Adding omega-3 fatty acids does not cut high CV risk

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(HealthDay)—A carboxylic acid formulation of eicosapentaenoic acid and docosahexaenoic acid (omega-3 CA) does not improve outcomes among statin-treated patients at high cardiovascular risk, according to a study published online Nov. 15 in the *Journal of the American Medical Association* to coincide with the American Heart Association Scientific Sessions 2020, held virtually from Nov. 13 to 17.

Stephen J. Nicholls, M.B.B.S., Ph.D., from Monash University in Melbourne, Australia, and colleagues conducted a double-blind trial comparing omega-3 CA to corn oil in 13,078 statin-treated patients with high cardiovascular risk, hypertriglyceridemia, and low high-density lipoprotein cholesterol from 675 academic and community hospitals in 22 countries. Participants were randomly assigned in a 1:1 ratio to either 4 g/day omega-3 CA or corn oil (6,539 to each) in addition to usual background therapies, including statins.

The trial was halted prematurely based on an interim analysis indicating low probability of clinical benefit of omega-3 CA, when 1,384 patients had experienced a primary end-point event. The researchers found that the primary end point (composite of cardiovascular death, nonfatal myocardial infarction, nonfatal stroke, coronary revascularization, or unstable angina requiring hospitalization) occurred in 12.0 and 12.2 percent of those treated with omega-3 CA and corn oil, respectively (hazard ratio, 0.99; 95 percent confidence interval, 0.90 to 1.09; P = 0.84).

"These findings do not support use of this omega-3 fatty acid formulation to reduce major adverse cardiovascular events in high-risk patients," the authors write.

Several authors disclosed financial ties to pharmaceutical companies, including AstraZeneca, which funded the study.

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