

Gastric ulcers are a commonly diagnosed issue in leisure and competition horses. XLEquine vet **Gemma Lamble** has the lowdown on the worrying condition

astric ulcers are erosions in the stomach lining caused by over-exposure to acid produced by the stomach. They are becoming increasingly common with reports of up to 93 per cent of racehorses, up to 63 per cent of performance horses, and even up to 37 per cent of leisure horses being affected.

Unfortunately, the signs are not always easy to spot. They can be vague and non specific and vary from horse to horse. It is for this reason ulcers are significantly under diagnosed.

Some of the signs a horse suffering from ulcers might exhibit are:-

- A change in temperament well-behaved and placid horses can become bad tempered, even biting and kicking out in severe cases.
- Poor performance this can range from not wanting to go forwards and reduced performance, to bucking and bolting.
- Recurrent colic often seen after eating food.
 The attacks may occur over weeks or months.
- A dull coat.
- Pain when the girth is tightened.
- Loss of or reduced appetite, leading to weight loss. Owners may see the horse refusing his normal feed or becoming fussy over forage.

It is important to remember a horse may only show one of these symptoms and not all of them. For example, a horse that is eating well and hasn't lost weight could still be suffering from gastric ulceration.

Risk factors and diagnosis

High concentrate feeds, prolonged periods without food, lack of access to grass and an increase in competition work – including harder training regimes and more time being transported – can increase the risk of ulcers.

They are seen commonly in highly strung horses and can also occur following illness or treatment with some medications.



The only way to diagnose gastric ulcers is through gastroscopy. The horse is sedated and an endoscope – a tube with a camera on the end – is fed down the nose and into the stomach. To enable the entire stomach to be viewed, food is withheld for 12 hours and water for four hours.

Horses tend to tolerate gastroscopy well and are back in their stables and eating again once the sedation has worn off.

The stomach is split into two distinct areas. The top (squamous) section is pale pink and its lining has no protection from stomach acid. Ulcers occur in this area when excess acid splashes up onto the unprotected stomach lining.

The lower section (the glandular region) is a deeper pink and has a natural mucus coating to protect it from acid. Ulcers occur in this region when the protective coating is lost and acid contacts the unprotected lining underneath.

Severity and prognosis

Ulceration can vary from mild inflammation of the stomach lining to severe, deep erosions. Ulcers are graded from 0 (no ulceration) to four (large areas of deep bleeding ulceration).

It may sound like a design flaw to have a big part of the stomach unprotected from acid

but horses have evolved this way. They are designed to graze constantly which means there would always be fibre in the stomach, soaking up the acid, and a constant stream of saliva to neutralise the acid.

However, with modern management and high concentrate feeds excess acid can quickly build up leading to ulceration.

The good news is the majority of cases can be treated but medical treatment and management changes are required to allow ulcers to heal.

Treating ulcers

There is a licensed medicine available to treat ulcers, which reduces the amount of acid released into the stomach. In addition to this, changes to diet and management are key.

It may not be possible for horses to have constant access to grass but as much turnout as possible is beneficial.

Having ad-lib hay or haylage while stabled is important. What additional feed the horse has should be discussed with a vet. However, the diet is most likely to include chaff, such as alfalfa, and little or no concentrate.

Chaffs encourage the horse to chew and produce saliva, which buffers acid. It also helps form a fibre matt within the stomach to prevent the acid from splashing around.

Ulcers take time to heal. With squamous ulceration, healing tends to be quicker and we often see a good improvement, if not complete resolution, when gastroscopy is repeated after 28 days. Glandular ulceration can be more complicated. The reason for the loss of the protective layer is not always known and it's not possible to completely prevent acid exposure.

These ulcers can take longer to heal and can require more medication. It is for this reason that vets recommend repeating gastroscopy after 28 days to check progress.

If you are concerned your horse may be suffering from gastric ulcers, contact your veterinary surgeon to discuss it with them.



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The workshops are endorsed by the Association of British Riding Schools.

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