

Arthritis

Arthritis is a disorder of the joints, characterised by the degeneration and loss of the cartilage covering the joint surface and the development of new bone on joint surfaces and margins. It can follow after an injury or may develop during the course of your horse's life, as a result of general wear and tear. Arthritis results in pain, and is thought to be one of the most common causes of lameness in the horse. If your horse is lame we would advise you to schedule an appointment with your veterinary surgeon to determine the cause of lameness.



Diagnosis:

Your veterinary surgeon will start by taking a history of the problem followed by a thorough physical examination and gait assessment. This may involve trotting your horse in a straight line and lunging on a firm and / or soft surface. Sometimes a ridden assessment is invaluable in identifying more complex problems. It may be necessary for your veterinary surgeon to refer your horse to an equine clinic if the facilities at your yard are not suitable for a detailed lameness investigation.

Then, on the basis of this examination, your veterinary surgeon may try to determine the exact location of the lameness by injecting local anaesthetic around the nerves or into the joint to see if your horse goes sound (nerve and joint blocks).

Once the location of the lameness is determined, it will be necessary to assess the structural damage to the joint. Traditionally, this will be done by obtaining x-rays of the affected joint. However, not all affected joints will show x-ray changes. Fortunately other methods of imaging are available and sometimes your veterinary surgeon may decide that your horse needs one or more of the following investigations:

- ultrasound examination
- scintigraphy (bone scan)
- MRI / CT
- arthroscopy (key-hole surgery).

ASSOCIATED SYMPTOMS:

- pain, stiffness and swelling around a joint
- lameness
- increased time to warm up for exercise
- decreased performance and general lethargy
- a change in joint conformation (shape).



**SWELLING OF THE FRONT OF A PASTER
JOINT AFFECTED BY ARTHRITIS**

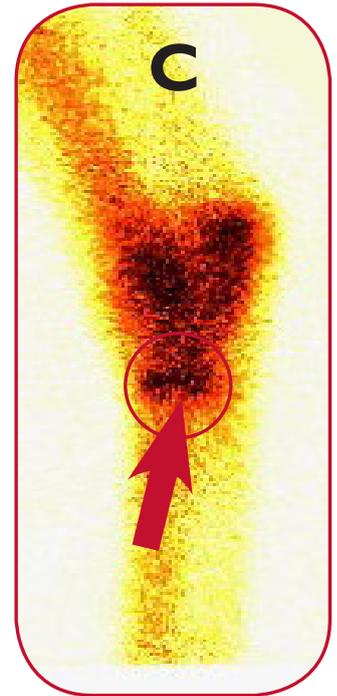
TREATMENT

Treatment greatly depends on which joint is affected and the severity of the damage. Generally it involves a period of rest followed by an increasing exercise regime. Your veterinary surgeon can advise you exactly what your horse should and should not do. Furthermore it will often involve medical treatment with a pain killer anti-inflammatory e.g. phenylbutazone or similar drugs. Additionally the joint itself may be injected with an anti-inflammatory such as corticosteroids and artificial joint fluid such as hyaluronic acid.

Other treatments may be prescribed tailored to your horse's needs. These treatments are designed to modify the disease process either by reducing inflammation or assisting repair within the joint.

Some horses need a one-off treatment, whilst others may require more frequent intervention. Unfortunately it is very difficult to predict how your horse will respond to the treatment.

The use of joint supplements can be beneficial in arthritis and your veterinary surgeon will help you to make the right choice for your horse.



A & B: X-ray showing arthritis of the lower hock joints (spavin)
C: A Bone Scan showing a 'hot spot' in the Hock

Prognosis

Prognosis is dependent on the severity of the damage to the joint and the response to medication. Quite often, with the help of a balanced exercise regime, medication and rest as appropriate,

it will be possible to get the horse back to the same or a lower level of exercise. However, it should be remembered that there is no cure for arthritis, as the damage to the joint is irreversible.

KEY POINTS

- Arthritis can be a painful disease, that can cause lameness.
- Early and appropriate treatment can often give a good improvement or return to soundness.
- There is no cure for arthritis.
- Usually your horse will require x-rays to diagnose the disease.
- Your veterinary surgeon will discuss with you the various ways in which arthritis can be treated in your horse.



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