

## Prescribing of Omega 3 fatty acids is not supported

**Thurrock CCG, and Basildon and Brentwood CCG do not support the prescribing of omega 3 fatty acids (Omacor®, Maxepa®, Prestylon®, Dualtis®, Nebbaro® and Teromeg®) for any indication, and this position is supported by NHS England.**

NICE guidance recommends **against** prescribing omega-3 fatty acids for the primary prevention of coronary heart disease.

In the management of hypertriglyceridaemia, high doses (4 capsules of Omacor® daily) were needed to show a reduction in triglycerides comparable to the reduction seen in trials with fenofibrate; doses lower than this resulted in triglyceride reductions of approximately half this amount.

Evidence for their use post-MI is limited to one open-label trial with notable limitations. Several large systematic reviews and meta-analyses have shown no benefit of omega-3 fatty acids on mortality or cardiovascular events.

Use in patients with schizophrenia is unlicensed and should be reviewed in conjunction with a specialist with a view to stopping prescribing if no benefit has been achieved.

Evidence for use in other indications such as prevention of dementia, pre-menstrual syndrome, attention-deficit hyperactivity disorder (ADHD), atrial fibrillation, eczema, osteoarthritis or age-related macular degeneration is of poor quality and such use is unlicensed.

### Recommendations:

- All patients taking omega-3 fatty acid compounds should have their therapy reviewed and new patients should not be commenced on omega-3 fatty acid compounds.
- Consider switching patients taking omega-3 fatty acid compounds for hypertriglyceridaemia to a statin or a fibrate.
- Consider stopping omega-3 fatty acid compounds in patients who have had an MI; such patients should be advised to consume two to four portions of oily fish or equivalent per week.
- Patients should be advised to increase their dietary intake of omega-3 fatty acids. A patient leaflet can be downloaded from the British Dietetic Association website giving advice on dietary sources and supplements <https://www.bda.uk.com/foodfacts/omega3>

This position is supported by NHS England as part of the items which should not routinely be prescribed in primary care.

Providers commissioned to provide services on behalf of Thurrock CCG and Basildon and Brentwood CCG are reminded that they are required to follow the local joint formulary and prescribing guidance, or relevant Medicines Management agreement.

<b>Position Statement No.</b>	26
<b>Title</b>	Prescribing of Omega 3 fatty acids is not supported
<b>References</b>	1. PrescQIPP Bulletin 47: Omega-3 fatty acids, October 2013 v2.0: <a href="http://www.prescqipp.info/-omega-3-fatty-acids/">http://www.prescqipp.info/-omega-3-fatty-acids/</a> 2. NHS England guidance on 'Items which should not routinely be prescribed in primary care' (June 2019): <a href="https://www.england.nhs.uk/wp-content/uploads/2019/08/items-which-should-not-routinely-be-prescribed-in-primary-care-v2.1.pdf">https://www.england.nhs.uk/wp-content/uploads/2019/08/items-which-should-not-routinely-be-prescribed-in-primary-care-v2.1.pdf</a>
<b>Acknowledgements</b>	Mid Essex CCG Medicines Management Team
<b>Version</b>	2
<b>Author</b>	Medicines Management Team
<b>Approved by</b>	<b>Basildon and Brentwood CCG:</b> Prescribing Subgroup, Patient Quality and Safety Committee, Board <b>Thurrock CCG:</b> Medicines Management and Safety Group, Patient Quality and Safety Committee, Transformation and Sustainability Committee, Board
<b>Date Approved</b>	October 2019
<b>Review Date</b>	October 2021