

18 January 2017

**Important notes:**

1. A detection time is not the same as a withdrawal time. The detection time is the approximate period of time for which a drug (or its metabolite) remains in a horse's system, such that it can be detected by the laboratory and is provided only as a guide. The withdrawal time for a drug must be decided upon by the treating veterinarian and is likely to be based on the detection time and an added safety margin. This margin should be determined using professional judgment and discretion to allow for individual differences between horses such as size, metabolism, degree of fitness, recent illness or disease etc. to be taken into consideration.
2. With all medications, a clinical judgment is essential to ensure that the welfare of the horse is never compromised by administering a drug at a time too close to an event such that it may mask symptoms and could aggravate a clinical condition. Horses with locomotor problems in particular must always be provided with adequate rest.
3. It is well-established fact among veterinarians that when a joint is injected, there is always a risk of leakage and it need to be taken into consideration when deciding the withdrawal time for a specific drug. It is also well-established fact that there may be a difference in detection time for a substance depending on the route of administration i.e. intra-articular(i.a.), intravenous(i.v), intra-muscular(i.m) and subcutaneous(s/c).
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Substance	Preparation	Dose	Route of administration	Number of horses	Detection time (hours)
BETAMETHASONE	Celeston/ Soluspan	30mg total body dose in up to 2 joints	i.a.	8	168 (7d)
CLENBUTEROL*	Ventipulmin	0.8µg/kg b.i.d. q 8 days	oral	6	168 (7d)
DEMBREXINE#	Sputolysin	0.3 mg/kg/ 9 doses at 12 hr intervals	oral	6	120 (5d)
DETOMIDINE#	Domosedan	0.02 mg/kg	i.v.	10	48 (2d)
DEXAMETHASONE	Aqueous solution	10 mg Na- phosphate	i.v.	6	48 (2d)
*DIPYRONE# (METAMIZOLE)	Vetalgin	30 mg/kg	i.v.	10	72 (3d)
*FLUNIXIN#	Finadyne	1 mg/kg	i.v.	4	144 (6d)

**FEI LIST OF DETECTION TIMES (cont)**

**KETOPROFEN #	Ketofen	2.2 mg/kg/5 days/1x/day	i.v.	6	96 (4d)
LIDOCAINE#		60-300 mg	s.c.	6	48 (2d)
***MELOXICAM#	Metacam,	0.6mg/kg/14 days	daily oral	8	72 (3d)
		0.6mg/kg/14 days	i.v.	8	72 (3d)
MEPIVACAINE#	Intra-Epicaine	0.07-0.09 mg/kg (2ml/40mg)	s.c. lateral lower limb	6	48 (2d)
		0.28-0.35 mg/kg (8ml/160mg)	s.c. neck	6	48 (2d)
METHYLPREDNISOLONE ACETATE	Depomedrol	200mg in 3 joints	i.a.	5	672 (28d)
		100mg in 2 joints	i.a.	5	336 (14d)
N-BUTYL SCOPOLAMINE#	Buscopan mono***	0.3 mg/kg	i.v.	6	24 (1d)
PHENYLBUTAZONE#\$	Equipalazone	4.4 mg/kg/5 days/2x/day	Oral	2	168 (7d)
	Phenylarthrite	8.8 mg/kg	i.v.	6	168 (7d)
	Equipalazone	8.8 mg/kg/2x/day 1 + 4.4 mg/kg/2x/day for 10 days	oral	6	168 (7d)
****TILDRUONATE	Tildren	0.1mg/kg/day for 10 days	i.v.	6	672 (28d)
TRIAMCINOLONE ACETONIDE	Kenacord retard 40 (40 mg/ml)	12 mg in one joint	i.a.	6	168 (7d)

\* Studies have shown that re-uptake of drugs (e.g. dipyrrone, flunixin, clenbuterol) through droppings of the horse or contaminated bedding can result in prolonged detection times. Therefore it is essential that stalls in which competition horses are under NSAID or other treatment are daily and thoroughly cleaned. This applies particularly to oral medication in boxes with straw bedding not replaced very frequently.

\*\* For ketoprofen, administration of topical treatment has resulted in prolonged detection times. Administration of ketoprofen as topical treatment is therefore not recommended.

\*\*\* Boehringer Ingelheim

\*\*\*\*Based on the work of Popot, M.A. et al. (2014) HPLC/ESI-MS<sup>n</sup> method for non-amino bisphosphonates: Application to the detection of tildronate in equine plasma, *Journal of Chromatography B*, 958: 108-116

# Based on original data received from the European Horserace Scientific Liaison Committee (EHSLC).

\$ Suxibuzone is a prodrug of phenylbutazone. The detection times should follow the same indications as phenylbutazone.