

## DOs should be source of patients' education

*To the Editor:*

I enjoyed reading the supplement to the October *JAOA* "Special Topics in Cardiology—Improving the Quality of Cardiovascular Care Through Prevention and Intervention" (*JAOA* 1995;95:(10)S1-S20). This supplement represents a well-referenced overview of the recent advances in the treatment of cardiovascular disease. However, there is one glaring deficiency in the monograph. It lacks a review of the growing body of evidence supporting antioxidant and free-radical scavenger therapy in the prevention and secondary treatment of cardiovascular disease.

Patients continue to spend billions of dollars on nutritional supplements relatively *unsupervised* by the medical community. Organized medicine has failed to provide guidelines advising patients who have requested information about this burgeoning over-the-counter business. Yet, molecular biologic evidence, once deemed hypothetical, now has been accepted in the clinical arena.<sup>1-3</sup> Rim and colleagues<sup>4</sup> study involving more than 39,000 male healthcare professionals and Stampfer and coworkers<sup>5</sup> follow-up of more than 87,000 female nurses represent large studies with excellent outcomes that should open our eyes as scientists and healthcare providers. Several excellent review articles<sup>1-3</sup> have covered proposed mechanisms in antioxidant protection in cardiology and other areas of medicine.

Ironically, the Letters section in the October *JAOA* addresses the need for preventive medicine indoctrination at the undergraduate level (*JAOA* 1995;95:572,574). We osteopathic physicians need to be the educational resource for our patients. Our history is based on this educa-

tional tenet, and our mission to carry out this tenet should continue to be the same.

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### References

1. Southorn PA, Powis GD: Free radicals in medicine—Chemical nature and biological reactions. *Mayo Clin Proc* 1988; 63:381-389.
2. Katz MA: The expanding role of oxygen free radicals in clinical medicine. *West J Med* 1986;144:441-446.
3. Kearney JF, Vita JA: Atherosclerosis, oxidative stress, and anti-oxidant protection in endothelium-derived, relaxing factor action. *Progress in Cardiovascular Disease*, vol 38; 2TP129-154, 1995.
4. Rimm EB, Stampfer MJ, Ascherio A: Vitamin E consumption and the risk of coronary heart disease in men. *N Engl J Med* 1993;328:1450-1456.
5. Stampfer MJ, Hennekens CH, Manson JE, et al: Vitamin E consumption and the risk of coronary heart disease in women. *N Engl J Med* 1993;328:1444-1449.

### Response

*To the Editor:*

Thank you for your helpful and timely comments concerning the October 1995 *JAOA* supplement on cardiology. I agree that a review of antioxidant and free-radical scavenger therapy would have been an interesting and timely addition. As you point out, billions of dollars are spent on these supplements each year, and very few guidelines exist to support the use of antioxidants in the primary and secondary treatment of coronary artery disease.

Thank you for sharing with us some of the excellent studies that are available for physicians and healthcare professionals to review. I hope we will see a review published in the *JAOA* on antioxidant therapy in the future. ♦

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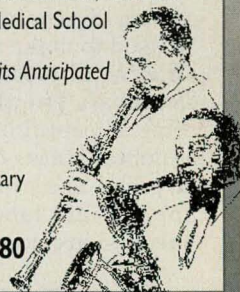
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