

### Intra-articular administration of Corticosteroids

The BHA would like to draw trainers' vets' and other participants' attention to its previously published advice regarding the intra-articular administration of corticosteroids.

Corticosteroids, including triamcinolone acetonide (TCA), methylprednisolone acetate, betamethasone and dexamethasone, are Prohibited Substances on Raceday, (BHA Rules of Racing - <u>Schedule (G)1 – Prohibited List</u>). Whilst the use of these medications is permitted in training when indicated for the treatment of an appropriately diagnosed veterinary condition, there is a strict liability of the Trainer to ensure no Prohibited Substance is present in a horse's body system(s) on Raceday.

# Stand-Down Period

In January 2015, the BHA implemented a new Rule, requiring a mandatory 14 clear days Stand-Down period from racing following administration of any intra-articular corticosteroid:

"The horse must not have been administered any intra-articular corticosteroid on the day of the race or on any of the fourteen days before the day of the race in which the horse is declared to run." (Schedule (B)3 – Requirements for horse to run)

This Stand-Down period is a **minimum mandatory period** following administration of an intraarticular corticosteroid before which a horse can race. This mandatory Stand-Down period should **not** be confused with a Detection Time or with a Withdrawal Period (see below).

### **Detection Times**

When corticosteroids are administered by any route, particularly into joints, there is potential for considerable variation in excretion times. Whilst the following list is **non-exhaustive**, all of the following may affect the excretion time:

- The corticosteroid administered
- Site of administration (i.e. which joint)
- Dose per joint and overall dose 'per horse'
- Degree of inflammation within the joint
- Concurrent administration of additional medications (e.g. amikacin, hyaluronic acid)
- Injection technique (e.g. accidental administration into surrounding soft tissues)

The above factors make it extremely difficult to establish a single Detection Time that can be relied upon safely by Trainers and vets. As such, the BHA does not publish Detection Times for any intraarticular corticosteroids.

As a guide, the BHA are aware of data from studies in normal horses which indicate that if a total dose of 10 mg of TCA alone were injected intra-articularly on one occasion beyond the 14 day Stand-Down period, it would be unlikely to result in an Adverse Analytical Finding (a "positive") on raceday. This data should **not** be used in isolation from the other guidance provided for in this note.

To be clear, there is NO Published Detection Time for intra-articular corticosteroids and the mandatory 14 day Stand-Down period should not be used as a Detection Time. Given the strict liability of the Trainer to ensure no Prohibited Substance is present in a horse's body system(s) on raceday, Trainers and their veterinary surgeons should take into account the above factors when deciding upon an adequate Withdrawal Period following the intra-articular administration of corticosteroids.



# Withdrawal Periods

The difference between a Detection Time and a Withdrawal Period should be understood, as the two are different. To decide a Withdrawal Period, an adequate safety margin should be **added** to a Detection Time. This safety margin should be chosen by the treating veterinary surgeon, using their professional judgement, and should take into account potential biological, pharmaceutical and pharmacological variation. This clearly makes a discussion between a Trainer and their veterinary surgeon essential when considering administration of any medication which is a Prohibited Substance on Raceday.

### Elective Testing

Trainers who wish to establish that medication given for essential veterinary treatment has cleared from a horse's system before a race are invited to contact the Equine Health and Welfare Department regarding Elective Testing, at <u>equine@britishhorseracing.com</u> or on 020 7152 0010.

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