

Not Your Grandpa's Omega-3s



Dr. Donaldson: I know we all recommend omega supplements for our dry eye patients. It really does make a difference, and it appeals to patients because they like the systemic approach. In addition, omega supplements may have other benefits as well, such as helping to improve cardiac or joint health.

Dr. Epitropoulos: I think there is some truth to the saying, "You are what you eat." Our changing diet is one of the reasons that dry eye has become more prevalent. We are consuming more omega-6 oil and inflammatory mediators and less omega-3 oil, which is a natural anti-inflammatory. This significantly compromises the quality of our meibum. Dr. Matossian and I recently completed a multicenter clinical trial with re-esterified omega-3, which has significantly benefitted our dry eye patients.

Dr. Matossian: It's important to note that not all omega-3s are the same. That's a common misconception. There are many different forms of omega-3s, and if you aren't recommending a specific type to your patients, you may be doing them a disservice.

Omega-3s in the ethyl ester form are less bioavailable and can cause digestive issues, such as embarrassing fish burps and gas, and they may leave a nasty taste in the mouth. If these side effects occur, what are patients going to do? They'll stop taking their supplement because it's unpleasant. As physicians, we have to recommend the appropriate type of omega-3, a re-esterified triglyceride form of omega-3, just like natural fish. We offer Dry Eye Omega Benefits (PRN) in our practice. It is very bioavailable, so it doesn't cause as many digestive issues. As eyecare providers, it is incumbent upon us to educate our patients about the right type of omega-3 and offer appropriate products to them, if possible.