Worcestershire Area
Prescribing Committee
March 2018

Position Statement: *To be adhered to in line with the Worcestershire Prescribing Policy*

Treatment	Omega-3 fatty acids
Commissioning position	The use of omega-3 fatty acid compounds is **not supported** for patients registered with a GP in Worcestershire or those patients resident in Worcestershire but not currently registered with a GP for the following indications. Patients should be advised to purchase it over-the-counter or be advised to increase their dietary intake of omega-3 fatty acids. Indications where omega-3 fatty acid compounds are **not supported:** • **For hypertriglyceridaemia in conjunction with statins**. (Consider a trial of statin in conjunction with increased dietary intake.) • **For hypertriglyceridaemia in conjunction with diet**. (Consider a switch to a fibrate). • **For post-MI use**. (Ensure patients are receiving optimal secondary prevention medication. Patients who have had an MI should be advised to consume two to four portions of oily fish or other dietary sources per week). • **For schizophrenia (unlicensed)** • **Other indications**. Use is unlicensed and evidence of benefit is weak or non-existent. The use of omega-3 fatty acid compounds is supported in Worcestershire only for patients with refractory hypertriglyceridaemia for the prevention of pancreatitis and where sustained lifestyle and fibrate therapy has failed to lower triglycerides levels. This should ONLY be initiated on the advice of a consultant lipidologist.
Summary of Evidence	• NICE guidance recommends against prescribing omega-3 fatty acids for the primary prevention of coronary heart disease.[1,2] • 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.[1,3] • Evidence for their use post-MI is limited to one open-label trial with notable limitations.[1,3] • Several large systematic reviews and meta-analyses have shown no benefit of omega-3 fatty acids on mortality or cardiovascular events.[1] • There is some evidence for their use in schizophrenia, however this should be under specialist supervision, the response should be monitored carefully and their use should be stopped if no benefit is seen.[1,4] • Evidence for use in other indications is of poor quality and such use is unlicensed.[1] • Patients should be advised to increase their dietary intake of omega-3 fatty acids.[1]
Financial implications	Across the three Worcestershire CCGs spend for omega-3 for January 2017 to December 2017 was £64,806.
Resources to support implementation	***NHSE guidance: Items which Should Not be Routinely Prescribed in Primary Care*** National patient information leaflets

Acknowledgements	PrescQIPP
Approved	Date
Date for Review	Date

REFERENCES

1. Prescqipp. Bulletin 47. Omega-3 fatty acids. October 2013. Accessed 22/03/18. https://www.prescqipp.info/component/jdownloads/send/85-omega-3-fatty-acids/787-bulletin-47-omega-3-fatty-acids
2. NICE Clinical Guideline 181 Cardiovascular disease: risk assessment and reduction, including lipid modification July 2014 (last updated Sept 2016). Accessed 22/03/18. https://www.nice.org.uk/guidance/cg181
3. NICE Clinical Guideline 172 Myocardial infarction: cardiac rehabilitation and prevention of further cardiovascular disease November 2013. Accessed 22/03/18. https://www.nice.org.uk/guidance/cg172
4. NICE Clinical Guideline 155 Psychosis and schizophrenia in children and young people: Recognition and management January 2013 (updated Oct 2016). Accessed 22/03/2018. https://www.nice.org.uk/guidance/cg155