Limited evidence for benefits of omega-6 fats for prevention of cardiovascular disease

**Clinical Question**
What are the effects of increasing omega-6 fats (linoleic acid, gamma-linolenic acid, dihomo-gamma-linolenic acid and arachidonic acid) on cardiovascular disease (CVD) and all-cause mortality?

**Bottom Line**
There was low-quality evidence that increasing omega-6 fats reduced risk of myocardial infarction (MI) (NNTB=53). Increasing omega-6 fats made little or no difference to all-cause mortality or CVD events (low-quality evidence), and the effects on CVD mortality, coronary heart disease (CHD), major adverse cardiac and cerebrovascular events and stroke were uncertain (very low-quality evidence). Increasing omega-6 fats reduced blood cholesterol (high-quality evidence), probably had little or no effect on body weight adjusted for height (moderate-quality evidence), and made little or no difference to triglycerides, high-density lipoprotein or low-density lipoprotein (low-quality evidence). Although benefits of omega-6 fats remain to be proven, increasing omega-6 fats may be of benefit in people at high risk of MI.

**Caveat**
Evidence was weakened by study design problems, small numbers of events, low numbers of participants from developing countries, and few women.

**Context**
Some evidence suggests that a higher intake of omega-6 fats, along with a lower intake of saturated fat can reduce CHD. In contrast, there is concern that high levels of omega-6 fats may worsen cardiovascular risk by increasing inflammation.

**Cochrane Systematic Review**

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