A number of studies (e.g., GISSI, others) have documented the benefits of DHA/EPA omega-3 supplementation for mortality and cardiovascular events after a previous myocardial infarction. This particular study used elderly men who were considered at high risk for cardiovascular disease and examined the influence of omega-3 supplementation on their all-cause mortality and cardiovascular events.

For this purpose, in this Diet and Omega-3 Intervention Trial (DOIT), 563 Norwegian men (64-76 years of age) without overt cardiovascular disease were randomized to receive a corn oil placebo (control group) or 0.84 gm of DHA plus 1.2 gm EPA (total of 2.04 gm) each day for a 3-year period. After adjusting for a number of factors (age, serum glucose, body mass index, systolic blood pressure, and smoking), the authors observed a 47% lower rate of all-cause mortality (from cardiovascular plus non-cardiovascular causes) in the omega-3 group as compared to controls (placebo group). The authors refer to current guidelines in various countries wherein omega-3 supplementation is recommended in secondary prevention after a myocardial infarction and raise the possible merit of extending such to those risk patients who have not yet experienced a myocardial infarction.
It is noted that the GISSI trial employed over 11,000 patients with 5665 assigned to omega-3 supplementation and 5668 assigned as controls. The present study from Norway enrolled only 5% (563/11333) of the patient numbers as compared to GISSI. Thus, an extension of the present study with a much larger number of patients would be highly desirable. Nonetheless, a tendency for lower all-cause mortality in the omega-3 group was observed in the present study despite a relatively low number of participants.