

Research Paper Summary

Evaluating the use of ketoprofen for the treatment of the pain and lameness associated with digital dermatitis in dairy cattle

A randomised, positive controlled, clinical trial

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Summary of a paper published online in the Veterinary Record, October 2021

<https://doi.org/10.1002/vetr.977>

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How to cite this article: Kasiora K, Anagnostopoulos A, Bedford C, Menka T, Barden M, Griffiths BE, *et al.* Evaluation of the use of ketoprofen for the treatment of digital dermatitis in dairy cattle: A randomised, positive controlled, clinical trial. Vet Rec. 2021;e977. <https://doi.org/10.1002/vetr.977>



Introduction & Study Objectives

Lameness is one of the most significant problems facing the dairy industry worldwide, having a major impact on cattle welfare, health and production, and leading to substantial economic losses¹. Lameness has been associated with reduced milk yield², mastitis, and infertility³, yet the mean herd lameness prevalence on UK dairy herds was most recently found to be 31.8%⁴.

Digital dermatitis (DD) is one of the most frequently recorded diseases associated with lameness in dairy cattle and has a complex, multifactorial aetiology with spirochetes from 3 families of *Treponema spp* being commonly isolated^{5,6}. Despite the steadily increasing introduction of routine preventative measures on farms, the prevalence of digital dermatitis remains high with between 15 and 41% of cows affected⁶. Several regimes are used for the treatment of DD in the UK including the application of a topical antibiotic spray⁷, although repeated applications are often required⁸.

Whilst it is recognised that some stages of DD are painful, there has been little research to determine the value of including analgesia in the treatment of DD. It has been discussed, but not proven, that the use of NSAIDs alongside topical antibiotic treatment may be justified on welfare and possibly on economic grounds.

The objective of this randomised, positively controlled study was to explore the potential benefits of a single administration of ketoprofen (3mg/kg Ketofen 10% solution for injection: Ceva Animal Health) when treating the pain and lameness associated with active DD lesions.



Study Design

Cows from four dairy herds, already involved in a larger scale study and based in the North West of England and North Wales, were enrolled. Cows at three lactation time points: 1 week post calving (fresh) 50-100 days post calving (early) or 170-200 days post calving (late) were recorded.

At commencement, cows were separated from their group during milking and were mobility scored using the UK Agricultural and Horticultural Development Board (AHDB) 0-3 scale scoring method⁹.

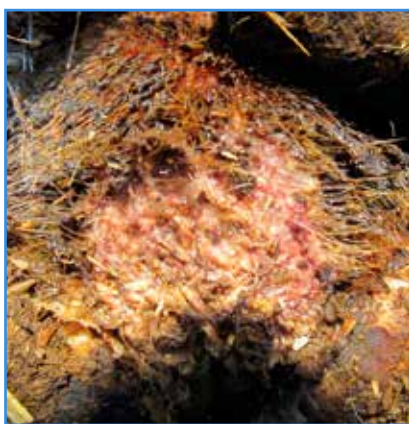
The cows were then examined in a foot trimming crush and any lesions recorded. If a DD lesion was found during the examination, it was macroscopically classified using the modified standardised M scoring system⁸ (6 levels).

Cows recorded with an active DD lesion (M1, M2 or M4.1 stage) were then enrolled into the study group.

Images showing classical DD lesions M1, M2 and M4.1



M1



M2



M4.1

Eligible cows (those fulfilling the above criteria and not having received any antimicrobial or systemic analgesic treatments in the previous week) were then randomly allocated to the control or treatment group.

The DD lesions were carefully cleaned and dried and then treated with the application of a topical antibiotic spray. Cows in the treatment group also received an intramuscular injection of ketoprofen (3mg/kg Ketofen[®] 10% solution for injection: Ceva Animal Health).

All enrolled cows were mobility scored again one week later and their farm record data such as calving date, parity and daily milk yield (for both the week before and the week after assessment) were collected (**Table 1**).

Stage of Lactation	N	Days in Milk			
		Mean	Min	Max	Std dev
Fresh	34	6.56	1	16	2.94
Early	59	85.98	61	107	12.87
Late	65	185.55	170	221	11.91

Table 1: Summary of lactation stage for the study population at enrolment

Results

158 cows were enrolled to the study: 90 received ketoprofen and 68 were in the control group and did not receive ketoprofen. There was no statistical difference between the two groups with respect to parity, days in milk and milk yield at the week before enrolment.

1. Lameness prevalence at enrolment

Lameness prevalence (a mobility score of 2 or 3) was 11.8% in the control group and 14.4% in the treatment group and not statistically different at enrolment ($p=0.62$) (**Figure 1**).

When assessing the prevalence of all lesions, it was found that the difference in cases of active M2 stage DD was not statistically different between groups. Likewise, the prevalence of claw horn lesions, such as sole ulcers, sole haemorrhage and white line disease, was very low and not statistically different between the two groups (**Table 2**).

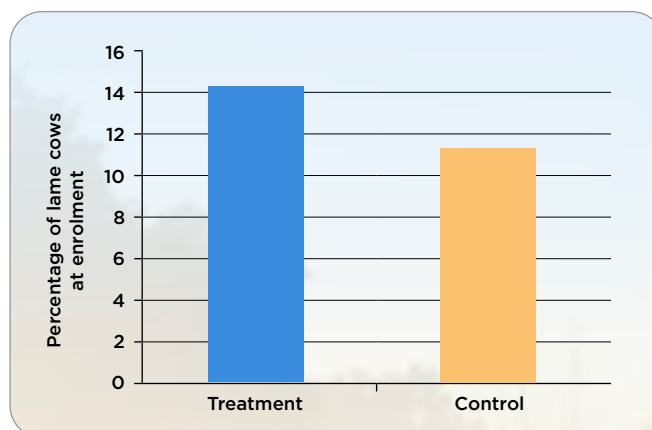


Figure 1: Showing the overall level of lameness (score 2 or 3) in the treatment group vs. the control group

Foot Lesions at enrolment	N	% of total
DD stage M2	84	53.16%
DD stage M1 or M4.1	74	46.83%
Sole ulcer	6	3.80%
White line disease	14	8.86%
Sole haemorrhage	3	1.9%

Table 2: Prevalence of foot lesions at enrolment

2. Analysis of whole group lameness prevalence at 2nd evaluation (1 week)

Whole group analysis showed that 12 out of 65 (18.46%) animals in the control group and 10 out of 87 (11.49%) in the treatment group were lame at the second evaluation, this data was not statistically significant ($p=0.23$) (**Figure 2**).

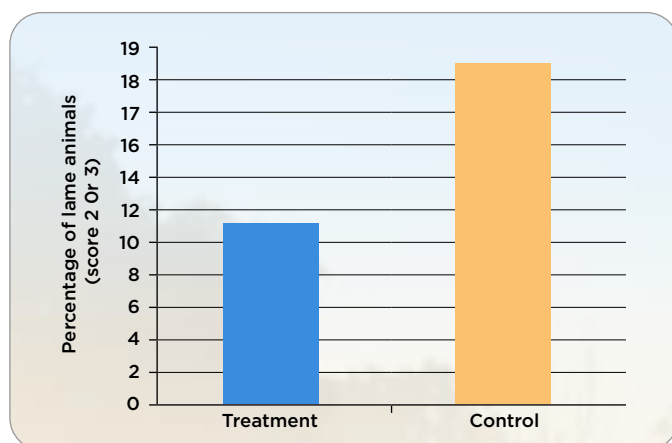


Figure 2: Graph showing the percentage of ALL animals lame after one week in the control vs. treatment groups.

As might be expected, the chances of a cow being found lame at the 2nd evaluation were 13.55 times higher if the cow was lame on enrolment.

Interestingly, control animals which received only topical antibiotic treatment were 2.57 times more likely to be lame at the second evaluation compared to those that received one injection of ketofen as well as topical treatment ($p=0.103$ - not statistically significant).

3. Lameness prevalence of cows assessed as lame at enrolment w 2nd evaluation (1 week)

When data was considered only from those cows that were lame at enrolment, those receiving only topical antibiotic treatment at the first evaluation, were 20.2 times more likely to be lame at the 2nd evaluation than those also receiving ketoprofen ($p=0.027$)*.

Additionally, five out of seven (71.43%) lame animals that were in the control group remained lame (score 2 and 3) a week after treatment whereas four out of 13 (30.77%) lame animals in the treatment group remained lame. This data showed a statistical trend ($p=0.08$) (**Figure 3**).

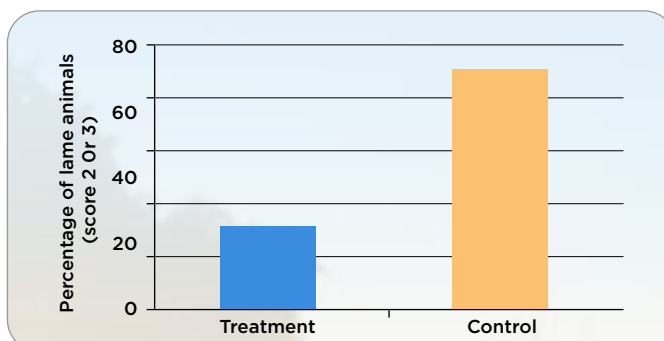


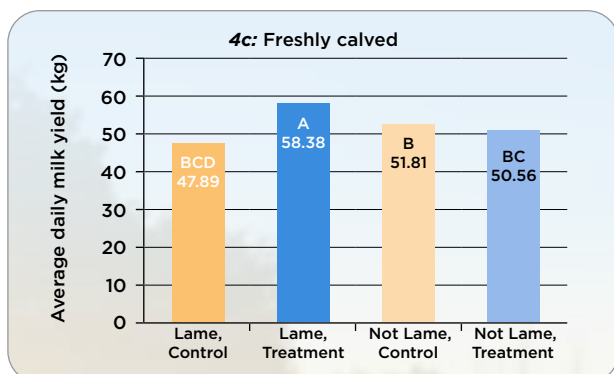
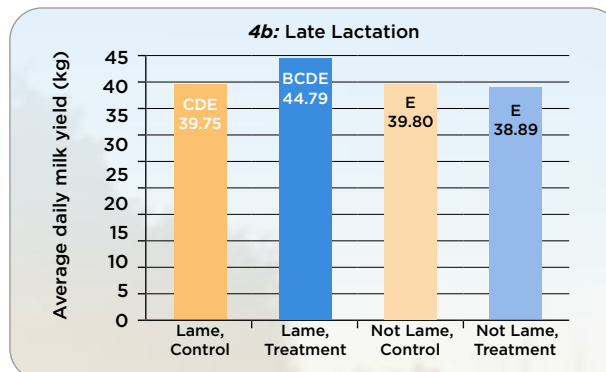
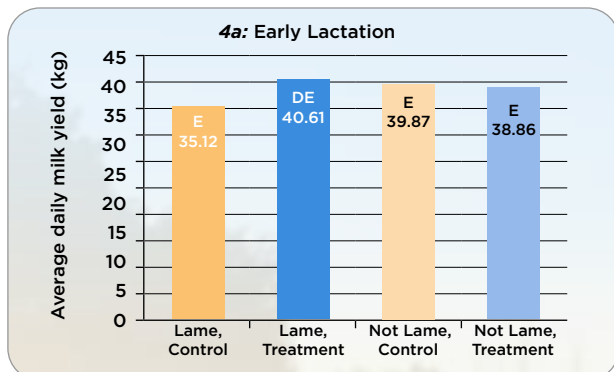
Figure 3: Showing the percentage of cows which remained lame upon the 2nd evaluation (i.e. from the group of animals which were lame upon enrolment).

*Statistically significant. Note: low sample size ($n=20$)

4. Effect on milk yield

Overall, cows in the treatment group produced a higher volume of milk than those in the control group, 45.35kg/day and 42.37kg/day ($p<0.01$) respectively, for the week following enrolment.

Early and late lactation cows which were lame on day 0 (enrolment) and in the treatment group receiving ketoprofen, produced approximately 5Kg more milk per day of the week after treatment than lame cows in the control group (**Figures 4a and b**).



Freshly calved cows that were lame at enrolment showed a statistically significant benefit in milk yield if treated with a single injection of ketoprofen compared to the control animals. These cows produced 58.38 (± 1.85) kg milk per day for the week after compared to the control group that produced 47.89 (± 1.81) kg per day ($p < 0.05$) (**Figure 4c**).

Figure 4: Results from multivariable linear regression model for outcome mean daily milk yield (kg) during the first-week post-enrolment for cows enrolled at different stages of lactation (Fresh (**a**), Early Lactation (**b**) or Late Lactation (**c**)).

Levels within a variable with different letters are statistically significantly different

Conclusions and Discussion

This study demonstrates that administering ketoprofen to cows experiencing the pain and lameness associated with DD, may lead to beneficial effects on their mobility and milk production, especially if animals are visibly lame when treated (score 2 or 3). The study also provides the first evidence of possible welfare and production benefits associated with the use of NSAIDs when treating the pain associated with active DD lesions in lame cows.

In a 2018 expert opinion survey, it was reported that nine out of twelve experts would recommend the use of NSAIDs for the treatment of active DD, but most of them would reserve this for cows with a mobility score of 3⁷, although the decision could not be evidence-based as there had been no published study investigating this at the time.

The pain experienced by animals suffering with DD negatively affects their behaviour and productivity¹⁰, both directly and indirectly through a decrease in dry matter intake. Previous studies have shown that lame cattle consume less feed and produce less milk than their non-lame counterparts¹¹ and the consumption of sufficient amounts of dry matter is particularly important for periparturient animals. If cows develop DD and, even more importantly, become lame in the periparturient period they will suffer production losses, possibly because of reduced dry matter intakes¹². This could possibly explain why the administration of ketoprofen had such a significant effect on the milk production of lame animals affected with DD, especially those that were freshly calved.

The potential welfare benefits alone should be enough to justify the use of ketoprofen for the management of the pain and lameness associated with DD - but when the possible milk production and economic benefits to the farmer (especially given the fact that administration of ketoprofen does not require a milk withdrawal period in the UK) are also considered, it is more likely such a treatment approach should be adopted.

The addition of ketoprofen to the treatment of the pain and lameness associated with active digital dermatitis lesions may be beneficial for animal welfare and productivity



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