

## Position statement on the prescribing of omega 3 fatty acids in primary care

**SW London CCGs\* do NOT support the routine prescribing of OMEGA-3 FATTY ACIDS in line with NHS England's national guidance on medicines which should no longer be routinely prescribed.**

### Rationale

- NICE CG 181: Cardiovascular disease: risk assessment and reduction, including lipid modification does not support the use of omega-3 fatty acids for prevention of cardiovascular disease (CVD) for any of the following; primary or secondary prevention, chronic kidney disease, type 1 or 2 diabetes<sup>1</sup>
- NICE CG 172: Myocardial infarction-cardiac rehabilitation and prevention of further MI states do not offer or advise people to use omega-3 fatty acids capsules or supplemented foods to prevent another MI<sup>2</sup>.
- NICE CG 49: Non-alcoholic fatty liver disease; assessment and management states do not offer omega-3 fatty acids to adults with non-alcoholic fatty liver disease because there is not enough evidence to recommend their use<sup>3</sup>.
- NICE CG 170: Autism in under 19's-support and management states do not use omega-3 fatty acids to manage sleep problems in children and young people with autism<sup>4</sup>.
- NICE ESUOM19: Schizophrenia; omega-3 fatty acid medicines advises the randomised controlled trial (RCT) evidence for using omega-3 fatty acid medicines in people with schizophrenia is limited and the results are not consistent<sup>5</sup>.
- The Maudsley Clinical Guidelines suggest a possible role for omega-3 fatty acids as an adjunct in patients with schizophrenia, particularly in patients responding poorly to clozapine. NICE CG155 recommended more research should be undertaken into their use in patients considered to be at high risk of developing psychosis due to very limited evidence. Therefore prescribing of omega 3 in this unlicensed/off label use should remain with specialists<sup>6</sup>.
- NICE CG 186 Multiple Sclerosis in adults: management does not support the use of omega-3 or omega-6 fatty acid compounds to treat MS. There is no evidence that they affect relapse frequency or progression of MS<sup>7</sup>.
- There are no good quality data for omega-3 fatty acids use in prevention of dementia, pre-menstrual syndrome, attention-deficit hyperactivity disorder (ADHD), atrial fibrillation, eczema, osteoarthritis or age-related macular degeneration<sup>6</sup>.
- Cochrane reviews of clinical trials for the use of omega-3 fatty acids in autism, dementia and macular degeneration found no evidence of benefit<sup>6</sup>.

### Further information available from:

- NHS England. Items which should not routinely be prescribed in primary care: **Guidance for CCGs.** <https://www.england.nhs.uk/publication/items-which-should-not-be-routinely-prescribed-in-primary-care-guidance-for-ccgs/>. Updated Nov 2017.
- **Patient information leaflets:** <https://www.prescqipp.info/items-which-should-not-routinely-be-prescribed-patient-leaflets>

<sup>1</sup> [NICE CG181](#): Cardiovascular disease: risk assessment and reduction, including lipid modification

<sup>2</sup> [NICE CG 172](#): Myocardial infarction – cardiac rehabilitation and prevention of further MI

<sup>3</sup> [NICE CG 49](#): Non-alcoholic fatty liver disease (NAFLD): assessment and management.

<sup>4</sup> [NICE CG 170](#): Autism in under 19s: support and management (CG170)

<sup>5</sup> [NICE ESUOM19](#): Schizophrenia: omega-3 fatty acid medicines

<sup>6</sup> [Prescqipp Bulletin 47](#) (October 2013) Omega-3 fatty acids

<sup>7</sup> [NICE CG186](#): Multiple sclerosis in adults: management

## Guidance for clinicians

### Recommendations

- **Existing prescribing of omega-3 should be reviewed.**
- Consider stopping omega-3 fatty acids in patients taking it for primary or secondary prevention of CVD. Encourage lifestyle modifications – cardio-protective diet, physical activity, weight management, alcohol consumption and smoking cessation. 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.
- 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. If to continue then it should be prescribed and monitored by the specialist.
- There is no good quality data to support the use in prevention of dementia, pre-menstrual syndrome, ADHD, atrial fibrillation, eczema, osteoarthritis or age-related macular degeneration. Consider stopping omega-3 if used for these indications, in conjunction with the specialist if required.
- Consider stopping omega-3 or omega-6 fatty acid compounds used to treat MS. Explain that there is no evidence that they affect relapse frequency or progression of MS.
- Consider stopping omega-3 fatty acids used to manage sleep problems in children and young people with autism.
- Consider stopping omega-3 fatty acids in adults with non-alcoholic fatty liver disease because there is not enough evidence to recommend their use.

### Guidance for patients

- There is very limited evidence for the use of omega 3 fatty acid supplements
- Your treatment will be reviewed and your clinician may decide to stop treatment
- Omega 3 fatty acid supplements are available over the counter in pharmacies and other retail outlets should you wish to continue taking it.
- **Patient information leaflets available:** <https://www.prescgipp.info/items-which-should-not-routinely-be-prescribed-patient-leaflets>