Introduction
Collapse in horses is defined as a loss of postural tone, with or without progression to recumbency and/or loss of consciousness. There are a number of scenarios that can lead to collapse in the horse. I will present a number of cases to illustrate the topic. The aim of the session will be to provide information not only on the topic itself, but to provide a practical means of evaluating such cases.

Definition
Collapse is divided into 2 categories; syncopal and non-syncopal.

1. **Syncopal collapse** is caused by cerebral hypoperfusion, resulting in acute loss of postural tone and consciousness. It is short in duration and recovery is spontaneous. Syncope can be divided into 3 categories; cardiogenic, neural and miscellaneous.
   a. **Cardiogenic** causes include tachyarrhythmias, bradyarrhythmias or structural heart disease, which result in reduced cardiac output and cerebral hypoperfusion.
   b. **Neural** syncope is uncommon in horses and is due to an abnormally triggered neural reflex causing withdrawal of sympathetic tone and increased parasympathetic tone. The resulting bradycardia and/or peripheral vasodilation lead to hypotension and impaired cerebral perfusion. Sudden head elevation or placement of equipment on the horse, such as a saddle, may be a cause of neural syncope.
   c. **Miscellaneous** causes of syncope include volume depletion, endotoxemia and dysautonomia.

2. **Non syncopal collapse** is not associated with cerebral hypoperfusion. Consciousness is maintained in part, or in whole. Non syncopal collapse with partial loss of consciousness occurs with seizures, sleep disorders and hypoglycemia. Non-syncopal collapse with maintenance of consciousness can be associated with metabolic disorders such as hyperkalemic periodic paralysis in American Quarter horses. Sleep disorders can be linked to pain or mechanical problems which prevent recumbent sleep, environmental insecurity or monotony.

References can be provided on request