

Prescribing...

Newsflash: Omega-3 fatty acids

The recently updated NICE guidance on myocardial infarction¹: secondary prevention states

"Do not offer or advise people to use the following to prevent another MI; omega-3 fatty acid capsules or omega-3 fatty acid supplemented foods".

NICE clinical guidelines on lipid modification, familial hypercholesterolaemia and Type 2 diabetes also do not recommend these supplements for the primary prevention of cardiovascular disease.

Recently an observational study suggested a possible link between high blood concentrations of omega-3 fatty acids and an increased risk of prostate cancer². Higher blood concentrations were associated with increased risk of total, low-grade and high-grade prostate cancers.

Compared with men whose blood concentrations were in the lowest quartile, men in the lowest quartile had a 43% increased risk of total prostate cancer (Hazard ratio 1.43, 95% CI 1.09 to 1.88, p=0.03). Some previous studies have found a similar link. Like all observational studies this evidence has limitations and can only suggest an association and not prove causation.

The updated guidance, the lack of evidence of cardiovascular benefits, the very high cost plus this latest possible safety signal all need to be taken into account when considering patients for prescribed omega-3 fatty acids. There can be no justification for commencing any new patients on these supplements. Most if not all will already be on multiple medicines. It would appear most unwise to add in a treatment for which there is no evidence and that may not be as harmless as we once thought.

Guernsey and Alderney doctors have been reviewing patients on prescribed omega-3 fatty acids, following guidelines from PBAC. It is vitally important that this continues. There were **1,934** prescriptions for these products at a cost of **£46,727** dispensed in the quarter ending September 2012. This fell by **66%** to **646** prescriptions costing **£13,693** in the quarter ending September 2013. In England baseline use is lower than in the Bailiwick and following advice from the NICE MPC prescribing has also fallen. It was 16% lower in the twelve months to August 2013 than in the previous year.

This work means that a minimum of £132,000 that would have been spent on prescribed fish oils every year will now be retained in the health fund and will be available to islanders to fund treatments and services with a more solid evidence base.

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