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4	Validity of indicators of dehydration in working
5	horses: a longitudinal study of changes in skin tent
6	duration, mucous membrane dryness and drinking
7	behaviour
8	
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14 Keywords: behaviour; dehydration; drinking; horse; skin tent; working

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Summary
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18 Reasons for performing study: Dehydration is a serious welfare concern in horses 19 working in developing countries. Identification of a valid and practical indicator of 20 dehydration would enable more rapid treatment and prevention.

21 Objectives: To examine changes in body weight, clinical and blood parameters during rehydration of working horses, identify a 'gold standard' criterion for 22

23 dehydration and use this to validate a standardised skin tent test, drinking behaviour 24 and mucous membrane dryness as potential field indicators.

25 Methods: Fifty horses with a positive skin tent test, working in environmental 26 temperatures of 30 to 44°C in Pakistan, were rested and offered water to drink ad 27 libitum. Body weight, clinical and blood parameters, mucous membrane dryness, 28 drinking behaviour and skin tent duration at six anatomical locations were measured 29 at 0, 30, 60, 120, 180, 240 and 300 minutes.

30 *Results:* Skin tent duration was affected by side of animal (p=0.008), anatomical 31 location and coat moisture (both p<0.001). Younger animals had shorter skin tents at 32 all time points (p=0.007). There was no significant association between plasma 33 osmolality (Posm) or water intake and skin tent duration. Horses with a higher Posm 34 drank significantly more water (p<0.001), and had longer (p<0.001) and more 35 frequent (p=0.001) drinking bouts. Neither P_{osm} nor water intake affected qualitative 36 and semi-quantitative measurements of mucous membrane dryness significantly.

37 *Conclusions and potential relevance:*

38 The standardised skin tent test and measures of mucous membrane dryness 39 investigated in this study were not valid or repeatable indicators of dehydration when 40 compared with Posm as a 'gold standard' criterion. The volume of water consumed and 41 the number and duration of drinking bouts are the most reliable guide to hydration 42 status currently available for adult working horses. Offering palatable water to drink 43 ad libitum provides both the diagnosis and the remedy for dehydration in working 44 horses.

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47 Introduction

48 Recognition, prevention and rational management of dehydration would constitute a 49 major contribution to the welfare of equids working in developing countries (Pritchard 50 et al. 2006). Many horses work for a median 8.1 (inter-quartile range: 4.25 – 12.5) 51 hours per day, pulling carts or carrying loads at moderate speeds in environmental 52 temperatures of up to 44°C (Pritchard 2007a), so could be considered equivalent to 53 non-elite endurance athletes. In endurance horses, dehydration is a contributing factor 54 to reduction in work capacity (Sosa León et al. 1995), exhaustion (Carlson et al. 55 1976) and conditions such as heat stroke and synchronous diaphragmatic flutter (Sosa 56 León 1998).

57 Dehydration in equids has been evaluated by assessment of clinical signs such 58 as pulse rate and quality, heart rate, capillary refill time, mucous membrane dryness 59 and skin turgor (Rose and Hodgson 2000); measurement of blood parameters 60 including packed cell volume (PCV), serum total protein (TP), electrolytes and 61 osmolality (Posm) (Brownlow and Hutchins 1982) and estimation from known fluid 62 losses (Kingston et al. 1997). Changes in body weight (BWT) are considered to be a 63 reliable guide to fluid balance during exercise (Carlson 1987), so dehydration is 64 commonly described in terms of percentage loss of BWT. Guidelines for subjective 65 clinical assessment of dehydration vary considerably both between and within current 66 equine veterinary textbooks (Barton and Moore 1999; Robinson 2003; Rose and 67 Hodgson 2000). Butudom et al. (2003) noted that sweat losses following exercise in 68 the horse may be isotonic or hypertonic to plasma (potentially leading to isotonic or 69 hypotonic dehydration) and that dehydration results partly from a mismatch between 70 thirst and water deficit. A primary stimulus for thirst is plasma hypertonicity (Johnson 71 1998); this may be interpreted to suggest that voluntary water intake may not be a useful indicator of hydration status. Pritchard *et al.* (2006) found a positive correlation
between P_{osm} and volume of water drunk by working donkeys but not horses.

74 The skin tent test examines the delay in return of a fold of pinched skin to its 75 normal position (Dorrington 1981). Application of this test on the neck, point of 76 shoulder or eyelid has been used for the clinical assessment of dehydration in sick 77 animals and equine athletes (Harris et al. 1995, Rose and Hodgson 2000, Robinson 78 2003). Rose and Hodgson (2000) specified that the skin over the point of the shoulder 79 provides more reliable results than that over the neck and described the duration of 80 skin tent as proportional to the degree of dehydration (percentage loss of BWT) it 81 represents. Some investigators have questioned the validity and repeatability of this 82 test in sport horses (Harris et al. 1995) and in working horses and donkeys (Pritchard 83 et al. 2006, 2007b). In particular, the 3-tier graded skin tent test used by Harris et al. 84 (1995) was not a reliable indicator of environmental conditions or performance and 85 individual horses showed marked differences in resting results between the left and 86 right sides of the neck. Pritchard et al. (2006) found that for working horses and 87 donkeys, an anatomically standardised skin tent test on the neck using a two-tier grading system (normal/ abnormal) could not be validated using PCV, TP and Posm 88 89 sampled at a single point in time, due to the potentially confounding effects of 90 anaemia, hypoproteinaemia and electrolyte depletion in the sample population.

91

The aims of this investigation were:

1) to measure longitudinal changes in PCV, TP, P_{osm}, electrolytes, clinical signs and
BWT during rehydration by provision of water to drink *ad libitum*, in order to
establish a physiological gold standard criterion for dehydration in adult working
horses; and

96 2) to establish the criterion validity of a standardised skin tent test at three anatomical
97 locations on each side of the animal, an assessment of oral mucous membrane
98 dryness using a novel adaptation of the Schirmer test, and thirst as evidenced by
99 drinking behaviour, as potential field indicators of dehydration.

100

101 Materials and methods

102

103 This study was carried out in Lahore during May/June 2006, under ethical approval 104 from the University of Bristol (Investigation number UB/04/075) and was compliant 105 with Pakistan law regarding ethical use of animals in science. All clinical observations 106 were made at a field clinic run by the working equine welfare charity, the Brooke 107 Hospital for Animals, using a standard test protocol carried out by a single observer 108 (JCP). Data relating to drinking behaviour were collected by a second observer (RE). 109 Preliminary testing of the method was carried out during a 2-week pilot study in July 110 2005 and for the first 2 days of the current study period.

111

112 Animals

The longitudinal study of 50 horses examined each animal at 7 time points over 5 hours, during which drinking water was offered *ad libitum*. Animals recruited to the study were working in high ambient temperatures (30 to 44°C and 17% to 56% relative humidity) in the vicinity of the clinic, transporting people or goods by cart. The selection criteria were: age 2 to 15 years, body condition score (BCS) 2 to 3 on a scale of 1 (very thin) to 5 (very fat), with a positive skin tent test on admission. Horses presented to the clinic for treatment of disease or lameness were not selected.

121 Preliminary assessment

On admission the following were recorded: body weight (BWT), using an electronic weighbridge (Eziweigh)¹ previously calibrated with known volumes of water; heart rate (HR); BCS; respiratory rate (RR); and rectal temperature (RT) using a digital thermometer. A jugular catheter was placed anterograde under local anaesthesia and the horse was then rested in the shade for at least 15 minutes prior to the first test.

127

128 Test protocol

129 A 20ml jugular venous blood sample was drawn at time point 0 and at 30, 60, 120, 130 180, 240 and 300 minutes. Ten minutes prior to each time point, the horse was 131 removed from the pen, weighed three times and the average BWT recorded. A clinical 132 examination was carried out, as described for the preliminary assessment. A vertical 133 fold of skin was pinched and released using the standardised method described by 134 Pritchard et al. (2006). This was repeated at 10 second intervals 3 times each over the 135 centre of *m. serratus ventralis* ('injection triangle'), *m. brachiocephalicus* and the 136 point of the shoulder, repeated on each side of the animal (a total of 18 skin tents). 137 Time taken for the released skin to return to its normal contour was measured in 138 1/100ths of a second using a hand-held stopwatch. Ten seconds before the first skin 139 tent test in each anatomical position, and then immediately after each one (10 seconds 140 prior to the next one), the skin was smoothed once using the back of the hand: (a) to 141 ensure that it had returned to its normal contour ready for the next pinch, and (b) to 142 assess moisture of the hair coat at this location (see Table 1 for definitions) as one of 143 the following: dry (DD), dried sweat (DS), damp sweat (DaS), wet sweat (WS) or wet 144 with water/ rain (WW).

146 Mucous membrane dryness

147 Preliminary testing had indicated that neither ocular tear test strips (Schirmer Tear Test²), nor phenol red test threads (Zone-Quick³) were suitable for assessing gingival 148 149 mucous membrane tackiness in the horse, due to practical difficulties with retaining 150 them in a standardised position, so a novel method was devised for this study. During 151 each clinical examination, gingival moisture was assessed immediately dorsal to the upper corner incisor, using a 2cm x 2cm square of fast filter paper (Filpap F4/KA2⁴) 152 153 placed on the mucosa for 10s and alternating sides of the mouth at each time point. 154 Preliminary testing had also shown that in the high ambient temperatures, rapid 155 evaporation from the filter paper precluded the use of advanced weighing techniques 156 to calculate amount of moisture absorbed, so a quantitative assessment of gum 157 moisture was made by delineating the wet area immediately. This was later 158 transferred to graph paper and the area of wet paper was calculated. Qualitative 159 assessment of dryness and adhesion to the mucosa was scored as shown in Table 2.

160

161 Drinking behaviour

162 The horse was returned to the pen and offered water at ambient temperature from a 163 30L plastic container, standing in a spill tray. The following components of drinking 164 behaviour were observed for the first 10 minutes after returning to the pen: latency to 165 first drink, number of broken (by raising the head above the bucket rim) and unbroken 166 drinking bouts and average length of drinking bout. While the clinical examination was taking place, volume of water drunk (to the nearest 0.5L) since the previous time 167 168 point was measured. Water was fully replaced each time in order to minimise effects 169 of water temperature change on drinking behaviour. Water spilled during drinking and 170 water evaporated from an identical container placed outside the pen were measured at each time point and these volumes were subtracted from the apparent volume drunk.
Water temperature and environmental temperature and relative humidity (Vaisala
HM34)⁵ were measured at each time point. Food was withheld during the 5 hour
observation period.

175

176 Blood sample

177 An aliquot was centrifuged and analysed immediately for PCV (Haematokrit 20)⁶. 178 The remaining sample was divided between EDTA and SST II Plus vacutainers^{7.} 179 Serum was separated (EBA-20)⁶ on site and all samples were submitted to the 180 national reference laboratory (Aga Khan University Hospital Laboratories, Karachi) 181 for determination of TP (Cobas Mira)⁸, sodium (Na⁺), potassium (K⁺) and chloride 182 (Cl⁻) concentrations (Nova 16)⁹ and P_{osm} (Advance Osmometer 3D3)¹⁰.

183

184 Data analysis

185 Exploratory analysis showed most residuals to be Normally distributed; some parameters were log₁₀-transformed to achieve this. First, repeatability of the skin tent 186 187 test was evaluated using a general linear model (GLM) for repeated measures, to 188 examine the effects of anatomical position, side of animal (left/ right), repetition 189 number and coat moisture on skin tent duration. The Tukey post hoc test was used to 190 test for differences between means. Based on these results, the most clinically relevant 191 (first) skin tent was included in further repeated measures GLM taking into account 192 anatomical location and side of animal as blocking variables. This examined its 193 relationship to changes in clinical parameters (HR, BCS, mucous membrane 194 tackiness), blood parameters (PCV, TP, Posm, electrolytes), BWT and water intake 195 over the 7 time points, and to identify significant main effects and interactions. Effects of age were also controlled for as blocking factors. Statistical analysis was performed using Minitab¹¹ (v.15) and the level of statistical significance was set at p<0.05 for all analyses.

199

200 Results

- 201 Animals recruited to the study are summarised in Table 3.
- 202

203 *Repeatability of the skin tent test within and between animals*

Skin tent duration was affected significantly by age of animal, with older horses having a more prolonged skin tent at all time points than those aged two to five years. Anatomical position, side of animal and coat moisture also had an effect on the duration of skin tenting: the magnitude and direction of these effects are described in Table 4. There was no significant difference in duration between three repetitions of the skin tent test carried out 10 seconds apart at any anatomical location.

210

211 Drinking behaviour

Forty-nine of the 50 horses drank water immediately on entering the pen at time 0. Water intake varied significantly over time: horses drank 8.3 (+/- 1.0) L between 0 and 30 minutes, compared with a maximum of 1.3 (+/- 0.2) L between other time points ($F_{(5, 245)} = 48.58$, p<0.001). The maximum water intake between 0 and 30 minutes was 28L and the minimum was 0 L. There were no significant effects of environmental heat and humidity or water temperature on water intake.

218

219 Blood parameters

220 Figures 1 and 2 illustrate changes in blood parameters, body weight and water intake 221 over time. Mean PCV and TP values for the group of 50 horses fell between 0 and 30 222 minutes then rose gradually to initial levels by 300 minutes ($F_{(1, 295)} = 9.37$, p = 0.002223 and $F_{(1, 295)} = 38.70$, p < 0.001, respectively). Four individuals exhibited a temporary 8 224 to 10% fall in PCV between 30 and 120 minutes. Posm fell significantly from 283 +/-225 1.2 mOsm/L to 274 +/- 0.8 mOsm/L between 0 and 30 minutes (F $_{(6, 294)} = 10.69$, 226 p<0.001), remaining at this level until 300 minutes. There were no significant 227 relationships between changes in PCV or TP and changes in Posm. Horses with a higher P_{osm} drank significantly more water ($F_{(1,200)} = 945.47$, p<0.001), and had longer 228 229 $(F_{(1,200)} = 15.75, p < 0.001)$ and more frequent $(F_{(1,200)} = 10.64, p = 0.001)$ drinking bouts 230 during each subsequent observation period. However, Posm did not seem to influence 231 the proportion of broken to unbroken drinking bouts. Serum Na⁺ and Cl⁻ followed the same pattern of changes as P_{osm}, while K⁺ did not change significantly over the course 232 233 of the study. There were no significant effects of sex, age or BCS on blood 234 parameters.

235

236 Body weight and clinical parameters

Figure 1 illustrates the significant initial increase followed by decrease in BWT (F $_{(6, 294)}$ = 45.36, p<0.001) recorded over the 5-hour period. The magnitude of BWT change was positively associated with water intake (F $_{(1, 247)}$ = 945.47, p <0.001) and negatively associated with P_{osm} (F $_{(1, 247)}$ = 6.24, p = 0.013). Animals with higher heart rates drank larger volumes of water (F $_{(1, 129)}$ = 8.01, p = 0.005). There were no other significant relationships between P_{osm} or water intake and any other clinical parameters measured.

The study found no significant relationship between P_{osm} , PCV or TP and skin tent duration at any anatomical location. There was no significant relationship between P_{osm} , water intake or environmental temperature and humidity and qualitative or quantitative assessments of mucous membrane dryness.

248

249 **Discussion**

250

251 Body weight and blood parameters as a 'gold standard'

252 Evaluation of skin tent duration and other field measures of dehydration requires a 253 'gold standard' criterion against which to compare their validity (Bland and Altman 254 1999). In working equids identifying this criterion has been an elusive goal for two reasons: firstly, the confounding effects of sub-clinical disease, excessive sweat 255 256 electrolyte losses and poor nutrition on standard blood measures such as PCV, TP and 257 Posm (Pritchard et al. 2006), and secondly the lack of controlled conditions for 258 accurate measurement of fluid losses. Carlson (1987) recommended measurement of body weight change as an indicator of dehydration. However, Marlin et al. (1995) 259 260 described estimation of fluid losses from measurements of body weight in field 261 situations as being subject to several errors; in particular, the inability to measure 262 faecal and urinary losses. In the current study it was not possible to provide food 263 measured accurately, or calculate fluid and faecal losses, so changes in BWT were not 264 suitable criteria against which to validate other measures. After the predicted rise at 265 30 minutes, BWT fell by 60 minutes to below its value at time 0 and initial BWT was 266 not regained by 300 minutes. This suggests that the weight of ongoing faecal, urinary and sweat fluid losses over the 5-hour period was greater than that of the water 267 268 consumed.

269 Longitudinal measurement of PCV, TP, Posm and electrolytes resulted in a 270 clearer understanding of their relationship with water intake and skin tent duration 271 than was provided by the previous cross-sectional study (Pritchard et al. 2006). Figure 272 2 shows that P_{osm} (with Na⁺ and Cl⁻) fell by 8 +/- 1.2 mOsm/L after the first drinking 273 bout and maintained a steady state until 300 minutes. This agreed with findings by Butudom et al. (2003) who observed Posm and Na⁺ returning to normal within 30 274 minutes of rehydration of horses by offering water to drink. For the current 275 276 investigation, Posm was selected as the criterion against which to test the validity of 277 other parameters, although as discussed by Bland and Altman (1999), this does not 278 imply that it was a perfect measure. It is notable that only 3 out of 50 values for P_{osm} 279 at time point 0 lay above the reference range established for working horses in 280 Pakistan (272 – 297 mOsm/L; JCP, unpublished data); therefore a single blood 281 sample taken at a this point would not have identified dehydration. However, longitudinal assessment of falling Posm over the course of the study enabled 282 283 comparison with changes in other variables of interest.

284 PCV did not demonstrate a relationship with either water intake or P_{osm} . The significant fall in TP seen between 30 and 120 minutes was presumably caused by 285 286 haemodilution, after which values returned to initial levels. This demonstrates the 287 potential weakness of relying on PCV and TP to assess dehydration: the longitudinal 288 changes in these parameters seen in the present study suggested that animals were 289 euhydrated at time 0. The 8-10% drop in PCV occurring in 4 horses after ingestion of 290 large volumes of water at the initial drinking bout did not alter clinical parameters or 291 appear to lead to abdominal pain. In working horses that may have a low PCV due to 292 concurrent disease, malnutrition or parasitism, there is a theoretical risk of acute anaemia and tissue oxygen deprivation with sudden haemodilution to this extent(Freitag *et al.* 2002).

295

296 Repeatability and validity of the standardised skin tent test

297 The major findings of this study were that the skin tent test, even when standardised 298 in method and timed accurately using a stopwatch, was not repeatable between the right and left sides of the animal or between the three anatomical locations tested. 299 Changes in skin tent duration over time can not be attributed to changes in Posm or to 300 301 volume of water drunk, as no significant associations between skin tent and measures 302 of hydration status were found in this sample population. These results suggest that 303 changes in skin tent may be attributable to changes in coat moisture, or to other 304 factors such as the apparent effect of small differences in neck position and muscle 305 (including panniculus) movement observed in the preliminary testing periods.

306 Coat moisture had a highly significant effect on skin tent duration. 307 Investigation of this factor was prompted by an observation, made during the 308 preliminary testing period, that a normal (rapid) skin tent in dry horses became very 309 prolonged (> 15 s) when the animals were suddenly soaked with rain. In the study, the 310 absence of rain or water on the coat meant that no animals were scored WW; 311 however, the order of skin tent duration of DS< DD< DaS< WS suggested that coat 312 moisture may affect skin tent in a graded manner. This could be due to an internal or 313 external effect of sweat production on the elastic recoil of the dermis. A recent review 314 of sweating in horses (Jenkinson et al. 2006) found that the myoepithelial cells of the 315 equine subdermis appear contracted during sweating, and described the extrusion of 316 cell vesicles and dead secretory cells, as well as large quantities of electrolytes, from 317 the sweat glands of the dermis. Myoepithelial contraction and either loss of this 318 secretion from dermal sweat glands, or its gain on the skin surface, could potentially 319 affect skin recoil. However, this would not explain the effect of rain water seen in the 320 pilot study.

321 Skin tents on the left side of the animal were longer than on the right. The 322 assessor's right hand was used to pinch the skin at all three locations on the left side 323 of the horse (and vice versa) so, despite practice, right-handedness may have had an 324 unintentional effect on the strength of the pinch and hence the duration of tenting. 325 Harris et al. (2005) found skin tents to be longer on the right side of the neck than the 326 left, but the laterality of the assessor was not described. There may be an additional 327 effect of laterality on reaction times to operate the stopwatch which was held in the 328 opposite hand to that used for pinching. Alternatively, where carts are driven on the 329 left side of the road, as in Pakistan, a difference in muscle size and/or tension on the 330 horse's left side could cause the asymmetry of skin tent duration seen in this study.

331 Rose and Hodgson (2000) recommended the skin over the point of the 332 shoulder as more reliable than the neck for detection of dehydration; however during 333 rehydration of the horses in the current study, no change in skin tent duration occurred 334 at this location. The finding that skin tent was longest over *m. serratus ventralis*, 335 followed by *m. brachiocephalicus* and shortest, with least variability, over the point of 336 the shoulder may be due to differences in skin tension between these locations. Age-337 related differences in skin elasticity between animals may explain, at least in part, the 338 significant effect of age on skin tent duration seen in the current investigation and 339 previously (Pritchard et al. 2006). Both found that younger horses had shorter skin 340 tent times than older ones, although the age brackets varied slightly between studies.

341

342 Validity of mucous membrane dryness and drinking behaviour

343 The novel quantitative and qualitative assessments of mucous membrane dryness 344 made in the present study were not found to be valid measures of dehydration. Despite subjective assessment of gum dryness or tackiness being recommended in equine 345 346 clinical publications as part of an assessment of dehydration (Hollis and Corley 2007, 347 Robinson 2003, Rose and Hodgson 2000), evidence from the current study did not 348 support its reliability for this purpose. These findings may be due to other factors 349 over-riding the effect of dehydration; for example, oral mucous membrane dryness 350 could be decreased by drinking or increased by sympathetic stimulation during mouth 351 handling. Alternative sites, such as vaginal and ocular mucous membranes, were 352 investigated during preliminary testing and judged unsuitable for practical reasons, 353 such as the high prevalence of ocular discharge in the working animal population 354 (Pritchard et al. 2005).

355 The pattern of drinking behaviour illustrated in Figure 1 shows that animals 356 appeared to quench their thirst immediately on being offered water and their intake 357 remained low for the rest of the study period. This agrees with Butudom et al. (2003) who observed that following a 45-km endurance exercise test, horses drank as soon as 358 359 water was offered and consumed the majority of their intake within 1 to 2 minutes. 360 Houpt et al. (1989) found that resting ponies deprived of water for 24 hours also 361 drank to satiety within 90 seconds of gaining access to water, often in a single long 362 draught, and their fluid deficits were corrected precisely within 15 minutes. In the 363 present study, the number and average duration of drinking bouts reflected P_{osm} but 364 thirst did not reduce the number of times a horse raised its head while drinking, 365 indicating that the need for vigilance or respite during bouts of drinking appears to interrupt the thirst drive for short periods. Therefore, although not ideal, water 366 367 consumption appears to be the best field test for dehydration. It has the advantages of being simple to administer and simultaneously alleviating the fluid deficit, although there are also potential limitations where water is unavailable, or drinking is inhibited by human proximity (such as an animal in this study that would not drink in the presence of the observer) or negative alliesthesia for water. Although water intake in this study did not appear to be affected by water temperature, voluntary replacement of fluid losses in working horses may be further improved by offering water at optimal temperature, flavour and salinity; this is a potential area for further research.

375

376 *Conclusions and potential relevance*

377 The dual aims of this study were to define a 'gold standard' criterion for identifying 378 dehydration in adult working horses and to validate simple indicators, including a standardised skin tent test, for field use. The gold standard was defined as Posm, 379 380 subject to the limitation that in dehydrated working horses it frequently may fall 381 within the reference range so longitudinal changes should be examined. Substantial 382 variability in test methodology, anatomical location and position of the animal's head, 383 neck and limbs when the test is carried out has made skin tent duration subjective and difficult to interpret. The results demonstrated a lack of validity of both a highly 384 385 standardised skin tent test and measures of gingival mucous membrane dryness when 386 compared to P_{osm} and water intake, with implications for both clinical practice and the 387 assessment of horses during work or competition. Use of drinking behaviour as a field 388 assessment of hydration status constitutes diagnosis by response to treatment. This has 389 disadvantages if drinking is inhibited by internal factors such as negative alliesthesia 390 for water or external factors such as fear of the environment, behaviour of their 391 owners or water availability. However, for working horses, offering palatable water to drink *ad libitum* provides both a simple diagnosis and a remedy for dehydration whichcan be implemented by any person in the field.

394

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396

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403

404 Manufacturers' addresses

405

406 ¹Tru-test Ltd., Auckland, New Zealand.

- 407 ²Schering-Plough Animal Health, New Jersey, USA.
- 408 ³Menicon Pharma, Illkirch-Graffenstaden, France.
- 409 ⁴Smith Filters, Tunbridge Wells, UK.
- 410 ⁵Vaisala Group, Vantaa, Finland.
- 411 ⁶Hettich Zentrifugen, Tuttlingen, Germany.
- ⁷BD Vacutainer, Pre-analytical Solutions, New Jersey, USA.
- 413 ⁸Roche Instrument Centre, Rotkreuz, Switzerland.
- 414 ⁹Nova Biomedical, Massachusetts, USA.
- 415 ¹⁰Advance Instruments, Philadelphia, USA.
- 416 ¹¹Minitab Ltd., Coventry, UK.

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Qualitative assessment of coat moisture in 50 working horses.¹ 'Feel' assessed by

- 507 smoothing the hair once with the back of the hand immediately prior to skin tent test

Code	Name	Description of hair coat over anatomical location where skin tent test carried out		
		Appearance	Feel ¹	
DD	Dry	Hairs smooth and separated, may be slightly raised.	Dry and smooth	
		Colour normal (same as other dry areas of coat).		
DS	Dry sweat	Hairs matted, may be visible pale salt on hairs	Crunchy or crispy texture	
		Colour normal.		
DaS	Damp sweat	Hairs smoother than score DD, not separated.	Slightly damp or oily.	
		Little or no colour change.	No water transferred to hand.	
WS	Wet sweat	Hair and skin visibly soaked.	Wet: slippery or oily texture.	
		Distinct colour change (darker).	Water transferred to hand.	
WW	Wet water	Hair and skin visibly soaked. Wet: more 'squeaky' than slippery/ oily texture.		
		Distinct colour change (darker).	Water transferred to hand.	

- 511 Qualitative assessment of mucous membrane dryness in 50 working horses, using
- 512 a 400mm² square of filter paper placed on the gingival mucosa, dorsal to the
- 513 upper lateral incisor, for 10 seconds.

514

	Score	Adhesion	Dryness
-	0	Falls off mucosa within 10s	Dry
	1	Adheres to mucosa	Dry
	2	Adheres to mucosa	Wet over 50% of area or less
	3	Adheres to mucosa	Wet over greater than 50% but less than 100% of area
	4	Adheres to mucosa	Wet over 100% of area
	5	Slides off mucosa within 10s	Wet over 100% of area

517 518 Description of 50 working horses recruited to study with a positive skin tent test

Parameter	Mares (<i>n</i> = 43)	Stallions (<i>n</i> = 7)
Age		
2 - 5 years	6	1
6 - 10 years	14	1
11 - 15 years	23	5
Body condition score (BCS)		
2	37	7
2.5	5	0
3	1	0

521 Effects of age, anatomical location, side of animal, coat moisture and repetition

522 on skin tent duration in 50 working horses.

- 523 1 n/s = not significant
- ² not an exact F test
- 525

Variable	F _(df,error)	Significance ¹	Description/ direction of effect on skin tent duration
Age of horse	F _(2, 2024) = 5.44 ²	p = 0.007	older age groups > 2 - 5 years
Anatomical location	F _(2, 2024) = 899.61	p < 0.001	<i>M.</i> serratus ventralis > <i>m.</i> brachiocephalicus > point of shoulder
Side of animal	F _(1, 2024) = 6.98	p = 0.008	Left side > right side at all anatomical locations
Coat moisture	F _(3, 2024) = 37.74	p <0.001	Wet sweat > damp sweat > dry coat > dried sweat
Repetition	F _(2, 6241) = 1.10	n/s	No difference between 3 repetitions 10 seconds apart

Figure 1

528 Changes (mean + s.e.) in osmolality, body weight and water intake during rest
529 and rehydration of 50 working horses



- 531 **Figure 2**
- 532
- 533 Changes in blood parameters (A) PCV, TP, and (B) electrolytes during rest
- 534 and rehydration of 50 working horses
- 535 (A)

