

Spring Turnout and Magnesium Staggers

The weather has been very mixed this spring; lovely days and then cold nights and the occasional heavy showers to keep the grass growing. Just like autumn - a classic recipe for staggers!

Clinical Signs

The clinical signs of Acute Staggers are fairly easy to recognise—twitchy, agitated, trembling, wobbly, weak cattle that are often recumbent and may be grinding their teeth. Progression can be swift so sudden death in a patch of disturbed ground may be the only evidence of the acute disease. Chronic Staggers is much more subtle - there may be some changes in behaviour, a loss of milk yield, and perhaps a loss of appetite and body condition. The chronic condition should always be considered in any outbreak of milk fever because of the link between Calcium and Magnesium metabolism.

Although there is plenty of Magnesium stored in the skeleton, very little of this is available for the animal's daily needs so an adequate daily input is vital. Milk contains magnesium so the risks of Staggers in dairy cattle are well recognised, and mineral supplementation via parlour cake or buffer feed is relatively simple to control. In contrast spring calving beef herds at grass may receive minimal or no supplementation and are often at high risk. Magnesium levels in grass can vary considerably due to soil content, plant uptake, plant species (clover species contain higher levels than grass) and salt levels (low blood sodium, for example in young grass will inhibit rumen uptake). Potash will also reduce Mag uptake so a recently fertilised and reseeded field may cause an outbreak of the disease.

Diagnosis

Staggers is relatively easy to diagnose on clinical signs. In cases of sudden death Anthrax must first be ruled out. For live or recently dead animals a blood sample can be used to confirm the diagnosis. If the animal has been dead longer (up to 48h), a diagnosis can still be made using a sample of eyeball fluid.

Treatment

Acute Staggers is a true clinical emergency and treatment should be initiated as soon as possible. It is important to keep the cow as calm as possible as excessive excitement will only exacerbate the clinical signs and may mean that sedation is required. The standard treatment is to put a bottle of magnesium Sulphate under the skin spread across 2-3 different sites to encourage absorption. A bottle of Calcium should also be given. In very acute cases a small amount (<100ml) of Mag can be mixed into 300ml of the Calcium and given by very slow intravenous infusion but there is a significant risk of causing a cardiac arrest so this would be best left for a vet to do!

Prevention

Oral supplementation using boluses is the most effective way to prevent the disease in cows at pasture with no other source of food. Increased fibre (eg round feeder with hay / big bale silage) will help with Mag absorption by slowing gut transit time. Magnesium chloride in the drinking water will also work but it does change the taste and may drive the cows to drink from puddles, or rely more on the water content of the grass during rainy periods. Pasture dressing could also be considered.



Medicines Prescribing and The Cascade System

One area that the recent Milksure course has highlighted is the confusion regarding 'off label' use of medicines. We would define 'off label' as any deviation from the instructions / data sheet, so this includes;

1. Increasing the frequency, eg using a mastitis tube twice daily when the data sheet specifies daily use.
2. Increasing the dose rate, eg extra injectable antibiotic given for severe infections.
3. Increasing the length of treatment, eg a third tube of Tetra Delta where the data sheet specifies two.
4. Using a medicine for an alternative condition to that specified in the data sheet eg using a medicine licenced for pneumonia to treat mastitis.

There are occasions when using medicines in this way is necessary. For example many cases of mastitis require an extended course of treatment beyond that stated on the data sheet to give the best chance of a clinical cure. The Cascade System has been set up by the Veterinary Medicines Directorate to allow vets to change the dosing instructions or to prescribe another medicine where there is no suitable medicine licenced. This means that any 'off label' use of a medicine can only be authorised by a vet. Because all milk and meat residue testing is based on the licenced dose rate then off licence use must mean extended withdrawal periods. The MINIMUM withdrawal periods for Cascade prescribed medicines are 7 days for milk and 28 days for meat.

As the regulations regarding the supply and usage of veterinary medicines come under more scrutiny it is particularly important that any 'off label' use is evaluated, agreed and recorded by the farmer and the vet.

What is the Withdrawal Period when two products are used together?

1. If the Combination use is licenced, eg Combiclav tubes + Combiclav injectable then check the data sheet.
2. Where two different active ingredients are used, eg Metacam injectable + Combiclav injectable and if there is no contra indication for their use then the longest of the two withdrawal periods should apply.
3. Where two medicines are used with the same active ingredient, eg Ubro Yellow and Framomycin both contain Framycetin, then the minimum cascade rules of 7 days milk and 28 days meat should apply.

Definite No No's

- Never use a medicine without an established MRL (Maximum Residue Limit), for instance Phenylbutazone (licenced as 'bute' in horses) must not be used in cattle.
- Never use medicines where the licence stipulates that they should not be used—for example Trodax Flukicide must not be given to animals used for milk production.

Confused? It is a technical minefield ! However please don't forget that it is our job to devise the treatment regimes so let us help you - we can put together a written treatment plan to ensure that you are making best use of your medicines, and staying within the law. Please speak with a vet for more details.

A Few Practice Updates to Finish... Well Brexit came and went very peacefully, almost like it never happened, not sure what all the fuss was about! Medicines supplies have therefore not been significantly interrupted other than the supply of adrenacaine which should be back in the summer and we have a very good alternative (Pronestestic) in the meantime. We have also been able to order reasonable quantities of Lepto vaccine and we have been promised that normal supply levels will be back by the Summer.

The discounted Ram Vasectomy days have been very busy—the next dates are Wednesday 22 May / Wednesday 18 June. These will be followed by some Ram Fertility Examination days—dates to be announced.

Our next AI Course is running 20th—23rd May, and all clients should have received a flyer with the last newsletter detailing the Level 2 Stockperson Agricultural Apprenticeship courses that the practice are running at Colliton Barton—fully funded for 16—18 year old apprentices! Please contact Colliton for more details.



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