

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

Treatment	Omega-3 Fatty Acids
<p>Commissioning position</p>	<p>The use of omega-3 fatty acid compounds is not supported for patients registered with a GP in Herefordshire or Worcestershire or those patients resident in Herefordshire or Worcestershire but not currently registered with a GP for the following indications; the evidence to support their efficacy is not strong enough and they are not considered to be cost-effective. Patients wishing to take these products should be advised to increase their dietary intake of omega-3 fatty acids or purchase over-the-counter preparations.</p> <p>Indications where omega-3 fatty acid compounds are not supported:</p> <ul style="list-style-type: none"> • For hypertriglyceridemia in conjunction with statins. (Consider a trial of statin in conjunction with increased dietary intake) • For hypertriglyceridemia in conjunction with diet. (Consider a switch to a fibrate) • For post-myocardial infarction (MI) use (unlicensed). (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 <p>The use of omega-3 fatty acid compounds (Omacor®) is supported in Herefordshire or Worcestershire only for patients with refractory hypertriglyceridemia, to reduce the risk of pancreatitis, as adjunct to dietary modifications 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.</p>
<p>Summary of Evidence</p>	<ul style="list-style-type: none"> ➤ NICE guidance recommends against prescribing omega-3 fatty acids for the primary prevention of coronary heart disease (CHD).^{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} ➤ The European Medicines Authority (EMA) reviewed all the available evidence and concluded that the small relative-risk reduction seen in the original 1999 open-label study of omega-3 supplements in secondary prevention after myocardial infarction, was not confirmed in more recent randomised controlled trials; this license has been subsequently withdrawn.⁴ ➤ 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.^{1,5} ➤ Evidence for use in other unlicensed indications is of poor quality.^{1,6,7,8} ➤ Patients should be advised to increase their dietary intake of omega-3 fatty acids.¹

Financial implications	Across Herefordshire & Worcestershire, spend for omega-3 fatty acids for December 2018 to November 2019 was £32,434 .
Resources to support implementation	<u>NHSE guidance: Items which Should Not be Routinely Prescribed in Primary Care</u> <u>National patient information leaflet</u> : Changes to Omega-3 Fatty Acids Prescribing
Acknowledgement	PrescQIPP
Approved Date for Review	March 2020 March 2023 <i>or sooner if additional national guidance and/or published evidence is made available</i>
References	<ol style="list-style-type: none"> 1. Prescqipp. Bulletin 210. Omega-3 fatty acid compounds and other fish oils. https://www.prescqipp.info/our-resources/bulletins/bulletin-210-omega-3-fatty-acid-compounds-and-other-fish-oils/ Accessed 27/01/20. 2. NICE Clinical Guideline 181 Cardiovascular disease: risk assessment and reduction, including lipid modification; July 2014 (updated Sept 2016). https://www.nice.org.uk/guidance/cg181 Accessed 27/01/20. 3. NICE Clinical Guideline 172 Myocardial infarction: cardiac rehabilitation and prevention of further cardiovascular disease; November 2013. https://www.nice.org.uk/guidance/cg172 Accessed 27/01/20. 4. European Medicines Agency. Omega-3 acid ethyl esters - containing medicinal products for oral in use in secondary prevention after myocardial infarction; 13/06/19. https://www.ema.europa.eu/en/medicines/human/referrals/omega-3-acid-ethyl-esters-containing-medicinal-products-oral-use-secondary-prevention-after Accessed 27/01/20. 5. NICE Clinical Guideline 155 Psychosis and schizophrenia in children and young people: recognition and management; January 2013 (updated Oct 2016). https://www.nice.org.uk/guidance/cg155 Accessed 27/01/2020. 6. NICE Clinical Guideline 170 Autism spectrum disorder in under 19s: support and management; Aug 2013. https://www.nice.org.uk/guidance/CG170 Accessed 27/01/2020. 7. NICE Clinical Guideline 186. Multiple sclerosis in adults: management; Oct 2014 (updated Nov 2019). https://www.nice.org.uk/guidance/CG186 Accessed 27/01/2020. 8. NICE Guideline 49 Non-alcoholic fatty liver disease (NAFLD): assessment and management; July 2016. https://www.nice.org.uk/guidance/NG49 Accessed 27/01/2020.