

CALIFORNIA PANEL: 'THE ONLY TREATMENT TO DECREASE EIPH SEVERITY IS FUROSEMIDE'

by Press Release | 01.27.2013 | 1:52pm

Thoroughbred Owners of California representatives joined nationally prominent owners and trainers to hear a panel of international scientists discuss Exercise Induced Pulmonary Hemorrhage (EIPH) and other critical Thoroughbred injuries in Beverly Hills on Jan. 18. Following the day-long forum, the distinguished panel issued the following consensus statement on EIPH:

Exercise Induced Pulmonary Hemorrhage (E.I.P.H.) is a consequence of the high pulmonary vascular pressures achieved by elite athlete horses during strenuous exercise. A similar condition occurs in racing greyhounds and has been reported in some elite human athletes. In all of these situations, the heart is approaching its maximal functional capacity. E.I.P.H. has a detrimental effect on performance in Standardbreds and Thoroughbreds. The only treatment that has been shown to prevent the occurrence and decrease severity of E.I.P.H. in Thoroughbred racehorses is furosemide. The result of furosemide administration is a decrease in pulmonary vascular pressures. On average, horses administered furosemide have better performance. This could be attributable to the reduction in E.I.P.H. or to other factors. Horses administered furosemide on a routine basis have not been recognized to experience detrimental effects. Furosemide does not mask detection or other agents when modern analytical methods are used.

The invitation-only event was co-chaired by Pegasus Training and Equine Rehabilitation Center founder and TOC board member Dr. Mark Dedomenico and Dr. Wayne McIlwraith of Colorado State University. Travel expenses for all participants were paid for by Dedomenico. The agenda included discussion about the status of knowledge and research into EIPH, racetrack surface injuries, traumatic joint injury including catastrophic injuries, blood bio-markers that could signal impending injuries, and the use of platelet rich plasma and stem cells in treating equine injuries.

In addition to issuing a consensus statement on EIPH, the panel identified several key areas for future research, including cardiac and vascular physiology contributing to EIPH in the US and abroad, pharmacological agents and their efficacy, the potential role of genetics, and the effects of EIPH on well-being.

The panelists included Samantha Brooks, PhD of Cornell University, Gordon Cohen, MD, PhD, MBA of UC San Francisco, Mark Dedomenico, MD, David Frisbie, DVM, PhD and Chris Kawcak, DVM, PhD of Colorado State University, Alan Guthrie, BVSc, PhD of University of Pretoria, South Africa, Kenneth Hinchcliff, BVSc, MS, PhD of University of Melbourne, Wayne McIlwraith, BVSc, PhD, DSc, FRCVS and Paul Morley, DVM, PhD of Colorado State University, and Ed Robinson, BVet, PhD and Alice Stack, DVM of Michigan State University.

The Breeders' Cup phase-out of Lasix began in 2012, banning the medication on race day from all events restricted to two-year-olds. The current plan calls for all Breeders' Cup runners to compete Lasix-free in 2013. Lasix was first introduced as a race day medication in the US in the early 1970's.

According to McIlwraith, "The current medication policy of the American Association of Equine Practitioners is no race day medication except Lasix. Lasix remained because there was scientific proof that it reduced EIPH. That has been our stance all along. It is also the stance of the Racing Medication Testing Consortium."

TOC Chairman Mike Pegram, a Grade I Kentucky Derby-winning owner, said the forum was important to help understand both sides of the issue.

"I haven't heard one negative thing being said that Lasix is detrimental to the horse or that it enhances performance because it lets a horse perform to his or her ability," said Pegram. "I'm trying to find out what the other side of the argument is, to the people that may not like the use of this medication."

All agreed that the Thoroughbred industry needs to develop funding for research on EIPH. TOC will also look to breeders and sales companies for funding, which could total several million dollars over the next few years. When asked if EIPH and the other critical issues could be fixed, Dedomenico said, "Absolutely. We just need to get started."

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