

Omega-3 fatty acid compounds and other fish oils

In England, Scotland, Wales and the Isle of Man, £2.8million is spent on omega-3 fatty acid compounds and other fish oils annually (NHSBSA England, Wales, Isle of Man Aug-Oct 23) and Public Health Scotland (Jun-Aug 23).

This briefing provides further information on these products, which are considered to be a low priority for prescribing as there is insufficient evidence to support their use and they are not considered to be cost-effective (with the exception of icosapent ethyl prescribed in line with [NICE TA805](#)).¹

Key recommendations

- Do not initiate omega-3 fatty acid compounds and other fish oils for any new patient in primary care (with the exception of icosapent ethyl prescribed in line with [NICE TA805](#)).
- For existing patients, deprescribe omega-3 fatty acid compounds and other fish oils (with the exception of icosapent ethyl prescribed in line with [NICE TA805](#)). Refer to the relevant specialist for patients prescribed omega-3 fatty acid compounds and other fish oils for any specialist indication.
- Patients for whom omega-3 fatty acid compounds are prescribed for specialist indications, e.g. schizophrenia (unlicensed), or where they have been recommended by a specialist lipid clinic, should be referred back to the specialist for review. If there is any ongoing prescribing for specialist indications, this should take place in secondary care.
- Patients prescribed omega-3 fatty acid compounds or other fish oils with statin therapy for reducing the risk of cardiovascular events with raised triglycerides should be switched to icosapent ethyl, if appropriate and in line with [NICE TA805](#).
- Patients prescribed warfarin who stop taking omega-3 fatty acids compounds should be advised to inform their anticoagulant clinic of the change. In addition, the anticoagulant clinic should be informed of the change in prescribing practice so that they can check whether patients have stopped taking omega-3 medicines/supplements at their next blood test. This is to enable an accurate interpretation of their INR (in the unlikely event that there is any change) and any necessary dosage adjustments to be made accordingly.
- Inform patients of the risk of atrial fibrillation with omega-3 fatty acid compounds, especially at high doses, if they still wish to purchase them over-the-counter, and advise them to discontinue treatment if any symptoms of atrial fibrillation occur and present for further investigation.

Deprescribing

Fish oil can have an anti-platelet effect at high doses. Most research indicates that doses of 3–6g/day of fish oil do not significantly affect the anticoagulant status of patients taking warfarin.² However, when deprescribing omega-3 fatty acid compounds for patients taking warfarin, this potential interaction² should be considered.

Savings available

- Deprescribing all omega-3 fatty acid compounds would result in annual savings of £2.8million in England, Wales, the Isle of Man and Scotland, or £3,887 per 100,000 population.

References

- 1. NICE. Icosapent ethyl with statin therapy for reducing the risk of cardiovascular events in people with raised triglycerides. Technology appraisal guidance [TA805]. Published July 2022. <https://www.nice.org.uk/guidance/ta805>
- 2. National Institutes of Health (NIH). Office of dietary supplements. Omega-3 Fatty Acids: Fact Sheet for Health Professionals. Last updated February 2023. <https://ods.od.nih.gov/factsheets/Omega3FattyAcids-HealthProfessional/>

Additional resources available	Bulletin	https://www.prescqipp.info/our-resources/bulletins/bulletin-343-omega-3-fatty-acid-compounds-and-other-fish-oils
	Tools	
	Data pack	https://data.prescqipp.info/views/B343_Omega-3fattyacidcompoundsandotherfishoils/FrontPage?%3Aembed=y&%3Aiid=1&%3AisGuestRedirectFromVizportal=y

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