

D*i*agnosis + D*i*et/D*r*ugs + T*r*im + E*x*ercise

Effective Management of EMS (*Equine Metabolic Syndrome*) and PPID (*Cushing's Disease*)

DIAGNOSIS:

What your vet needs to know:

- Do not fast your horse before the blood draw. Have hay or pasture available. No grain
- No heavy exercise or trailering 48 hours prior to blood draw
- Draw blood in quiet barn

Request these tests: ACTH, Insulin, Glucose.

- Blood should be kept cool, then spun and separated within 2 hours (4 hours maximum, but not recommended)
- Freeze the plasma; freeze or chill the serum
- Send to Cornell (recommended) on ice by overnight courier

NOTE: Discount shipping labels are available through Cornell.

DIET AND DRUGS:

- EMS is managed with diet
- PPID is managed with pergolide (brand name Prascend®) or cabergoline

IF YOU ARE IN CRISIS, IMPLEMENT THE TEMPORARY EMERGENCY DIET.

TEMPORARY EMERGENCY DIET

(daily amounts for 1,000 lb. horse)

- 20 lbs grass hay (weighed dry), soaked for 30 minutes in hot water or 60 minutes in cold water. Drain the water where the horses can't get at it (full of sugar)
- 1 to 2 Tablespoons iodized salt
- 1 teaspoon magnesium oxide
- ¾ cup ground or stabilized flax
- 2,000 IU Vitamin E (must be in contact with an oil in order to be well absorbed)

BASIC NON-EMERGENCY DIET

- Grass hay at 2% of ideal body weight or 1.5% current weight, whichever is greater, with HC (hydrolyzable carbohydrates = ESC+ starch) less than 10%
- Minerals balanced to the hay (not difficult once your wrap your head around it)
- 1.5 oz per 500 lbs ground or stabilized flax
- 1 to 2 ounces iodized salt
- 2 IU per lb body weight Vitamin E (must be in contact with oil to be well absorbed)
- 100 mL Mad Barn W-3 Oil may be substituted for E and flax

No pasture, apples, carrots, sweet feeds, grains, or most bagged feeds (look for Safe Feeds list on our website)

TRIM:

- Trim should be balanced to internal structures of the hoof
- Short toe is essential. Long toes may look normal (because they are common), but long toes interfere with healing and can cause continued pain
- Ideally, laminitic horses should be trimmed at intervals of no more than every 4 weeks. Every 2 weeks is ideal at the beginning of the recovery stage

EXERCISE:

Exercise is the best insulin-buster available, but a laminitic horse should never be forced to move. Do not ride a laminitic horse, or lunge, or work one in a round-pen (no circles) for a minimum of 6 months after the laminitic episode has resolved. Twelve (12) months is a better interval to allow for a full hoof cycle of normal laminar attachments



Equine Cushing's and Insulin Resistance Group Inc.



website and help