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Omega-3s Can Significantly Reduce Blood Pressure, Study Finds

Fish Oil Consumption Matches or Exceeds Effect of Other Lifestyle Changes

SALT LAKE CITY, MARCH 7, 2014 – A study published online today shows that the omega-3 fatty acids EPA and DHA – commonly found in fatty fish and fish oil supplements – are as effective, if not more effective, in lowering blood pressure as some of the commonly recommended lifestyle changes like increasing physical activity and restricting alcohol and sodium intake. The findings, released by the *American Journal of Hypertension*, are good news, especially for those with elevated blood pressure – estimated to be approximately 60 percent of the U.S. adult population. ^{2 3}

"Results from this study build on a wealth of prior data indicating that EPA+DHA intake reduced the risk of cardiovascular events," said Adam Ismail, executive director of the Global Organization for EPA and DHA Omega-3s (GOED). "It is now well-established that EPA and DHA reduce triglycerides and blood pressure and even highly critical meta-analyses have found that they reduce cardiac death risk by 9 percent." ⁴

The study, a comprehensive meta-analysis, examined 70 randomized controlled trials, or RCTs, conducted with adults who were given EPA+DHA omega-3s from seafood, fortified foods, or dietary supplements. The study included trials with subjects with normal blood pressure and those with hypertension but not taking blood pressure-lowering medications.

The most significant effects were observed in subjects with existing high blood pressure. Among those with high blood pressure, the average decrease in systolic blood pressure (SBP) was 4.51 mm Hg and diastolic blood pressure (DBP) was reduced by an average 3.05 mm Hg. Additional observations included:

- An average decline in SBP of 1.52 mm Hg and in DBP of 0.99 mm Hg among all subjects
- A drop in SBP by an average 1.25 mm Hg and in DBP by 0.62 mm Hg in normotensive subjects
- An average decrease in SBP of 1.75 mm Hg and in DBP of 1.11 mm Hg among those subjects taking EPA and DHA supplements, like fish oils, regardless of blood pressure status

OMEGA-3 BENEFITS OUTWEIGH OTHER LIFESTYLE CHANGES

The findings were made even more dramatic when compared with reductions achieved through commonly recommended lifestyle changes, as indicated in the chart below.

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Lifestyle Intervention	Blood Pressure Reduction*
Consuming EPA and DHA omega-3s	4.51 mm Hg ¹
Reduced dietary sodium	3.6 mm Hg ⁶
Increased physical activity	4.6 mm Hg ⁶
Decreased alcohol consumption	3.8 mm Hg ⁶

^{*}Values represent average reductions in systolic blood pressure (SBP) as effects of various lifestyle interventions and omega-3 consumption in untreated hypertensives

SMALL STEPS, MEANINGFUL RESULTS

"When measuring blood pressure, even small reductions can have a significant clinical impact," said Dominik D. Alexander, PhD, MSPH, senior author of the study. According to Stamler, et. al., each 2 mm Hg reduction reduces stroke mortality by 6 percent, coronary heart disease mortality by 4 percent and total mortality by 3 percent.

Alexander noted that a decrease in SBP of 1.25 mm Hg could prevent a pre-hypertensive from becoming hypertensive. "A decrease of 4.51 mm Hg in SBP among those with high blood pressure could help an individual avoid having to take medication to control blood pressure levels," he added.

The study was funded by GOED, which has submitted an authorized health claim petition to the FDA based on these results.

About GOED: GOED is an association of the world's finest processors, refiners, manufacturers, distributors, marketers, retailers and supporters of products containing Eicosapentaenoic Acid (EPA) and Docosahexaenoic Acid (DHA) omega-3 fatty acids. The organization's objectives are to promote and protect the category, educate consumers about the health benefits of EPA/DHA, and work with government groups, the healthcare community and the industry, while setting high standards for its business sector. GOED and its members are committed to personal integrity, ethical corporate behavior, public safety and quality assurance. For more information, visit www.goedomega3.com.

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¹ Miller, et. al. Am J Hypertension, first published online March 7, 2014

² CDC, MMWR 2011; 60:103-8.

³ Roger VL, et al., Circulation 2012; 125:e2-e220.

⁴ Rizos EC, et al., JAMA 2012; 308:1024-33.

⁵ Kwak SM, et al., Arch Intern Med 2012; 172:686-94.

⁶ Dickinson, HO, et. al., Journal of Hypertension 2006; 24:215–33.

⁷ Stamler R. Hypertension. 1991; 17:I16-20.