

County Durham and Tees Valley APC Position Statement on the Prescribing of Omega-3 Fatty Acids

County Durham and Tees Valley APC **does not support** the prescribing of Omega-3 fatty acids

Omega-3 fatty acid compounds feature on the NHS England guidance 'Items which should not routinely be prescribed in primary care'¹. They are not recommended for prescribing on the NHS as the evidence to support their efficacy is not strong enough and they are not considered to be cost-effective². Several NICE guidelines recommend against the prescribing of these supplements. NICE concluded that there is no evidence of clinical benefits and, overall, the majority of the evidence was of low quality for all outcomes.

National Guidance

| NICE Guideline | Recommendation |
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| Cardiovascular disease: risk assessment and reduction, including lipid modification. (CG181) | Do not prescribe omega-3 fatty acids for the primary or secondary prevention of cardiovascular disease, alone or in combination with a statin, including in people with chronic kidney disease (CKD) or type 1 or type 2 diabetes. There is no evidence that omega-3 fatty acid compounds help to prevent CVD ³ . |
| Myocardial infarction: cardiac rehabilitation and prevention of further cardiovascular disease. (CG172) | Do not prescribe omega-3 fatty acids or advise omega-3 fatty acid supplemented foods to prevent another MI. If people choose to take omega-3 fatty acid capsules or eat omega-3 fatty acid supplemented foods, be aware that there is no evidence of harm ⁴ . |
| Autism spectrum disorder in under 19s: support and management. (CG170) | Do not use omega-3 fatty acids to manage sleep problems in children and young people with autism ⁵ . |
| Familial hypercholesterolaemia: identification and management (CG71) | People with FH should not routinely be recommended to take omega-3 fatty acid supplements. For people with FH who have already had a myocardial infarction (MI), refer to the NICE guideline on myocardial infarction CG172 ⁶ . |
| Multiple sclerosis in adults: management (CG186) | Do not offer omega-3 or omega-6 fatty acid compounds to treat MS. Explain that there is no evidence that they affect relapse frequency or progression of MS ⁷ . |
| Schizophrenia: omega-3 fatty acid medicines Evidence summary (ESUOM19) | Use in patients with schizophrenia is unlicensed; existing prescribing should be reviewed in conjunction with a specialist, with a view to stopping prescribing if no benefit has been achieved ^{2, 8} . |

Recommendations

- All patients already prescribed omega-3 fatty acid preparations should be reviewed and prescriptions stopped. No new prescriptions for omega-3 fatty acids or other fish oils should be commenced.
- Consider switching patients taking omega-3 fatty acid compounds for hypertriglyceridaemia to evidence based treatment, in line with NICE CG71. Fibrates are the treatment of choice for patients with hypertriglyceridaemia.
- 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.
- Patients wishing to take these products should be advised to increase their dietary intake or purchase them over the counter. Further advice is available at: <https://www.bda.uk.com/resource/omega-3.html>

Patients should be advised that although there is no evidence of harm, the use of such supplements in people at risk of cardiovascular disease is not supported by clinical evidence. Community pharmacists will be able to assist patients in obtaining a suitable preparation.

References

1. NHS England. Items which should not be routinely prescribed in primary care: Guidance for CCGs. November 2017. <https://www.england.nhs.uk/publication/items-which-should-not-be-routinely-prescribed-in-primary-care-guidance-for-ccgs/> Accessed 13.07.2020
2. Prescqiipp. Bulletin 210. Omega-3 fatty acid compounds and other fish oils. <https://www.prescqiipp.info/our-resources/bulletins/bulletin-210-omega-3-fatty-acid-compounds-and-other-fish-oils/> Accessed 13.07.2020.
3. National Institute for Health and Care Excellence (NICE). Clinical Guideline 181. Cardiovascular disease: risk assessment and reduction, including lipid modification. September 2016. <https://www.nice.org.uk/guidance/cg181> Accessed 13.07.2020
4. NICE Clinical Guideline 172 Myocardial infarction: cardiac rehabilitation and prevention of further cardiovascular disease; November 2013. <https://www.nice.org.uk/guidance/cg172> Accessed 13.07.2020.
5. National Institute for Health and Care Excellence (NICE). Clinical Guideline 170. Autism spectrum disorder in under 19s: support and management. August 2013. <https://www.nice.org.uk/guidance/cg170> Accessed 13.07.2020.
6. National Institute for Health and Care Excellence (NICE). Clinical Guideline 71. Familial hypercholesterolaemia: identification and management. July 2016. <https://www.nice.org.uk/guidance/cg71> Accessed 13.07.2020
7. National Institute for Health and Care Excellence (NICE). Clinical Guideline 186. Multiple Sclerosis in Adults: Management. October 2014. <https://www.nice.org.uk/guidance/cg186> Accessed 13.07.2020.
8. National Institute for Health and Care Excellence (NICE). Evidence summary ESUOM19. Schizophrenia: omega-3 fatty acid medicines. September 2013. <https://www.nice.org.uk/advice/esuom19/chapter/Key-points-from-the-evidence> Accessed 13.07.2020