Current Joint Therapies in Equine Practice:
A Survey of Veterinarians 2009

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Triamcinolone acetonide (TCA) is most commonly used in high-motion joints, and methylprednisolone acetate (MPA) is most commonly used in low-motion joints. Respondents use scientific data and personal experience to make corticosteroid usage decisions. Polysulfated glycosaminoglycan (PSGAG) and hyaluronan (LG) are most commonly used prophylactically. Authors’ address: Gail Holmes Equine Orthopaedic Research Center, College of Veterinary Medicine and Biomedical Sciences, Colorado State University, Fort Collins, Colorado 80523; e-mail: dora.ferris@colostate.edu. © 2009 AAEP.

1. Introduction
Current information on clinical usage of joint therapeutics is lacking. The goal of this survey was to elucidate practitioner usage of common joint therapies.

2. Materials and Methods
In 2009, members of the American Association of Equine Practitioners (n = 6305) were asked to respond electronically to a web-based survey (http://www.surveymonkey.com/s.aspx?sm=VEMLqlfm2flavQzymh54ASg3d3d).

3. Results
Eight hundred thirty-one responses were recorded. Triamcinolone acetonide (TCA) was most commonly used in high-motion joints, and methylprednisolone acetate (MPA) was most commonly used in low-motion joints. Of the respondents, 44% used 18–40 mg of TCA as the total body dosage, and 70% included a corticosteroid in their treatment regimen. Most respondents combined corticosteroids with another medication; high molecular weight hyaluronan (59%) or amikacin (57%) were the two most common choices. Respondents chose the corticosteroid used based on scientific data (38%) and personal experience (22%), and 54% of respondents used autologous conditioned serum treatment, most commonly in corticosteroid non-responsive joints. Polysulfated glycosaminoglycan (PSGAG) IM (78%) and hyaluronan (LG) IV (64%) were the most commonly used non-corticosteroid therapeutics, and they were used primarily for prophylaxis. Polyglycan was used by 28% of respondents. It was primarily administered IV for prophylaxis (18%) and in chronic cases (14%). Respondents were unlikely to use compounded medications (70%).

4. Discussion
These results aid in determining current standard of practice for the profession, directing develop-
ment of therapeutics, and focusing future areas of research.

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Footnotes

aKenalog (triamcinolone acetonide), Bristol-Myers Squibb Company, Princeton, NJ 08543.
bDepoMedrol (methylprednisolone acetate), Pharmacia & Upjohn, Pfizer Inc., New York, NY 10017.
dAdequan (polysulfated glycosaminoglycan), Luitpold Pharmaceuticals Inc., Shirley, NY 11967.
eLegend (hyaluronate sodium), Bayer Animal Health Division, Shawnee Mission, KS 66201.
fPolyglycan (hyaluronic acid sodium salt and sodium chondroitin sulfate), Arthodynamic Technologies, Versailles, KY 40383.