

OMEGA-3 INTAKE MORE IS BETTER

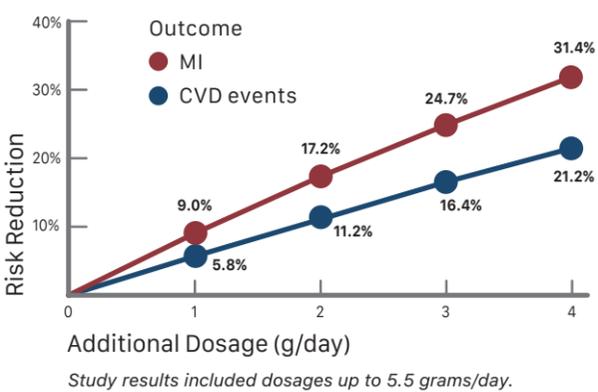
Omega-3 intake is low around the world. A new study¹ suggests that intake may need to be increased to reduce cardiovascular risk.

80%
OF PEOPLE WORLDWIDE
HAVE LOW LEVELS OF
EPA AND DHA OMEGA-3s²

**Eicosapentaenoic Acid (EPA)
Docosahexaenoic Acid (DHA)** = **The two most beneficial
marine-based omega-3s**

According to a meta-analysis published in *Mayo Clinic Proceedings*¹ covering 40 clinical trials, EPA/DHA supplementation is associated with major reductions in cardiovascular events:

- **35%** reduced risk of fatal myocardial infarction (MI)*
- **13%** reduced risk of MI*
- **10%** reduced risk of coronary heart disease (CHD) events*
- **9%** reduced risk of CHD mortality*
- **5%** reduction of cardiovascular disease (CVD) events



The protective effect of EPA+DHA increased with dosage. An additional 1 g/day of EPA+DHA results in an additional:

- **9.0%** reduction in the risk of myocardial infarction*
- **5.8%** reduction in the risk of cardiovascular disease events*

*= statistically significant

EPA and DHA omega-3s are present naturally in fatty fish but achieving cardioprotective levels through diet alone may be a challenge. Dietary/food supplements or prescription omega-3s are reasonable alternatives to increase omega-3 intake. Patients should aim for 1000 mg of EPA+ DHA per day.

Whether available by prescription or as dietary/food supplements, the active ingredients are the same: EPA and/or DHA. The advantage of supplements is that they are readily accessible, affordable and available without a prescription.



Talk to your patients about increasing omega-3 intake.

For more information about the science-backed benefits of EPA and DHA omega-3s, visit

FatsOfLife.com

This content is for healthcare professionals only.

1 <http://bit.ly/O3study>

2 <http://bit.ly/O3levels>