

# Merck Health Matters

## Geriatric Video Transcript

**M** My name is Lois Toll. I am an ambulatory vet at Littleton Equine Medical Center. I started practicing there in 1992 as an intern, and I stayed.

### **TOP 3 ISSUES FACING OLDER HORSES**

I think that the top three issues that face older horses and their owners are: feeding and dental would be one; joint maintenance would be second; and PPID or Cushing's would be the third.

### **WHEN DOES AN OLDER HORSE BECOME "GERIATRIC"?**

Probably one of the biggest question that you have to deal with with owners is how you decide when your horse is old. Sometimes you can do that chronologically. The formula for horses after the age of 5 is to multiply age by three. Dog years are seven and horse years are three. If you have a 20-year-old horse, it is the equivalent of a 60-year-old person. Then they can decide what it is they think is reasonable for a 60-year-old person to do. And that sometimes will help you get your point across.

We talk about older horses being older when we do physical exams and they are losing weight. An older horse will start to have dental issues. It will start losing teeth and having an uneven wear pattern. And you have to be more diligent about floating them.

Sometimes floating is not enough, and you need to alter their diet. Lots of horses get by just fine with hay, but sometimes you have to supplement them with some different senior feeds... pelleted feeds.

I used to say that a horse would live as long as their teeth lasted. Now I feel like because there have been such strides in the food that is available that is not always the limiting factor.

I have people who believe that because their horse is over 15 that they need to put them on a senior feed because in their minds they are older. I feel if their teeth are adequate, there is no reason to feed them like they are a senior horse.

The other thing that can start a conversation on an older horse is if we are doing some repeated lameness issues. As they get older, their joints are not as good and we have to do a lot more

maintenance that way. I frequently tell people it is like changing the oil in your car. If you want to drive it 250,000 miles you are going to have to be diligent about changing the oil in your car. And you cannot start at 150,000 miles.

The other thing that can make a horse be an older horse as opposed to a younger horse is when they develop PPID or Cushing's. That may be the real step into geriatrics. They say it's not if a horse will get a pituitary tumor, it's when a horse gets a pituitary tumor.

When I talk to clients about Cushing's, I am careful to tell them that there is such a lot of research that's going on in the field that by the time I see them in six months the conversation will probably change because there is that much new information that is out there. There are drugs that can help us manage those horses and improve the quality of their lives significantly. That's an important thing to keep up with for those horses.

And it will start on some those horses before they are showing the signs of hirsutism, which is what we classically relate to that. But if you can, avoid all of the other side effects of having a pituitary tumor—that would be weight loss and repeated infections and the big one is laminitis. We talk about that with older horse people a lot.

### **PREVENTATIVE HEALTHCARE FOR THE GERIATRIC HORSE**

I think that preventative healthcare is really important in an older horse, just like it is important in an older person. Just because they are older doesn't mean that they don't need to be vaccinated and they don't need to be dewormed. Their immune system is slowly being compromised as they go along. We need to give them as much help as we can. And I'm very careful to be sure that they are vaccinated.

If I'm having a horse that is having a strong reaction to something, I'll use an intranasal vaccine. I'm very careful about deworming these horses also.

I keep my older patients on the same schedule as I keep my younger patients on. I find that people feel like they've probably vaccinated them enough that we don't need to keep helping their immune systems, but that's not the case.

I do not vaccinate them any more frequently than I do younger horses, I'm just careful not to skip them.

## **SIGNS OF FAILING HEALTH IN AN OLDER HORSE**

The signs that I look for in an older horse to worry about whether their health is declining is the first glance at them: Are they losing weight? Is their topline sinking? Are they part of the herd?

A lot of those things go hand-in-hand, and that takes us right back to whether they have the pituitary tumor.

There's time when those horses they will eat more slowly because their teeth bother them. And if they are in a herd situation, you may need to adjust where they are because they might not be getting their fair share because someone is eating faster or pushing them off. Under those circumstances, then I make sure that they eat without competition and get what they are served.

The older horses also occasionally will be prone to infection. If I'm treating a horse for abscesses, or coughs, or snotty noses or something like that repeatedly, then we look to modify their living arrangements and we'll check to see whether or not they are PPID.

When you are dealing with horses that have PPID, there is a lot of overlap with metabolic horses. And it's really important as you are looking at those horses that you separate out whether it is Cushingoid, metabolic or both, because the literature has them all lumped together.

I'm regularly battling for calories with my Cushingoid patients because they restrict the calories for the metabolic horses, so as soon as someone thinks that's where they are, they stop feeding them anything with molasses in it. It's more important to look at their non-structural carbohydrate in the food than it is to look at the molasses because the flavor of the molasses will actually get them to eat their food.

So, when you are having conversations with people about that, it's really important to look at the non-structural carbohydrates because it is difficult to sort through that with what is in the literature today.

## **MIXED AGE POPULATIONS**

I think that having a mixed age population of horses can be a good thing for both young horses and old horses. I think that it's important to be sure that the old horse is getting enough to eat and that the young horse is not so annoying that the old horse has to put it in its place regularly. I think that they both benefit from being together.

But as soon as an older horse starts losing weight, they get to eat by themselves.

When I'm dealing with older horses, I think the horse that is most at risk is the second-oldest horse in the pasture. In the owner's mind, because there is one that is 28, the one that is 21 can't possibly be old. And the 21-year-old might be aging less gracefully than the 28-year-old, but it will frequently get overlooked because he has a pasturemate that is older.

So, it is your job as a veterinarian to make sure you don't lose sight of the fact that one may be a super horse and will live to be 40, and the other may be ordinary and will need more help.

## **COMMON DRUG OPTIONS FOR OLDER HORSES**

With some of my older horses, I think it is really handy for the people to have some different medications on hand to be able to help that horse along on a daily basis. I use a lot of aspirin for those horses. If they are creaky or it's a bad day, they have a little help. Most of my clients will have some banamine if its more serious, or some butazolidin. I usually limit how much they have so they can't get in trouble and I don't have to hear about how the horse has been getting bute for the last 30 days.

A lot of those horses will have pergolide for their PPID.

When I leave the pergolide for those people, I'm really careful to talk to them about how deleterious that is for a dog. You can kill a dog with pergolide, and people are a little casual about what happens in the barn sometimes. So, I'm careful to go over that with them.

Usually they've had the horse for 20 years, and I'm pretty sure I'm going to get a phone call, so I like for owners to have something to help them if they need it.

## **JOINT CARE**

I think that joint care is very important in an older horse. I think there is a rainbow of things that you can do that is generally dictated by the owner's budget.

I'm a big believer in some form of glucosamine. I have patients that are on oral glucosamine. I have them on injectable. I inject joints on older horses. I have horses on injectable HA. I think that the omega 3s help older horses a lot. Anything we can do to help a horse's joint, we have done it.

There is a point at which there is not any cartilage left to support, and for those horses we'll try some different form of anti-inflammatory. It's pretty much pick one. I'm a little judicious when I start injecting joints on younger horses because I have so many patients that I manage for 15 years, because none of my clients sell their horses. I start slow on that

because I know if I want to have something left to do with them when they are 20 or 25, I want to have a bullet left in my holster.

### **SPECIFIC NUTRITIONAL CONCERNS**

Sometimes as a horse gets older, you need to be aware of what you are feeding them because their intestines are less capable of absorbing things. Those are the horses that the senior feeds are geared toward because the feed is extruded and it's easier for it to be absorbed in their small intestine. It doesn't have to be all the way digested before it hits the part that absorbs it.

So, for those older horses, I think the senior feeds really help a lot.

If you've had a horse who has had their diet that's been limited for a while because it's fat, it may not be getting enough protein. And you need to make sure that it has the right amino acids in its diet to be able to build the muscle that it needs.

It's also important, especially with an older horse that hasn't done very much, that its micronutrients are right. I'm careful about supplementing those.

A lot of times if you are just feeding your horse plain grass hay, you are not hitting what you need with the micronutrients. That's probably true for older horses and younger horses, but it's amplified in the older horse.

### **MAINTAIN COMPETITIVENESS FOR AN OLDER EQUINE ATHLETE**

They say in the different rescue circles, that the average horse will have seven different job descriptions through its life. I think you can expect a horse to be athletic and useful if you keep using them. I think if you take a horse who is 20 and put him in the pasture for three or four years and get him out and expect him to perform like he was before, that's a recipe for disaster.

I start conversations on maintaining a horse for all of its life when my clients get their horses. I expect them to have them for all of their lives, which will be another 15-20 years. So, we talk about healthy joints. We manage healthy joints. We manage their weight and their feed.

I used to think that a horse would live as long as its teeth lasted, but now I feel like it's until they can't get up and down any more. That's the health of their joints.

So, we start all of those conversations before they are 25 so we aren't closing the barn door after the horse is gone. I go back to the car analogy for that. If you want to drive your car for 250,000 miles, then you will change the oil regularly when you

buy the car as opposed to deciding you want it at 150,000 miles and then start maintaining it.

So, I start early on all of that.

They all get vaccinated. They all get dewormed. We talk about nutrition with probably every visit that I go to with every horse I see.

*Editor's note: "Health Matters: To You, Your Clients, and Your Business," is a new section on [EquiManagement.com](http://EquiManagement.com) sponsored by Merck Animal Health where you can find this video as well as downloadable/printable infographics, client information documents and supporting materials on biosecurity, equine influenza, geriatric horses, immunology, parasites and other topics that will be covered in the months to come. This video topic was presented by Lois Toll, DVM, an ambulatory veterinarian with Littleton Equine Medical Center in Colorado. Make sure to check back on [EquiManagement.com/page/merck-health-matters](http://EquiManagement.com/page/merck-health-matters) often to see what new educational videos and supporting materials have been added.*