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Aus: The OmegaRx Zone, Barry Sears, Kapitel 10: When the Brain Goes Wrong, Zusammenfassung am Ende:

Dietary Guidelines for Individuals with neurological conditions:

1. Maintain your insulin control by balancing protein and carbohydrate, using the dietary component of my program.
2. Start by supplementing your diet with 10 grams of pharmaceutical-grade long-chain omega-3 fatty acids (equivalent to 4 tablespoon of fish oil or 16 capsules per day)
3. After a month on the plan, have a blood test to check your AA/EPA ratio. This test is vital for anyone taking high doses of fish oil – which I define as anything greater than 5 grams of pharmaceutical-grade long-chain omega-3 fatty acids per day. See chapter 9 for a detailed explanation of this test, and appendix G for a list of labs that do the test.
4. If your AA/EPA ratio is between 1.5 and 3 after a month on my dietary program, you're taking your optimal dose of fish oil. Stay on that dose and have your AA/EPA ratio tested again in six months. If your AA/EPA ratio is above 3, you should increase your dose of long-chain omega-3 fatty acids to about 15 grams per day. Have a follow-up AA/EPA ratio blood test in another month to see if your ratio is now in the optimal range. If it isn't, increase your dose by another 5 grams. You can safely take up to 25 grams of pharmaceutical-grade long-chain omega-3 fatty acids per day if that's the dose you need to get your AA/EPA ratio into optimal range.
5. If your AA/EPA ratio is below 1.5 on any of your periodic checks, you need to reduce your intake of long-chain omega-3 fatty acids because your body is making too many „good" eicosanoids. For example, if your ratio is low from taking 10 grams a day of long-chain omega-3 fatty acid, cut back to 5 grams a day. The goal is to get your ratio into the optimal range, wich indicates a balance between „good" and „bad" eicosanoids.

After you get your AA/EPA ratio into optimal range, continue to monitor your AA/EPA ratio every six months. Your goal is to keep this ratio between 1.5. and 3.