

How much does ketosis cost and how can we minimize this impact?

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Overview

- Herd-level impact of ketosis
- Herd-level disease monitoring
- Calculation of ketosis costs
- Ketosis prevention



Understanding herd-level impact of ketosis

Do we know which cows are ketotic?

- If we don't look for hyperketonemic cows, we don't know they are there.
 - We know hyperketonemic cows:
 - Produce less milk
 - Have an increased risk of disease
 - Have poorer reproductive outcomes
- } = *economic losses!*



Does treatment fix this economic loss?

- Treating hyperketonemic cows reduces some milk loss and subsequent disease risk.

But not all!

- Reduce economic losses by:
 1. Monitoring herd-level prevalence
 2. Diagnosing and treating individual cows
 3. Adjusting management to reduce early lactation hyperketonemia



Applications of hyperketonemia testing

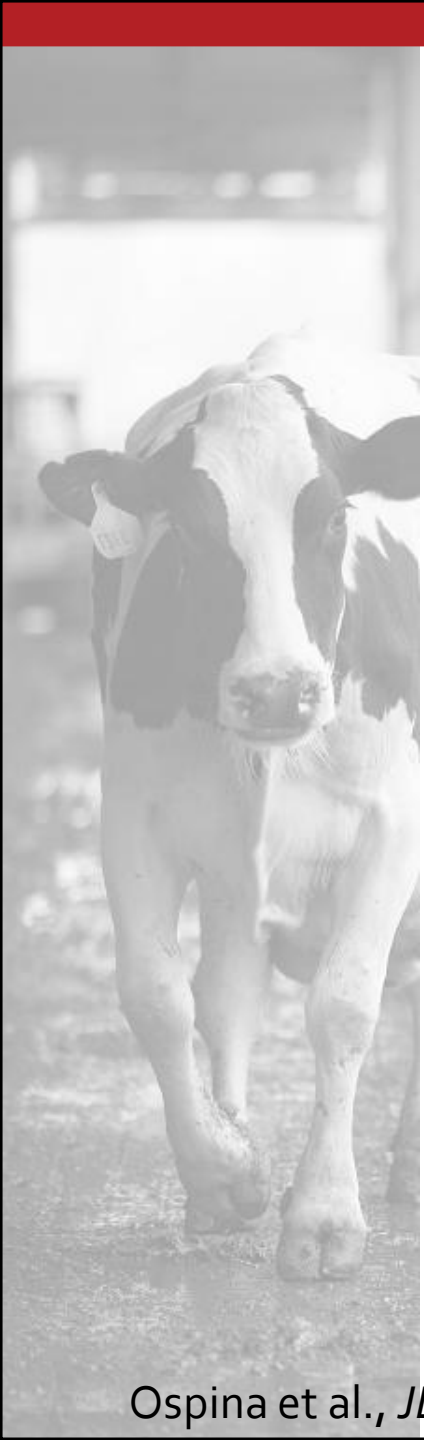
- Identifying individual hyperketonemic cows
 - Cow-side test for treatment decisions
- Identifying herds with hyperketonemia problems
 - Herd-level testing for management decisions



How many ketotic cows do herds have?

- Incidence:
 - Average ~ 45%
 - Range = 25 to 85%
- Prevalence:
 - Average ~ 20%
 - Range = 0-70%

*What is the difference between
incidence and prevalence??*



Incidence

- Number of new cases of ketosis within a period of time / number of cows at risk
- *Example:*
 - 20 cows are measured for ketosis daily from 1-21 d in milk
 - 10 diagnosed as ketotic at some point between 1-21 d in milk
 - Incidence = $10/20 = 50\%$
- Requires repeatedly measuring the same cows
- Often only in research studies



Prevalence

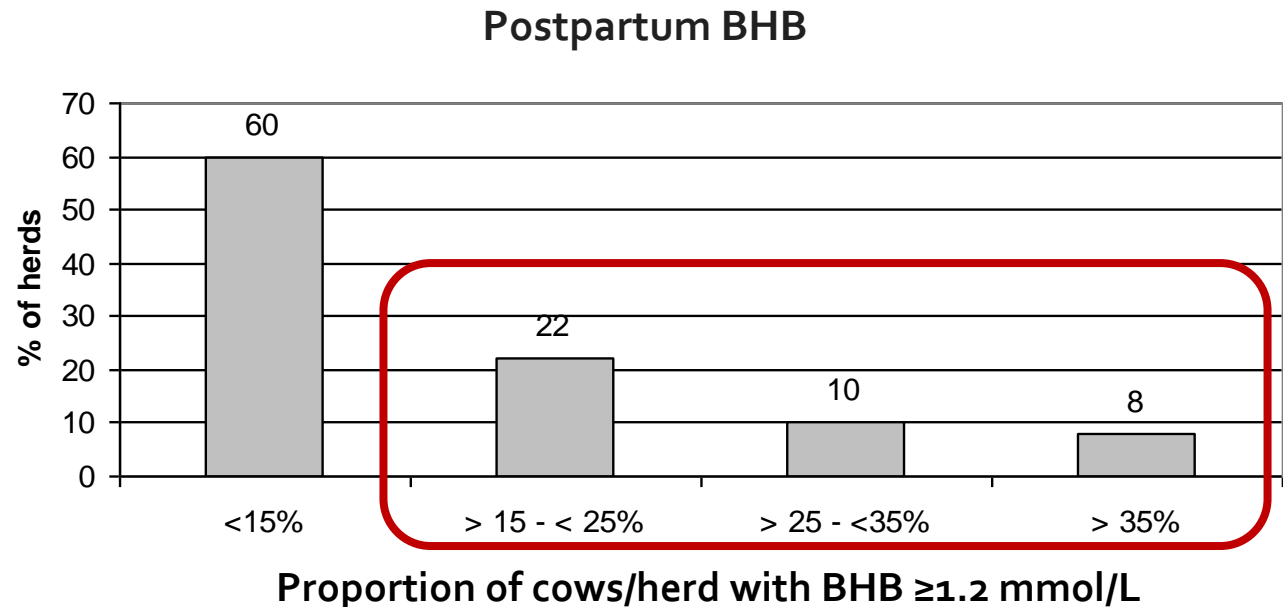
- Number of cases of ketosis measured on a single day/
number of cows measured on that day
- *Example:*
 - 20 cows between 1-21 d in milk are measured for ketosis on 10/03/2023
 - 5 diagnosed as ketotic on 10/03/2023
 - Prevalence = $5/20 = 25\%$
- Most common method of herd-level monitoring
- For ketosis, prevalence is lower than incidence
- Multiply prevalence by 2 to 2.5 to estimate incidence



Hyperketonemia at the herd level

- Herds with ≥ 15 to 25% of sampled cows with elevated postpartum BHB
 - Increased postpartum disease
 - Poorer reproduction
 - Lower milk production

40% of herds above herd alarm level!





How do we measure
herd-level disease?

Herd-level hyperketonemia monitoring

- Goal: determine herd-level prevalence
 - Sample cows between 3 to 16 DIM
 - A larger sample size will result in a more precise estimate
- Which cows to sample?
 - All cows in DIM range are eligible
 - Most really sick cows will not be hyperketonemic
- Consistent sampling method
 - Cow selection
 - Measurement method
 - Time of day

What if I don't have enough cows to test?

1) Monitor incidence

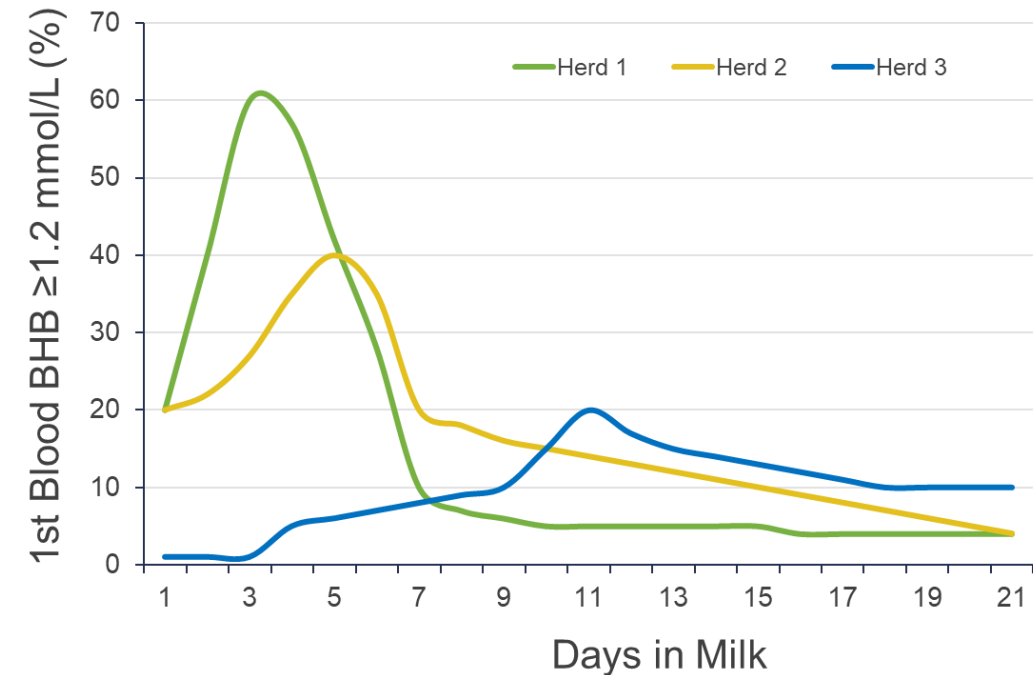
- Test fresh cows 2 x per week
- Gives you a rolling herd-level incidence and you find all ketotic cows to treat
- *Example:*
 - Farm calves 4 cows per month
 - You test all cows 3-16 DIM on Mondays and Thursdays
 - Monthly incidence = # ketotic cows/4 cows that calved that month
 - Rolling year incidence = # ketotic cows/all cows that calved in the previous 12 months

2) Monitor prevalence

- Once per week or month measure all cows in DIM range
- Add that information to previously collected data
- Gives you a rolling herd-level prevalence
- *Example:*
 - Farm calves 4 cows per month
 - You test all cows 3-16 DIM the first Monday of every month
 - Monthly prevalence = # ketotic cows/4 cows that calved that month
 - Rolling year prevalence = # ketotic cows/all cows that calved in the previous 12 months

Interpretation of herd-level BHB monitoring

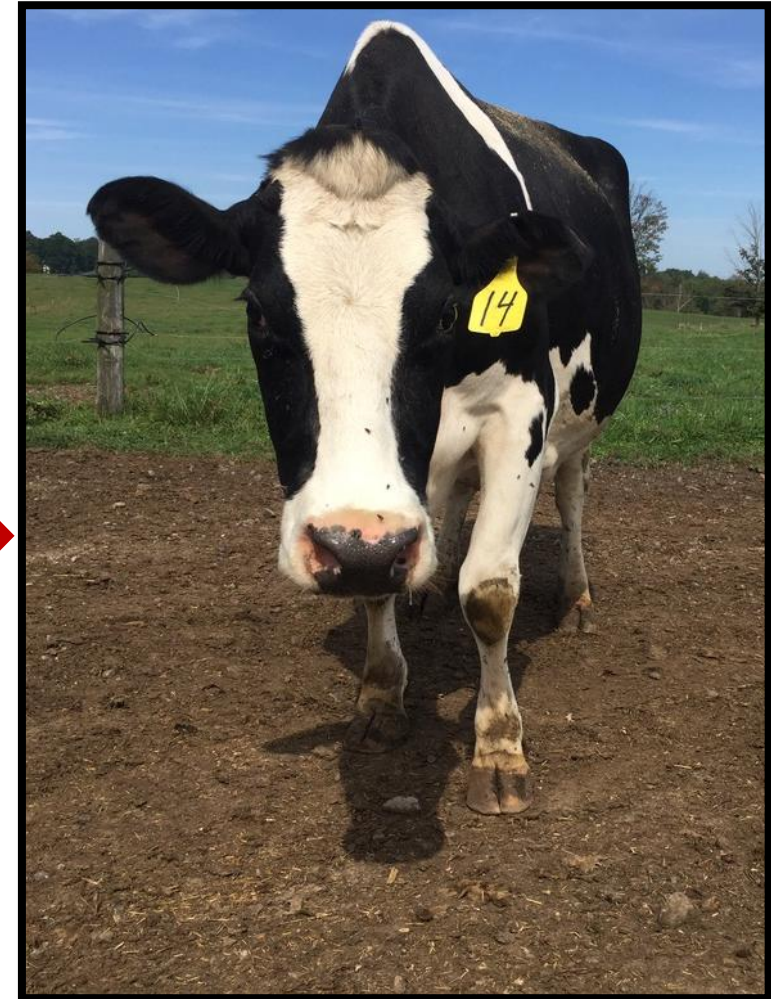
- Goal $\leq 15\%$ prevalence of cows with BHB ≥ 1.2 mmol/L
 - Treat hyperketonemic cows according to farm protocols
 - Consider blanket treatment if prevalence is $\geq 40\%$
- Monitor prevalence over time
- Prevalence estimates in smaller herds much more variable
- Blood or milk





Why is knowing the cost
of ketosis important?

Ketosis cost: diagnosis & treatment



True cost of hyperketonemia

- How much does hyperketonemia cost?
 - Not just diagnosis and treatment costs!
 - Milk loss
 - Increased risk of other diseases
 - Several other hidden costs



- Understanding cost helps frame economics of prevention

Two types of costs

- Component cost:
 - Consequences of the impact of hyperketonemia on milk production, treatment, and culling
 - Cost without consideration of other associated disease impacts
- Total cost:
 - Component cost
 - Cost of other diseases attributable to hyperketonemia

Component cost of disease

= direct costs + indirect costs

- Direct costs:

- Diagnostics
- Therapeutics
- Discarded milk
- Veterinary service
- Labor
- Death loss

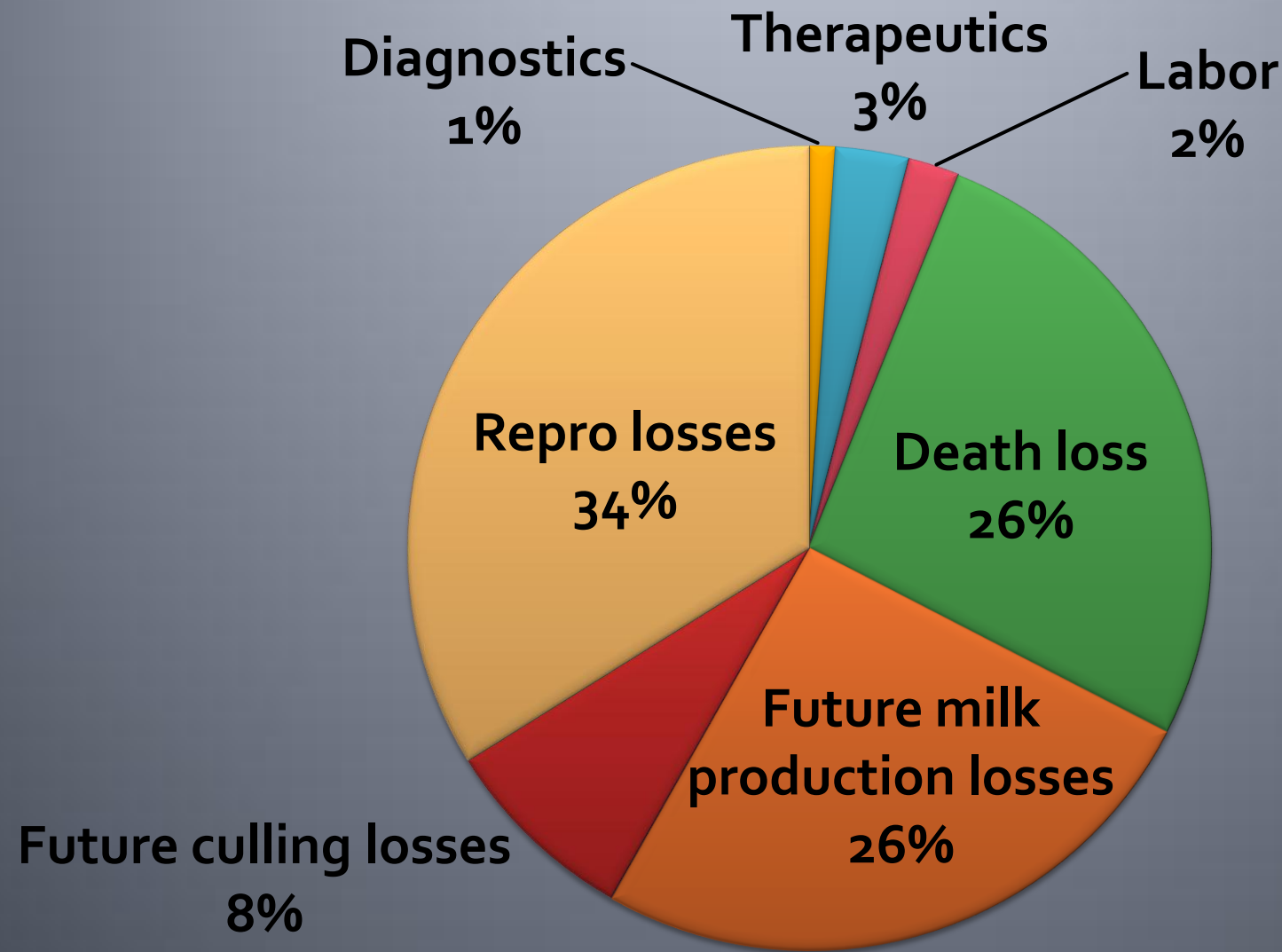
- Indirect costs:

- Future milk production losses
- Future culling losses
- Repro losses

Component cost of hyperketonemia

	Cost per case LACT = 1	Cost per case LACT >1	Avg. cost per case
<i>Direct Cost of Hyperketonemia</i>			
Diagnostics	(\$1)	(\$1)	(\$1)
Therapeutics	(\$3)	(\$3)	(\$3)
Discarded milk	\$0	\$0	\$0
Veterinary service	\$0	\$0	\$0
Labor	(\$2)	(\$2)	(\$2)
Death loss	(\$36)	(\$29)	(\$31)

Component cost of hyperketonemia



Total cost of disease

= component cost + attributable costs

- Attributable diseases: DA and metritis
 - Calculated using same method as for hyperketonemia
 - Direct costs and indirect costs
- 88% of DA cases attributable to hyperketonemia
- 70% of metritis cases attributable to hyperketonemia

Total cost of hyperketonemia

	Cost per case LACT = 1	Cost per case LACT >1	Avg. cost per case
<i>Component Cost of Hyperketonemia</i>			
Direct Cost of Hyperketonemia	(\$43)	(\$36)	(\$38)
Indirect Cost of Hyperketonemia	(\$90)	(\$75)	(\$79)
Total	(\$134)	(\$111)	(\$117)

Economic impact of hyperketonemia

- Different calculations for cost of hyperketonemia
 - McArt et al., JDS, 2015: us\$289 per case (€255)
 - Raboisson et al., *PVM*, 2015: €257 (range = €72 – €442)
- Emphasizes impact of management and prevention
- Per 100 calvings in a herd with a 20% prevalence:
 - 40% of fresh cows are hyperketonemic
$$100 \times 0.40 \times €255 \sim €10,200$$
 - Decrease prevalence from 20% to 10%: ~ €5,100



How do we prevent or reduce
hyperketonemia incidence?

Dry cow prevention – nutrition

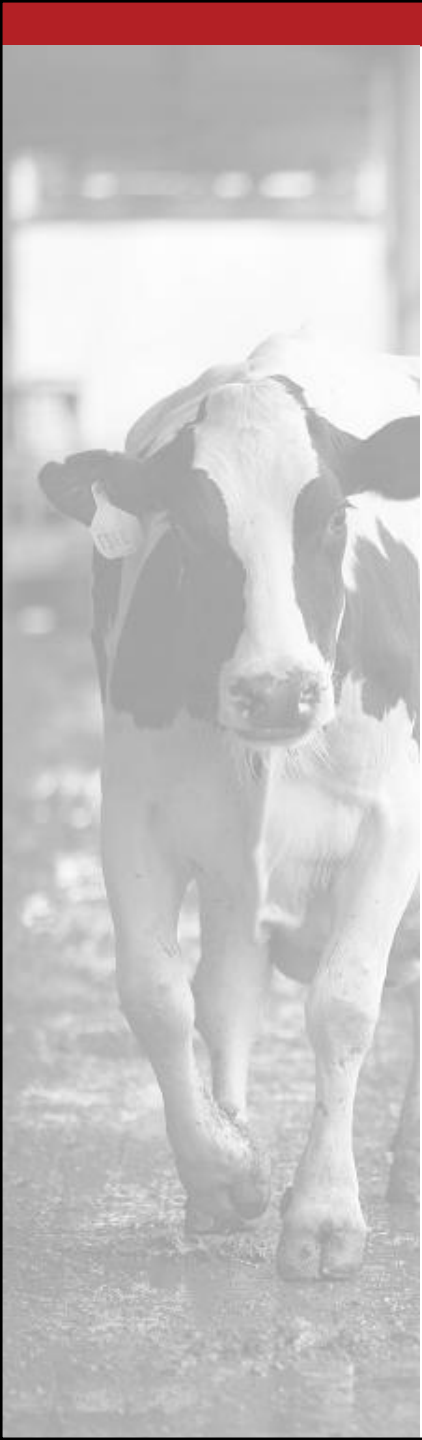
- Access to water
- Controlled energy diet
- Monensin
 - Controlled release capsule, given 3 wk prior to calving, 335 mg per d for 95 d
 - Meta-analyses show reduced BHB concentration, increased milk yield
- Rumen-protected choline



Dry cow prevention – social factors

- Limit pen moves
- Stocking density:
 - Reduced stocking density helps during regrouping
 - Decreases feed bunk displacements
 - Increases lying time
 - Not a big difference between 80% and 100% prepartum



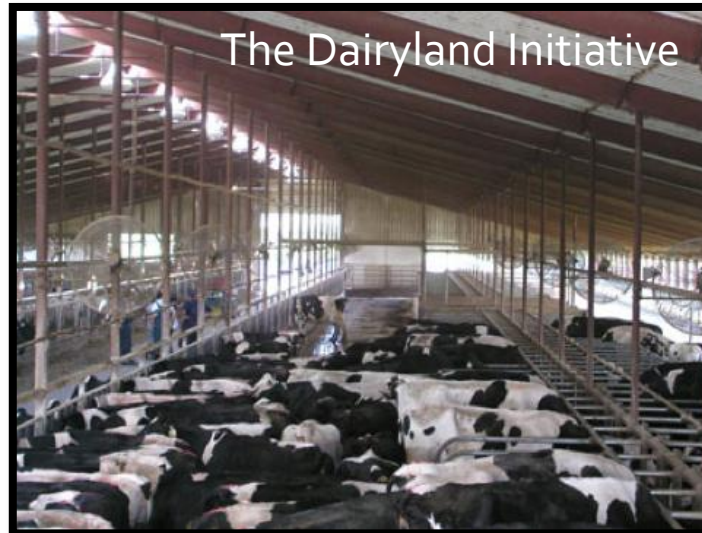


Dry cow prevention – heat abatement!

- Heat stress during late gestation:
 - Impaired mammary growth
 - Decreased milk production
- In utero exposure to heat stress:
 - Decreased weight gain (0.2 kg/d)
 - Less likely to enter milking herd (66% vs. 85%)
 - Produced less milk (5 kg/d)

Dry cow prevention – heat abatement

- Fans/air flow
- Soakers
- Fly control
- Shade



Fresh cow prevention – nutrition

- Access to water
- Access to fresh feed!
- High starch diet with good rumen health/fiber
- Monensin (largest time of impact)
- Other dietary supplements: rumen-protected choline, branched-chain amino acids



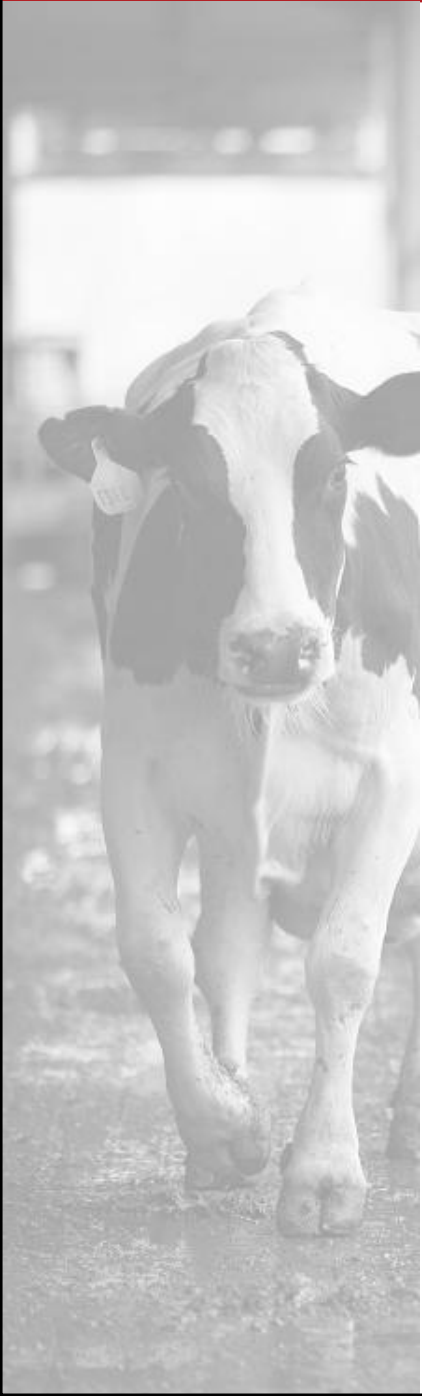
Fresh cow prevention – other factors

- Heifers separate from cows if possible
- Stocking density <85%
- Heat abatement
- Good health monitoring



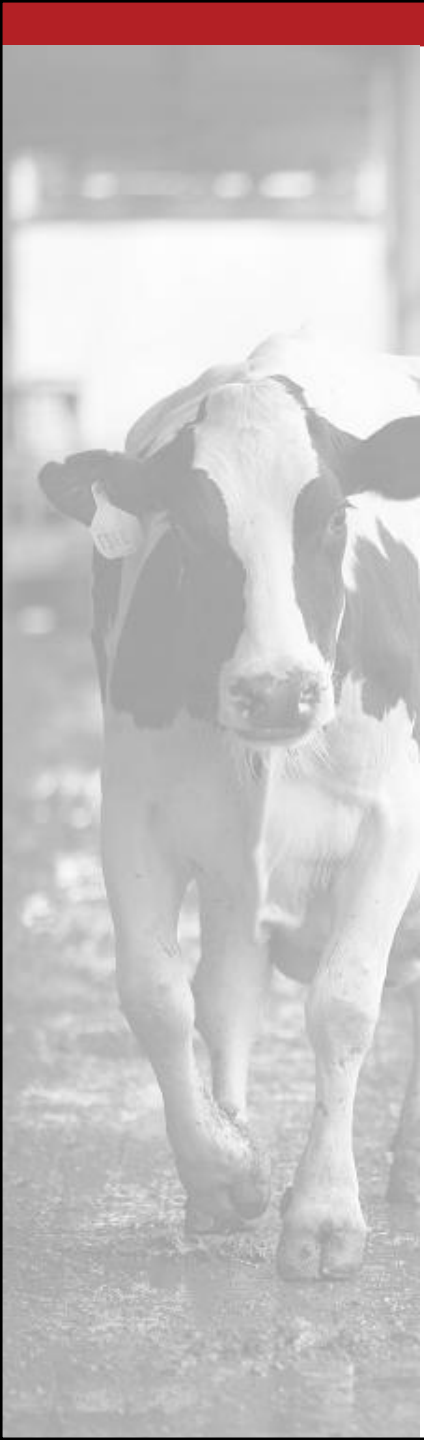
Summary of prevention:

- Feed them right!
- Keep them comfortable.
 - Heat abatement
 - Decrease social stressors
- Monitor production and disease.
- Adjust nutrition and management to keep hyperketonemia prevalence $<15\%$.



Is it worth it?

- Current management and resulting farm hyperketonemia incidence has a cost.
- Making no change:
 - choosing to maintain cost
- Adjusting management to reduce ketosis incidence:
 - choosing to reduce cost



Summary



- Excessive energy deficit is prevalent in early lactation cows.
- Hyperketonemia is an expensive disease that increases the risk for other expensive diseases.
- Routine monitoring is important.
- Prevention through appropriate transition period management and nutrition is key.

Acknowledgements

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