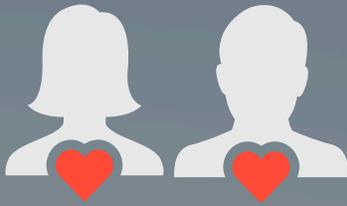


Based on the current body of scientific evidence, GOED has established the following intake recommendations:



500 MG

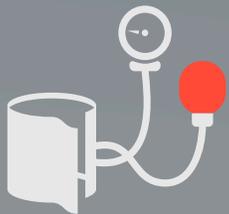
For the general healthy adult population, in order to lower the risk of coronary heart disease (CHD)¹



700-1000 MG

For pregnant and lactating women, optimal intake is 700 mg/day of EPA+DHA, of which at least 300 mg should be DHA.²

For secondary prevention of CHD: 1000 mg/day EPA + DHA³



> 1 G

Higher intakes are supported for a range of additional health conditions (e.g. blood pressure⁴, triglycerides⁵)



IMPORTANT REMINDERS REGARDING INTAKE

Some governments recommend higher intakes than those listed above.⁶

Intakes can be increased significantly without concern for adverse health effects, according to reports from Spherix⁷, EFSA⁸, and Norway's VKM⁹.

EPA and DHA omega-3s are only part of the composition of omega-3 rich oils (e.g. fish, krill, algal, etc). If you are shopping for an omega-3 supplement, look at the EPA+DHA content.

Omega-3 Fatty Acids	300 mg
EPA (eicosapentaenoic acid)	180 mg
DHA (docosahexaenoic acid)	120 mg

References:

- Report of the sub-committee on recommendations for intake of polyunsaturated fatty acids in healthy adults [Internet]. Washington, DC: International Society for the Study of Fatty Acids and Lipids; 2004. Available from: <http://www.issfal.org/news-links/resources/publications/PUFAIntakeReccomdFinalReport.pdf>
- Koletzko B, Boey C, Campoy C. Current Information and Asian Perspectives on Long-Chain Polyunsaturated Fatty Acids in Pregnancy, Lactation, and Infancy: Systematic Review and Practice Recommendations from an Early Nutrition Academy Workshop. *Ann Nutr Metab.* 2014; 65:49-80.
- Kris-Etherton PM, Harris WS and Appel LJ for the American Heart Association Nutrition Committee (2002). Fish consumption, fish oil, omega-3 fatty acids, and cardiovascular disease [published correction appears in *Circulation* 2003;107:512]. *Circulation* 106:2747-2757.
- Scientific opinion on the substantiation of health claims related to EPA, DHA, DPA and maintenance of normal blood pressure (ID 502), maintenance of normal HDL-cholesterol concentrations (ID 515), maintenance of normal (fasting) blood concentrations of triglycerides (ID 517), maintenance of normal LDL-cholesterol concentrations (ID 528, 698) and maintenance of joints (ID 503, 505, 507, 511, 518, 524, 526, 535, 537) pursuant to Article 13(1) of Regulation (EC) No 1924/2006. *EFSA Journal* [Internet]. 2009; 7(9):1263. Available from: http://www.efsa.europa.eu/sites/default/files/scientific_output/files/main_documents/1263.pdf
- Eslicks GD, Howe PR, Smith C, Priest R, Bensoussan A. Benefits of fish oil supplementation in hyperlipidemia: a systematic review and meta-analysis. *Int J Cardiol.* 2009 Jul 24;136(1):4-16.
- Global recommendations for EPA and DHA intake [Internet]. Salt Lake City: Global Organization for EPA and DHA Omega-3s; 2014. Available from: <http://goedomega3.com/files/download/363>
- Hazard characterization of the long-chain polyunsaturated n-3 fatty acids, DHA, EPA, and DPA [Internet]. Bethesda, MD: Spherix Consulting, Inc; 2012. Available from: <http://goedomega3.com/files/download/247>. Prepared for the Global Organization for EPA and DHA Omega-3s.
- Scientific opinion on the tolerable upper intake level of eicosapentaenoic acid (EPA), docosahexaenoic acid (DHA) and docosapentaenoic acid (DPA). *EFSA Journal* [Internet]. 2012;10(7):2815. Available from: http://www.efsa.europa.eu/sites/default/files/scientific_output/files/main_documents/2815.pdf
- Evaluation of negative and positive health effects of n-3 fatty acids as constituents of food supplements and fortified foods [Internet]. Oslo: Vitenskapskomiteen for mattrygghet [Nowegian Scientific Committee for Food Safety]; 2011. Available from: <http://www.vkm.no/dav/c7a41adb79.pdf>