Obesity

There has been a lot of media attention regarding human obesity and it is no surprise that being overweight is not good for horses or ponies either. Overweight horses are seen far too often and despite efforts being made in the showing world by judges and exhibitors, it continues to be a big problem throughout the horse population in this country. Obesity in horses and ponies can be a serious welfare problem; there is a greatly increased risk of equine metabolic syndrome (EMS) which commonly leads to laminitis.

Estimating body weight

It is important to know your horse’s weight as this will act as a guide to knowing how much to feed and to monitor weight gain or loss. The most accurate way is to use a weighbridge, or you can use a weight tape as shown here.

KEY POINTS:

- Many native ponies are prone to insulin resistance. In the wild they would exist on a feast and famine diet of weight gain in the summer and weight loss in the winter. Our modern husbandry systems do not allow for weight loss in the winter months. Prolonged obesity and a genetic predisposition may lead to the development of EMS and laminitis.
- Exercise has been shown to improve insulin sensitivity, reducing the risk of laminitis.
- Feeding a ration low in energy but high in fibre will help to satisfy appetite and reduced the risk of developing gastric ulcers, colic or stable vices.
- Forage only diets may not provide adequate levels of protein, vitamins or minerals so feed a low calorie ration balancer to supplement these essential nutrients.
- Obesity can also increase the risk of a fatty liver condition which can be very severe, especially in ponies and donkeys.

Diagnosis of EMS

Most affected animals are obese, however a significant proportion are not. Ponies with a large store of fat in the chest and abdomen are particularly at risk.

Many animals will have recurrent laminitis which does not respond to treatment as well as might be expected.

Your vet can measure blood glucose and insulin levels which will be high in affected animals even when they have fasted.
Top tips to aid weight loss

- Weight loss must be gradual; avoid starvation and crash diets.
- Reduce calories not bulk. Feed a diet based on grass hay or hay substitute with low carbohydrate content. Good quality straw can be used. Water must be available at all times.
- Feed a minimum 1.5 percent of current bodyweight of hay to achieve weight loss safely.
- Monitor weight weekly.
- Soak hay, for several hours to remove sugars.
- Use a commercial low calorie feed balancer.
- Weigh out feed. This may be tedious but it will stop you from being tempted to give that little bit extra.
- Restrict access to grazing by reducing time at pasture, using electric fencing or a grazing muzzle.
- Use a small holed haynet or double net to keep your horse occupied for longer.
- Increase exercise levels.
- Removing rugs or clipping will make a horse burn energy to keep warm.

Weight management

The most important factor, both historically and according to current research, is management of the weight of our horses and ponies. Obesity is a huge problem affecting the equine population. As owners, we often do our horses too well and so the amount of weight they carry is too much. The use of weight tapes, regular photographs, crest neck scores and body condition scoring should all be used to monitor your horses. These should be regularly recorded and then acted upon if there is an increasing trend. This should be started as youngsters as it is easier to prevent equines becoming overweight than correcting it later.

**BODY CONDITION SCORE**

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Emaciated</td>
</tr>
<tr>
<td>1</td>
<td>Poor</td>
</tr>
<tr>
<td>2</td>
<td>Moderate</td>
</tr>
<tr>
<td>3</td>
<td>Good</td>
</tr>
<tr>
<td>4</td>
<td>Fat</td>
</tr>
<tr>
<td>5</td>
<td>Obese</td>
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</tbody>
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**General Care**

**Treatment of EMS**

- Diet and exercise are the single most important management tools.
- Medication is not a substitute for diet and exercise but drugs such as metformin and thyroxine may be used short term, over three to six months.

For further information contact your local XLEquine practice.

XLEquine is a novel and exciting initiative conceived from within the veterinary profession made up of independently owned, progressive veterinary practices located throughout the United Kingdom, members of XLEquine are committed to working together for the benefit of all their clients.

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