

Berkshire West Area Prescribing Committee Policy Statement

Drug Name	Omega 3 fatty acids
Indication under review	Schizophrenia, dementia, ADHD, AF, eczema, OA, AMD
Policy No:	APC 113
Date of Issue:	July 2015
Review Date:	July 2018
Policy Statement: Omega 3 fatty acids are not recommended for routine use	
Traffic Light Status	Brown
Key Points considered:	
<ul style="list-style-type: none"> • Treatment may be considered under the direction of a Consultant Lipidologist/Lipid clinic for patients with very high triglycerides (usually > 11mmol/l who may have WHO hyperlipidaemias Types I, IV and V. • The use of omega-3 fatty acids in all other areas is unlicensed with a lack of compelling data. Patients with schizophrenia should be reviewed in conjunction with their specialist with a view to stopping prescribing if no benefit has been achieved. • Patients should be advised to increase their dietary intake of omega-3 fatty acids. A patient leaflet can be downloaded from the British Dietetic Association. • This policy has been produced as a guide for GPs. Evidence and information was carefully considered and consulted upon by clinicians who concluded that this treatment is not a cost effective use of scarce NHS resources. There are situations where this policy may not apply to an individual patient due to their clinical exceptionality. This policy statement does not overrule an individual GPs clinical decision making and therefore each GP would be need to make the final decision on whether treatment is a cost-effective use of their CCG budget. 	
<p>References</p> <p>PrescQIPP DROP-List. Bulletin available at: http://www.prescqipp.info/resources/viewcategory/171-drop-list</p> <p>2. Sweetman SC (ed), Martindale: The Complete Drug Reference, 2010. London: Pharmaceutical Press. Available from: www.medicinescomplete.com [accessed 10th July 2013]</p> <p>3. Omacor Summary of Product Characteristics Abbott Healthcare Products Limited Date of revision of the text March 2008. Available at www.medicines.org [accessed 3rd July 2013]</p> <p>4. Maxepa Summary of Product Characteristics Seven Seas Ltd Date of revision of the text 19/11/2012. Available at www.mhra.gov.uk [accessed 11th July 2013]</p> <p>5. Kotwal S, Jun M, Sullivan D et al Omega 3 fatty acids and cardiovascular outcomes: Systematic review and meta-analysis Circulation: Cardiovasc Qual Outcomes 2012; 5: 808-818</p> <p>6. Kwak SM, Myung S_K, Lee YJ et al for the Korean Meta-analysis Study Group Efficacy of Omega-3 Fatty Acid Supplements (Eicosapentaenoic Acid and Docosahexaenoic Acid) in the Secondary Prevention of Cardiovascular Disease: A Meta-analysis of Randomized, Double-blind, Placebo- Controlled Trials Arch Intern Med. 2012;172(9):686-694.</p> <p>7. Hooper L, Harrison RA, Summerbell CD, et al. Omega 3 fatty acids for prevention and treatment of cardiovascular disease. Cochrane Database of Systematic Reviews 2004, Issue 4. Art. No.: CD003177. Available from www.thecochranelibrary.com</p> <p>8. NICE Clinical Guideline 67 Lipid modification: Cardiovascular risk assessment and the modification of blood lipids for the primary and secondary prevention of cardiovascular disease May 2008 (reissued March 2010). Available at http://www.nice.org.uk/nicemedia/live/11982/40689/40689.pdf</p> <p>9. NICE Clinical Guideline 48 MI: secondary prevention: Secondary prevention in primary and secondary care for patients following a myocardial infarction May 2007. Available at http://publications.nice.org.uk/mi-secondary-prevention-cg48</p> <p>10. GISSI-Prevenzione Investigators Dietary supplementation with n-3 polyunsaturated fatty acids and vitamin E after myocardial infarction: results of the GISSI-Prevenzione trial Lancet 1999; 354:447-55</p> <p>11. NICE Clinical Guideline 66 Type 2 diabetes May 2008. Available at http://guidance.nice.org.uk/CG66</p> <p>12. James S, Montgomery P, Williams K. Omega-3 fatty acids supplementation for autism spectrum disorders (ASD). Cochrane Database of Systematic Reviews 2011, Issue 11. Art. No.: CD007992. DOI: 10.1002/14651858.CD007992.pub2 CD005379. Available from www.thecochranelibrary.com</p> <p>13. Sydenham E, Dangour AD, Lim WS. Omega 3 fatty acid for the prevention of cognitive decline and dementia. Cochrane Database of Systematic Reviews 2012, Issue 6. Art. No.: CD005379. Available from www.thecochranelibrary.com</p> <p>14. Lawrenson JG, Evans JR. Omega 3 fatty acids for preventing or slowing the progression of age-related macular degeneration. Cochrane Database of Systematic Reviews 2012, Issue 11. Art. No.: CD010015. DOI: 10.1002/14651858.CD010015.pub2.</p> <p>15. The Age-Related Eye Disease Study 2 (AREDS2) Research Group Lutein + Zeaxanthin and Omega-3 Fatty Acids for Age-Related Macular Degeneration: The Age-Related Eye Disease Study 2 (AREDS2) Randomized Clinical Trial JAMA. 2013; 309(19): 2005-2015</p> <p>16. Mariani J.; Doval H.C.; Nul D et al N-3 polyunsaturated fatty acids to prevent atrial fibrillation: Updated systematic review and meta-analysis of randomized controlled trials J Am Heart Association 2013; 2: 2047-80</p> <p>17. NICE Clinical Guideline No 72 Attention deficit hyperactivity disorder: Diagnosis and management of ADHD in children, young people and adults September 2008 (last modified: March 2013). Available from www.nice.org.uk [accessed 25th June 2013]</p> <p>18. Tan ML, Ho JJ, Teh KH. Polyunsaturated fatty acids (PUFAs) for children with specific learning disorders. Cochrane Database of Systematic Reviews 2012, Issue 12. Art. No.: CD009398. DOI: 10.1002/14651858.CD009398.pub2. Available from www.thecochranelibrary.com</p> <p>19. Maudsley Prescribing Guidelines in Psychiatry, 11th Edition 2012</p> <p>20. NICE Clinical Guideline 155 Psychosis and schizophrenia in children and young people: Recognition and management January 2013. Available from www.nice.org.uk [accessed 29th June 2013]</p> <p>21. Drug Tariff, July 2013</p> <p>22. MIMS July 2013</p> <p>23. Zocor Summary of Product Characteristics, Merck Sharp & Dohme Ltd Date of revision of the text November 2012. Available from www.medicines.org.uk [accessed 29th June 2013]</p> <p>24. East of England, West Midlands and East Midlands prescribing data taken from eFACT April 2012- March 2013</p>	
Date taken to APC:	1 st July 2015
Date Ratified by MMC on Behalf of the Board:	19 th August 2015

Berkshire West Area Prescribing Policies serve as a guide to clinicians. This does not overrule the clinical or budgetary responsibility of clinicians when considering treatment for individual patients.

Brown	Green	Amber	Red
These drugs have been reviewed and are not considered a cost effective use of scarce NHS resources	Medicines suitable for routine use. Primary care prescribers take full responsibility for prescribing	Medicines that should be initiated by a specialist and can be continued in primary care under a shared care agreement.	Medicines which should be prescribed by specialists only