



Protect Your Patients: A Guide to Omega-3 Recommendations

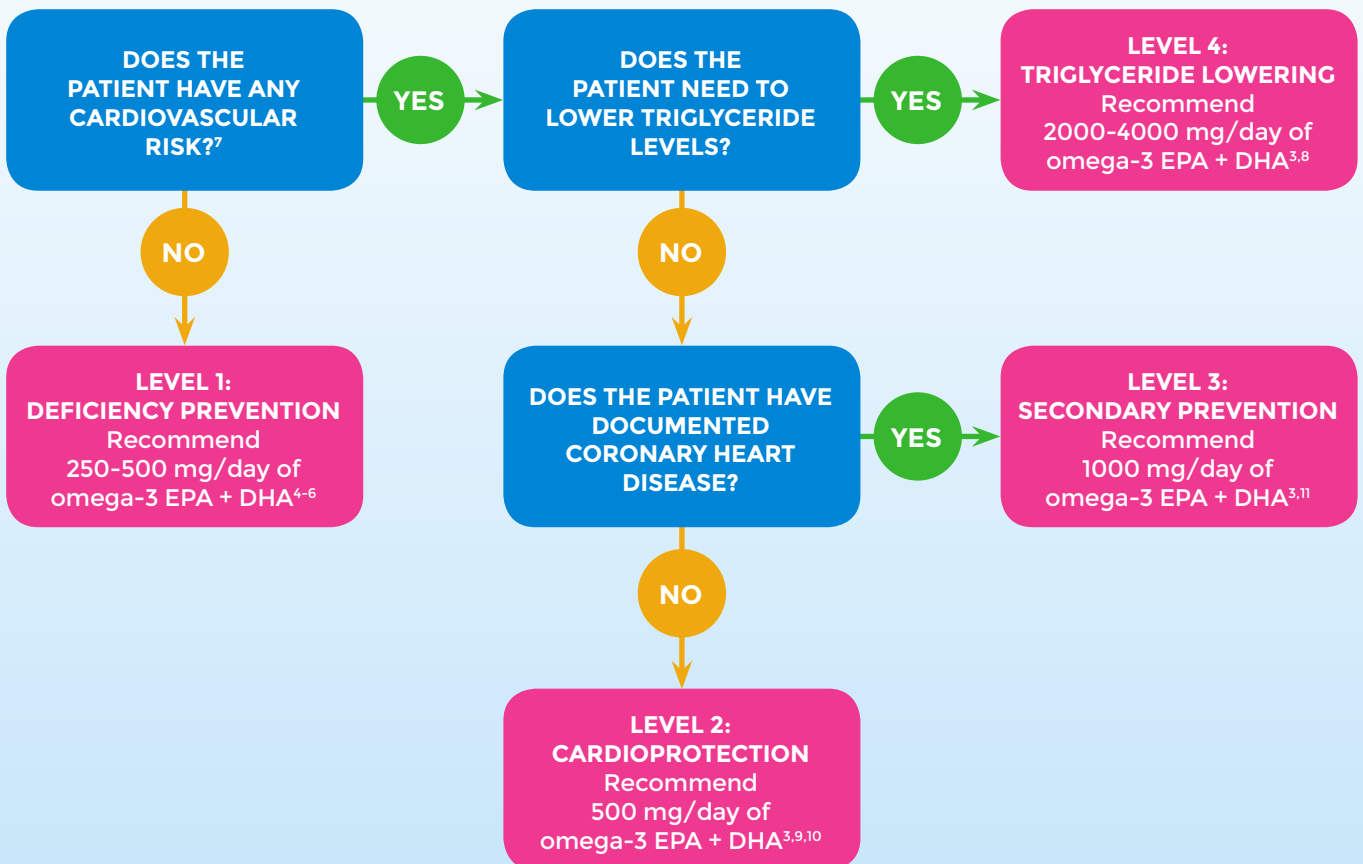
Research shows that insufficient levels of omega-3 EPA + DHA may be associated with serious health complications and premature death.¹ **95.7% OF AMERICANS DO NOT CONSUME ENOUGH TO REACH CARDIOPROTECTIVE LEVELS.**²

PROTECT YOUR PATIENTS by recommending omega-3s through food or supplements along with other healthy lifestyle changes. A minimum of 250-500 mg EPA + DHA per day or at least 2 servings per week of oily fish is recommended to support heart and overall health.³⁻⁶

MAKING THE OMEGA-3 EPA + DHA RECOMMENDATION

Assess your patient's omega-3 intake and then use the decision tree to determine the appropriate recommendation level.

1. Does your patient consume at least 2 servings per week of oily fish?
2. Does your patient take a supplement with a minimum of 250 mg of omega-3 EPA + DHA?



PUTTING OMEGA-3 EPA + DHA INTO PRACTICE

Help your patients achieve cardioprotective omega-3 EPA + DHA levels by recommending the following food sources high in omega-3 EPA + DHA.*

HIGH EPA + DHA (>850 mg/4 oz. serv.)	MEDIUM EPA + DHA (300-850 mg/4 oz. serv.)	LOW EPA + DHA (<300 mg/4 oz. serv.)
Salmon	Pollock	Shrimp
Anchovies, Herring and Shad	Squid	Tilapia
Mackerel (Atlantic and Pacific)	Crab	Cod
Tuna (Bluefin and Albacore)	Tuna (Light, Canned)	Catfish
Sardines (Atlantic and Pacific)		Scallops
Oysters (Pacific)		Haddock
Trout (Freshwater)		Fortified Milk
		Fortified Eggs

*Vegetarians may need to find alternative sources of omega-3 EPA + DHA. Tell your patients to look for supplements from plant-based algae or fortified foods that are listed as suitable for vegetarians.



If you don't think your patients are getting enough omega-3 EPA + DHA from diet alone, talk to them about supplementation:

- Provide them with the correct EPA + DHA dosing instructions
- Note that higher concentrated products are available in small, easy-to-swallow pill sizes

References: 1. Danaei G, Ding E, Ezzati M et al. The preventable causes of death in the United States: Comparative risk assessment of dietary, lifestyle, and metabolic risk factors. *PLoS Med.* 2009;6:e1000058. doi: 10.1371/journal.pmed.1000058. 2. Murphy RA, Yu EA, Clappio ED, Mehta S, McBurney MI. Suboptimal Plasma Long Chain n-3 Concentrations are Common among Adults in the United States. NHANES 2003–2004. *Nutrients.* 2015;7:10282-9. doi: 10.3390/nu125534. 3. Kris-Etherton PM, Harris WS, Appel LJ. Fish consumption, fish oil, omega-3 fatty acids, and cardiovascular disease. *Circulation.* 2002;106:2747-57. 4. 2015-2020 Dietary Guidelines – health.gov. Available at: <http://health.gov/dietaryguidelines/2015/guidelines/>. 5. Fats and fatty acids in human nutrition: report of an expert consultation: 10-14 November 2008, Geneva. Food and Agriculture Organization of the United Nations. 2010. 6. The American Heart Association's Diet and Lifestyle Recommendations. Available at: http://www.heart.org/HEARTORG/HealthyLiving/HealthyEating/Nutrition/The-American-Heart-Associations-Diet-and-Lifestyle-Recommendations_UCM_305855_Article.jsp#.V4jrl_krJhF. 7. Goff DC Jr, Lloyd-Jones DM, Bennett G et al. 2013 ACC/AHA guideline on the assessment of cardiovascular risk: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. *Circulation.* 2014;129:S49-73. doi: 10.1161/01.cir.0000437741.48606.98. 8. Miller M, Stone N, Ballantyne C et al. Triglycerides and cardiovascular disease: a scientific statement from the American Heart Association. *Circulation.* 2011;123:2292-333. 9. Mosca L, Benjamin EJ, Berra K et al. Effectiveness-Based Guidelines for the Prevention of Cardiovascular Disease in Women—2011 Update: A Guideline From the American Heart Association. *Circulation.* 2011;123:1243-62. doi: 10.1161/CIR.0b013e31820faaf8. 10. Vannice G, Rasmussen H. Position of the Academy of Nutrition and Dietetics: Dietary Fatty Acids for Healthy Adults. *Journal of the Academy of Nutrition and Dietetics.* 2014;114:136-53. doi: 10.1016/j.jand.2013.11.001. 11. Smith SC Jr, Benjamin EJ, Bonow RO et al. AHA/ACC Secondary Prevention and Risk Reduction Therapy for Patients With Coronary and Other Atherosclerotic Vascular Disease: 2011 Update: A Guideline From the American Heart Association and American College of Cardiology Foundation. *Circulation.* 2011;124:2458-73. doi: 10.1161/CIR.0b013e318235eb4d.