

SWEET ITCH

Sweet itch is a hypersensitivity reaction to the bite of a midge which causes skin irritation that leads to rubbing, scratching and biting resulting in hair loss and skin damage. It can affect the entire body but the most commonly affected areas are the mane, tail and face. There is a seasonal pattern following the prime time of midge activity from March to November but severe cases can have signs all year round.

Diagnosis

Diagnosis can most often be made on the basis of clinical signs; seasonal, highly itchy skin disease leading to skin thickening and crusting around the mane and tail areas. More subtle cases can be diagnosed by allergy testing.

Treatment/prevention

Treatment is aimed at controlling the problem, there is no effective cure.

1: Prevent the midges biting

- Stable at times of highest midge activity - dawn and dusk.
- Choose paddocks in well drained, windy areas away from large areas of water to avoid high midge activity.

2: Provide a barrier to the midges

- Closely fitting fly rugs which cover the mane and tail and which have a belly panel.
- Apply Vaseline to affected areas (before rubbing).
- Improve the skin's function as a barrier using topical treatment or supplements if required.



3: Apply effective fly repellent

- Fly repellents containing DEET can be useful to repel midges

4: Stop the hypersensitivity reaction

- Topical lotions/creams – Tea tree oil is often used as a natural anti-itch solution or creams/sprays containing steroid are very effective at stopping the itching.
- In feed supplements such as Cavalesse can be effective at reducing the hypersensitivity reaction.
- Oral steroids can be used in severe cases, there is a minimal risk of laminitis so this may not always be the best option.
- Desensitisation – injections of increasing doses of allergens can be useful, only if the horse has had allergy testing.

5: Prevent scratching

- Reduce any areas that the horse can scratch on i.e fence posts, gates etc. Turn out in fields with electric fencing.

Treatment should be started prior to the midge season to minimise clinical signs becoming established.



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