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## 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 soyabean 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 and a mixture of medium- and long-chain triacylglycerols (Garcia-de-Lorenzo *et al.* 2005). Our results showed that the abnormalities in liver function related to parenteral nutrition were more frequent in the group receiving medium- and long-chain triacylglycerol than in the ClinOleic group ( $P = 0.04$ ).

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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 on mechanical ventilation in the group receiving the olive oil-based lipid emulsion (Huschak *et al.* 2005).

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