The Polymeal: A Natural, Safer and Probably Tastier Strategy to Reduce Cardiovascular Disease (Journal Scan)

Dear Editor,

This is with reference to the journal scan of MJAFI 2006;62:91, by Lt Col VK Agrawal. If the daily intake of polymeal causes a decrease in life expectancy of those above 50 years of age having cardiovascular disease by 2.4 years, it should not be recommended for them.

Alternatively, it causes increase in life expectancy by nine years in those above 50 years of age who are free from cardiovascular disease. The point is, if a person is free from cardiovascular disease

on his usual diet, why should he change over to the Polymeal, a costly affair, after 50 years of age? Chances are that he may develop cardiovascular disease at the same rate whether he is on his own diet or on the Polymeal.

This leads to an important query; why should one change over to the Polymeal in any case?

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Reply

Table 1, which has compared the results of Polymeal is reproduced below. Polymeal have been compared with reference value. Changing over to Polymeal has beneficial effect. However it

should not be recommended for people above 50 years of age having cardiovascular disease.

Lt Col VK Agrawal

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Table 1

Lifetime effect (years) of Polymeal at age 50, stratified by sex

Intervention	Total life expectancy		Life expectancy free from CVD		Life expectancy with CVD	
	Effect	Difference	Effect	Difference	Effect	Difference
Men:						
None(Overall)	28.7	Ref	21.0	Ref	7.7	Ref
Polymeal	35.2	6.6	30.0	9.0	5.3	-2.4
Women:						
None (Overall)	34.2	Ref	26.9	Ref	7.3	Ref
Polymeal	39.0	4.8	35.0	8.1	4.0	-3.3

CVD-cardiovascular disease; Ref-reference value

Journal Scan

Rachida el Moussaoui, Corianne AJM, Peterhans van den Broek, Willem N Hustinx, Paul Breser. Effectiveness of discontinuing antibiotic treatment after three days versus eight days in mild to moderate-severe community acquired pneumonia: randomised, double blind study. BMJ 2006;22: 614-6.

For some infections, such as staphylococcus aureus bacteraemia or enterococcal endocarditis, clear evidence favours prolonged treatment to prevent relapse. Conversely, for some situations such as surgical prophylaxis, treatment of gonorrhoea and uncomplicated UTI, roles for short courses of antibiotics are well established. In this article Rachida el Moussaoui et al present evidence in favour of a total of three days treatment for uncomplicated cases of community acquired pneumonia. This suggests that current guidelines recommending 7-10 days of antibiotic therapy should be revised.

Rachida el Mossaoui et al compared outcomes for cases of mild

to moderate community acquired pneumonia after treatment with antibiotics for three to eight days. The study involved nine hospitals in Netherland and was carried out as a randomised, double blind, placebo controlled trial. Patients who met entry criteria were treated with intravenous amoxicillin. Those who showed significant improvement after 72 hours were switched to either oral amoxicillin or placebo for five days. Clinical and radiological outcome assessed at days 10 and 28 were non significant.

Not only does the study yields strong evidence in favour of short therapy for a subset of patients, but also shows how centres can cooperate to tackle long-standing areas of uncertainty in clinical microbiology and infectious diseases.

Contributed by

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