



Global Recommendations for EPA and DHA Intake (Rev 16 April 2014)

Country/Region	Organization	Org. Type	Target Population	Recommendation
Global	World Health Organization (WHO) <sup>1</sup>	Authoritative Body	General adult population	<ul style="list-style-type: none"> <li>n-3 PUFAs: 1-2% of energy/day</li> </ul>
	Food and Agriculture Organization of the United Nations (FAO) <sup>2</sup>	Authoritative Body	0-6 months	<ul style="list-style-type: none"> <li>DHA: 0.1-.018%E</li> </ul>
			6-24 months	<ul style="list-style-type: none"> <li>DHA: 10-12 mg/kg bw</li> </ul>
			2-4 years	<ul style="list-style-type: none"> <li>EPA + DHA: 100-150 mg</li> </ul>
			4-6 years	<ul style="list-style-type: none"> <li>EPA + DHA: 150-200 mg</li> </ul>
			6-10 years	<ul style="list-style-type: none"> <li>EPA + DHA: 200-250 mg</li> </ul>
			Pregnant/Lactating Women	<ul style="list-style-type: none"> <li>EPA + DHA: 0.3 g/d of which at least should be 0.2 g/d</li> </ul>
	International Society for the Study of Fatty Acids and Lipids (ISSFAL)	Expert Scientific Organization	General adult population for cardiovascular health <sup>3</sup>	<ul style="list-style-type: none"> <li>at least 500 mg/day of EPA+DHA</li> </ul>
			Pregnant/Lactating Women <sup>4</sup>	<ul style="list-style-type: none"> <li>DHA: 200 mg/day</li> </ul>
	NATO Workshop on $\omega$ -3 and $\omega$ -6 Fatty Acids <sup>5</sup>	Workshop	General Adult Population	<ul style="list-style-type: none"> <li>300-400 mg EPA+DHA/day</li> </ul>
World Association of Perinatal Medicine <sup>6</sup>	Working Group	Pregnant and Lactating Women	<ul style="list-style-type: none"> <li>200 mg DHA/ day</li> </ul>	
		Infants, when breastfeeding is not possible	<ul style="list-style-type: none"> <li>0.2-0.5% wt total fat</li> </ul>	
World Gastroenterology Organisation <sup>7</sup>	Expert Scientific Organization	General Adult Population	<ul style="list-style-type: none"> <li>3-5 servings/wk of fish</li> </ul>	
Australia	National Heart Foundation of Australia <sup>8</sup>	Expert Scientific Organization	General adult population to lower risk of CHD	<ul style="list-style-type: none"> <li>500 mg EPA + DHA per day, obtained through fish, fish oil capsules, or enriched foods &amp; drinks</li> </ul>
			Patients with documented CHD	<ul style="list-style-type: none"> <li>1000 mg EPA + DHA per day, obtained through fish, fish oil capsules, or enriched foods &amp; drinks</li> </ul>
			Patients with hypertriglyceridemia	<ul style="list-style-type: none"> <li>1200mg of EPA + DHA per day, obtained through fish, fish oil</li> </ul>

Country/Region	Organization	Org. Type	Target Population	Recommendation
				capsules or enriched foods & drinks as first-line therapy <ul style="list-style-type: none"> <li>Increase to 4000 mg of EPA +DHA per day, as needed.</li> </ul>
	Australian & New Zealand Health Authorities (Department of Health & Ageing, National Health & Medical Research Council) <sup>9</sup>	Authoritative Bodies	Infants (0-12 mo)	<ul style="list-style-type: none"> <li>0.5 g n-3 polyunsaturated fats/day adequate intake</li> </ul>
Boys & Girls (1-3 yrs)			<ul style="list-style-type: none"> <li>40 mg total LC n-3 (DHA+EPA+DPA) / day adequate intake</li> </ul>	
Boys & Girls (4-8 yrs)			<ul style="list-style-type: none"> <li>55 mg total LC n-3 (DHA+EPA+DPA) / day adequate intake</li> </ul>	
Boys & Girls (9-13 yrs)			<ul style="list-style-type: none"> <li>70 mg total LC n-3 (DHA+EPA+DPA) / day adequate intake</li> </ul>	
Boys (14-18 yrs)			<ul style="list-style-type: none"> <li>125 mg total LC n-3 (DHA+EPA+DPA) / day adequate intake</li> </ul>	
Girls (14-18 yrs)			<ul style="list-style-type: none"> <li>85 mg total LC n-3 (DHA+EPA+DPA) / day adequate intake</li> </ul>	
Men (19+ yrs)			<ul style="list-style-type: none"> <li>160 mg total LC n-3 (DHA+EPA+DPA) per day adequate intake</li> </ul>	
Women (19+ yrs)			<ul style="list-style-type: none"> <li>90 mg total LC n-3 (DHA+EPA+DPA) / day adequate intake</li> </ul>	
Pregnancy (14 -18 yrs)			<ul style="list-style-type: none"> <li>110 mg total LC n-3 (DHA+EPA+DPA) / day</li> </ul>	
Pregnancy (19-50 yrs)			<ul style="list-style-type: none"> <li>115 mg total LC n-3 (DHA+EPA+DPA) / day</li> </ul>	
			Lactating (14-18 yrs)	<ul style="list-style-type: none"> <li>140 mg LC n-3 (DHA+EPA+DPA) / day</li> </ul>

Country/Region	Organization	Org. Type	Target Population	Recommendation
			Lactating (19-50 yrs)	<ul style="list-style-type: none"> <li>145 mg LC n-3 (DHA+EPA+DPA) / day</li> </ul>
			Men-Suggested dietary target to reduce chronic disease risk	<ul style="list-style-type: none"> <li>610mg LC n-3 (DHA+EPA+DPA) / day</li> </ul>
			Women-Suggested dietary target to reduce chronic disease risk	<ul style="list-style-type: none"> <li>430mg LC n-3 (DHA+EPA+DPA) / day</li> </ul>
	Defence Science and Technology Organisation, Australian Government Department of Defence <sup>10</sup>	Authoritative Body	Male soldiers	<ul style="list-style-type: none"> <li>610mg EPA+DPA+DHA/ day</li> </ul>
			Female soldiers	<ul style="list-style-type: none"> <li>430mg EPA+DPA+DHA / day</li> </ul>
Europe	Expert Workshop of the European Academy of Nutritional Sciences <sup>11</sup>	Expert Scientific Organization	General Adult Population	<ul style="list-style-type: none"> <li>People who do not eat fish should consider obtaining 200 mg EPA + DHA from other sources</li> </ul>
	European Food Safety Authority <sup>12</sup>	Authoritative Body	General Adult Population	<ul style="list-style-type: none"> <li>250mg EPA+DHA /day</li> </ul>
			Pregnant & Lactating Women	<ul style="list-style-type: none"> <li>100-200 mg DHA / day in addition to general adult requirements</li> </ul>
			Children 7-24 months	<ul style="list-style-type: none"> <li>100 mg DHA / day</li> </ul>
			Children 2-18 years	<ul style="list-style-type: none"> <li>250mg EPA+DHA /day</li> </ul>
	The PeriLip and EARNEST projects of the European Commission <sup>4</sup>	Expert Scientific Organization	Pregnant & Lactating Women	<ul style="list-style-type: none"> <li>200mg DHA/day</li> </ul>
	Fifth Joint Task Force of the European Society of Cardiology and Other Societies on Cardiovascular Disease Prevention in Clinical Practice (constituted by representatives of nine societies and by invited experts) <sup>13</sup>	Expert Scientific Organization	General Adult Population for Cardiovascular Disease Risk Reduction	<ul style="list-style-type: none"> <li>Fish at least twice a week, one of which to be oily fish.</li> </ul>
Task Force on	Expert		<ul style="list-style-type: none"> <li>Increase consumption of omega-</li> </ul>	

Country/Region	Organization	Org. Type	Target Population	Recommendation
	the Management of ST-Segment Elevation Acute Myocardial Infarction of the European Society of Cardiology <sup>14</sup>	Scientific Organization		<p>3 fatty acid (oily fish)</p> <ul style="list-style-type: none"> <li>• Supplementation with 1 g of fish oil in patients with a low intake of oily fish</li> <li>▪ omega-3 supplements should be considered in patients who do not tolerate statins, especially if TG &gt;150 mg/dL (1.7 mmol/L)</li> </ul>
	Task Force for the management of dyslipidaemias of the European Society of Cardiology (ESC) and the European Atherosclerosis Society (EAS) <sup>15</sup>	Expert Scientific Organization	General Adult Population for Cardiovascular Disease Risk Reduction	<ul style="list-style-type: none"> <li>▪ At least two or three portions of fish per week</li> </ul>
			Secondary prevention of CVD	<ul style="list-style-type: none"> <li>▪ 1 g/day n-3 unsaturated fats, which is not easy to derive exclusively from natural food sources, and use of nutraceutical and/or pharmacological supplements may be considered</li> </ul>
France	AFFSA <sup>16</sup>	Authoritative Body	General Adult Population	<ul style="list-style-type: none"> <li>▪ 500 mg EPA + DHA / day</li> <li>▪ 250 mg EPA / day</li> <li>▪ 250 mg DHA / day</li> </ul>
			Metabolic Syndrome-Diabetes-Obesity Risk Reduction	<ul style="list-style-type: none"> <li>▪ 500 mg EPA + DHA / day</li> </ul>
			Cardiovascular Risk Reduction	<ul style="list-style-type: none"> <li>▪ 500-750 mg EPA + DHA / day</li> </ul>
			Breast & Colon Cancer Risk Reduction	<ul style="list-style-type: none"> <li>▪ 500 mg EPA + DHA / day</li> </ul>
			Neuropsychiatric Risk Reduction	<ul style="list-style-type: none"> <li>▪ &gt;200-300 mg EPA + DHA / day</li> </ul>
			Age-Related Macular Degeneration Risk Reduction	<ul style="list-style-type: none"> <li>▪ 500 mg EPA + DHA / day</li> </ul>
			Infants (0-6 months)	<ul style="list-style-type: none"> <li>▪ 0.32% of fats from DHA</li> <li>▪ EPA &lt; DHA</li> </ul>

Country/Region	Organization	Org. Type	Target Population	Recommendation
			Infants & Toddlers (6 months to 3 years)	<ul style="list-style-type: none"> <li>▪ 70mg DHA /day</li> </ul>
			Children (3-9 years)	<ul style="list-style-type: none"> <li>▪ 125mg DHA /day</li> <li>▪ 250mg EPA+DHA /day</li> </ul>
			Adolescents (9 to 18 years)	<ul style="list-style-type: none"> <li>▪ 250mg DHA /day</li> <li>▪ 250mg EPA+DHA /day</li> </ul>
			Pregnant & Lactating Women	<ul style="list-style-type: none"> <li>▪ 250mg DHA /day</li> <li>▪ 250mg EPA+DHA day</li> </ul>
Austria	Austrian Society for Nutrition <sup>17</sup>	Expert Scientific Organization	General adult population	<ul style="list-style-type: none"> <li>▪ 250mg LCPUFA / day for primary prevention of CVD</li> </ul>
			General adult population	<ul style="list-style-type: none"> <li>▪ 0.5% of energy total n-3 PUFA intake</li> </ul>
			CHD Patients	<ul style="list-style-type: none"> <li>▪ 1g LCPUFA / day for secondary prevention of CVD</li> </ul>
			Pregnant & nursing women	<ul style="list-style-type: none"> <li>▪ At least 200mg DHA / day</li> </ul>
Germany	German Society for Nutrition <sup>17</sup>	Expert Scientific Organization	General adult population	<ul style="list-style-type: none"> <li>▪ 250mg LCPUFA / day for primary prevention of CVD</li> </ul>
			General adult population	<ul style="list-style-type: none"> <li>▪ 0.5% of energy total n-3 PUFA intake</li> </ul>
			CHD Patients	<ul style="list-style-type: none"> <li>▪ 1g LCPUFA / day for secondary prevention of CVD</li> </ul>
			Pregnant & nursing women	<ul style="list-style-type: none"> <li>▪ At least 200mg DHA / day</li> </ul>
		Healthy Start - Young Family Network <sup>25, 45, 57</sup>	Expert Scientific Organization	Pregnant women
Switzerland	Swiss Society for Nutrition Research	Expert	General adult population	<ul style="list-style-type: none"> <li>▪ 250mg LCPUFA / day for primary</li> </ul>

Country/Region	Organization	Org. Type	Target Population	Recommendation
	/ Swiss Nutrition Association <sup>17</sup>	Scientific Organization		prevention of CVD
			General adult population	<ul style="list-style-type: none"> <li>▪ 0.5% of energy total n-3 PUFA intake</li> </ul>
			CHD Patients	<ul style="list-style-type: none"> <li>▪ 1g LCPUFA / day for secondary prevention of CVD</li> </ul>
			Pregnant & nursing women	<ul style="list-style-type: none"> <li>▪ At least 200mg DHA / day</li> </ul>
Belgium	Superior Health Council of Belgium <sup>18</sup>	Authoritative Body	Pregnant & nursing women	<ul style="list-style-type: none"> <li>▪ 250mg DHA / day</li> </ul>
			General adult population (primary cardioprevention)	<ul style="list-style-type: none"> <li>▪ Two servings of fatty fish/wk</li> </ul>
			secondary cardioprevention	<ul style="list-style-type: none"> <li>▪ 1g EPA+DHA per day</li> </ul>
Netherlands	Health Council of the Netherlands	Authoritative Body	0-5 months <sup>19</sup>	<ul style="list-style-type: none"> <li>▪ DHA: 20 mg/kg/day</li> </ul>
			6-11 months <sup>19</sup>	<ul style="list-style-type: none"> <li>▪ N-3 fatty acids from fish: 15-20 mg/kg/day</li> </ul>
			1-18 years old <sup>19</sup>	<ul style="list-style-type: none"> <li>▪ N-3 fatty acids from fish: 15-20 mg/kg/day</li> </ul>
			19 years + <sup>19</sup>	<ul style="list-style-type: none"> <li>▪ N-3 fatty acids from fish: 20 mg/kg/day</li> </ul>
			Pregnant women <sup>19</sup>	<ul style="list-style-type: none"> <li>▪ N-3 fatty acids from fish: 20 mg/kg/day</li> </ul>
			Lactating women <sup>19</sup>	<ul style="list-style-type: none"> <li>▪ N-3 fatty acids form fish: 20 mg/kg/day</li> </ul>
			Adults <sup>20</sup>	<ul style="list-style-type: none"> <li>• n-3 fatty acids from fish: 450 mg/day</li> </ul>
Scandinavia	Nordic Council of Ministers <sup>21</sup>	Authoritative Body	6-11 months	<ul style="list-style-type: none"> <li>▪ n-3 fatty acids should contribute at least 1 E%</li> </ul>
			12-23 months	<ul style="list-style-type: none"> <li>▪ n-3 fatty acids should contribute at least 0.5 E%</li> </ul>
			Adults and children from 2 yrs of age	<ul style="list-style-type: none"> <li>▪ n-3 fatty acids should contribute at least 1.0 E%</li> </ul>
			Pregnant & Lactating Women	<ul style="list-style-type: none"> <li>▪ 1 E% from n-3 fatty acids of which 200 mg/d should be DHA</li> </ul>
United Kingdom	British Nutrition Foundation <sup>22</sup>	Expert	Adults, 19-50 yrs	<ul style="list-style-type: none"> <li>▪ one to two portions of oil-rich</li> </ul>

Country/Region	Organization	Org. Type	Target Population	Recommendation
		Scientific Organization		<p>fish per week, which will provide around 2-3g of the very long chain <i>n</i>-3 fatty acids</p> <ul style="list-style-type: none"> <li>▪ weekly intake of 1.5g of EPA + DHA</li> </ul>
	Committee on Medical Aspects of Food Policy (COMA) <sup>23</sup>	Authoritative Body	Adults	<ul style="list-style-type: none"> <li>▪ at least two portions of fish, of which one should be oily, weekly</li> <li>▪ <i>n</i>-3 PUFA intake: 0.2 g/day</li> </ul>
	Scientific Advisory Committee on Nutrition (SACN) <sup>24</sup>	Authoritative Body	Adults	<ul style="list-style-type: none"> <li>▪ at least two portions of fish, of which one should be oily, weekly</li> <li>▪ <i>n</i>-3 PUFA intake: 0.45 g/day</li> </ul>
	National Institute for Health and Clinical Excellence (May 2008) <sup>26</sup>	Authoritative Body	People at high risk of or with CVD	<ul style="list-style-type: none"> <li>▪ consume at least two portions of fish per week, including a portion of oily fish</li> </ul>
	Joint British Societies <sup>27</sup>	Expert Scientific Organization	General Adult Population	<ul style="list-style-type: none"> <li>▪ Regular intake of fish and other sources of omega 3 fatty acids (at least two servings of fish per week)</li> </ul>
	Irish Heart Foundation <sup>54</sup>	Expert Scientific Organization	General Adult Population	<ul style="list-style-type: none"> <li>▪ 200 mg/day long-chain fatty acids</li> </ul>
	National Collaborating Center for Primary Care <sup>28</sup>	Expert Scientific Organization	General Adult Population	<ul style="list-style-type: none"> <li>▪ At least two servings of omega-3 fatty acid containing fish per week</li> </ul>
			People with Established CVD	<ul style="list-style-type: none"> <li>▪ At least two servings of omega-3 fatty acid containing fish per week week)</li> </ul>
Italy	Italian Ministry of Health <sup>52</sup>	Authoritative Body	Pregnant and Nursing Women	<ul style="list-style-type: none"> <li>▪ Vegan women should consume foods rich in DHA</li> </ul>
Spain	Spanish Society of Intensive Care Medicine and Coronary Units and Spanish Society of Parenteral and Enteral Nutrition <sup>29</sup>	Expert Scientific Organization	Individuals with acute coronary syndrome and patients with chronic heart failure	<ul style="list-style-type: none"> <li>▪ Administration of 1 g/day of omega-3 (EPA+DHA) in the form of fish oil can prevent sudden death in the treatment of acute</li> </ul>

Country/Region	Organization	Org. Type	Target Population	Recommendation
				coronary syndrome and can also help to reduce hospital admission for cardiovascular events in patients with chronic heart failure
	Spanish Society of Intensive Care Medicine and Coronary Units and Spanish Society of Parenteral and Enteral Nutrition <sup>30</sup>	Expert Scientific Organization	patients with acute lung injury (ALI) or acute respiratory distress syndrome (ARDS)	<ul style="list-style-type: none"> <li>An enteral diet enriched with <math>\omega</math>-3 diet fatty acids may have a beneficial effects</li> </ul>
Brazil	Brazilian Society of Cardiology <sup>31</sup>	Expert Scientific Organization	Patients with coronary artery disease	<ul style="list-style-type: none"> <li>supplementation of 1 g / day of omega-3 (EPA + DHA) capsules</li> </ul>
United States	Institute of Medicine <sup>32</sup>	Authoritative Body	Boys & Girls 1-3 yrs	<ul style="list-style-type: none"> <li>ALA: 0.7 g/day of which ~ 10% EPA+DHA</li> </ul>
			Boys & Girls 4-8 yrs	<ul style="list-style-type: none"> <li>ALA: 0.9 g/day of which ~ 10% EPA+DHA</li> </ul>
			Boys 9-13 yrs	<ul style="list-style-type: none"> <li>ALA: 1.2 g/day of which ~ 10% EPA+DHA</li> </ul>
			Boys 14-18 yrs	<ul style="list-style-type: none"> <li>ALA: 1.6 g/day of which ~ 10% EPA+DHA</li> </ul>
			Girls 9-13 yrs	<ul style="list-style-type: none"> <li>ALA: 1.0 g/day of which ~ 10% EPA+DHA</li> </ul>
			Girls 14-18 yrs	<ul style="list-style-type: none"> <li>ALA: 1.1 g/day of which ~ 10% EPA+DHA</li> </ul>
			Adult men $\geq$ 19 yrs	<ul style="list-style-type: none"> <li>ALA: 1.6 g/day of which ~ 10% EPA+DHA</li> </ul>
			Adult women $\geq$ 19 yrs	<ul style="list-style-type: none"> <li>ALA: 1.1 g/day of which ~ 10% EPA+DHA</li> </ul>
		American Diabetes Association <sup>55</sup>	Expert Scientific Organization	Individuals with diabetes



Country/Region	Organization	Org. Type	Target Population	Recommendation
	Academy of Nutrition and Dietetics (formerly American Dietetics Association)	Expert Scientific Organization	General Adult Population <sup>56</sup>	<ul style="list-style-type: none"> <li>500 mg EPA+DHA per day</li> </ul>
			Varied <sup>53</sup>	Those with increased requirements (e.g., pregnant and lactating women or those with diseases associated with poor essential fatty acid status) or those at risk for poor conversion (e.g., people with diabetes) may benefit from direct sources of long-chain n-3 fatty acids, such as DHA-rich microalgae
	March of Dimes <sup>34</sup>	Expert Scientific Organization	Pregnant and Nursing Women	<ul style="list-style-type: none"> <li>200 mg DHA/day</li> </ul>
	National Heart, Lung, and Blood Institute, National Cholesterol Education Program <sup>35</sup>	Authoritative Body	Persons with CHD or multiple risk factors for CHD	<ul style="list-style-type: none"> <li>Supported AHA recommendation to include fish as part of a CHD risk reduction diet. Higher dietary intakes of n-3 PUFAs are an option for reducing CHD risk</li> </ul>
	Omega-3 Fatty Acids Subcommittee, assembled by the Committee on Research on Psychiatric Treatments of the American Psychiatric Association (APA) <sup>36</sup>	Expert Scientific Organization	Adults	<ul style="list-style-type: none"> <li>Eat fish <math>\geq</math> 2X/wk</li> </ul>
			Patients with mood, impulse control, or psychotic disorders	<ul style="list-style-type: none"> <li>1 g EPA + DHA / day</li> </ul>
	American Heart Association	Expert Scientific Organization	All adults without CHD <sup>37</sup>	<ul style="list-style-type: none"> <li>Eat fish (particularly fatty fish) at least two times a week; include oils and foods rich in ALA</li> </ul>
			General adult population <sup>58</sup>	<ul style="list-style-type: none"> <li>Fish with 500 mg or more of EPA+DHA per 85 g (3 oz cooked) can apply for the AHA Heart-Check food certification program at heartcheckmark.org.</li> </ul>
			Patients with CHD <sup>37</sup>	<ul style="list-style-type: none"> <li>Consume approximately 1 g/day of EPA+DHA preferably from oily</li> </ul>

Country/Region	Organization	Org. Type	Target Population	Recommendation
				fish. EPA+DHA supplements could be considered in consultation with the physician
			Patients with high triglycerides <sup>37</sup>	<ul style="list-style-type: none"> <li>▪ 2-4 g/day EPA+DHA as capsules under a physician's care</li> </ul>
			Patients with high triglycerides <sup>51</sup>	<ul style="list-style-type: none"> <li>• ...increasing consumption of marine-based omega-3 products,..., will further optimize triglyceride-lowering efforts.</li> </ul>
			Cardiovascular Disease Risk Reduction in Women <sup>38</sup>	<ul style="list-style-type: none"> <li>▪ Consume fish, especially oily fish, at least twice a week</li> <li>▪ Consumption of omega-3 fatty acids in the form of fish or in capsule form may be considered in women with hypercholesterolemia and/or hypertriglyceridemia for primary and secondary prevention</li> </ul>
			Patients with Coronary and Other Atherosclerotic Vascular Disease <sup>39</sup>	<ul style="list-style-type: none"> <li>• For all patients, it may be reasonable to recommend omega-3 fatty acids from fish or fish oil capsules (1 g/d) for CVD risk reduction</li> </ul>

Country/Region	Organization	Org. Type	Target Population	Recommendation
	U.S. Dept of Agriculture and U.S. Department of Health and Human Services <sup>40</sup>	Authoritative Body	General adult population	<ul style="list-style-type: none"> <li>▪ Increase the amount and variety of seafood consumed by choosing seafood in place of some meat and poultry</li> </ul>
			Pregnant or breastfeeding women	<ul style="list-style-type: none"> <li>▪ consume at least 8 and up to 12 ounces of a variety of seafood per week</li> </ul>
	Executive Office of the President <sup>50</sup>	Authoritative Body	General population	<ul style="list-style-type: none"> <li>• Dietary Guidelines and Food Guide Pyramid should be revised to emphasize the benefits of...increasing consumption of foods rich in omega-3 fatty acids</li> </ul>
	Agency for Healthcare Research and Quality <sup>49</sup>	Authoritative Body	General population	<ul style="list-style-type: none"> <li>• Fish and fish oil supplements reduce the risk of cardiovascular disease</li> </ul>
	American Academy of Pediatrics <sup>41</sup>	Expert Scientific Organization	Nursing Women	<ul style="list-style-type: none"> <li>• The mother's diet should include an average daily intake of 200 to 300 mg of the <math>\omega</math>-3 long-chain PUFAs (DHA) to guarantee a sufficient concentration of</li> </ul>

Country/Region	Organization	Org. Type	Target Population	Recommendation
				<p>preformed DHA in the milk. Consumption of 1 to 2 portions of fish (e.g., herring, canned light tuna, salmon) per week will meet this need. The concern regarding the possible risk from intake of excessive mercury or other contaminants is offset by the neurobehavioral benefits of an adequate DHA intake and can be minimized by avoiding the intake of predatory fish (e.g., pike, marlin, mackerel, tile fish, swordfish). Poorly nourished mothers or those on selective vegan diets may require a supplement of DHA as well as multivitamins</p>
Canada	Minister of National Health and Welfare, Canada <sup>42</sup>	Authoritative Body	General adult population	<ul style="list-style-type: none"> <li>• 1.2-1.6 g/day total n-3 PUFAs (ALA, EPA, DHA)</li> </ul>
	Dietitians of Canada <sup>33</sup>	Expert Scientific Organization	General adult population	<ul style="list-style-type: none"> <li>• 500 mg n-3 long-chain PUFAs/day</li> </ul>
India	Cardiology Society of India <sup>59</sup>	Expert Scientific Organization	For patients with high triglycerides and patients after MI for secondary prevention	<ul style="list-style-type: none"> <li>• Omega-3 acid ethyl esters (2-4g/day)</li> </ul>
Japan	Ministry of Health, Labour and Welfare <sup>43</sup>	Authoritative Body	General adult population	<ul style="list-style-type: none"> <li>• &gt;1g EPA+DHA per day</li> </ul>
			0-5 months – boys and girls	<ul style="list-style-type: none"> <li>• 0.9g total omega-3 per day</li> </ul>
			6-11 months- boys and girls	<ul style="list-style-type: none"> <li>• 0.9g total omega-3 per day</li> </ul>
			1-2 years – Boys and Girls	<ul style="list-style-type: none"> <li>• 0.9g total omega-3 per day</li> </ul>

Country/Region	Organization	Org. Type	Target Population	Recommendation
			3-5 years – Boys and Girls	<ul style="list-style-type: none"> <li>• 1.2g total omega-3 per day</li> </ul>
			6-7 years – Boys	<ul style="list-style-type: none"> <li>• 1.6g total omega-3 per day</li> </ul>
			(6-7 years) –Girls	<ul style="list-style-type: none"> <li>• 1.3g total omega-3 per day</li> </ul>
			8-9 years – Boys	<ul style="list-style-type: none"> <li>• 1.7g total omega-3 per day</li> </ul>
			8-9 years – Girls	<ul style="list-style-type: none"> <li>• 1.5g total omega-3 per day</li> </ul>
			10-11 years – Boys	<ul style="list-style-type: none"> <li>• 1.8g total omega-3 per day</li> </ul>
			10-11 years – Girls	<ul style="list-style-type: none"> <li>• 1.7g total omega-3 per day</li> </ul>
			12-14 years – Boys and Girls	<ul style="list-style-type: none"> <li>• 2.1g total omega-3 per day</li> </ul>
			15-17 years – Boys	<ul style="list-style-type: none"> <li>• 2.5g total omega-3 per day</li> </ul>
			15-17 years – Girls	<ul style="list-style-type: none"> <li>• 2.1g total omega-3 per day</li> </ul>
			Adults (18-29 years) – Men	<ul style="list-style-type: none"> <li>• 2.1g total omega-3 per day</li> </ul>
			18-29 years – Women	<ul style="list-style-type: none"> <li>• 1.8g total omega-3 per day</li> </ul>
			30-49 years – Men	<ul style="list-style-type: none"> <li>• 2.2g total omega-3 per day</li> </ul>
			30-49 years – Women	<ul style="list-style-type: none"> <li>• 1.8g total omega-3 per day</li> </ul>
			50-69 years – Men	<ul style="list-style-type: none"> <li>• 2.4g total omega-3 per day</li> </ul>
			50-69 years – Women	<ul style="list-style-type: none"> <li>• 2.1g total omega-3 per day</li> </ul>
			Over 70 years – Men	<ul style="list-style-type: none"> <li>• 2.2g total omega-3 per day</li> </ul>
			Over 70 years – Women	<ul style="list-style-type: none"> <li>• 1.8g total omega-3 per day</li> </ul>
			Pregnant Women	<ul style="list-style-type: none"> <li>• 1.9g total omega-3 per day</li> </ul>
Nursing Women	<ul style="list-style-type: none"> <li>• 1.7g total omega-3 per day</li> </ul>			
Malaysia	Ministry of Health	Authoritative Body	Acute ST Segment Elevation Myocardial Infarction <sup>46</sup>	<ul style="list-style-type: none"> <li>• Increased intake of omega 3 – fatty acids (1g daily) is beneficial.</li> <li>• Eat fish at least twice a week.</li> </ul>
			Women with CHD <sup>47</sup>	<ul style="list-style-type: none"> <li>• omega-3-fatty-acids (&gt;1gm/day) have been found to be beneficial</li> </ul>
			Management of Dyslipidemia <sup>48</sup>	<ul style="list-style-type: none"> <li>• A dose of 3-9 gm/day to lower TG levels</li> </ul>

Country/Region	Organization	Org. Type	Target Population	Recommendation
				<ul style="list-style-type: none"> <li>A dose of 0.75-1 gm/day as secondary prevention to prevent sudden death</li> </ul>
Israel	Israel Heart Society <sup>44</sup>	Expert Scientific Organization	For people with high risk or secondary prevention	<ul style="list-style-type: none"> <li>1000 mg EPA + DHA/day as supplement for people who don't eat fish</li> </ul>
			For the general public or primary prevention	<ul style="list-style-type: none"> <li>500-1000 mg EPA + DHA/day as fish</li> </ul>

## References

<sup>1</sup>Joint WHO/FAO Expert Consultation on Diet, Nutrition and the Prevention of Chronic Diseases (2002: Geneva, Switzerland) Diet, nutrition and the prevention of chronic diseases: Report of a joint WHO/FAO expert consultation, Geneva, 28 January -- 1 February 2002. WHO technical report series 916.

<sup>2</sup>Food and Agriculture Organization of the United Nations (2010). Fats and fatty acids in human nutrition: Report of an expert consultation. FAO Food and Nutrition Paper 91. Rome

<sup>3</sup>International Society for the Study of Fatty Acids and Lipids (June 2004). Report of the Sub-Committee on Recommendations for Intake of Polyunsaturated Fatty Acids in Healthy Adults. [online] Available at: <http://www.issfal.org/news-links/resources/publications/PUFAIntakeReccomdFinalReport.pdf> [Accessed September 12, 2011]

<sup>4</sup>Koletzko B Cetin I and Brenna JT for the Perinatal Lipid Intake Working Group (2007). Consensus statement- Dietary fat intakes for pregnant and lactating women. Br J Nutr 98:873-877.

<sup>5</sup>Simopolous AP (1989). Summary of the NATO Advanced Research Workshop on Dietary w3 and w6 Fatty Acids: Biological Effects and Nutritional Essentiality. J Nut 119:521-528.

<sup>6</sup>Koletzko B Lien E Agostoni C Böhles H Campoy C Cetin I Decsi T Dudenhausen JW Dupont C Forsyth S Hoesli I Holzgreve W Lapillonne A Putet G Secher NJ Symonds M Szajewska H Willatts P and Uauy R (2008). The roles of long-chain polyunsaturated fatty acids in pregnancy, lactation and infancy: review of current knowledge and consensus recommendations. J Perinat Med 36:5-14.

- <sup>7</sup>World Gastroenterology Organisation. 10 global nutritional recommendations to improve digestive health. [online] Available at: [http://www.worldgastroenterology.org/assets/downloads/pdf/wdhd/2008/events/wdhd08\\_cartel\\_10\\_global\\_nutrition.pdf](http://www.worldgastroenterology.org/assets/downloads/pdf/wdhd/2008/events/wdhd08_cartel_10_global_nutrition.pdf) [Accessed August 3, 2008]
- <sup>8</sup>National Heart Foundation of Australia. Position statement on Fish, fish oils, n-3 polyunsaturated fatty acids and cardiovascular health. Presented at AIFST conference July 2008. [online] Available at: <http://www.heartfoundation.org.au/SiteCollectionDocuments/Fish-position-statement.pdf> [Accessed March 9, 2012]
- <sup>9</sup>National Health and Medical Research Council. Nutrient Reference Values for Australia and New Zealand Including Recommended Dietary Intakes. Commonwealth of Australia, 2006. [online] Available at: [https://www.nhmrc.gov.au/files\\_nhmrc/publications/attachments/n35.pdf](https://www.nhmrc.gov.au/files_nhmrc/publications/attachments/n35.pdf) [Accessed April 16, 2014]
- <sup>10</sup>Forbes-Ewan C. Australian Defence Force Nutritional Requirements in the 21st Century (Version 1). Human Protection and Performance Division, Defence Science and Technology Organisation, 2009.
- <sup>11</sup>de Deckere EA Korver O Verschuren PM and Katan MB (1998). Health aspects of fish and n-3 polyunsaturated fatty acids from plant and marine origin. Eur J Clin Nutr 52:749-753.
- <sup>12</sup>EFSA Panel on Dietetic Products, Nutrition, and Allergies (NDA); Scientific Opinion on Dietary Reference Values for fats, including saturated fatty acids, polyunsaturated fatty acids, monounsaturated fatty acids, trans fatty acids, and cholesterol. EFSA Journal 2010; 8(3):1461. [online] Available at: <http://www.efsa.europa.eu/en/efsajournal/pub/1461.htm> [Accessed April 16, 2014]
- <sup>13</sup>Perk J De Backer G Gohlke H Graham I Reiner Z Verschuren M Albus C Benlian P Boysen G Cifkova R Deaton C Ebrahim S Fisher M Germano G Hobbs R, Hoes A Karadeniz S Mezzani A Prescott E Ryden L Scherer M Syväne M Scholte Op Reimer WJ Vrints C Wood D Zamorano JL and Zannad F (published ahead of print 3 May 2012). European Guidelines on cardiovascular disease prevention in clinical practice (version 2012): The Fifth Joint Task Force of the European Society of Cardiology and Other Societies on Cardiovascular Disease Prevention in Clinical Practice (constituted by representatives of nine societies and by invited experts) \* Developed with the special contribution of the European Association for Cardiovascular Prevention & Rehabilitation (EACPR). Eur Heart J 33:1635-1701. [online] Available at: <http://www.escardio.org/guidelines-surveys/esc-guidelines/GuidelinesDocuments/guidelines-CVD-prevention.pdf> [Accessed April 16, 2014]
- <sup>14</sup>Van de Werf F Bax J Betriu A Blomstrom-Lundqvist C Crea F Falk V Filippatos G Fox K Huber K Kastrati A Rosengren A Steg PG Tubaro M Verheugt F Weidinger F Weis M ESC Committee for Practice Guidelines (CPG) (2008). Management of acute myocardial infarction in patients presenting with persistent ST-segment elevation: the Task Force on the Management of ST-Segment Elevation Acute Myocardial Infarction of the European Society of Cardiology. Eur Heart J 29:2909-2945. [online] Available at: <http://eurheartj.oxfordjournals.org/content/29/23/2909.full.pdf+html> [Accessed April 16, 2014]

- <sup>15</sup>Reiner Z Catapano AL De Backer G Graham I Taskinen MR Wiklund O Agewall S Alegria E Chapman MJ Durrington P Erdine S Halcox J Hobbs R Kjekshus J Filardi PP Riccardi G Storey and RF Wood D (2011). ESC/EAS Guidelines for the management of dyslipidaemias: the Task Force for the management of dyslipidaemias of the European Society of Cardiology (ESC) and the European Atherosclerosis Society (EAS). *Eur Heart J* 32:1769-1818. [online] Available at: <http://www.escardio.org/guidelines-surveys/esc-guidelines/guidelinesdocuments/guidelines-dyslipidemias-ft.pdf> [Accessed April 16, 2014]
- <sup>16</sup>AFFSA (France). Avis de l'Agence française de sécurité sanitaire des aliments relatif à l'actualisation des apports nutritionnels conseillés pour les acides gras. [online] Available at: <http://www.anses.fr/Documents/NUT2006sa0359EN.pdf> [Accessed October 11, 2013]
- <sup>17</sup>D-A-CH, 2008 Deutsche Gesellschaft für Ernährung, Österreichische Gesellschaft für Ernährung, Schweizerische Gesellschaft für Ernährungsforschung, Schweizerische Vereinigung für Ernährung: Referenzwerte für die Nährstoffzufuhr, Umschau/Braus Verlag, Frankfurt.
- <sup>18</sup>Superior Health Council of Belgium (2004). Recommendations and claims made on omega-3-fatty Acids (SHC 7945).
- <sup>19</sup>Health Council of the Netherlands. Dietary reference intakes: energy, proteins, fats, and digestible carbohydrates. The Hague. Health Council of the Netherlands, 2001; publication no. 2001/19 (in Dutch, with a summary and table in English).
- <sup>20</sup>Health Council of the Netherlands. Guidelines for a healthy diet 2006. The Hague: Health Council of the Netherlands, 2006; publication no. 2006/21E.
- <sup>21</sup>Nordic Council of Ministers (2013). Nordic Nutrition Recommendations 2012 - Part 1 (5<sup>th</sup> ed). Nord 2013:009. [online] Available at <http://www.norden.org/en/publications/publikationer/nord-2013-009> [accessed 11 October 2013]
- <sup>22</sup>British Nutrition Foundation Conference held on 1 December 1999 to draw attention to the briefing paper on 'n-3 Fatty acids and Health'. [online] Available at: [http://nutrition.org.uk/attachments/156\\_n-3%20Fatty%20acids%20and%20health%20summary.pdf](http://nutrition.org.uk/attachments/156_n-3%20Fatty%20acids%20and%20health%20summary.pdf) [accessed April 16, 2014]
- <sup>23</sup>Committee on Medical Aspects of Food Policy (COMA), Department of Health. Nutritional Aspects of Cardiovascular Disease. Report on Health and Social Subjects No 46. S.3.7.3 P:17 London:HMSO 1994.
- <sup>24</sup>Scientific Advisory Committee on Nutrition. Advice on fish consumption: benefits and risks 2004. London: The Stationary Office. [online] Available at: <http://cot.food.gov.uk/pdfs/fishreport200401.pdf> [Accessed April 16, 2014]
- <sup>25</sup>Koletzko B Bauer CP Bung P Cremer M Flothkötter M Hellmers C Kersting M Krawinkel M Przyrembel H Rasenack R Schäfer T Vetter K Wahn U Weißenborn A and Wöckel A (2012). [Nutrition in pregnancy - Practice recommendations of the Network "Healthy Start - Young Family Network"]. [Article in German] *Dtsch Med Wochenschr* 137:1366-72.



- <sup>26</sup>National Institute for Health and Clinical Excellence (May 2008). NICE clinical guideline 67 Lipid modification: cardiovascular risk assessment and the modification of blood lipids for the primary and secondary prevention of cardiovascular disease.
- <sup>27</sup>British Cardiac Society British Hypertension Society Diabetes UK HEART UK Primary Care Cardiovascular Society and The Stroke Association (2005). JBS 2: Joint British Societies' guidelines on prevention of cardiovascular disease in clinical practice. *Heart* 91:v1-v52. [online] Available at: [http://heart.bmj.com/content/91/suppl\\_5/v1.full.pdf+html](http://heart.bmj.com/content/91/suppl_5/v1.full.pdf+html) [Accessed April 16, 2014]
- <sup>28</sup>Cooper A Nherera L Calvert N O'Flynn N Turnbull N Robson J Camosso-Stefinovic J Rule C Browne N Ritchie G Stokes T Mannan R Brindle P Gill P Gujral R Hogg M Marshall T Minhas R Pavitt L Reckless J Rutherford A Thorogood M and Wood D (2007). Clinical Guidelines and Evidence Review for Lipid Modification: cardiovascular risk assessment and the primary and secondary prevention of cardiovascular disease London: National Collaborating Centre for Primary Care and Royal College of General Practitioners. [online] Available at: <http://solat.cl/imgsolat/archivobiblioteca/12.pdf> [Accessed April 16, 2014]
- <sup>29</sup>Jiménez Jiménez FJ Montes MC and Blesa Malpica AL (2011). Guidelines for specialized nutritional and metabolic support in the critically-ill patient: update. Consensus SEMICYUC-SENPE: cardiac patient. *Nutr Hosp* 26:S76-S80. [online] Available at: [http://scielo.isciii.es/pdf/nh/v26s2/17\\_capitulo17.pdf](http://scielo.isciii.es/pdf/nh/v26s2/17_capitulo17.pdf) [Accessed April 16, 2014]
- <sup>30</sup>Carmona TG Martínez JL and García BV (2011). Guidelines for specialized nutritional and metabolic support in the critically-ill patient: update. Consensus SEMICYUC-SENPE: respiratory failure. *Nutr Hosp* 26:S37-S40.
- <sup>31</sup>Sposito AC Caramelli B Fonseca FA Bertolami MC Afiune Neto A Souza AD Lottenberg AM Chacra AP Faludi AA Loures-Vale AA Carvalho AC Duncan B Gelonese B Polanczyk C Rodrigues Sobrinho CR Scherr C Karla C Armaganijan D Moriguchi E Saraiva F Pichetti G Xavier HT Chaves H Borges JL Diament J Guimarães JI Nicolau JC dos Santos JE de Lima JJ Vieira JL Novazzi JP Faria Neto JR Torres KP Pinto Lde A Bricarello L Bodanese LC Introcaso L Malachias MV Izar MC Magalhães ME Schmidt MI Scartezini M Nobre M Foppa M Forti NA Berwanger O Gebara OC Coelho OR Maranhão RC dos Santos Filho RD Costa RP Barreto S Kaiser S Ihara S Carvalho T Martinez TL Relvas WG and Salgado W (2007). IV Brazilian Guideline for Dyslipidemia and Atherosclerosis prevention: Department of Atherosclerosis of Brazilian Society of Cardiology. *Arq Bras Cardiol* 2007 88:S2-S19. [online] Available at: <http://www.scielo.br/pdf/abc/v88s1/01.pdf> [Accessed April 16, 2014]
- <sup>32</sup>Institute of Medicine of the National Academies. Dietary Reference Intakes for Energy, Carbohydrate, Fiber, Fat, Fatty acids, Cholesterol, Protein, and Amino Acids. 2005. Washington, D.C.: The National Academies Press. [online] Available at: [http://www.nal.usda.gov/fnic/DRI/DRI\\_Energy/energy\\_full\\_report.pdf](http://www.nal.usda.gov/fnic/DRI/DRI_Energy/energy_full_report.pdf) [Accessed April 16, 2014]
- <sup>33</sup>Kris-Etherton PM Innis S American Dietetic Association and Dietitians of Canada (2007). Position of the American Dietetic Association and Dietitians of Canada: dietary fatty acids. *J Am Diet Assoc* 107:1599-1611.

- <sup>34</sup>March of Dimes. Omega-3 Fatty Acids During Pregnancy. March of Dimes Web Site, 2009. [online] Available at: [http://www.marchofdimes.com/pnhec/159\\_55030.asp](http://www.marchofdimes.com/pnhec/159_55030.asp) [Accessed June 17, 2009]
- <sup>35</sup>National Institutes of Health. National Heart, Lung, and Blood Institute. Third Report of the National Cholesterol Education Program Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III). 2001. NIH Publication Number 01-3670. Washington, DC. [online] Available at: <http://www.nhlbi.nih.gov/guidelines/cholesterol/atp3full.pdf> [Accessed April 16, 2014]
- <sup>36</sup>Freeman MP Hibbeln JR Wisner KL Davis JM Mischoulon D Peet M Keck PE Jr Marangell LB Richardson AJ Lake J and Stoll AL (2006). Omega-3 fatty acids: Evidence basis for treatment and future research in psychiatry. *J Clin Psychiatry* 67:1954-1967.
- <sup>37</sup>Kris-Etherton PM Harris WS and Appel LJ for the American Heart Association Nutrition Committee (2002). Fish consumption, fish oil, omega-3 fatty acids, and cardiovascular disease [published correction appears in *Circulation* 2003;107:512]. *Circulation* 106:2747–2757.
- <sup>38</sup>Mosca L Benjamin EJ Berra K Bezanson JL Dolor RJ Lloyd-Jones DM Newby LK Piña IL Roger VL Shaw LJ Zhao D Beckie TM Bushnell C D'Armiento J Kris-Etherton PM Fang J Ganiats TG Gomes AS Gracia CR Haan CK Jackson EA Judelson DR Kelepouris E Lavie CJ Moore A Nussmeier NA Ofili E Oparil S Ouyang P Pinn VW Sherif K Smith SC Jr Sopko G Chandra-Strobos N Urbina EM Vaccarino V and Wenger NK (2011). Effectiveness-based guidelines for the prevention of cardiovascular disease in women--2011 update: a guideline from the American Heart Association. *Circulation* 123:1243-1262. [online] Available at: <http://circ.ahajournals.org/content/123/11/1243.full.pdf> [Accessed April 16, 2014]
- <sup>39</sup>Smith SC Jr Benjamin EJ Bonow RO Braun LT Creager MA Franklin BA Gibbons RJ Grundy SM Hiratzka LF Jones DW Lloyd-Jones DM Minissian M Mosca L Peterson ED Sacco RL Spertus J Stein JH and Taubert KA (2011). AHA/ACCF secondary prevention and risk reduction therapy for patients with coronary and other atherosclerotic vascular disease: 2011 update: a guideline from the American Heart Association and American College of Cardiology Foundation endorsed by the World Heart Federation and the Preventive Cardiovascular Nurses Association. *J Am Coll Cardiol* 58:2432-2446. [online] Available at: <http://circ.ahajournals.org/content/early/2011/11/01/CIR.0b013e318235eb4d.full.pdf> [Accessed April 16, 2014]
- <sup>40</sup>U.S. Department of Agriculture and U.S. Department of Health and Human Services. Dietary Guidelines for Americans, 2010. 7th Edition, Washington, DC: U.S. Government Printing Office, December 2010. [online] Available at: <http://www.health.gov/dietaryguidelines/dga2010/DietaryGuidelines2010.pdf> [Accessed April 16, 2014]
- <sup>41</sup>Johnston M Landers S Noble L Szucs K and Viehmann L for the Section on Breastfeeding (2012). Breastfeeding and the use of human milk. *Pediatrics* 129:e827-e841. [online] Available at: <http://pediatrics.aappublications.org/content/129/3/e827.full.pdf+html> [Accessed April 16, 2014]
- <sup>42</sup>Minister of National Health and Welfare Canada. Nutrition Recommendations: The Report of the Scientific Review Committee. 1990. Ottawa, Ontario.

- <sup>43</sup>Ministry of Health, Labour and Welfare of Japan (2010). Dietary Reference Intakes for Japanese. Daiichi Shuppan Publishing Co., Ltd., Tokyo, 2009. [online] Available at: <http://www.mhlw.go.jp/shingi/2009/05/s0529-4.html> [Accessed March 16, 2011]
- <sup>44</sup>Israel Heart Society (2011). Dietary Recommendations to Prevent Cardiovascular Disease. Joint Position Paper on Behalf of the Israel Heart Society and Association of Dietitians and Nutritionists.
- <sup>45</sup>Koletzko B Bauer CP Bung P Cremer M Flothkötter M Hellmers C Kersting M Krawinkel M Przyrembel H Rasenack R Schäfer T Vetter K Wahn U Weißenborn A and Wöckel A (2012). [Nutrition in pregnancy - Practice recommendations of the Network "Healthy Start - Young Family Network"]. [Article in German] Dtsch Med Wochenschr 137:1309-1313.
- <sup>46</sup>Ministry of Health, Malaysia (2007). Clinical Practice Guidelines on Management of Acute ST Segment Elevation Myocardial Infarction (STEMI)(2<sup>nd</sup> ed.). MOH/P/PAK/127.07(GU) [online ] Available at: <http://www.acadmed.org.my/index.cfm?&menuid=67> [Accessed June 21, 2012]
- <sup>47</sup>Ministry of Health, Malaysia (2008). Prevention of Cardiovascular Disease in Women (1st ed.). MOH/P/PAK/171.08(GU) [online] Available at: <http://www.acadmed.org.my/index.cfm?&menuid=67> [Accessed June 21, 2012]
- <sup>48</sup>Ministry of Health, Malaysia (2011). Management of Dyslipidemia (4<sup>th</sup> ed.). MOH/P/PAK/218.11(GU) [online] Available at: <http://www.acadmed.org.my/index.cfm?&menuid=67> [Accessed June 21, 2012]
- <sup>49</sup>Wang C, Chung M, Lichtenstein A, Balk E, Kupelnick B, DeVine D, Lawrence A, Lau J. Effects of Omega-3 Fatty Acids on Cardiovascular Disease. Evidence Report/Technology Assessment No. 94 (Prepared by Tufts-New England Medical Center Evidence-based Practice Center, under Contract No. 290-02-0022). AHRQ Publication No. 04-E009-2. Rockville, MD: Agency for Healthcare Research and Quality. March 2004. [online] Available at: <http://archive.ahrq.gov/downloads/pub/evidence/pdf/o3cardio/o3cardio.pdf> [Accessed April 16, 2014]
- <sup>50</sup>Executive Office of the President. Office of Management and Budget, Washington, D.C. May, 2003
- <sup>51</sup>Miller M Stone NJ Ballantyne C Bittner V Criqui MH Ginsberg HN Goldberg AC Howard WJ Jacobson MS Kris-Etherton PM Lennie TA Levi M Mazzone T and Pennathur S on behalf of the American Heart Association Clinical Lipidology, Thrombosis, and Prevention Committee of the Council on Nutrition, Physical Activity, and Metabolism; Council on Arteriosclerosis, Thrombosis and Vascular Biology; Council on Cardiovascular Nursing; Council on the Kidney in Cardiovascular Disease (2011). Triglycerides and cardiovascular disease: A scientific statement from the American Heart Association. Circulation 123:2292-2333. [online] Available at: <http://circ.ahajournals.org/content/123/20/2292.full.pdf+html> [Accessed April 16, 2014]
- <sup>52</sup>Italian Ministry of Health. Pregnancy and Lactation. [online] Available at: [http://www.salute.gov.it/imgs/C\\_17\\_pagineAree\\_1000\\_listaFile\\_itemName\\_7\\_file.pdf](http://www.salute.gov.it/imgs/C_17_pagineAree_1000_listaFile_itemName_7_file.pdf) [Accessed June 21, 2012]

- <sup>53</sup>American Dietetic Association and Dietitians of Canada (2003). Position of the American Dietetic Association and Dietitians of Canada: Vegetarian diets. *J Am Diet Assoc* 103:748-65. [online] Available at: <http://download.journals.elsevierhealth.com/pdfs/journals/0002-8223/PIIS0002822303002943.pdf> [Accessed April 16, 2014]
- <sup>54</sup>Irish Heart Foundation Nutrition Guidelines for Heart Health. [online] Available at: [http://www.irishheart.ie/media/pub/positionstatements/final\\_nutrition\\_guidelines2007.pdf](http://www.irishheart.ie/media/pub/positionstatements/final_nutrition_guidelines2007.pdf) [Accessed April 16, 2014]
- <sup>55</sup>Evert AB Boucher JL Cypress M Dunbar SA Franz MJ Mayer-Davis EJ Neumiller JJ Nwankwo R Verdi CL Urbanski P and Yancy WS Jr (Epub ahead of print 2013 Oct 9). Nutrition Therapy Recommendations for the Management of Adults With Diabetes. *Diabetes Care*. [online] Available at: <http://care.diabetesjournals.org/content/36/11/3821.long> [Accessed October 25, 2013]
- <sup>56</sup>Vannice G and Rasmussen H (2014). Position of the academy of nutrition and dietetics: dietary Fatty acids for healthy adults. *J Acad Nutr Diet* 2014 114:136-153. [online] Available at: <http://download.journals.elsevierhealth.com/pdfs/journals/2212-2672/PIIS2212267213016729.pdf> [Accessed April 16, 2014]
- <sup>57</sup>Koletzko B Bauer CP Bung P Cremer M Flothkötter M Hellmers C Kersting M Krawinkel M Przyrembel H Rasenack R Schäfer T Vetter K Wahn U Weissenborn A and Wöckel A (2013). German National Consensus Recommendations on Nutrition and Lifestyle in Pregnancy by the 'Healthy Start - Young Family Network'. *Ann Nutr Metab* 63-311-322. [online] Available at: <http://www.karger.com/Article/Pdf/358398> [Accessed April 16, 2014]
- <sup>58</sup>American Heart Association. [www.heartcheckmark.org](http://www.heartcheckmark.org)
- <sup>59</sup>Dalal JJ Kasliwal RR Dutta AL Sawhney JP Iyengar SS Dani S Desai N Sathyamurthy I Rao D Menon A Dasbiswas A Wander GS Chadha M Hiremath MS Roy DG Gupta V and Shivakadaksham N (2012). Role of omega-3 ethyl ester concentrate in reducing sudden cardiac death following myocardial infarction and in management of hypertriglyceridemia: an Indian consensus statement. *Indian Heart J* 64:503-7. [online] Available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3861206/pdf/main.pdf> [Accessed April 16, 2014]