

Influence of etorphine acepromazine and diprenorphine on respiratory function in ponies

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Although a neuroleptanalgesic drug combination (Large Animal Immobilon: Reckitt & Colman Ltd.) containing etorphine and acepromazine has been used in veterinary medicine for several years, its effects on respiratory function have not been

Respiration was depressed throughout the period of neuroleptanalgesia with the ponies lying in lateral recumbency, as indicated by pronounced reductions in respiratory rate and arterial oxygen tension (PO_2), although arterial carbon dioxide tension (PCO_2) was increased only slightly (Table 1). The decrease in PCO_2 was attributed to the etorphine-induced reduction in respiratory rate, the position of lateral recumbency which produces ventilation/perfusion abnormalities in large species, and the laboured breathing pattern which accompanied the etorphine-induced increase in voluntary muscle tone. In spite of the pronounced hypoxic hypoxia, arterial oxygen content (CO_2) was not reduced significantly and

Table 1 Effects of etorphine, acepromazine and diprenorphine on respiratory function

Time (min)	PO_2 (mmHg)	PCO_2 (mmHg)	CO_2 (ml/100 ml)	FO_2 (l/min)
Control	96 ± 1	44 ± 1	16.1 ± 0.4	2.51 ± 0.25
E + 5	50 ± 2**	51 ± 2**	15.9 ± 0.6	3.64 ± 0.34*
E + 15	51 ± 2**	52 ± 2**	14.9 ± 0.4	3.01 ± 0.20*
E + 30	53 ± 3**	50 ± 2**	14.7 ± 0.6	3.19 ± 0.32**
D + 5	83 ± 4**	45 ± 2	16.0 ± 0.5	3.16 ± 0.49
D + 15	88 ± 3*	46 ± 1	14.5 ± 0.3**	2.54 ± 0.27
D + 30	86 ± 3*	47 ± 1*	13.3 ± 0.3**	2.10 ± 0.27
D + 60	85 ± 3**	46 ± 1	12.7 ± 0.3**	1.89 ± 0.16**

Values are means with s.e. mean for twelve ponies. Times refer to the i.v. administration of etorphine and acepromazine (E) or the i.v. injection of diprenorphine (D). The significance of differences from control values was assessed by paired *t*-tests and is indicated by asterisks: *, $P < 0.05$; **, $P < 0.01$.

reported in detail. In this study the drug combination was administered i.v. (25 µg/kg etorphine and 100 µg/kg acepromazine) to twelve Welsh Mountain ponies ranging from 185 to 336 kg bodyweight. Arterial blood samples were collected for analysis before and at fixed times after the injection. An antagonist to etorphine, diprenorphine (Revivon; Reckitt and Colman Ltd.), was then administered i.v. at a dose level of 30 µg/kg and further blood samples were obtained.

arterial oxygen flux (FO_2) actually increased as a result of compensatory rises in Hb concentration and cardiac output.

Following diprenorphine injection, PCO_2 and PO_2 returned to near normal levels but CO_2 and FO_2 fell progressively as a result of a gradual reduction in Hb concentration.

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