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HS-Omega-3 Index – REDUCE-IT

To whom it may concern Galil,

Sensational data were presented at the most recent congress of the American College of Cardiology, held virtually late March. The data came from the REDUCE-It trial that had some 8000 individuals at high cardiovascular risk participating for an average of 4.9 years. All participants were on lipid-lowering therapy. In addition, participants were randomized to daily 4 g eicosapentaenoic acid, or placebo.

Intake of Omega-3 fatty acids and their blood levels are only loosely connected. Clinical events, however, correlate much more closely with levels than with intake. The decisive advantage of the new data was that clinical events were related to blood levels reached in REDUCE-It.

Depending on blood levels reached, the primary endpoint, a combination of cardiovascular death, myocardial infarction, stroke, coronary revascularization, and instable angina, was reduced by more than 60%. Total mortality was reduced up to 40%, and strokes up to 50%. Coronary revascularizations were barely needed (reduced by almost 80%), and instable angina hardly occurred (reduced by 95%). This provided the proof that increasing levels of Omega-3 fatty acids prevents the clinical events mentioned to a high degree and is highly effective in addition to a lipid-lowering therapy – a milestone in Preventive Cardiology.

Trial participants must have had a deficit in Omega-3 fatty acids when they started the trial, because otherwise an effect of the Omega-3 fatty acid would not have been discernable. Every human being has a level of omega-3 fatty acids that varies from person to person. Interestingly, trial participants were not selected for a deficit in Omega-3 fatty acids at trial start. Therefore, the results of the trial demonstrate not only that a deficit in Omega-3 fatty acids is widespread,

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but also that this deficit is responsible for a substantial part of cardiovascular disease and mortality.

The effects of Omega-3 fatty acids, related to their levels, were far larger than the effects related to group assignment (verum vs. placebo, see reverse). Evaluating the data based on levels also demonstrated how important it is to assess levels to appreciate the effectiveness of Omega-3 fatty acids. Supplementing "blindly", i.e. without assessing levels, used to be customary in most comparable trials, and seriously underestimated the effectiveness of Omega-3 fatty acids. This sheds a new light on previous trials. Levels are also decisive in clinical medicine. The HS-Omega-3 Index, a standardized and scientifically proven method to assess levels of Omega-3 fatty acids, detects a deficit in Omega-3 fatty acids; the target range of 8 – 11% has been defined scientifically, and substantiated by a myriad of data.

Sincerely,

Prof. Dr. C. von Schacky

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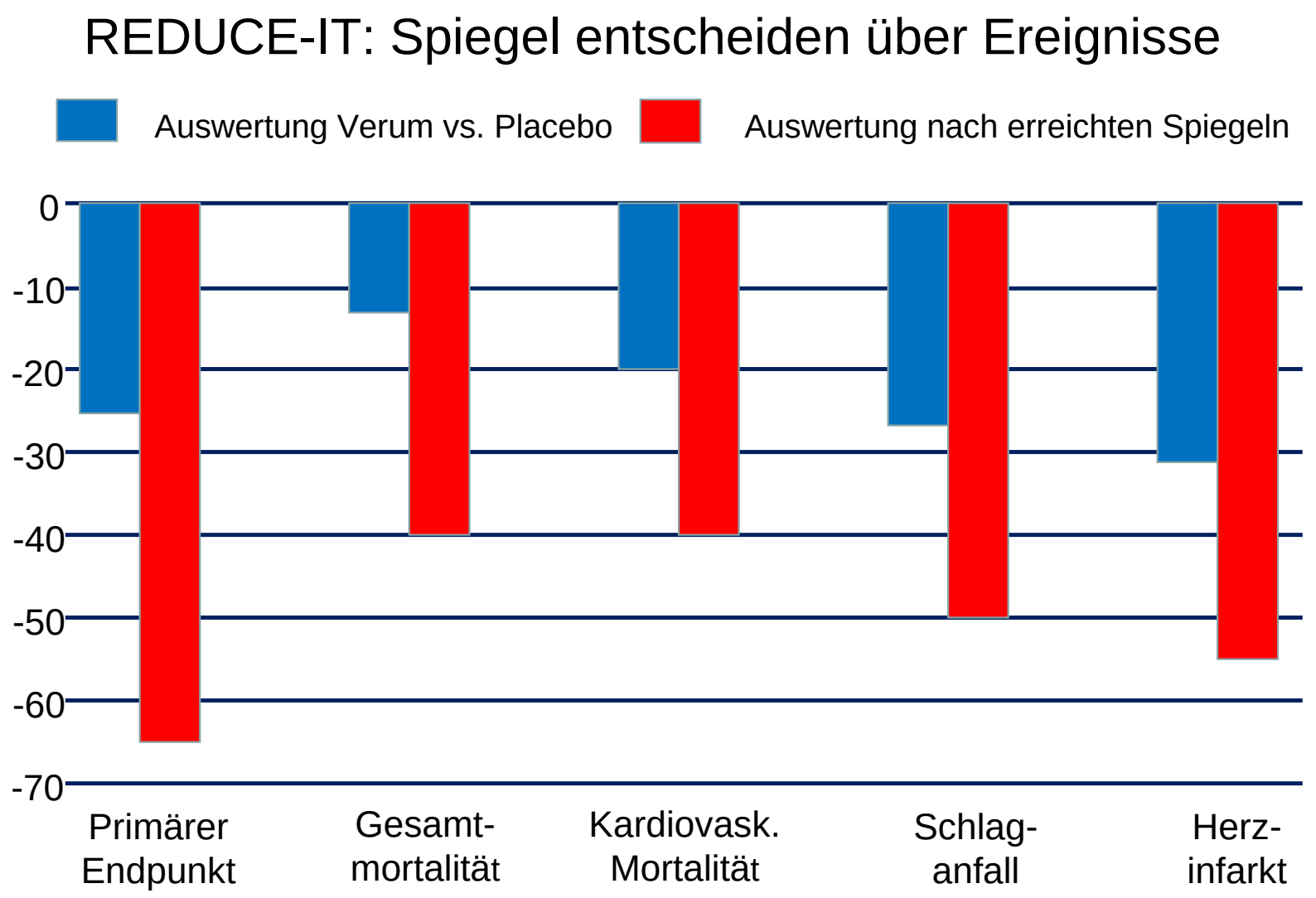
REDUCE-IT: Spiegel entscheiden über Ereignisse
Auswertung Verum vs. Placebo
Auswertung nach erreichten Spiegeln
0
-10
-20
-30
-40
-50
-60
-70
Primärer Endpunkt
Gesamt-mortalität
Kardiovask. Mortalität
Schlag-anfall
Herz-infarkt