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TITLE: The importance of measuring skin resistance for electrical nociceptive stimulation in standing horses

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**The importance of measuring skin resistance for electrical nociceptive stimulation in standing horses**

Journal:	<i>Equine Veterinary Journal</i>
Manuscript ID	EVJ-C-17-091.R1
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Discipline:	Anaesthesiology
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Abstract:	Electrical stimulation is commonly used in antinociceptive studies in standing horses. With this correspondence, we would like to point out the importance of measuring and reducing the skin resistance between electrodes below 3 k $\Omega$ . Some studies did not include this measurement, which may lead to heterogeneous and less accurate data.

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1 We are writing this letter in order to draw attention to some inappropriate methodology  
2 we used previously for electrical stimulation in antinociceptive studies in standing  
3 horses [1,2], in order to prevent others from making the same mistake. We would like to  
4 draw attention to the importance of measuring and minimising the skin resistance  
5 between electrodes to guarantee consistent and reproducible stimuli ~~when electrical~~  
6 ~~stimulation is used in antinociceptive studies in standing horses.~~ Electrical stimulation  
7 has been validated under experimental conditions for assessing antinociception in  
8 conscious horses [1]. However, an important variable 'skin resistance' was not taken  
9 into consideration in some of our studies [1,2]. Recording the data in volts (V) only,  
10 omitting skin resistance (k $\Omega$ ) which influences the current intensity (mA), may lead to  
11 heterogeneous and less accurate data. Ohm's law states that current intensity is equal to  
12 voltage divided by resistance; therefore increases in skin resistance will reduce the  
13 intensity of the electrical stimulus transmitted to the horse.

14       Lopes et al. (2016) reported very high and heterogeneous nociceptive electrical  
15 thresholds (ENT) for 45 minutes after a bolus of saline [2]. Mean voltage ranged from 7  
16 to 20 V. The authors claimed that the electrical resistance was constant by maintaining  
17 the same distance of 7 cm between the electrodes in all cases. Preparation of the area  
18 was performed by 'shaving and washing with soap and water'. That study concluded  
19 that 'an electrical stimulus did not determine the degree of antinociception accurately'.  
20 However, it may be argued that the excessive voltages reported were due to high  
21 (unmeasured) skin resistance. In contrast, when skin resistance was maintained below 3  
22 k $\Omega$ , mean ENT varied from 1.7 to 1.9 V for 45 minutes after a bolus of saline in another  
23 study using the same horses [3]. Lopes et al. (2016) considered that their results [2]  
24 concurred with the validation study using the same methodology [1]. Luna et al. (2015)  
25 reported that electrical stimuli produced the most false negatives of all the stimuli  
26 (thermal, mechanical and electrical) applied [1]. Failure to maintain appropriate skin  
27 resistance may have contributed to this poor performance.

28       This ~~informationese report demonstrates~~ ~~indicate~~ that it is essential to measure  
29 the skin resistance between the electrodes and to maintain it below 3 k $\Omega$  [3,4,5]. Two  
30 main factors must be considered: the distance between electrodes, and a proper cleaning  
31 process. The distance is short (1 – 2 cm) when the electrodes are placed over the lateral  
32 palmar digital nerves [4,5], but distances up to 7 – 8 cm have been used when electrodes  
33 are placed in the skin immediately proximal to the coronary band [1,2,3]. A thorough

34 cleaning process is necessary, especially if the inter-electrode distance is high (7 – 8  
35 cm). We have described a strict protocol elsewhere [3]. After electrode placement,  
36 resistance should be measured with a multimeter to confirm appropriate resistance  
37 [3,4,5]. The electrodes are then secured with adhesive bandages or wrap strips [3,5].  
38 Throughout the investigation, resistance between electrodes should be measured before  
39 each electrical stimulus is applied.

40 In conclusion, arising from our experience with the same horses, equipment and  
41 experimental conditions, we would like to reiterate the importance of appropriate  
42 methodology when electrical antinociception is used for research in horses. Proper  
43 clipping and cleaning should be routine practice in order to maintain skin resistance  
44 values below 3 k $\Omega$ , measured by a multimeter.

45

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