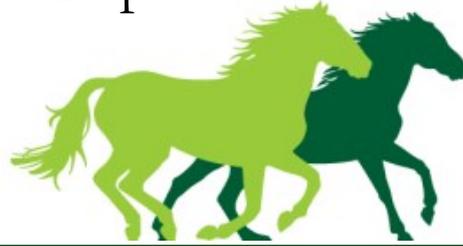


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# Damory Veterinary Clinic Equine Department



## Managing Chronic Arthritis

### What is arthritis?

*Arthritis* is inflammation of one or more joints. *Acute arthritis* is a term used for sudden onset inflammation which is commonly triggered by trauma such as a fall. A fetlock joint sprain is a simple case of acute arthritis.

*Chronic arthritis* refers to inflammation that persists for longer. A common example of this is degenerative joint disease (DJD) which is the result of wear and tear on the joints as a horse ages. Horses that have led a more active life (eg. competition and race horses) will have more 'miles on the clock' and suffer from DJD at an earlier age. Other factors such as poor conformation and abnormally formed cartilage (eg. OCD) will also predispose to DJD.

### What should I look out for?

Look for any signs of lameness. Often these can be subtle in the early stages but here are some examples to look out for:

- Resentment to having a leg held up when being shod
- Lameness after very hard work
- Pottery gait in front feet
- Poor jumping performance
- Stiff in cold or wet weather



It is often hard to spot other signs such as joint swelling, but joints such as the carpi (front knees) will show restricted range of movement (see opposite).

### What can I do without using drugs?

In the early stages when the signs are mild (eg. slightly stiff coming out of the box), DJD may be helped using one of the remedies listed below.

- Marine fish oil such as cod liver oil is high in beneficial omega-3 fatty acids
- Apple cider vinegar has been used with some success
- Increase the depth of comfortable bedding
- Regular shorter hacks– No Sunday blasts!
- Focus on good farriery to prevent poor foot balance; X-rays can be useful to optimise trimming. As a horse gets less flexible it will find it easier to walk with shorter toes and stumble less.

## Should I call the vet?

We are always happy to speak to owners about mild cases and give advice. However if in doubt, and definitely if the horse is uncomfortable we should examine it. Various medications are available but we cannot dispense prescription medication (eg. bute) without first seeing the patient. In some cases a lameness investigation may be required to confirm that arthritis is the cause of pain and rule out other problems.

## What medications are available to help?

### 1. Oral joint supplements

Products containing **glucosamine** (and preferably **chondroitin** as well) aim to reduce joint inflammation that already exists and prevents further damage. There is much debate about whether these oral products are absorbed from the gut and how effective they are. We find that many horses benefit from a oral joint supplement in the early stages of DJD and it can help reduce the amount of 'bute' a horse needs later in the disease.

There is a huge range of products available but we recommend either **Newmarket Joint Supplement** or **Synequin**, both of which are available from the surgery. The benefit may not be observed for 2 months and some horses respond well to one product but not another.

### 2. Cartrophen and Adequan

These are drugs similar in many ways to the oral joint supplements but are given by intra-muscular injection and reduce a number of inflammatory conditions including arthritis. Both drugs require a course of injections and depending on how severe the arthritis a booster every 6 to 12 months.

### 3. Bisphosphonates

Drugs such as *Equidronate* and *Osphos* have been used with success to manage DJD of the hocks (bone spavin) and navicular disease. They work as anti-inflammatories by altering the activity of bone cells and help to reverse destructive damage.

### 4. Non-steroidal anti-inflammatories

This class of drug includes phenylbutazone ('bute') which is related to aspirin and ibuprofen. Bute is a potent pain-killer and a mild anti-inflammatory. It is usually used in more advanced DJD when oral joint supplements are less effective and more pain relief is required. Generally bute is very well tolerated but very high doses can contribute to stomach ulcers. A form of bute is available that reduces the potential for stomach ulcers. Overall the benefit of bute greatly outweighs the small risk of problems.

### 5. Direct joint injection

In cases where an individual joint suffers from DJD (eg. underlying cartilage problem such as OCD) injecting corticosteroids and/or hyaluronic acid (HA) can be an effective way to manage the inflammation. Both drugs mentioned are not pain-killers but anti-inflammatories. There is an increased potential to induce laminitis with some corticosteroids and strict sterility is required during the injection process.