



Equine Metabolic Syndrome vs PPID (Cushings)

Equine Metabolic Syndrome is a condition similar to Type 2 diabetes in humans. These horses are easy keepers and store pockets of abnormal fat that produces inflammation in their body. They are very prone to laminitis (founder), especially with a high caloric intake (ex. new spring grass). Testing for this condition can be accomplished by looking at insulin levels. There are several ways to do this testing but one should keep in mind that food intake affects the secretion of insulin so results are relative to that.

Clinical Signs:

- Cresty neck
- Easy keeper
- Fat deposits
- Laminitis

Diagnosis:

- Insulin and glucose levels
- Oral sugar test
- Concurrent PPID (Cushing's) testing if clinical signs

Treatment:

- Decrease starch in diet
- Limit grass intake, especially after a drought/stressful time
- Soak sugars from hay- 60 minute soak in a collapsible laundry basket that has been submerged in a muck bucket, drain well, then feed in a slow feeder hay net.
- Increase metabolism
- Increase insulin sensitivity

Monitoring:

- Repeated bloodwork at intervals specific to each case
- Repeated bloodwork if diet changes, weight gain, or foot soreness.

PPID, or Equine Cushing's Disease is an endocrine disease affecting mainly geriatric horses. The benign tumor of the pituitary gland causes an increased secretion of ACTH (adrenocorticotrophic hormone).

Clinical Signs:

- Long hair coat
- Muscle wasting
- Increased or decreased sweating
- Increased thirst and urination
- Laminitis (founder)
- Immune suppression

Diagnosis:

- ACTH concentration
- TRH Stimulation Test
- Concurrent testing for Equine Metabolic Syndrome

Treatment:

- Pergolide (Prascend) oral tablets
 - *For horses that do not tolerate this medication there are a few other options we can discuss on a case by case basis*
- Dietary sugar regulation if concurrent metabolic syndrome as well.
 - *See equine metabolic syndrome recommendations.*
- Treat concurrent problems (illness, laminitis, anhidrosis, etc.)

Monitoring:

- Usually repeated bloodwork 4-6 weeks after starting treatment then once a year in the fall.

There is a rise in hormone levels in the fall making the fall (September-October) the most sensitive time to test. Therefore, we usually schedule baseline rechecks in TREATED horses during this time.

Several papers have been published on the lack of stability and therefore efficacy of compounded pergolide. Therefore we do not recommend compounded products in the majority of cases.

Call/message us if you have questions!

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