

## FEI LIST OF DETECTION TIMES

Substance	Preparation	Dose	Route of administration	Number of horses	Detection time (hours)
Phenylbutazone	Equipalazone (Arnolds)	4.4 mg/kg/5 days/2x/day	oral	2	168 (7d)
	Phenylarthrite, Vetoquinol SA	8.8 mg/kg	i.v.	6	168
	Equipalazone, Intervet SA	8.8 mg/kg/2x/day 1 + 4.4 mg/kg/2x/day for 10 days	oral	6	168
Flunixin*	Finadyne, Schering-Plough	1 mg/kg	i.v.	4	144 (6d)
Ketoprofen**	Ketofen, Merial Animal Health	2.2 mg/kg/5 days/1x/day	i.v.	6	96 (4d)
Dipyrone* (Metamizole)	Vetalgin, Intervet	30 mg/kg	i.v.	10	72 (3d)
Dembrexine	Sputolysin, Boehringer	0.3 mg/kg/9 doses at 12 hr intervals	oral	6	120 (5d)
Mepivacaine	Intra-Epicaine, Arnolds	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)
Detomidine	Domosedan, Orion Pharma	0.02 mg/kg	i.v.	10	48 (2d)
Lidocaine		60-300 mg	s.c.	6	48 (2d)
Clenbuterol*	Ventipulmin	0.8 µg/kg bid q 8 days	oral	6	168 (7d)
N-butyl scopolamine	Buscopan mono	0.3 mg/kg	i.v.	6	24 (1d)
Dexamethasone		10 mg Na-phosphate	i.v.	6	48 (2d)
Methylprednisolone Acetate	Depomedrol, Pfizer	200mg in 3 joints	i.a.	5	672 (28d)
		100mg in 2 joints	i.a.	5	336 (14d)
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. dipyrone, 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.

**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 plus a safety margin, chosen with professional judgment and discretion to allow for individual differences between horses such as size, metabolism, degree of fitness, recent illness or disease etc.
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.

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