

## Evaluation of the effect of tongue ties on stress parameters, behaviour and heart-rate variability in racehorses

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### Abstract

Fixation of the tongue to the mandible using so-called tongue ties (TTs) is common practice in Standardbred (SB) and Thoroughbred (TB) racing, but little is known about their impact on animal welfare. In this study, the influence of TTs on heart-rate variability (HRV), stress parameters in plasma (cortisol, glucose, lactate) and behaviour was evaluated in 30 SBs and 29 TBs ( $n = 59$ ) presenting with exercise insufficiency. Overall, 36/59 horses (24 SBs, 12 TBs) were familiar with TTs. Blood was taken at rest, after TT application and after racing in all horses, additionally samples were taken without TT in SBs another day. HRV was calculated over 3 min before, during and after racing. Additionally, SBs' behaviour during TT application and racing was documented in real time. TT application did not increase cortisol levels significantly, while highly significant increases in cortisol levels were found after racing. Lactate levels were not influenced by TT application, but also significantly increased after racing. No significant differences were found for glucose. Seventeen out of 30 SBs showed mild ( $n = 8$ ), moderate ( $n = 8$ ) and severe ( $n = 1$ ) reactions during TT application, none during or after race training. At rest, 23/30 SBs had a low/high frequency (LF/HF) ratio  $< 1.5$  ( $1.05 \pm 0.61$ ),  $n = 30$ , dominating parasympathetic activity). After TT application, the LF/HF ratio increased to  $1.4 \pm 0.45$  (increased sympathetic activity). In TBs, sympathetic activity dominated at rest. No differences in LF, HF and LF/HF were found after TT application or comparing HRV after racing with/without TT. The stress response (blood parameters and HRV) was not influenced by horses' naivety to TTs, however an increased stress response was observed in SB mares. Overall, obvious adverse behaviour, but only slight evidence of an increased systemic stress response, was found in this study. These results might provide objective evidence for future decisions from equine sports organisations concerning further regulations on TTs.

**Keywords:** animal welfare, cortisol, heart-rate variability, racing, stress, tongue tie

### Introduction

Tongue ties (TTs) are devices used to fixate the tongue to the mandible and hold it in this position during exercise with the goal of facilitating control of the horse and as a conservative treatment for dorsal displacement of the soft palate (DDSP; Barakzai & Dixon 2005). They have been used in racehorses for over 100 years. Conflicting evidence regarding their efficacy in preventing DDSP, combined with public concerns of potential welfare implications, led to the banning of TT use in show horses by the Fédération Equestre Internationale (FEI) in 2004. However, TTs are still approved for use in racing in many countries. The prevalence of TT use is approximately 5% in racehorses in Great Britain, rising to 89% in horses diagnosed with DDSP (Barakzai *et al* 2009a,b), so their use is commonplace and often in combination with other equipment (Chalmers *et al* 2013). In Germany, in June 2018, they were banned in Thoroughbreds (TB) racing nationally due to ongoing public debate, but are still approved for Standardbreds (SB) and remain part of the official regulations on racing equipment.

Stress in animals is of increasing research interest and been the focus of multiple studies. Cortisol concentrations have been measured in plasma, saliva and faeces to evaluate the stress response during transport (Stull & Rodiek 2002; Fazio *et al* 2008; Schmidt *et al* 2010b,c,d; Medica *et al* 2019) and physical exercise under training and performing conditions (Golland *et al* 1999; Cayado *et al* 2006; Malinowski *et al* 2006; Ferlazzo *et al* 2009; Cravana *et al* 2010; Schmidt *et al* 2010a). Endogenous cortisol increases glucose levels in plasma to supply energy for the central nervous system, which has no energy stores itself (Harbuz & Lightman 1992). In horses, this hyperglycaemia has been shown to correlate with hospitalisation, anaesthesia and slaughter (Luna *et al* 1996; May 2007; Walther 2017), but glucose levels can be affected by various factors including fasting or feeding, training, circadian rhythm of cortisol levels, stress, disease, gestation and bodyweight (Evans 1971; Ralston 2002; Bertin *et al* 2016).

Lactate levels also increase during training and physical stress (Hodgson *et al* 1987; Harris & Snow 1988; Rose *et al*

1988), but immediate sampling is of utmost importance (Marlin *et al* 1991; Lindner *et al* 1992; Rainger *et al* 1994; Roberts *et al* 1999). Lactate levels are commonly used to evaluate training condition after standardised exercise tests.

Heart-rate variability (HRV) reflects the interaction between the sympathetic and parasympathetic autonomous nervous system and its regulatory effect on the cardiovascular system (Sammito & Bockelmann 2015). HRV parameters have been shown to be a good option for non-invasive evaluation of the sympathetic-parasympathetic balance and the baroreceptor activity in different stress and pain situations (Malik 1996; Berntson *et al* 1997; Kucera 2006) with HRV decreasing with pain and stress, reflecting autonomous dysregulation. Therefore, the RR-interval between R-waves of the QRS-complex are analysed, if they are preceded by a P-wave reflecting the depolarisation of the sinus node. These RR-intervals are also called NN- (normal to normal) intervals, as they appear physiologically due to the activity of the sinus node (Rompelman *et al* 1977; Tarvainen *et al* 2014). The spectral analysis allows analysis between sympathetic and parasympathetic activity (Pomeranz *et al* 1985; Malliani *et al* 1991), with HF (high frequency) reflecting parasympathetic activity calming the heart rate and LF (low frequencies) representing sympathetic activity (Pagani *et al* 1986). Other authors also discuss parasympathetic involvement in these LF (Houle & Billman *et al* 1999), which are representative for the activity of baroreceptors influencing the vascular pressure (Brüggemann *et al* 1995; Kuwahara *et al* 1996; Hottenrott 2002). The LF/HF ratio shows the combined effect of the autonomous nervous system (sympathetic/parasympathetic activity) on the heart (Eckberg 1997), which increases reflecting overwhelming sympathetic activity. As in other species, parasympathetic activity dominates in horses at rest (Kuwahara *et al* 1999). Several training methods have been evaluated using HRV, including hyperflexion of the neck (Becker-Birck *et al* 2013; Zebisch *et al* 2014) and influence of equipment (Fenner *et al* 2016). In these studies, neither lunging nor riding in hyperflexion led to changes in HRV, while tight nosebands reduced HRV severely. As previous studies showed common discolouration of the tongue during TT application (Barton *et al* 2019), TTs can be expected to lead to poor perfusion and to reduce HRV as a consequence of stress or pain.

Horses' behaviour during TT application and 30 min afterwards was documented at rest in animals both familiar with TTs and naïve to them (Latimer-Marsh *et al* 2017). Increased frequencies of head-shaking and gaping were found in horses with previous experience of TT use in comparison to naïve horses. Previous studies on the tolerance of tight nose-bands had found behavioural changes in chewing, licking, yawning and swallowing (Fenner *et al* 2016). During the application of discomforting equipment, tail twitching and flattening the ears often indicate discomfort in horses (Wagner 2010).

In this study, the effect of TTs on stress parameters (cortisol, lactate and glucose) as well as HRV, was evaluated in 59 SB and TB racehorses under high-intensity exercise. Horses' behaviour during TT application and during strenuous exercise was scored. We hypothesised that TT application

and racing under TT use would increase stress parameters and decrease HRV as a consequence of overwhelming sympathetic activity compared to horses without TT, in particular in those familiar with TT application.

## Materials and methods

### Ethical statement

According to their training records, all horses included in this study were presented for exercise insufficiency, with respiratory noises recorded during exercise for 3/59 horses. Orthopaedic problems had been excluded by the referring veterinarians. A clinical examination including auscultation of heart and lungs, blood work (red and white blood cell counts, arterial blood gas analysis), electrocardiogram (ECG) at rest and during exercise and dynamic endoscopy were performed for diagnostic work-up. Data and blood samples were used for this study, but no additional samples were taken. Therefore, no ethical approval was essential according to §8a of German Animal Welfare Law.

### Study animals

The population included in the study consisted of 59 horses (30 SB, 29 TB) with a mean ( $\pm$  SD) age and weight of 4 ( $\pm$  2) years and 432 ( $\pm$  31) kg, respectively. We examined 25 mares, 26 geldings and eight stallions trained by nine different trainers. Overall, the majority of horses (24 of 30 SBs and 12 of 29 TBs) were accustomed to the use of TTs (36/59 overall) with TT use overwhelming in SBs. All horses had already been trained for racing or had raced previously. Horses familiar with TT use were included, as well as horses where trainers wished to evaluate the use of a TT to improve the clinical problem of the horse. All horses had a history of exercise insufficiency and were not randomly chosen. Three horses had a recorded respiratory noise and some had had other examinations before, ie examination of the musculoskeletal system, but these had not yielded a diagnosis to explain their problems.

### Equipment and racing conditions

All horses were equipped with their usual training tack, including bits and other equipment, such as check reins in SBs or martingales in TBs. SBs were driven and TBs ridden by their usual trainers and jockeys. Distance, type of race-track and speed varied between horses due to differences in TB and SB racing, age and training condition, but all horses raced under the same conditions with and without TT. Comparable exercise intensity with and without TT was ensured by measuring speed using a GPS system (TBs and SBs), heart rate using the mobile ECG system (TBs and SBs) and venous lactate immediately after exercise (SBs). SBs were evaluated on two subsequent days at their normal training times and were sampled on one day randomly before and after racing without TT (t1a-control and t2-control) and on the other day before application and after application of the TT and after racing (t1a, t1b and t2). TBs were not trained on two subsequent days at racing intensity therefore they were only sampled on one day before and after application of the TT and after racing (t1a, t1b and t2).

### TT application and behaviour

An elastic bandage (Meproflex, Bela Pharm, Vechta, Germany) was used as a TT and applied by the trainer/driver, so the material was standardised, although pressure on the tongue was not. It was applied approximately 15 min prior to maximum exercise intensity, when occurrence of DDSF was deemed most likely. In all 30 SBs, defence behaviour during TT application was scored as absent (presentation of head and/or tongue for TT application), neutral (no obvious defence behaviour), mild (turning away the head, mild tail twitching, no flattening of the ears), moderate (rapid head movements, ongoing tail twitching, mild flattening of the ears) or severe (aggressive behaviour, rising, biting, severe flattening of the ears). It was also documented whether this behaviour remained ongoing on the way to the race-track and/or during/after exercise. Observations were carried out in real time by one of the authors (IL).

### Plasma samples

Blood samples were taken by jugular venipuncture at rest (in the stable, t1a\_control and t1a), directly after application of the TT (t1b) and after racing a maximum speed (t2\_control and t2). Blood was filled into serum (cortisol) and fluoride tubes (lactate, glucose) (Sarstedt AG & Co KG, Sarstedt, Germany) and stored on ice until assayed. Analysis of lactate and glucose was performed in the clinic's laboratory using a blood gas analyser (Cobas b123, Roche, Mannheim, Germany), while serum tubes were centrifuged (3,800 U per min; 15min), stored in 500 µl aliquots at -80°C until assayed by the Institute of Veterinary Physiological Chemistry of the University of Leipzig, Germany.

### ECG

Telemetric holter ECGs were recorded with a two-channel recorder (Televet 100, Engel Engineering Services GmbH, Offenbach, Germany) during race training as part of the diagnostic work-up of exercise insufficiency. The electrodes were placed under the saddle pad and girth to ensure they were kept in place during race training (red: left thoracic wall 30 cm below the withers, black: 10 cm below the red electrode, yellow: right thoracic wall 30 cm below the withers and green: 2–3 cm lateral to the sternum). The ECG data were also used to evaluate the effect of TTs on HRV. The ECG was fitted and remained *in situ* for the entirety of the race. Recordings were analysed starting 5 min before and after the application of the TT at rest (both at the stable), during exercise until 5 min after maximum exercise (at the race-track). Three minutes of each phase were included in the HRV analysis.

### Analysis of HRV

RR intervals were exported from the Televet software and imported to the 'Heart rate variability Analysis Software 1.1' (Biomedical Signal Analysis Group, University of Kuopio, Finland) and a time and frequency domain analysis was calculated. LF and HF frequencies are defined in the horse as 0.01–0.07 and 0.07–0.6 Hz, respectively, as previously described (Kuwahara *et al* 1996).

**Table 1** Mean ( $\pm$  SD) and statistical significance (Wilcoxon test for paired samples) of stress parameters in SBs on two subsequent training days after racing with and without application of TTs.

	Cortisol (ng ml <sup>-1</sup> )	Lactate (mmol l <sup>-1</sup> )	Glucose (mmol l <sup>-1</sup> )
After training with TT	116.7 ( $\pm$ 33.60)	8.8 ( $\pm$ 7.20)	5.23 ( $\pm$ 2.06)
After training without TT	122.2 ( $\pm$ 30.80)	6.7 ( $\pm$ 6.80)	4.99 ( $\pm$ 1.59)
Significance	$P = 0.185$	$P = 0.683$	$P = 0.558$
Before training with TT (before application)	73.6 ( $\pm$ 28.10)	0.9 ( $\pm$ 0.0)	4.64 ( $\pm$ 0.83)
Before training without TT	78.7 ( $\pm$ 27.60)	0.9 ( $\pm$ 0.0)	4.52 ( $\pm$ 0.72)
Significance	$P = 0.141$	$P = 1.000$	$P = 0.108$

### Statistical analysis

This was carried out using IBM SPSS® software (version 24). SB and TB data were tested for normal distribution using the Kolmogorow-Smirnov test and visual inspection. All variables with the exception of lactate concentrations were normally distributed.

A series of *t*-tests for paired samples compared variables (serum cortisol/lactate/glucose concentration, LF, HF, LF/HF ratio) from baseline (t1a\_control and t1a) to the time-point after application of the TT (t1a to t1b), from baseline to the time-point after racing (t1a\_control and t1a to t2\_control and t2) and from the time-point of TT application to the time-point after racing (t1b to t2). Wilcoxon test for paired samples was used to investigate whether differences between before and after racing were higher with TT compared to without. These investigations were carried out with the data from 30 SBs.

Analysis of variance (ANOVA) models with repeated measurements were adapted to investigate the influence of previous training with TT, sex, breed, age, and bodyweight on changes to the respective dependent variable before and after application of TT, as well as after racing. For cortisol, lactate, glucose, HF, LF, and HF/LF ratio separate models were analysed. Interactions were included in the model, non-significant interactions were excluded step-by-step. Model diagnostics included normality and homoscedasticity of residuals. The level of significance was set at  $P \leq 0.05$ . Since six models included the same set of influence variables, the level of significance was adjusted using Bonferroni method and the level of significance was adjusted to 0.008 using Bonferroni correction (0.05/number of comparisons).

### Results

#### Stress parameters in standardbreds

In SBs ( $n = 30$ ), the serum cortisol concentration increased by 55% during exercise ( $P < 0.001$ ) with mean ( $\pm$  SD) values of 78.7 ( $\pm$  27.6) ng ml<sup>-1</sup> without the application of the TT (t1a\_control), and 122.3 ( $\pm$  30.8) ng ml<sup>-1</sup> after racing (t2\_control), when no TT was applied ( $P < 0.001$ ; *t*-test for paired samples; Table 1). On the other day, there was no signif-

ificant increase in cortisol levels before (73.6 [ $\pm$  28.1] ng ml<sup>-1</sup>; t1a) and after the application of the TT (81.8 [ $\pm$  32.2] ng ml<sup>-1</sup>; t1b). The ANOVA model with repeated measurements revealed significantly different cortisol levels between the time-points 'after application of TT' (t1b) and 'after racing' (t2;  $P = 0.001$ ) that additionally interacted between animals that were already used to TT or naive ( $P = 0.008$ ) and between SB and TB ( $P = 0.001$ ). Independent of the time-point, cortisol levels were mainly influenced by the question of whether animals were already used to TT or not (Figure 1), and the interaction between this factor and age. Sex and breed did not influence cortisol levels.

Significant differences could be detected in the cortisol concentrations after racing with TT (116.7 [ $\pm$  33.6] ng ml<sup>-1</sup>; t2) or without TT (122.3 [ $\pm$  30.8] ng ml<sup>-1</sup>; t2\_control;  $P = 0.032$ , Wilcoxon test for paired samples; Table 1. No statistically significant differences between races with and without TT could be detected for lactate ( $P = 0.175$ ) or glucose concentrations ( $P = 0.863$ ; both Wilcoxon tests for paired samples) (Figure 2).

Lactate concentrations were 0.9 ( $\pm$  0.0) mmol l<sup>-1</sup> before (t1a), 1.0 ( $\pm$  0.4) mmol l<sup>-1</sup> after TT application (t1b) and 8.8 ( $\pm$  7.2) mmol l<sup>-1</sup> after racing (t2). The horses that were investigated without TT also showed significant differences before and after racing ( $P < 0.001$ ;  $t$ -test for paired samples, mean difference: 5.78 mmol l<sup>-1</sup>). In ANOVA analysis, there were significant differences between the time-points ( $P < 0.001$ ) that were not able to be explained in more detail by the factors investigated (Figure 3).

Glucose concentrations were 4.6 ( $\pm$  0.8) mmol l<sup>-1</sup> before (t1a), 4.66 ( $\pm$  0.9) mmol l<sup>-1</sup> after TT application (t1b) and 5.5 ( $\pm$  2.4) mmol l<sup>-1</sup> after racing (t2). As for cortisol and lactate, values also differed significantly in horses without TT before and after racing ( $P = 0.003$ ;  $t$ -test for paired samples). The ANOVA model showed again that significant differences occurred between 'after application of TT' and 'after racing' ( $P < 0.001$ ) with an average increase of 1.3 mmol l<sup>-1</sup> after racing. Significant interactions were found between time-point and breed (TB had higher values than SB;  $P < 0.001$ , and TB had higher increase than SB;  $P < 0.001$ ) as well as time-point and TT naivety (steeper increase in non-naivety;  $P = 0.0036$ ). Glucose increases after racing did not differ significantly with or without TT in SBs ( $P = 0.991$ ; Wilcoxon test for paired samples) (Figure 4).

### Stress parameters in thoroughbreds

In TBs ( $n = 29$ ), the serum cortisol concentration increased after exercise ( $P = 0.001$ ) with mean values of 66.74 ( $\pm$  17.18) ng ml<sup>-1</sup> before the application of the TT (t1a), 71.96 ( $\pm$  17.78) ng ml<sup>-1</sup> after the application (t1b; 7.8%) of the TT and 98.29 ( $\pm$  19.71) ng ml<sup>-1</sup> after racing (t2; difference 47.3% compared to values before the application of TT). As in SBs, the rise in cortisol concentration before and after application of the TT remained insignificant. Lactate concentrations were 0.67 ( $\pm$  0.12) mmol l<sup>-1</sup> before

(t1a), 1.51 ( $\pm$  0.77) mmol l<sup>-1</sup> after TT application (t1b) and 10.28 ( $\pm$  7.2) mmol l<sup>-1</sup> after racing (t2). Again, there was no significant increase with application of the TT ( $P = 0.063$ ), but after racing ( $P < 0.001$ ). As in SBs, no differences were found for glucose with 5.54 ( $\pm$  0.71) mmol l<sup>-1</sup> before (t1a), 5.39 ( $\pm$  0.95) mmol l<sup>-1</sup> after TT application (t1b), but a significant increase compared to baseline was found after racing (t2; 7.68 [ $\pm$  1.21] mmol l<sup>-1</sup>;  $P < 0.001$ ).

### Analysis of HRV

Without TTs, in SBs ( $n = 30$ ) there was an insignificant decrease of HF after racing ( $P = 0.346$ ) as well as an insignificant increase of LF ( $P = 0.110$ ;  $t$ -tests for paired samples each). The LF/HF ratio differed significantly between before and after racing ( $P = 0.041$ ; Wilcoxon test for paired samples) with higher values after racing. ANOVA models revealed no significant differences between the time-points nor age, but LF values in SB mares were higher than in geldings (not significant;  $P = 0.03$ ).

No significant differences before and after racing between with and without TT were detected regarding HF and LF/HF ratio ( $P = 0.417$ ;  $P = 0.65$ , respectively), but for LF the increase was significantly higher when the animals wore TT ( $P = 0.003$ ; Wilcoxon test for paired samples).

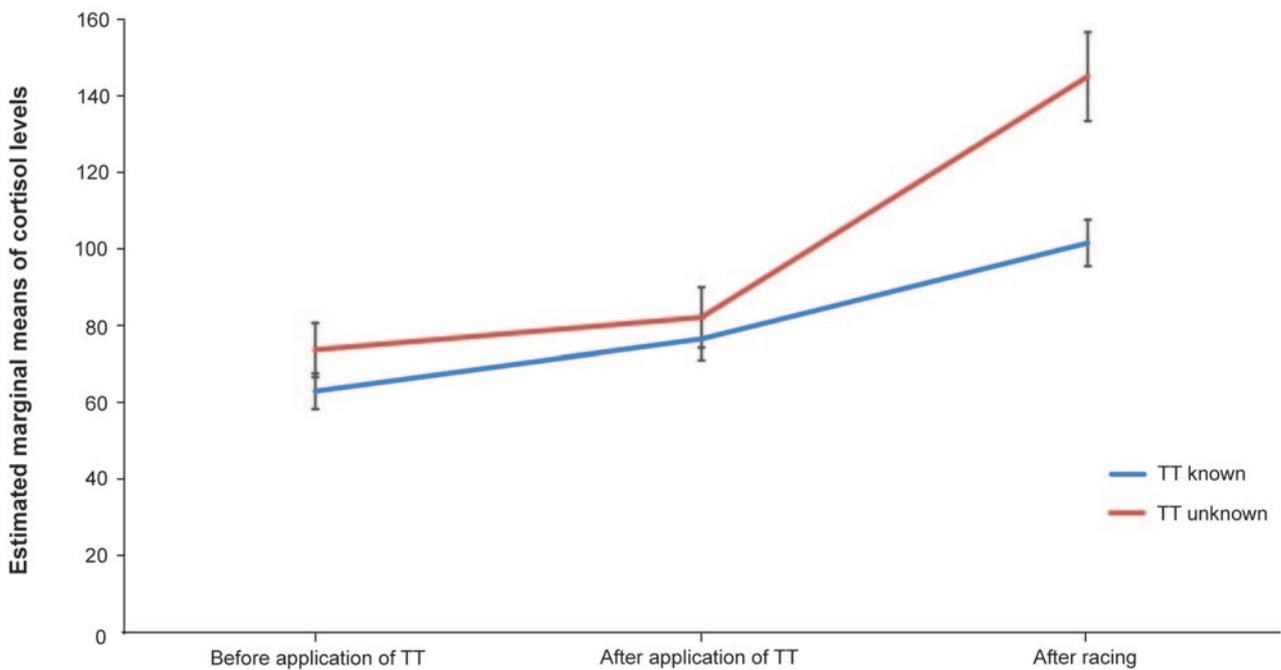
In SBs ( $n = 30$ ), horses showed slightly higher HF values at rest before the application of TTs (LF 53.15 [ $\pm$  19.36] normalised units [nu], HF 55.63 [ $\pm$  19.36] nu) representing dominant parasympathetic activity. Overall, 23/30 horses had an LF/HF ratio  $< 1.5$  with mean value of 1.05 ( $\pm$  0.61) over all 30 horses. After application of the TTs, LF values dominated (LF 69.39 [ $\pm$  14.29] nu, HF 48.28 [ $\pm$  19.05] nu) representing increased sympathetic activity. Ten out of 30 horses showed LF/HF ratios  $> 1.5$  with the TTs, and the mean value of LF/HF was 1.4 ( $\pm$  0.45) over all 30 horses when having the TT in place. After racing, LF values dominated also (LF 73.51 [ $\pm$  23.10] nu, HF 55.03 [ $\pm$  22.53] nu), representing ongoing sympathetic stimulation. Ten out of 30 horses had LF/HF ratios  $> 1.5$  after exercise with a mean value of 1.42 ( $\pm$  0.78) over all 30 horses (summarised in Table 2[a]). Data of two subsequent training days (training without and with TT) showed significantly higher HF values ( $P = 0.05$ ) and lower LF/HF ratios after race training without TTs (Table 3).

In contrast, LF values dominated in TBs already before and after application of TTs as well as after racing and tended to be higher than in SBs. We found no significant differences in LF, HF and LF/HF (Table 2[b]).

### Behaviour in SBs

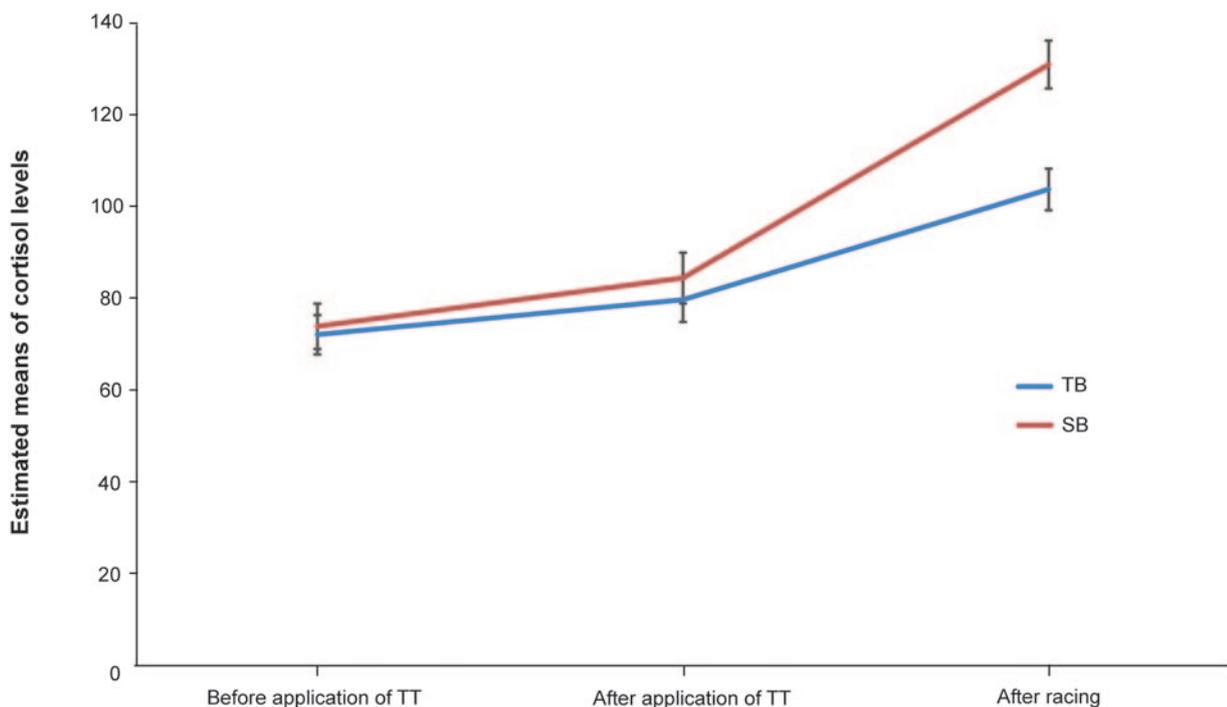
Two horses showed no defence behaviour and presented head or tongue for TT application and eleven showed neutral behaviour. The remaining 17 SBs showed mild ( $n = 8$ ), moderate ( $n = 8$ ) and severe ( $n = 1$ ) reactions during the application of the TT. None of the horses showed obvious defence behaviour during or after race training.

Figure 1



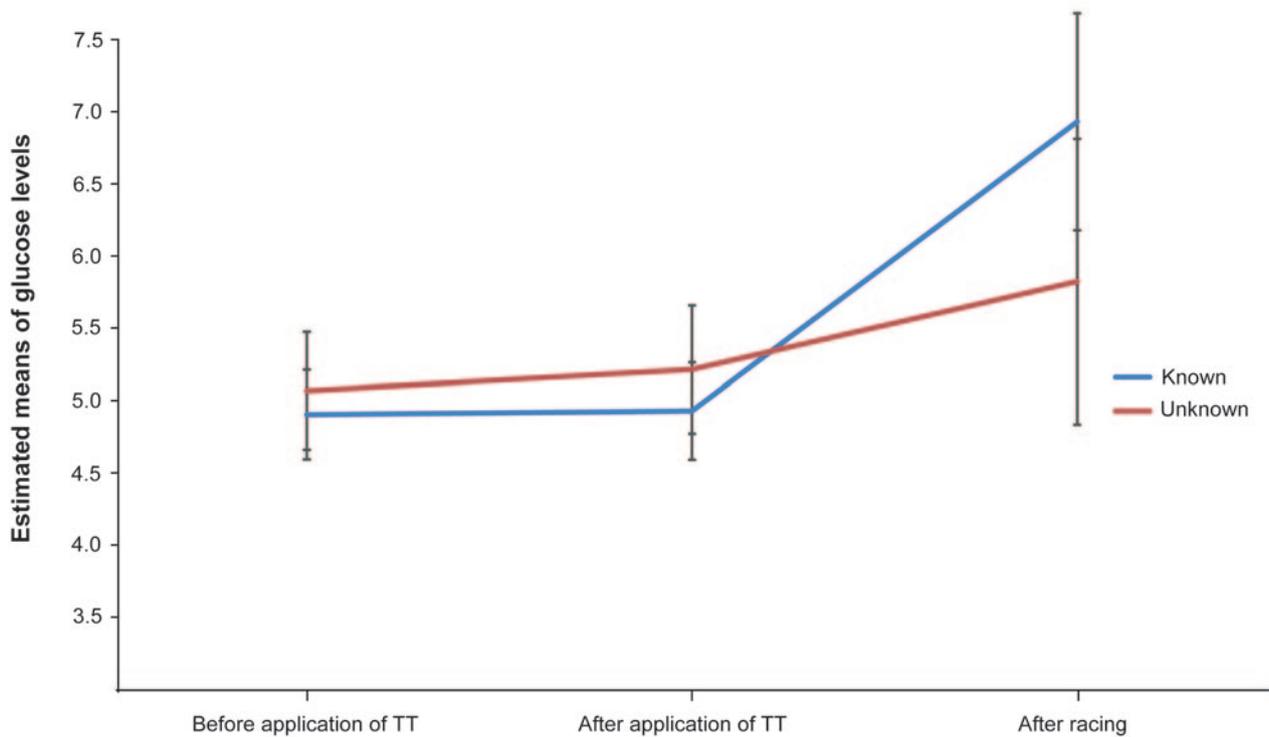
Estimated marginal means of cortisol levels at different time-points in all horses (SBs and TBs) familiar with TT (blue) compared to those that are not (red);  $P = 0.016$  for interaction between TT naivety and time-point;  $P = 0.001$  for TT naivety (ANOVA with repeated measurements).

Figure 2



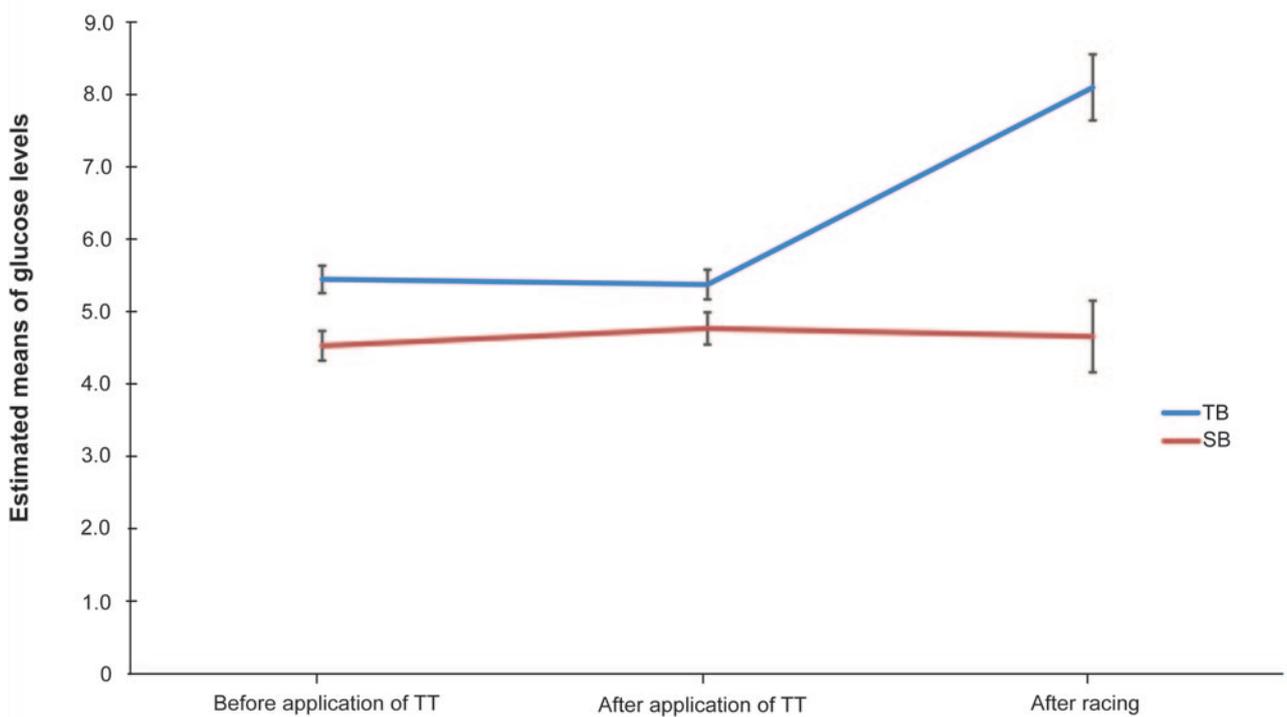
Estimated marginal means of cortisol levels at different time-points in SBs (red) versus TBs (blue).  $P < 0.001$  for interaction between breed and time-point,  $P = 0.059$  for breed (ANOVA with repeated measurements).

Figure 3



Estimated marginal means of glucose levels at different time-points in all horses (SBs and TBs) familiar with the TT (blue) compared to unfamiliar (red).  $P = 0.033$  for interaction between TT naivety and time-point,  $P = 0.179$  for TT naivety (ANOVA with repeated measurements).

Figure 4



Estimated marginal means of glucose levels at different time-points in SBs (red) versus TBs (blue).  $P = 0.009$  for interaction between breed and time-point,  $P = 0.001$  for breed (ANOVA with repeated measurements).

## Discussion

Overall, the majority of racehorses showed adverse behaviour in response to TT application, but only slight quantitative evidence of an increased stress response was found in this study by measuring heart-rate variability and cortisol levels. The higher LF values reported in SB mares suggest that TT application might affect them more than SB geldings.

## Horses

The fact that all the horses participating in this study had health problems (exercise insufficiency and/or respiratory noise) might be a serious concern for the results. Unfortunately, the trainers' interest in participating in this study was based on these issues. We tried to address this problem by evaluating at least the SBs with and without TT, so that the health problem would fall out as a factor, since it would be unlikely for this problem to be alleviated by application of a TT. For example, an orthopaedic problem might lead to subtle lameness with and without TT application, therefore factors attributing to exercise insufficiency, but not impairing upper airway function and not influenced by TT application, will cancel themselves out. In addition, there is no indication for TT application in a horse without any problems; therefore it seems reasonable to study horses which are exercise insufficient, but do not have a diagnosis to explain it. Trainers often use TTs in response to poor training or racing performance since upper airway pathologies are common in racehorses with exercise insufficiency. Therefore, the results of this study are surely valuable, although the gold standard would be evaluation of randomly chosen racehorses in a real racing situation, were they able to be secured for research purposes.

## Parameters

In this study, we focused on cortisol and HRV analyses as they are considered useful for the evaluation of stress in multiple studies (Alexander *et al* 1996; Hydbring *et al* 1996; Alexander & Irvine 1998; Golland *et al* 1999; Horohov *et al* 1999; Möstl & Palme 2002; Ohmura *et al* 2002; Bachmann *et al* 2003; Cottin *et al* 2005; Cayado *et al* 2006; Cottin *et al* 2006; Fazio *et al* 2008; Ferlazzo *et al* 2009; Quick & Warren-Smith 2009; Cravana *et al* 2010; Ohmura *et al* 2012; Becker-Birck *et al* 2013). The evaluation of cortisol in saliva might have been even less invasive and stressful for the horses (Schmidt 2010[a],[b],[c],[d]; Becker-Birck *et al* 2013). Cortisol can also be measured in faeces (Möstl & Palme 2002; Schmidt *et al* 2010[b],[c],[d]), but this is of higher value in chronic stress and not representative of the stress stimulus of short race training and the application of TTs for approximately 20 min.

## Equipment and racing conditions

An influence of further equipment (bit, sulky, saddle, whip and rider/driver) is possible, but was not part of this study. The use of this equipment reflects the racehorses' daily reality and they were familiar with it. Other TT studies (eg Chalmers *et al* 2013) were accompanied by trainers with horses equipped with their usual training gear since a racehorse

**Table 2(a) Mean ( $\pm$  SD) LF, HF and LF/HF ratios in SBs before and after application of TTs and after race training.**

	LF (nu)	HF (nu)	LF/HF (nu)
Before application of TT	53.15 ( $\pm$ 19.36)	55.63 ( $\pm$ 19.57)*	1.05 ( $\pm$ 0.61)
After application of TT	69.39 ( $\pm$ 14.29)*	48.28 ( $\pm$ 19.05)	1.40 ( $\pm$ 0.45)
After race training with TT	73.51 ( $\pm$ 23.10)*	55.03 ( $\pm$ 22.53)	1.42 ( $\pm$ 0.78)

**Table 2(b) Mean ( $\pm$  SD) LF, HF and LF/HF ratios in TBs before and after application of TTs and after race training.**

	LF (nu)	HF (nu)	LF/HF (nu)
Before application of TT	60.08 ( $\pm$ 14.88)*	52.17 ( $\pm$ 14.84)	1.27 ( $\pm$ 0.55)
After application of TT	66.98 ( $\pm$ 14.22)*	52.53 ( $\pm$ 15.70)	1.42 ( $\pm$ 0.62)
After race training with TT	74.89 ( $\pm$ 13.12)*	59.87 ( $\pm$ 17.09)	1.41 ( $\pm$ 0.64)

\* Overwhelming activity.

**Table 3 Mean ( $\pm$  SD) and statistical significance (Wilcoxon test for paired samples) of LF, HF and LF/HF ratios in SBs on two subsequent training days after racing with and without application of TTs.**

	LF (nu)	HF (nu)	LF/HF (nu)
With TT	68.01 ( $\pm$ 19.84)	43.72 ( $\pm$ 14.84)	3.78 ( $\pm$ 11.33)
Without TT	73.51 ( $\pm$ 23.10)	55.03 ( $\pm$ 22.53)	1.42 ( $\pm$ 0.79)
Significance	$P = 0.325$	$P = 0.05$	$P = 0.785$

would never be trained using a TT alone. Although not feasible in TBs, we tried to exclude the influence of equipment in SBs by examining them on two subsequent days, one with application of the TT and the other day under the influence of their normal equipment. This enabled us to see in this breed that HF was higher without TT. Therefore, we believe the effect of other equipment to be minimal. Although the use of TTs is very common (Barakzai *et al* 2009[a],[b]; Findley *et al* 2016), little data have been published supporting this practice. It was shown sonographically at rest that TT influence the position of basihyoid and thyroid cartilage and an increased stress-response was documented in horses at rest (Latimer-Marsh *et al* 2017), confirming our finding of decreasing HF after the application of TT and considerable sympathetic activity thereafter.

Differences in distance, type of race-track and speed were clearly methodology limitations here, however, each horse raced with and without TT on the same race-track and over the same distance to minimise intra-individual variance.

### Stress parameters

As cortisol levels are known to follow circadian rhythm (Hoffsis *et al* 1970[a],[b]; Medica *et al* 2011), all blood samples were taken in the morning during the horses' normal race training. As expected, exercise led to highly significant increases in cortisol concentrations in SBs and TBs, which is in accordance with previous studies (Golland *et al* 1999; Horohov *et al* 1999; Cayado *et al* 2006; Cravana *et al* 2010). Surprisingly, TT application did not influence cortisol concentrations prior to the start of high intensity exercise in neither SBs nor TBs. The mean values before the application of TTs were already above published reference values (Cayado *et al* 2006). Anticipation of racing and preparation of race training itself may have increased cortisol levels before the application of TTs. In addition, horses' individual temperaments may play a role (Fazio *et al* 2013). To our surprise, whether or not horses had been previously accustomed to TT application, also had no influence on stress parameters and may be attributable to the same mechanisms. The same was true for age and sex. Possible multiple influences of equipment and rider/driver and character may have obscured the effect of TTs on stress parameters, in particular cortisol. Other studies have shown the influence of a rider (Becker-Birck *et al* 2013; Zebisch *et al* 2014). Therefore, further studies should focus on further common equipment used in horse-racing and the influence of trainer, rider or driver.

In contrast to previous findings (Evans 1971), the glucose concentrations increased significantly after racing in TBs, which may be a result of hypothalamic-pituitary-adrenal axis activation in situations of physical and mental stress stimulating gluconeogenesis and a reduction of circulating insulin. A concept supported by further studies (eg Martínez *et al* 1988). After application of the TT, no difference in glucose concentration was found in TBs or SBs, suggesting this parameter may be not sensitive enough to evaluate stress in correlation with TTs.

As expected, race training led to lactate acidosis. All horses reached the anaerobic threshold of 4 mmol l<sup>-1</sup> used in human medicine (Kindermann *et al* 1979). Fourteen horses (seven SBs, seven TBs) even exceeded 20 mmol l<sup>-1</sup>, which is in accordance with other studies following high-intensity exercise (Krzywanek *et al* 1972; Hodgson *et al* 1987; Rainger *et al* 1994). As for glucose, TT application had no significant influence on lactate concentrations at rest and was not sensitive enough to evaluate stress in correlation with TTs at rest or after racing.

### Analysis of HRV

Important differences in HRV parameters were found between SBs and TBs. In SBs, dominant parasympatholytic activity was evident at rest, but sympathetic activity increased with the application of TTs and after race training, which is a strong stressor by itself as shown by the increases in cortisol level and HRV parameters in horses exercised without TTs. In young horses up to three years of age, increased sympathetic activity was already found before the application of TTs showing the excitement or stress going

along with the preparation of race training as described by other authors (Schmidt *et al* 2010a). Sex might also play a role, as SB mares showed a more pronounced stress reaction, evident as higher LF values, in comparison to geldings. Mares also show a predisposition for recurrent exertional rhabdomyolysis (RER; Vervuert 2011), although this may not necessarily be the consequence of greater stress. In TBs, dominant sympathetic activity was found over all time-points even before TT application, but these horses were at a younger mean age. It might be useful to include older TBs in further studies to look for differences concerning TT use in older horses more familiar with the training practice. In 20 young warmbloods, HRV parameters decreased less after five months of training (Visser *et al* 2002).

Nevertheless, HRV parameters were found useful to evaluate a sympatho-vagal imbalance in SB and TB race-horses in contrast to former studies (van Breda 2006; Becker-Birck *et al* 2013; Zebisch *et al* 2014; Latimer-Marsh *et al* 2017). As the effect of the stressor TT on HRV might have been obscured by other factors, including age, time in race training, sex, breed and training intensity (Thayer *et al* 1997; Kuwahara *et al* 1999; Physick-Sheard *et al* 2000; Ohmura *et al* 2002), further studies should include higher numbers of horses to increase the statistical power. This might allow the evaluation of groups of greater homogeneity regarding these factors.

### Behaviour

Our results are in unison with previous findings on the behavioural stress response to TT application in horses at rest (Latimer-Marsh *et al* 2017). It may be a study limitation that observers were obviously not blinded to whether a TT had been applied or not, which could perhaps have biased the results more than in objective measurements of HRV or cortisol concentrations. Unfortunately, four-times more horses were familiar with TT application than not, perhaps biasing the outcome towards more adverse reactions, as previously described. Nevertheless, this may indicate that repeated application of this device does not lead to the development of tolerance but may aggravate behavioural defence in expectation of pain.

### Animal welfare implications and conclusion

The application of TTs was banned by the Fédération Equestre Internationale (FEI) in most disciplines, including dressage, showjumping and eventing. It is still very common in SB and TB racing (Chalmers *et al* 2013) and is documented by most racing authorities. In Germany, the use of TTs was outlawed in June 2018 for TB racing (DVR 2018).

Although it was hard to distinguish the influence of TTs on stress parameters and HRV parameters during racing, the results of this study do not support the use of TTs, for which the adverse behavioural reactions documented is reason enough. In SBs, HRV decreased after TT, an effect even more visible after high-intensity exercise, a potent stressor itself as shown by increasing stress parameters and decreasing HRV. In young horses, especially TBs, this effect might have been obscured by the excitement of race

training. Mares seem to be predisposed to be stressed by the application of TTs. In addition, the majority of SBs, most of them familiar with TT application, showed mild-severe adverse behaviour. The results of our study might provide objective evidence for future decisions by equine sports organisations regarding regulations on TTs.

### Declaration of interest

None.

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