Monounsaturated fatty acid-based lipid emulsions in critically ill patients are associated with fewer complications

I would like to make some comments in relation to the elegant commentary of Yaqoob (2005), published recently in this journal. Dr Yaqoob rightly considers that is important to evaluate whether using parenteral nutrition, in whatever form, increases the risk to the patient without any added benefit. In this respect, she reviews three studies evaluating the use of an olive oil-based lipid emulsion (ClinOleic, Baxter, Maurepas, France) in the home parenteral nutrition of patients with intestinal failure. She concludes that there is no added benefit from ClinOleic, compared with soyaabean oil-based emulsions, with regard to complications in such patients, but that there is no evidence of harm either. I absolutely agree with this opinion.

Although Dr Yaqoob states that the studies of patients receiving home parenteral nutrition do not provide insight into critically ill patients, results from studies using ClinOleic in the latter group of patients are now available. We recently published in this journal results on short-term parenteral nutrition in very critically ill (severely burned) patients, comparing ClinOleic in this journal results on short-term parenteral nutrition in very critically ill patients, results from studies using ClinOleic in the home parenteral nutrition do not provide insight into critically ill patients are associated with fewer complications in such patients, but that there is no evidence of harm either. I absolutely agree with this opinion.

Furthermore, another article comparing an olive oil-based lipid emulsion parenteral nutrition with glucose-based parenteral nutrition in multiple trauma patients shows a significantly lower blood glucose level, a clinically relevant shortening of duration of stay in the intensive care unit and a shorter time to enteral nutrition; evaluation of risks and benefits.

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