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RESEARCH SPOTLIGHT by Bradley West, ND

Minimum Daily Dose of EPA+DHA

The body of evidence in support of at least 500 mg of total EPA+DHA in the daily diet continues to grow. A recent review in the Journal of the American College of Cardiology looked at four controlled clinical trials with close to 40,000 participants and came to the conclusion:

The target EPA+DHA consumption should be at least 500 mg/day for individuals without underlying overt CV disease and at least 800–1000 mg/day for individuals with known coronary heart disease and HF (heart failure). Further studies are needed to determine optimal dosing and the relative ratio of DHA and EPA omega-3 PUFA that provides maximal cardioprotection in those at risk of CV disease as well in the treatment of atherosclerotic, arrhythmic, and primary myocardial disorders.

This conclusion adds to the already strong evidence and similar recommendations by both the US and Canadian dietitian associations, the WHO, ISSFAL, the AHA, the British NFTF and Dept. of Health, as well as, the Australian and New Zealand National Health and Medical Research Council. Other agencies and clinical trial conclusions from researchers such as W. Harris, J. Hibbeln, P. Kris-Etherton, A. Simopoulous, and C. Lavie offer nearly identical recommendations.

Due to this evidence, and the wide spread support of the scientific community, agencies such as the Global Organization for EPA and DHA Omega-3s (GOED) and the Council for Responsible Nutrition (CRN) are now petitioning the Institute of Medicine to update the Dietary Reference Intakes (DRIs) to reflect the current science and studies which have doubled since the last review in 2000. In Europe, 21 of the world's leading omega-3 scientists have petitioned the European Commission stating the DRVs (Dietary Reference Values) are too low and should be doubled at the very least.

With this recent pressure and the significant new human clinical and epidemiological research on the effects of EPA+DHA on chronic diseases and risk reduction in the general population, including cardiovascular disease, cancers, inflammatory diseases, and neurological disorders, the recommendations for EPA+DHA will likely continue to rise and we should expect to see universal acceptance and recommendations in governmental agencies as well.

Lavie CJ, Milani RV, Mehra MR, Ventura HO. Omega-3 polyunsaturated fatty acids and cardiovascular diseases. J Am Coll Cardiol 2009 Aug 11;54(7):585–94.

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