Antioxidants plus corticoids in the treatment of severe acute alcoholic hepatitis: The question is still open: Reply

To the Editor:
We would like to thank Nguyen-Khac et al. for their interest in our article [1] and respond to their points. We would agree that there is in vitro evidence that would suggest that antioxidants (AO) should be of benefit in vivo. The result of the trial was disappointing. Though the numbers were small, we feel that there is little to suggest that patients benefit from AO at this stage of the disease.

The referenced article by Phillips et al. shows the benefit of steroids over antioxidants in those patients that were eligible for steroids [2]. It does not address the role of antioxidants in patients who cannot receive steroids and it does not enlighten us as to whether antioxidants have a role in addition to steroids.

As suggested we were testing two hypotheses concomitantly in our study, but not the ones suggested in the letter; AO vs placebo in those ineligible for steroids and AO + steroids vs. steroids in those eligible. At no point were we testing the hypothesis of AO vs. steroids. This would have included two different groups of patients with different mortalities; those that were ineligible for steroids but were randomized to AO and those that were eligible for steroids but were randomized to placebo. We feel that our trial reflected the clinical situation where steroids are given if possible.

Bleeding or sepsis precluded this in 44% of our patients. This is not a surprising figure in our unit.

Our trial was designed to pick up a 40% mortality reduction. While a smaller reduction in mortality would require larger numbers to detect, the Kaplan–Meier survival curves are almost superimposed. The authors suggest a further trial focussing only on patients eligible for steroids and randomized to receive antioxidants or placebo. We found the 6-month mortality to be 5/18 (28%) in the steroid only group and 10/20 (50%) in the steroid and antioxidant group. Further, larger trials would of course help to clarify this lack of benefit, or perhaps show some advantage to AO treatment. We feel, however, that given the paucity of new studies in acute severe alcoholic hepatitis, and considering the mortality in a young population, that further efforts should focus on treatments more likely to have clinical benefit.

References


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doi: 10.1016/j.jhep.2006.04.004