine gastric ulcer syndrome.

THE GOALS of treating horses with ulcers are twofold:

1

Maintain a pH level greater than 4 (to make the stomach less acidic and less damaging to the lining); and

2

Coat the ulcer with an acid-resisting agent.

Management Tips!

Management plays an important role in controlling EGUS:

- Feed a forage-first diet;
- Offer calcium-rich alfalfa (which can buffer stomach acid), especially prior to exercise;
- Offer ample turnout, preferably with continuous pasture access;
- Use a slow feeder or net for hay, or divide hay into four to six meals a day;
- Reduce or eliminate concentrate feeds or grains in the diet; and
- Use NSAIDs judiciously.

Several oral supplements containing herbs and other nonmedicinal ingredients are marketed to support horses with EGUS but have varying levels of research behind them. Your veterinarian and equine nutritionist are your best resources for treating, managing, and feeding a horse with EGUS.

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