



Your blood levels of Omega-3 fatty acids are in the intermediate range of 4%-8%. You are advised to increase your intake of omega-3 fatty acids.

Many studies have shown that people with higher (vs. lower) Omega-3 levels are at decreased risk for a variety of diseases. These include heart disease, stroke, dementia, and depression to name a few. These people even live longer than those with lower levels. Raising your Omega-3 level and keeping it up should help reduce your risk for these conditions

Omega-3 fatty acids are found primarily in fish, especially "oily" fish such as those near the top in the accompanying table. The two most important omega-3 fatty acids are EPA and DHA. The amount of EPA+DHA you would need to take in order to raise your Omega-3 Index into the target range (>8%) cannot be predicted with certainty. Many factors – age, sex, weight, dietary and genetic factors, smoking, medications you may be taking, other medical conditions, etc. – all can influence your body's response to additional EPA+DHA. Nevertheless, we would recommend that you increase EPA+DHA intake as shown below. Although this can be accomplished by eating more oily fish, fish oil supplements are usually necessary to achieve this level of EPA+DHA intake. The table lists the approximate amount of EPA and DHA per 3-oz. serving of a variety of sea foods and in dietary supplements.

It should be noted that omega-3 fatty acids from flaxseed oil (alpha-linolenic acid, or ALA) will have little to no effect on your Omega-3 level. Therefore, ALA is not an effective substitute for EPA and DHA.

The only way to know how your body will respond to an increased intake of EPA+DHA is to measure your Omega-3 level again. You should wait for 3-4 months before re-testing in order to give your system time to adjust to your increased intake. Once you have achieved your target Omega-3 level you should re-check your values every six months.

Based on your Omega 3 levels, to achieve the **predictive goal value of >8%**, we recommend you increase your consumption of **EPA+DHA by an estimated 500-1000 mg per day**. Recheck in 3-4 months.

Consult with your healthcare practitioner for additional recommendations.



## Content of EPA+DHA (in mg) in Commonly Consumed Types of Fish and in Fish Oil Supplements (per 3 oz or 85 g serving size)

Fish and Southerd	EPA	DIIA	EPA+DHA
Fish and Seafood Atlantic Salmon (farmed)	587	DHA	
, ,		1238	1825
Pacific Herring	1056 773	751 030	1807
Atlantic Herring		939	1712
Atlantic Salmon (wild)	349	1215	1564
Bluefin Tuna	309	970	1279
Pink Salmon (wild)	456	638	1094
Coho Salmon (farmed)	347	740	1087
Mackerel (canned)	369	677	1046
Sockeye Salmon (wild)	451	595	1046
Chum Salmon (canned)	402	597	999
Rainbow Trout (farmed)	284	697	981
Coho Salmon (wild)	341	559	900
Sardines (canned)	402	433	835
Albacore (or white) Tuna (canned)	198	535	733
Shark (raw)	267	444	711
Swordfish	117	579	696
Sea Bass	175	473	648
Pollock	77	383	460
Flat Fish (Flounder/Sole)	207	219	426
Blue Crab	207	196	403
Halibut	77	318	395
Oysters (farmed)	195	179	374
King Crab	251	100	351
Walleye	93	245	338
Dungeness Crab	239	96	335
Scallops	141	169	310
Skipjack Tuna	77	201	278
Mixed Shrimp	145	122	267
Clams	117	124	241
Yellowfin Tuna	40	197	237
Light Chunk Tuna	40	190	230
Catfish (wild)	85	116	201
Catfish (farmed)	42	109	151
Cod	3	131	134
Mahi-Mahi (dolphin fish)	22	96	118
Tilapia	4	111	115
Orange Roughy	5	21	26
Dietary Supplements – Amount (mg) per 1,000 mg capsule or per teaspoon			
Standard Drug Store Fish Oil Capsules	180	120	300
Cod Liver Oil (teaspoon)	300	500	800
PERQUE EPA/DHA Guard	660	500	1160

Table adapted from Harris et al. Current Atherosclerosis Reports 2008;10:503-509. Values based on USDA Nutrient Data Lab values and are for fish cooked with dry heat unless otherwise noted.