Risk factors for laminitis

The amount of sugar and starch (NSC) in the feed. And no, they're not just found in grain! With some horses, just lowering the average in the overall diet may suffice. In more sensitive horses, one high sugar/starch meal is enough to trigger an episode.

• Easy keeper, ‘air fern’. Any horse that must have its ‘grass hay only’ diet restricted to 1% of body weight in order to maintain proper body weight. Any horse that must have its diet restricted in comparison with the rest of the herd.

• Lack of exercise, too much food for the amount of work being performed. Stress, colic, dexamethazone administration, retained placenta, any systemic illness, Lyme disease

• Cresty neck, fat pads over the eye socket, unusual distribution of fat behind the shoulder, over the loin, around the tail head or the flap of skin at the stifle. These horses may even have ribs that show, but still have these abnormal fats deposits. The texture of the fat is hard, dimpled or often corrugated in the neck, and like cellulite around the tail. This fat may develop very quickly with an increase of sugars and/or starch in the diet, and may melt off just as quickly when the diet is corrected. Those of us with insulin resistant horses feel their necks very often. When the crest gets hard, it’s time to get pro-active and fine-tune the diet. When the neck softens, you know you did something right.

• To see the effects of a successful diet click here.

• Certain breeds are more prone to insulin resistance and diet related founder. There is no extensive epidemiological data on breeds, but vets and farriers specializing in treatment of founder are putting a lot of anecdotal evidence together. More susceptible breeds include: all pony breeds, including Icelandics and Norwegian Fjords, Arabs, especially those of Egyptian lines, Morgans, gaited horses including Walkers, Foxtrotters, Paso Finos, mini’s, mustangs or Indian ponies. Note these are generally breeds known for being easy keepers, and who were naturally genetically selected to survive best in deserts or areas with harsh environments where good feed was hard to come by.

• Horses who have foundered before from metabolic/dietary cause are at higher risk for further episodes and rotation of the coffin bone. The metabolic differences that led to the founder in the first place can be treated, but don’t go away completely. The condition may worsen as the horse ages. Chronic laminitis often lasts the horse’s whole lifetime and must be continually managed. Blood supply to parts of the foot may be permanently compromised after founder. The laminar tissue that grows after a founder is not as well organized, and therefore less strong as before. It’s scar tissue. Any rotation will create abnormal mechanical stresses inside the foot that may increase the risk of further rotation from a laminitic episode.

• Any horse with Cushings disease. Not all Cushings horses are insulin resistant, but many are. If yours is not now, it may develop later, or not at all. As the pituitary tumor grows, different parts of the organ may be compromised. Not all Cushings horses founder, but many do, and you’ll need to stay vigilant as the disease progresses.