

## **HISTORY/ RISK FACTORS FOR EQUINE COLIC**

The initial clinical step in treating horses with colic is taking a thorough history. However, it may be necessary to delay this until after the physical examination and initial treatment because management of abdominal pain takes precedence. The vital components of the history that should be obtained before examination and treatment, if possible, are the duration and severity of colic symptoms, analgesics already administered, and a history of any adverse drug reactions. The two most critical factors from a history that would support a decision to refer and potentially surgically explore a horse with colic are the duration of signs<sup>2</sup> and the extent of pain. The latter is deduced by asking the owner about the presence and frequency of pawing, looking at the flanks, rolling, repeatedly going down and getting back up, and posturing as if to lie down or urinate, in addition to other clinical evidence of pain.

### **Risk factor Summary:**

- Digestive disorder such as tooth problems, worm burdens and gut damage (including previous colic surgery)
- Poor feeding regime: soiled food, inappropriate quantities, lack of fibre and/or water, or a sudden change in diet
- Stress such as hard exercise while unfit or after eating, travelling, sudden change of routine or environment
- Poor and over-grazed pasture, especially if the soil is sandy

Table showing how historical findings are linked to the risk for colic

<b>HISTORICAL FINDING</b>	<b>RISK FOR COLIC</b>	<b>POTENTIAL MECHANISMS</b>
<b>Feeding</b>	<ol style="list-style-type: none"> <li>1) Recent change in feed</li> <li>2) Coastal Bermuda hay with high fibre content</li> <li>3) Feeding round bales</li> <li>4) Feeding off the ground</li> <li>5) Excessive concentrate</li> <li>6) Large infrequent meals</li> <li>7) Bolting feed</li> </ol>	<ol style="list-style-type: none"> <li>1) Alteration in fluid flux or fermentation in the large colon</li> <li>2) Obstruction of the ileum by fine fibrous hay</li> <li>3) Poor-quality hay</li> <li>4) Horses may ingest sand</li> <li>5) Alteration in fluid flux or fermentation in the large intestine</li> <li>6) Alteration in fluid flux or fermentation in the large intestine</li> <li>7) Large bolus of feed entering the oesophagus and stomach</li> </ol>
<b>Environment</b>	<ol style="list-style-type: none"> <li>1) Excessive time in stall</li> <li>2) Insufficient access to water</li> </ol>	<ol style="list-style-type: none"> <li>1) Insufficient intake of roughage &amp; insufficient exercise</li> <li>2) Dehydration</li> </ol>
<b>Exercise</b>	<ol style="list-style-type: none"> <li>1) Exercise induced exhaustion</li> </ol>	<ol style="list-style-type: none"> <li>1) Dehydration &amp; reduced Gastrointestinal motility</li> </ol>
<b>Preventive care</b>	<ol style="list-style-type: none"> <li>1) Insufficient dental care</li> <li>2) Insufficient anthelmintic treatment</li> </ol>	<ol style="list-style-type: none"> <li>1) Poor mastication of feed</li> <li>2) Large parasite burden</li> </ol>

<b>Medication</b>	1) Excessive administration of NSAIDs	1) Mucosal damage particularly the stomach and colon
<b>Previous medical history</b>	1) Colic surgery	1) Adhesions and anastomotic obstruction