

MID AND SOUTH ESSEX MEDICINES OPTIMISATION COMMITTEE (MSEMOC)

OMEGA-3 FATTY ACIDS AND OTHER FISH OILS (including but not limited to; Omacor[®], Maxepa[®], Prestylon[®], Dualtis[®], Nebbaro[®] and Teromag[®])

BLACK: NOT RECOMMENDED FOR PRESCRIBING IN PRIMARY, COMMUNITY OR SECONDARY CARE

Mid and South Essex CCGs do not support the prescribing of omega 3 fatty acids (such as Omacor[®], Maxepa[®], Prestylon[®], Dualtis[®], Nebbaro[®] and Teromag[®]) and other fish oils for any indication. The available evidence for their use is limited and of poor quality and they do not represent cost-efficacy. This position is supported by NHS England guidance on items which should not routinely be prescribed in primary care.

Omega-3 fatty acid compounds are essential fatty acids which can be obtained from the diet. They are licensed for adjunct to diet and statin in type IIb or III hypertriglyceridemia; adjunct to diet in type IV hypertriglyceridemia; adjunct in secondary prevention in those who have had a myocardial infarction in the preceding 3 months.

NICE guidance does not recommend the prescribing of omega-3 fatty acids for the primary prevention of coronary heart disease. 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. A Cochrane systematic review looking at the evidence for prevention and treatment of cardiovascular disease, included 48 randomised controlled trials (36,913 participants) and 41 cohort analyses. Pooled trial results did not show a reduction in the risk of total mortality or combined cardiovascular events in those taking omega-3 fatty acids. Trials varied in the doses used and trial design.

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. NICE CG172 states: "Do not offer or advise people to use omega-3 fatty acid capsules or omega-3 fatty acid supplemented foods to prevent another MI. Advise people to eat a Mediterranean-style diet (more bread, fruit, vegetables and fish; less meat; and replace butter and cheese with products based on plant oils). If people choose to purchase omega-3 fatty acid capsules or eat omega-3 fatty acid supplemented foods, there is no evidence of harm."

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.

NHS England do not recommend the prescribing of omega-3 fatty acids as part of the guidance on '*Items which should not routinely be prescribed in primary care: Guidance for CCGs*' (June 2019), and no routine exceptions have been identified. NHS England categorises omega-3 fatty acid as an item of low clinical effectiveness, where there is a lack of robust evidence of clinical effectiveness or there are significant safety concerns

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 fibrate or statin.
- 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 wishing to take these products should be advised to purchase them over the counter, or 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.pdf>



Providers commissioned to provide services on behalf of Mid and South Essex CCGs are reminded that they are required to follow the local joint formulary and prescribing guidance, as detailed in the medicines management service specification of their contract.

References	<ul style="list-style-type: none">▪ NHS England and NHS Improvement Items which should not routinely be prescribed in primary care: Guidance for CCGs (Version 2, June 2019): https://www.england.nhs.uk/wp-content/uploads/2019/08/items-which-should-not-routinely-be-prescribed-in-primary-care-v2.1.pdf▪ PrescQIPP Bulletin 210 (October 2018): Omega-3 fatty acids and other fish oils: https://www.prescqipp.info/umbraco/surface/authorisedmediasurface/index?url=%2fmedia%2f3758%2f210-omega-3-fatty-acid-compounds-and-other-fish-oils-20.pdf▪ Hooper L, Harrison RA, Summerbell CD, et al. Omega-3 fatty acids for prevention and treatment of cardiovascular disease. Cochrane Database of Systematic Reviews 2004, Issue 4. Art. No.: CD003177. Available at: http://cochranelibrary-wiley.com/doi/10.1002/14651858.CD003177.pub2/epdf/standard▪ National Institute for Health and Care Excellence (NICE). Clinical Guideline 172. Myocardial infarction: cardiac rehabilitation and prevention of further cardiovascular disease. November 2013. Available at: https://www.nice.org.uk/guidance/cg172
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