

Prescribing...

for Coronary Heart Disease

- New NICE Draft guidelines on the secondary prevention of CHD state that **omega -3 fatty acids in fish oils** are likely to only have minimal effect on preventing further events.
- So it is no longer advising post- MI patients to either eat oily fish or to take supplements for up to four years.
- Local doctors have already reviewed cardiac patients who have not had a recent MI and many have been stopped.
- The saving so far is about £5,000 per month.
- A recent meta-analysis concluded that **antioxidant supplements** had no effect on cardiovascular outcomes.

1. Omega-3 fatty acid compounds

In the new draft advice NICE no longer recommends eating oily fish or taking omega-3 fatty acid capsules or omega-3 fatty acid supplemented foods specifically for the prevention of further heart attacks.

However a "Mediterranean-style diet" is still advised. This involves eating more bread, fruit, vegetables and fish, less meat, and replacing butter and cheese with products based on plant oils.

As discussed in a previous bulletin, NICE had previously recommended that patients who have had an MI within the past three months be advised to eat more oily fish. If this is not feasible then doctors were advised to consider prescribing a fish oil supplement for up to four years. This advice was based on the results of two related Italian studies which showed some benefit over placebo. However more recent studies failed to replicate the results of the original trials.

PBAC reviewed the evidence and produced guidelines in December 2012 which advised doctors to review all patients on prescribed fish oil supplements. Since then there has been a 27% fall in prescribing saving nearly £5,000 per month. As a direct result of this work at least £57,000 extra per annum will be available in the Health Fund to treat islanders. Details are as follows

| Practice | Items Mar-12 | Cost Mar-12 | Items Mar-13 | Cost Mar-13 | Estimated annual saving |
|----------------------------|--------------|----------------|--------------|----------------|-------------------------|
| DR JF COOPER'S PRACTICE | 45 | £1,000 | 31 | £783 | £2,600 |
| DR R LYONS' PRACTICE | 5 | £128 | 3 | £71 | £684 |
| HEALTHCARE GROUP | 326 | £7,935 | 212 | £4,925 | £36,120 |
| L' AUMONE&ST.SAMPSONS PRAC | 130 | £2,514 | 99 | £1,883 | £7,572 |
| MEDICAL SPECIALIST GROUP | 5 | £85 | 0 | £0.00 | £1,020 |
| QUEENS ROAD MEDICAL PRAC | 183 | £4,759 | 161 | £4,006 | £9,108 |
| TOTAL | 694 | £16,424 | 506 | £11,669 | £57,104 |

So what?

- Some of the prescriptions dispensed in March may have been issued before the guidelines were produced, so we hope that more patients will be reviewed and further savings made.
- However a considerable sum is still being spent on an expensive treatment for which there is virtually no evidence on improving patient oriented outcomes.
- So doctors are asked to continue to ensure that all patients are reviewed and that for the time being only those who have had a recent MI are continued.
- We would also ask that no new patients be started on prescribed fish oils at this time.
- The guidance to stop prescribing fish oils for post-MI patients is still in draft form.
- It may be challenged by the pharmaceutical companies and could in theory be reversed.
- However given the strength of evidence and the very high cost of prescribing this is unlikely.
- If, as expected, NICE repeats this advice in its full guidance then all local patients will need to be reviewed and their treatment stopped.
- Patients who wish to continue on fish oil supplements may buy it from pharmacies or health food stores.

2. Antioxidant supplements

For many years antioxidant supplements have been investigated for their potential benefit in preventing cardiovascular disease. It is thought that they may have a role to play in slowing the progression of atherosclerosis, but their effect on CV outcomes has been less clear.

A recent meta-analysis was conducted on the results of 15 randomised controlled trials (n= 188,209) comparing antioxidant and vitamin supplementation with placebo for major cardiovascular events such as myocardial infarction, stroke, cardiac death, total death and any possible adverse events. The mean age of trial participants was 49 to 66 years and the follow up periods were between 1.4 and 12 years. Seven of the fifteen studies were on patients at high risk of CV disease.

It was concluded that antioxidant supplements did not reduce the risk of any of the outcomes compared with placebo. This result is broadly in line with other studies including a meta-analysis published earlier this year in the BMJ.

Whilst there is no evidence that consuming these supplements is harmful, patients requesting advice should be advised of this latest information.

- References:** 1. NICE <http://www.nice.org.uk/nicemedia/live/13502/64153/64153.pdf>,
2. Drugs and Therapeutics Bulletin May 2013