

## LETTERS: Omega-3 study bias accusations 'nonsensical'

June 13, 2008 | Brian G. Feagan

Re: "Omega-3 no help for Crohn's" (the Medical Post [May 6](#)); "Was omega-3 research study burdened by pharma support?" (the Medical Post, [May 23](#)).

We wish to respond to Dr. Henry Olders' May 23 letter regarding our original publication in the Journal of the American Medical Association regarding omega-3 free fatty acids and their use for the maintenance of remission in Crohn's disease.

We have been accused by Dr. Olders of being biased against the use of omega-3 fatty acid therapy for Crohn's disease and conspiring with the sponsor of the EPIC trials to report invalid data. He also accuses the academic investigators of failing to "report on potential conflicts of interest." None of these serious accusations is true.

Dr. Olders' assertion that the academic authors of the studies were biased against showing a benefit of omega-3 fatty acids for the prevention of relapse in Crohn's disease is nonsensical. We would not have expended the resources necessary to conduct these large randomized controlled trials had we thought that omega-3 maintenance therapy was not a viable intervention.

Obviously, the manufacturer of the omega-3 formulation was very disappointed with the negative findings since these studies formed the basis of a registration program that would have led to regulatory approval had the trials showed positive results. Thus Dr. Olders' claim that the negative findings resulted from the influence of a "pharmaceutical company with, we assume, an interest in reducing the likelihood that its customers will use alternative treatments" has no credibility.

With respect to potential conflict of interest, full disclosure was provided by all of the authors of the article as per JAMA requirements.

Dr. Olders is a psychiatrist who advocates the use of omega-3 fatty acids for the treatment of depression and bipolar disorder (see [www.henry.olders.ca](http://www.henry.olders.ca)). It is noteworthy that recent Cochrane reviews conclude no strong data exist to support the use of omega-3s in either of these conditions.

Although Dr. Olders contends that our negative findings are explainable by relative differences in dietary fatty acid consumption between Italy and the rest of the world, scientifically valid clinical studies in Crohn's disease to support his viewpoint are nonexistent. Given these observations, your readers can judge who is best labelled as "biased" regarding the efficacy of omega-3s.

We request an apology from Dr. Olders for his unfounded and damaging accusations.  
—Dr. Brian G. Feagan, director, Roberts Clinical Trials, Roberts Research Institute, University of Western Ontario, on behalf of the EPIC I and II Investigators, London, Ontario.

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