

In reply—Ethanol Should Be Subjected to a Randomized Controlled Trial

We appreciate Dr Keller's interest in our recent meta-analysis on the effects of alcohol consumption.¹ We agree that a large prospective randomized controlled trial will be the most valuable path to evaluate the effects of alcohol on all-cause mortality and cardiovascular health. Additionally, he proposed a creative idea of using ethanol capsules and placebo capsules for the randomized controlled trial. However, we are skeptical concerning the use of ethanol capsules. The blindness of the study design would not be guaranteed because the patients in the treatment arm may experience psychotic, cutaneous, or other effects.

Nevertheless, we thank Dr Keller for his comments and suggestions. Certainly, future research is warranted to clarify the association between low to moderate alcohol use in patients at risk for cardiovascular disease, including those who have hypertension.

**Chao Huang, BS
Qi-Qiang He, PhD**

Wuhan University, P. R. China

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<http://dx.doi.org/10.1016/j.mayocp.2014.10.012>

US Ebola Case: An Example of the Misuse of Antibiotics and a Reminder for Better Stewardship

To the Editor: The December 2014 issue of *Mayo Clinic Proceedings* contained 2 informative articles on Ebola. In the first, Tosh and Sampathkumar¹ provided an overview of the 2014 Ebola outbreak. In the other, Butler² described the harm to baseline

health services in Liberia as a result of the diversion of efforts and resources to accommodate the Ebola outbreak. Of note, both articles ended with an editor's note, from Associate Editor Thomas Beckman on the article by Tosh and Sampathkumar and from Editor-in-Chief William Lanier on the article by Butler, notifying readers that these articles address "a rapidly evolving field, and we will provide updates in the electronic and print versions of the journal as appropriate."^{1,2} I commend the Journal for taking this approach to inform readers.

Although it is widely recognized that our understanding of Ebola is rapidly changing, there is one aspect of the disease that is not changing: it is caused by a virus, and the therapies for Ebola should be directed toward a viral pathogen (ie, not a bacterial, fungal, or some other type pathogen). Despite these facts, several apparent "breakdowns in the system" were, and continue to be, widely covered by the television and print media regarding the management of a US patient infected with Ebola virus. However, a very important area in need of improvement not mentioned in previous media reports was the apparent misuse of antibiotics. According to information released by a hospital, the patient was diagnosed as having a viral infection and was given antibiotics: "Ultimately, the man, who had come to the hospital with a fever and some abdominal pain, was diagnosed with a 'low-grade, common viral disease' and sent home, Lester [Mark C. Lester, executive vice-president of the health care system] said. [The patient's] sister told the Associated Press that he was given antibiotics."³

Whether this episode was reported correctly in the media or not, it is important to remind ourselves that escalating antibiotic resistance and the lack of countermeasures is arguably a more urgent and imminent threat than Ebola for patients everywhere.⁴⁻⁷

Health care professionals can, and should, do better than to inappropriately prescribe antibiotics for viral diagnoses.

Emil P. Lesho, DO

Walter Reed Army Institute of Research
Silver Springs, MD

The views expressed herein are solely those of the author and are not to be construed as official or those representing the US Army or the Department of Defense.

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<http://dx.doi.org/10.1016/j.mayocp.2014.11.001>

CORRECTION

A cover line on the November 2014 print cover was incorrect. It should read: "Risk of First-Ever Stroke in Young Patients With Atrial Fibrillation Not Recommended for Antithrombotic Therapy by Current Guidelines." We regret the error.

<http://dx.doi.org/10.1016/j.mayocp.2014.12.003>