

The role of hormones during Equine-Assisted Activity and Therapy: a literature review

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Abstract

Recent acquisitions on human-animal interaction and on its use in complementary medicine are reported. The contribution of horses to one health concept and the effects of equine-assisted activity and therapy (EAAT) are evaluated, also in the light of need to monitor stress conditions in therapeutic horses. The role of hypothalamus-pituitary-adrenal axis' hormones and of total and free iodothyronines in stress coping of horses during therapeutic riding is critically discussed.

Key Words: cortisol, equine-assisted activity and therapy, hormones, human-animal interaction, total and free iodothyronines.

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1. Human-animal interaction and therapy

The interest in human-animal interaction (HAI) is continuously and rapidly growing (1-6).

Moreover, systematic reviews and meta-analyses of literature evaluated the effectiveness of animal-assisted activity (AAA) and therapy (AAT) for children and adults suffering from psychic and physical disabilities (7-14).

Positive effects of HAI, AAA and AAT include increased social interaction and socio-emotional function, and reduced stress, heart rate (HR), heart rate variability (HRV), and blood pressure; they can also induce motor improvements (2,14-19).

It has been underlined that outcomes from studies on the efficacy of AAA for improving human health and welfare have not been uniformly positive. The reasons for the variability of results were recognized in the wide variety of methodologies and incorrect use of protocols and measures. Furthermore, the potential reason for this variability might be linked to the unique nature of HAI, involving two complex organisms, a human and an animal, interacting in dynamic ways (12). Therefore, the current implementation of studies aims to standardize the treatments and better evaluate the positive outcomes in a number of clinical populations (11,12).

From another point of view, it is strongly underlined the need of a more ethical approach towards

therapeutic animals (4), suggesting evidence-based standards to ensure their welfare (20,21).

2. Equine-Assisted Activity (EAA) and Therapy (EAAT)

Horses are recognized as a crucial part in one health concept (22); and they represent an integral part of the treatment process of human disabilities, achieved through equine-assisted activity (EAA) and therapy (EAAT) (1-3). A variety of physical or psychological EAAT can facilitate awareness of personal skills and treat mental and physical difficulties (1-3). EAAT includes equine knowledge and handling, active horse's care interventions, therapeutic driving and equine-facilitated psychotherapy as well as hippotherapy (HPOT) and therapeutic horseback riding (TR). HPOT and TR are used to achieve physical goals, and psychological, cognitive, social, behavioral and communicative outcomes in humans. The movements of the horse can improve motor control, coordination, balance, attention, sensory processes, and performance in daily activities. Sensory processes, vestibular, proprioceptive, tactile, visual, and auditory systems are simultaneously targeted. HPOT also targets improvements in speech, language, cognitive and masticatory functions (17, 23-26). Many systematic reviews and clinical studies demonstrated the beneficial effects of HPOT and TR on children with attention-deficit/hyperactivity disorder (27), or suffering from cerebral palsy (26,28,29), spinal muscular atrophy (30), and autism spectrum disorders (31-33); or on adolescents disengaged from traditional school (34), by affecting their prosocial behavior (35). A large body of evidence also showed the efficacy of treatment for people with mental illness and neurological disorders (depression, schizophrenia and dissociative disorders, Alzheimer's disease, dementia, attention-deficit/hyperactivity and post-traumatic stress disorders) (36-39); and also with internet gaming disorders (40) or drugs' abuse (41).

3. Physical and mental challenges of therapeutic horses

The health challenges that patients afford during EAAT often result in increased horses' mental or physical stress. TR lessons would be more stressful for horses than a standard lesson program with an experienced rider, due to the physical and psychological challenges of the riders which could interfere with their ability to ride a horse (42).

A relationship between stress and equine behavioral changes has been assessed (43). Therefore, the observation of body language provides a noninvasive method to evaluate horses for acute or chronic stress. However, no standard evaluation methods are actually available (44,45).

Riding may impinge on chronic states, potentially leading to increased emotionality or stereotypies of horses (46). Human attitude towards horses can impact horse behavior, and, during EAAT, their behavioral response can differ between experienced riders and at-risk humans. It is very interesting to note that the human attachment style of at-risk humans with emotional and mental difficulties can influence the horse response; what is more, a low-stress response of

therapeutic horses towards patients with emotional and behavioral difficulties may be mediated by a human insecure attachment style (1). The horse HR increased during and after exposure to mentally traumatized humans, suggesting that the behavioral response of therapeutic horses may rely on human physical traits and experience rather than affective traits (47). The transitions between successive handlers could induce distress conditions in therapeutic animals, probably due to the disruption of pre-existing social bonds (48). The presence of professional therapists and animal handlers during the therapeutic sessions affected the well-being or social stress in therapeutic horses (49).

4. The role of hormones in horses' stress coping during EAAT

The contribution of endocrine systems to horse welfare maintenance and response to different physical and mental challenges is known. Stress conditions are associated to the release of hormones of hypothalamus-pituitary-adrenal (HPA) axis: b-endorphin (b-END), catecholamines, corticotropin releasing hormone (CRH), adrenocorticotropin (ACTH), cortisol; and also of iodothyronines (50-53). The sensitivity of endocrine axes of horses to discriminate the emotional values of stimuli associated to physical and/or mental stress was studied (50-53). During exercise, the increases of catecholamines and ACTH appear dependent on the intensity, while a marked increase in plasma adrenaline occurs during activities with high emotional content (53). Cortisol and b-END changes do not occur in phase during stress with high emotional content; the response of cortisol is correlated with the duration of stress, while b-END changes are highly dependent on the type of sport activity performed and stress conditions (50,53). The impact of TR programs and of different types of riders on trained horses was evaluated. The mental influences of an equestrian session with psychomotor disabled children (affected by general diseases of growth, childhood autism, Rett's and Asperger's syndromes) led to not significant b-END and ACTH changes; while a significant cortisol decrease post therapeutic sessions, probably as a result of the repetitive exercise usually performed, was recorded (54). More recently, the HPA axis response of therapeutic riding horses ridden in the same setting by mentally-disabled adult and healthy adult riders was evaluated, showing differences in their stress degrees, with significantly lower cortisol concentration after the sessions with disabled than healthy riders. Thus, although sessions' workload stress was equivalent, the minor response of HPA axis was related to different horse-human interaction (55). Stress degree, as demonstrated by cortisol concentrations and HRV, did not change in horses involved with veterans affected by post-traumatic stress disorders (37). The lack of difference in salivary cortisol concentrations between exposure to post-traumatic stress disorders and control group has been explained on the basis that stress responses of horses was dependent exclusively on human experience with horses (47). Differences in stress related

behaviors and serum cortisol concentrations of horses used in a TR program or university riding program were reported. Serum cortisol concentrations, although remaining within or below the normal range, decreased from before to after a riding lesson, and increased thereafter. Similar behavior scores were observed in horses ridden by novice and experienced riders; however, behavior scores differed in therapeutic horses ridden by disabled riders. A positive relationship between stress-related behavior and cortisol concentration changes was not clearly shown, probably due to the low stress environment (49). In trained horses, the mental aspects of an equestrian session with psychomotor disabled riders also led to significant decreases of cortisol concentrations post therapeutic sessions, indicative of their good exercise-stress coping (51). Different responses of glucocorticoid occurred according to the controllability of the stressor(55). Moreover, in TR programs the activities were carried out in the presence of professional therapists and side walkers (49) to protect horses' welfare, by stopping or modifying the session according to signs of horses' discomfort. The role of the hypothalamus-pituitary-thyroid (HPT) axis in Equines' stress coping is still under study (51-53). The iodothyronines are generally involved in the control of stress due to physical performances, as well as in the coping response to mental tasks of exercise or other stress conditions (51-53,58,59). Recently, a model of functional interactions between HPA and HPT axes during exercise stress has been proposed in Equines; a modulation of coping responses to different energy-demanding physical performances, required for peculiar sport activities, was hypothesized (51,58,59).Differences in iodothyronine changes after stress are related to the motor skills and energy required as the mental and emotional components in the exercise stress, like the competitive conditions or EAAT (51,53). Increased concentrations of total and free iodothyronines of horses after TR sessions for mental disabilities were recorded. As a prompt effect of the exercise, significant increases for thyroxine (T_4) and Triiodothyronine (T_3) were recorded, and successively also for fT_4 and fT_3 , probably as a delayed effect of mental stress coping on thyroid secretion, due to the repetition of the rehabilitation procedures (51).Moreover, the horses' stress coping ability has been studied by monitoring the circulating total and free iodothyronine changes of therapeutic horses after exercise and checking the effect of different riders, psychic patients or healthy inexperienced subjects. Differences in the therapeutic horses' iodothyronine responses between groups of riders and at different weeks of observation were recorded. The lack of effects of the exercise on T_4 , in both groups of riders and at all weeks of observation, showed that the thyroid gland maintained a steady-state condition during the moderate exercise performed by the therapeutic horses, without any influence when being ridden by both mentally disabled and healthy inexperienced riders. Moreover, T_3 and fT_3 changes over time showed an effect of the exercise and an effect of the

different riders' group, thus probably confirming a role in supporting arousal processes to physiological stress conditions during EAAT (60). The evidence that T_3 and fT_3 changes were affected by the typology of the riders, as already reported (42), and by the timing and evolution of therapy treatment, could strengthen the hypothesis of the functional interactions between HPA and HPT axes, modifying circulating hormonal changes during stress conditions (51). The increase in T_3 concentrations at the beginning of exercise in both mentally disabled and healthy inexperienced riders could probably be interpreted as a consequence of the need to prepare the organism to modulate the coping response to stress. As the effect of exercise on T_3 concentrations was reduced with the repetition of exercise, it is possible to presume that the exercise stress tended to be restrained in the course of EAAT, due probably to the central inhibitory role of T_3 on the TRHergic neurons of paraventricular nucleus (58); thereafter, on the contrary, still an effect of the riders' group could be demonstrated showing highest changes as effect of healthy inexperienced riders. Notwithstanding studies' limitations, a case can be made that using T_3 and fT_3 measures to assess the mental stress response in therapeutic horses should be further developed and studied.

5. Conclusions

Reported data reinforce the need of improving welfare of animals used in EAA and EAAT, as well as the importance of taking into account the individual stress response and the adequate control of environment within equestrian therapeutic activities. They suggest the need of evaluation of behavioral, functional and hormonal markers of welfare of therapeutic horses. This type of evaluation could also represent an adequate strategy in the selection of therapeutic horses, concerning their ability to maintain mental and physical homeostasis during EAA and EAAT. Hence, the complementary medicine, treating human mental and physical pathologies, could take the greatest advantage from equines as co-therapists.

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