



Pars Pituitary Intermedia Dysfunction (PPID/Equine Cushing's Disease)

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PPID is one of the most common diseases affecting horses over the age of 15 years.

What causes Equine Cushing's Disease or PPID?

PPID is short for Pituitary Pars Intermedia Dysfunction, otherwise known as Equine Cushing's Disease. The pituitary gland is located near the base of the brain. In PPID, a portion of the pituitary gland grows abnormally large and produces excess amounts of a hormone precursor called proopiomelanocortin (POMC) that is responsible for the production of multiple hormones which regulate many functions within the body.

How to recognize a horse with PPID:

Hirsutism: One of the most common signs of PPID is hirsutism. Hirsutism is an abnormally long, shaggy coat. The hair is often curly. It is common to find long guard hairs in the jugular groove, on the abdomen, and the backs of the legs. Horses with hirsutism often do not shed out normally. They may keep their winter coat longer than normal in the spring-time or grow it out earlier for fall. Other horses may fail to shed their winter coat altogether. Not all horses with long shaggy coats have Equine PPID.

Laminitis: Horses with PPID often develop chronic laminitis. Laminitis associated with PPID is more subtle than an acute laminitic episode from other causes and may go unnoticed for long periods of time. This is why it is important to communicate and work closely with your veterinarian and farrier when managing a horse with PPID. It is a good idea to have foot radiographs taken of a laminitic PPID horse every 6-12 months to monitor changes over time. Foot radiographs provide a farrier with information on the alignment of the bones in the distal limb and are helpful when making changes to the hoof during shoeing and trimming.

Weight Loss and Muscle Wasting: Weight loss is also a very common finding and often occurs early in the course of the disease. Muscle wasting occurs along the top-line. The abdomen is often pendulous giving the horse a pot-bellied appearance. There may also be redistribution of body fat stores resulting in increased fat in the orbits of the eyes, along the neck ("cresty neck"), and at the tail head. This is referred to as "regional adiposity" because of the localization of fat in specific areas.

Other signs: There are many other less common signs of PPID including decreased athleticism, recurrent skin infections that are slow to heal, infertility, increased docility, increased water consumption and urination, increased or decreased sweating, narcolepsy, and blindness among others.

How is PPID diagnosed? If you suspect that your horse has PPID then you should contact your local veterinarian to schedule an examination. Testing is based on clinical signs, history, physical exam, and laboratory findings. Your veterinarian may collect a single or multiple blood samples depending on which test they use.

Treatment of PPID: Treatment is based on management and the use of pharmaceutical agents. Consult your veterinarian and farrier to establish a diet, dental care and hoof care plan that is best suited for your horse. In horses with PPID it is important to feed a high quality feed that is low in soluble carbohydrates to help avoid laminitic complications. Horses with a heavy coat may need to be body clipped to avoid overheating. Because hirsutism is the most common clinical sign of PPID, observing the health and quality of the coat is an important method of monitoring response the drug therapy. Pergolide is an approved medication for the treatment of PPID and should be considered in the management of a horse suffering from this disease.

Contact [Brandon Equine Medical Center](#) at 813-643-7177 or email info@brandonequine.com with any questions regarding this topic.

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