

Incorporation of omega-3 fatty acids in healthy humans

Submission date 13/02/2017	Recruitment status No longer recruiting	☐ Prospectively registered ☒ Protocol
Registration date 14/02/2017	Overall study status Completed	☐ Statistical analysis plan ☒ Results
Last Edited 17/02/2023	Condition category Other	☐ Individual participant data

Plain English summary of protocol

Background and study aims

Omega-3 fatty acids are essential in the diet, as the body is unable to make them itself (essential fatty acids). Although they can be found in plant sources, the most important omega-3 fatty acids are eicosapentaenoic acid (EPA) and docosahexaenoic acid (DHA), which are only found in certain types of fish. There are a wide variety of different omega-3 supplements of the market, which provide EPA and DHA in different forms. Omega-3 fatty acids from foods and from supplements need to be digested in the small intestine. Emulsification is an early part of the digestive process and makes the omega-3 fatty acids more soluble. Limited emulsification may limit omega-3 fatty acid uptake into the body (bioavailability). Conversely pre-emulsification may promote omega-3 fatty acid uptake into the body. A self-microemulsifying drug delivery system (SMEDDS) promotes emulsification after oral consumption. In this study, the appearance in the blood of EPA and DHA will be compared after taking omega-3 fats in emulsified or SMEDDS forms. The aim of this study is to find out whether the self-emulsification of the supplement affects the way the fatty acids incorporate into blood fats and blood cells.

Who can participate?

Healthy men and women aged 18 to 65

What does the study involve?

Participants are randomly allocated to take one of four omega-3 supplements daily for 12 weeks (either emulsified or SMEDDS forms and at different doses). Participants make clinic visits at the start of the study and at weeks 1, 4 and 12. Blood samples are collected at each clinic visit. The amount of EPA and DHA in the blood and in blood cells are compared in order to see if there is a difference between the supplements.

What are the possible benefits and risks of participating?

There is no immediate direct benefit to those taking part. There is a very small chance of infection and a chance of bleeding and bruising at the site of insertion of the needle for collecting the blood sample.

Where is the study run from?

University of Southampton (UK)

When is the study starting and how long is it expected to run for?
July 2015 to August 2017

Who is funding the study?
Pronova BioPharma

Who is the main contact?
Prof. Philip Calder

Contact information

Type(s)
Scientific

Contact name
Prof Philip Calder

ORCID ID
<https://orcid.org/0000-0002-6038-710X>

Contact details
Faculty of Medicine
University of Southampton
MP887 Southampton General Hospital
Tremona Road
Southampton
United Kingdom
SO16 6YD

Additional identifiers

Protocol serial number
CTN00715201

Study information

Scientific Title
Incorporation of omega-3 fatty acids in healthy humans following oral dosing of dietary supplements

Study objectives
A self-microemulsifying drug delivery system (SMEDDS) will enhance bioavailability of the omega-3 fatty acids EPA and DHA.

Ethics approval required
Old ethics approval format

Ethics approval(s)
South Central - Hampshire A Research Ethics Committee, 11/01/2016, ref: 15/SC/0775

Primary study design

Interventional

Study design

Double-blind randomised parallel trial

Study type(s)

Other

Health condition(s) or problem(s) studied

Omega-3 fatty acid supplementation

Interventions

Patients are manually randomised by the hospital research pharmacist to one of four groups:

1. Omega-3 ethyl esters providing 230 mg EPA + 190 mg DHA
2. SMEDDS Omega-3 ethyl esters providing 230 mg EPA + 190 mg DHA
3. Omega-3 ethyl esters providing 90 mg EPA + 300 mg DHA
4. SMEDDS Omega-3 ethyl esters providing 90 mg EPA + 300 mg DHA

Supplements (3/day) will be taken orally before breakfast. Duration of treatment will be three months. Blood samples will be collected at 0 (samples at 0, 0.5, 1, 1.5, 2, 3, 4, 6, 8, 12 and 24 hours), 1, 4 and 12 weeks.

Intervention Type

Supplement

Primary outcome(s)

Concentration of EPA and DHA in red blood cells, measured by gas chromatography at baseline, 1, 4 and 12 weeks

Key secondary outcome(s)

Concentration of EPA and DHA in plasma and white blood cells, measured by gas chromatography at baseline, 1, 4 and 12 weeks

Completion date

01/08/2017

Eligibility

Key inclusion criteria

1. Healthy males and females
2. Age 18 to 65 years
3. Body mass index 20 to 35 kg/m²
4. Not consuming fish oil or similar supplements
5. Not eating more than one oily fish meal per week
6. Willing to adhere to the study protocol
7. Being able to provide written informed consent
8. Omega-3 index (EPA+DHA in red blood cells) < 6.5 at screening

Participant type(s)

Healthy volunteer

Healthy volunteers allowed

No

Age group

Adult

Lower age limit

18 Years

Sex

All

Total final enrolment

80

Key exclusion criteria

1. Being diabetic (type 1 or type 2)
2. Being vegetarian or vegan and unwilling to consume capsules with a beef gelatine coating
3. Use of prescribed medicine to control inflammation
4. Smokers
5. Chronic gastrointestinal problems (e.g. IBD, IBS, celiac disease, cancer)
6. Allergic to fish
7. Allergic to soybean
8. Participation in another clinical trial (currently or in the 12 weeks prior to study entry)
9. Pregnancy or lactation
10. Blood donations during 3 months prior to or during the study period
11. Omega-3 index (EPA+DHA in red blood cells > 6.5 at screening)

Date of first enrolment

18/04/2016

Date of final enrolment

01/03/2017

Locations

Countries of recruitment

United Kingdom

England

Study participating centre

University Hospital Southampton NHS Foundation Trust

Southampton

United Kingdom

SO16 6YD

Sponsor information

Organisation

Pronova BioPharma

ROR

<https://ror.org/03ccpe393>

Funder(s)

Funder type

Industry

Funder Name

Pronova BioPharma

Results and Publications

Individual participant data (IPD) sharing plan

The anonymised datasets generated during and/or analysed during the current study are available upon request from Philip Calder (pcc@soton.ac.uk)

IPD sharing plan summary

Available on request

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	01/11/2018		Yes	No
HRA research summary			28/06/2023	No	No
Protocol file	version 4	27/05/2016	16/02/2023	No	No