

# BIOLOGICAL AND CLINICAL ASPECTS OF AN OLIVE OIL-BASED LIPID EMULSION – A REVIEW

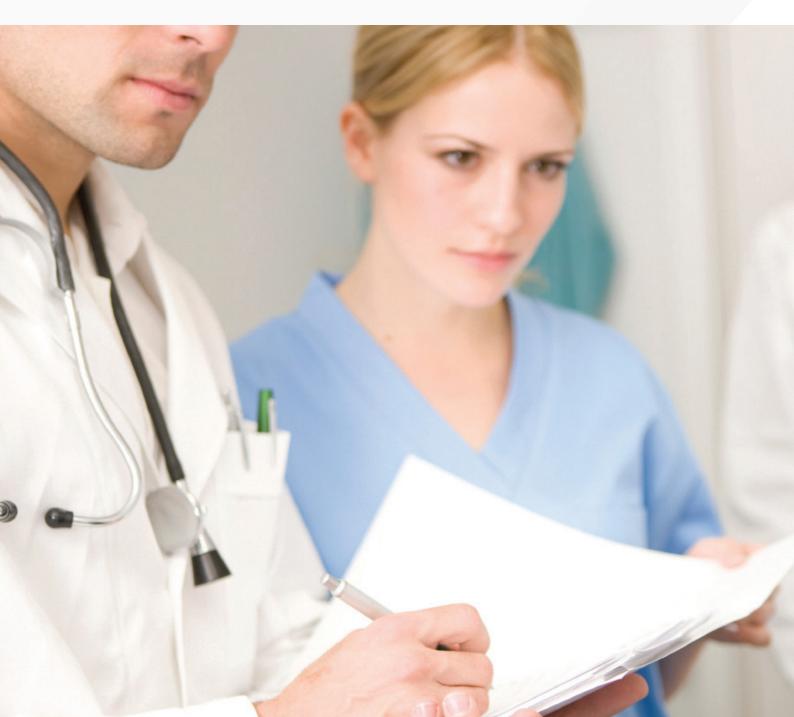
Olive oil-based ILE appears to support the innate immune system, is associated with fewer infections, induces less lipid peroxidation, and is not associated with hepatobiliary or lipid disturbances.

## **REVIEW SUMMARY**

The narrative review of 115 articles summarizes the evidence for the effects of olive oil-based intravenous lipid emulsion (ILE). Specifically, summarized are the effects on:

- Immune Function
- Lipid Peroxidation
- Plasma and Lipid Glucose Metabolism
- Hepatobiliary and Endothelial Function
- Morbidity and Mortality

In the largest randomized control trial to date (N=458), olive oilbased ILE was clearly associated with fewer infections compared to a soybean oil-based ILE<sup>7</sup>

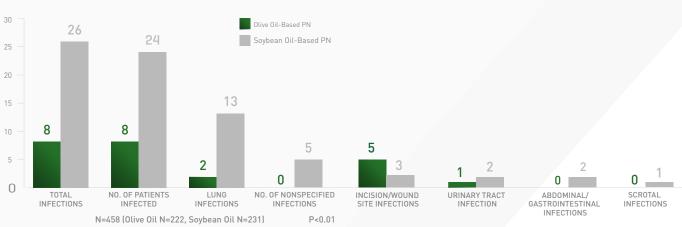


### RESULTS

## Collective evidence from animal studies, in vitro cultured immune cell studies, and clinical studies suggests that olive oil-based ILE appears to preserve immune function.

#### **OLIVE OIL-BASED ILE MAY PRESERVE IMMUNE FUNCTION**

- Olive oil-based ILE has beneficial effects on immune cell proliferation and function and/or immune cell death<sup>1-4</sup>
- Olive oil-based ILE has lesser effects on disruption of bacterial clearing compared with other ILEs<sup>5,6</sup>
- Olive oil appeared to be more neutral in its effect on inflammatory eicosanoid or cytokine production compared with other ILEs<sup>9,10</sup>



#### **OLIVE OIL-BASED ILE WAS ASSOCIATED WITH FEWER INFECTIONS<sup>7</sup>**

#### OLIVE OIL-BASED ILE LIMITS LIPID PEROXIDATION

• Olive oil and its primary constituent, oleic acid, was associated with less lipid peroxidation compared with other ILEs. Most studies have not reported a difference in oxidative stress markers between ILEs. <sup>9,11,12</sup>

#### OLIVE OIL-BASED ILE MAY HAVE BENEFICIAL EFFECTS ON CHOLESTEROL LEVELS

• Olive oil-based ILEs are safe and have limited effects on lipid profiles when used for long-term PN<sup>14,17</sup>

## OLIVE OIL-BASED ILE IS NOT ASSOCIATED WITH ADVERSE EFFECTS ON THE HEPATOBILIARY SYSTEM

- While statistically significant differences between olive oil-based ILE and other ILEs were noted in many studies, the majority of studies reported hepatobiliary functional markers that were within normal limits or 1.5 X ULN. These differences between ILEs should be interpreted with caution as they may not be clinically important. <sup>8,13,17-21</sup>
- Most studies in adults, preterm neonates, and children suggest that olive oil-based ILE is safe and not associated with adverse effects on hepatobiliary function.<sup>7</sup>

#### **OTHER OUTCOMES**

• Studies indicate that there is no meaningful difference among ILEs in glucose metabolism, morbidity and mortality<sup>15,16,18,22,23</sup>



A literature review of 115 English-language studies found olive oil-based intravenous lipid emulsion is well tolerated and provides effective nutritional support to various parenteral nutrition-requiring populations.

Olive oil-based ILE may support the innate immune system, is associated with fewer infections, induces less lipid peroxidation, and is not associated with increased hepatobiliary or lipid disturbances.



### Open Access Link: http://www.mdpi.com/2072-6643/10/6/776/pdf

## REFERENCES:

- 1. Buenestado, A., et al. Journal of Parenteral and Enteral Nutrition 2006; 30: 286-296.
- 2. Buschmann, K., et al. Mediators of Inflammation 2015; 1-11.
- 3. Cury-Boaventura, MF., et al. Journal of Parenteral and Enteral Nutrition 2008; 32: 81-87.
- 4. Juttner, B., et al. Nutrition & Metabolism 2008; 5(19):1-8.
- 5. Versleijen, M.W., et al. Eur J Clin Invest 2010; 40(8): 729-734.
- 6. Garnacho Montero, J., et al. Nutrition 2002; 18: 751-754.
- 7. Jia et al. Nutrition Journal; 14:119: 1-15.
- 8. Garcia-de-Lorenzo, A., et al. British Journal of Nutrition 2005; 94: 221-230.
- 9. Nanhuck, R.M., Doubet, A. & Yaquoob, P. Clinical Nutrition 2009; 28: 556-564.
- 10. Reimund, J.M., et al. *Clinical Nutrition* 2004; 23: 1418-1425.
- 11. Watkins, S.M., Carter, L.C. & German, J.B. Journal of Lipid Research 1998; 39: 1583-1588.
- 12. Fuhrman, B., Volkova, N., Aviram, M. Nutrition 2006; 22[9]:922-30.
- 13. Onar, P., et al. Nutrition in Clinical Practice 2011; 26[1]: 61-65.
- 14. Goulet, O. Am J Clin Nutr 1999; 70: 338-345.
- 15. Umpierrez, E.G., et al. Crit Care Med. 2012 June; 40(6): 1792-1798.
- 16. Gultekin, G., et al. Pak.J. Med. Sci. 2014; 30: 299-304.
- 17. Reimund, J.M., et al. Aliment Pharmacol Therapy 2005; 21: 445-454.
- 18. Badia-Tahull, M.B., et al. Br J Nutr 2010; 104(5): 737-74.
- 19. Palova, S., Charvat, J. & Kvapil, M. Journal of International Medical Research 2008; 36: 587-593.
- 20. Puiggros, C., et al. JPEN 2009; 33: 501-512
- 21. Thomas-Gibson, S., et al. *Clinical Nutrition* 2004; 23: 697-703
- 22. Siqueira, J., et al. *J Clin Endocrinol Metab*. 2011; 96(10): 3207-3216.
- 23. Edmunds, C.E., et al. Critical Care Medicine Journal 2014; 42: 1168-1177.

This summary has been prepared by Baxter. Baxter is a trademark of Baxter International Inc. Baxter Healthcare (M) Sdn. Bhd. B-21-3A The Ascent Paradigm, No.1 Jalan SS7/26A, Kelana Jaya, 47301 Petaling Jaya, Selangor.

For Healthcare Professionals Only

MY-CN16-220003 01/2022