

Omega-3 fatty acid and other fish oil supplements review - prescribing fact sheet

Aim: To review the use of omega 3 fatty acid and other fish oil supplements to ensure prescribing is in line with the National Institute for Health and Care Excellence (NICE), local guidance and NHS England guidance 'Items which should not be routinely prescribed in primary care'.

Key Points

- Omega-3 fatty acid supplements are no longer recommended for the secondary prevention of myocardial infarction (MI)
- NICE guidance does not support the use of omega-3 fatty acid or fish oil supplements post-MI, in schizophrenia, in the treatment of multiple sclerosis (MS), in adults with non-alcoholic fatty liver disease or in the management of sleep problems in children and young people with autism.
- A lipid specialist may recommend prescribing omega 3 for specialized groups only, in line with <u>local</u> guidance

Guidelines

Omega-3 fatty acid supplements are currently only licensed as an adjunct in secondary prevention in those who have had a myocardial infarction in addition to other standard therapy and in certain types of hypertriglyceridemia.

NICE guidance 181 - Cardiovascular disease: risk assessment and reduction, including lipid modification states that people should be advised that there is no evidence that omega-3 fatty acid compounds help to prevent cardiovascular disease

The NICE further advises:

- Do not offer or advise people to use omega-3 fatty acid capsules or 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
- 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.
- 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.
- Do not use omega-3 fatty acids to manage sleep problems in children and young people with autism.
- 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.
- Existing prescribing of omega -3 should be reviewed.
- New patients should only be initiated omega-3 fatty acids by lipid specialists.
- The place of omega 3 fatty acids supplements in hypertriglyceridemia is clearly defined in our <u>local</u> guidance

Costs

The CCGs comprising South East London still spend approximately £221K per annum on this group of drugs.

Recommendations

- 1. Identify all patients currently prescribed omega-3 fatty acid supplements.
- 2. Review the prescribing of all omega-3 fatty acid supplements in all patients with a view to stopping therapy where possible, in line with the recommendations of NICE above and the algorithm overleaf.

References

- 1. National Institute for Health and Care Excellence 2013 NICE advice ESUOM19: Schizophrenia: omega-3 fatty acid medicines
- 2. National Institute for Health and Care Excellence 2013. Myocardial infarction cardiac rehabilitation and prevention of further MI: NICE guideline CG172
- 3. National Institute for Health and Care Excellence 2013. Autism in under 19s: support and management (CG170)
- 4. National Institute for Health and Care Excellence 2014. NICE Clinical guideline CG186: Multiple sclerosis in adults: management. National Institute for Health and Care Excellence 2014. NICE clinical guideline 181- Cardiovascular disease: risk assessment and reduction, including lipid modification.
- 5. National Institute for Health and Care Excellence 2016. Non-alcoholic fatty liver disease (NAFLD): assessment and management. NICE Guideline 45
- 6. NHSBSA prescribing data 2017. Accessed at http://www.epact.ppa.nhs.uk/systems/sys_main_epact.htm on 30.1.17

Approved: July 2018 Review Date: July 2020

Omega-3 fatty acid or other fish oil supplement review pathway

NHS England considers omega-3 fatty acid supplements as an item which should not be routinely prescribed in primary care and will monitor the prescribing of omega-3 fatty acid supplements. NHS England encourage deprescribing of omega-3 fatty acid supplements where appropriate.

