

**FEDERATION EQUESTRE INTERNATIONALE  
MEDICATION ADVISORY GROUP**

**ANTI-DOPING AND MEDICATION CONTROL: REDUCING THE RISKS OF  
POSITIVE DRUG TESTS IN COMPETITION HORSES**

**GUIDELINES FOR TREATING AND TEAM VETERINARIANS.**

1. To make a clear distinction between the use of routine, legitimate medication and deliberate and calculated doping to affect a horse's performance, the FEI has published these Guidelines to assist Treating and Team Veterinarians. The objectives are to protect the welfare of the horse, defend the integrity of the sport and to reassure the public.
2. The FEI believes that any horse requiring *bona fide* veterinary treatment should receive it, but recognises that the use of medication to treat illness or injury close to an event carries an inherent risk of incurring a positive drug test if insufficient time has elapsed for the elimination of the drug from the horse. The MAG has therefore joined with the European Horseracing Scientific Liaison Committee (EHSLC) to coordinate a series of drug administration studies to produce information for Treating and Team Veterinarians. For FEI purposes, the drugs have been selected in collaboration with the International Treating Veterinarians Association and are collectively known as the FEI 'Medicine Box'. These are all treatments that might reasonably be expected to be used in routine clinical practice in the time running up to an event.
3. Experience over many years in the FEI has shown that non-steroidal anti-inflammatory drugs (NSAIDs) are the most common group of drugs reported as prohibited substances. They have therefore been selected by the MAG as the first group for publication of detection time guidelines, along with the mucolytic agent dembrexine. Information is now available on the FEI web site on the following: phenylbutazone, flunixin, ketoprofen, dipyron (metamizole) and dembrexine. Advice on further drugs in the Medicine Box will follow as soon as possible as the data from the administration studies become available.
4. The Equine Anti-Doping and Medication Control (EAMDC) Rules adopted by the General Assembly at its meeting in Kuala Lumpur (MAL) in May 2006 makes clear that there is a strict liability on the Person Responsible with regard to prohibited substances. Treating/Team Veterinarians are strongly recommended to study these carefully alongside the Equine Prohibited List. It is important to note the FEI's intention to differentiate between Medication Control and Doping and that significant differences in sanctioning can be expected for each category of substances. Further information is available on the FEI website: [www.horsesport.org](http://www.horsesport.org). under "veterinary".

5. The MAG wish to remind all Treating/Team Veterinarians that individual horses will vary in their response to the administration of drugs as well as to the effects of training and exercise programs, diet, stable management and state of health, which can all cause variations in drug elimination profiles. In the case of oral administration, the use of different proprietary formulations may result in different detection times on account of variations in oral bioavailability. Repeated oral dosing will alter the detection time due to bioavailability and cumulative factors affecting the excretory half life of the drug.
6. In the administration studies the drugs were administered at the manufacturer's recommended dose using the typical route of administration to a limited number of healthy horses under controlled, scientific conditions. The horses were not exercised under conditions that might be expected in training. The detection times must be considered only in terms of the particular dosage used, the formulation and the dosage regime employed. The detection times reflect only the precise conditions of the administration protocol used for the scientific study. Treating/Team Veterinarians should therefore regard these data as for information only.
7. Detection times issued by the FEI are *not* the same as 'withdrawal times' which must be a matter for the profession judgement of the Treating/Team Veterinarian using an adequate safety margin and/or the FEI's Elective Testing procedures. Details of the FEI's Elective Procedure and the use of Medication Form 4 that must be completed in requesting formal elective testing can be found on the web site ([www.horsesport.org](http://www.horsesport.org)).
8. It is incumbent on the Treating/Team Veterinarian to exercise full professional judgement, taking into account all relevant circumstances, and the most up to date information, before advising when a horse may safely compete after drug administration.
9. In the case of certain drugs, Treating/Team Veterinarians should be aware of the possibility of recycling in the horse's body and of possible reuptake of active substances from bedding etc. following excretion from the horse's body. Particular care should be taken to ensure necessary precautions are taken to avoid any risk of positive results arising from reuptake. Further information is available on the website ([www.horsesport.org](http://www.horsesport.org)).
10. For further information, contact the FEI Veterinary Department.
11. *The FEI accepts no liability or responsibility for the direct or indirect consequences of any person using or relying exclusively on the data on detection times provided by the FEI, to the exclusion of professional judgement under any circumstances.*

## FEI List of Detection Times

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Substance	Preparation	Dose	Route Administration	Number of horses	Detection time <sup>†</sup> (hours)
Phenylbutazone	Equipalazone (Arnold)	4.4 mg/kg twice daily for 5 days	oral	2	168
	Phenylarthrite, Vetoquinol SA	8.8 mg/kg	IV	6	168
	Equipalazone, Intervet SA	8.8 mg/kg twice daily on Day 1 then + 4.4 mg/kg twice daily on Days 2 - 10	oral	6	168
Flunixin	Finadyne, Schering-Plough	1 mg/kg	IV	4	144
Ketoprofen*	Ketofen, Merial Animal Health	2.2 mg/kg 5 days once per day	IV	6	96
Dipyrone (metamizole)	Vetalgin, Intervet	30 mg/kg	IV	10	72
Dembrexine	Sputolysin, Boehringer	0.3 mg/kg twice daily for 4.5 days	oral	6	168

IV – intravenous administration.

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

† NB 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.

Remarks:

There is evidence that a number of drugs (including flunixin and dipyrone) that are excreted in a horse's urine can be recycled if the horse eats its bedding (particularly straw). Always ensure that horses have clean bedding and that the bedding could not have been contaminated by another treated horse.