Dr. Alain Alvarez, MD · Board-Certified Rheumatologist
RheumCare™ · Naples, Florida

Supplements in Osteoarthritis

A one-page summary from "Supplements for Arthritis and Lupus: What the Evidence Really Says"

Start here. There is no supplement with good evidence for osteoarthritis. That's an unsatisfying sentence, but the alternative — pretending otherwise — costs you money and, more importantly, attention that belongs elsewhere. Exercise, weight loss, and topical anti-inflammatories are where the strong recommendations are.

Worth taking

- **Vitamin D — only if your level is low, and for your bones, not your joints.** 800–2,000 IU daily. Three independent trials in 413, 474, and 146 people, running two to three years, found no effect on pain or cartilage loss, including in people who started out deficient.

Reasonable to try, with modest expectations

- **Collagen.** Undenatured type II at exactly 40 mg/day, or hydrolyzed peptides at 10 g/day — different products, separate evidence. The best trial is manufacturer-funded and unreplicated, but it's safe and cheap.
- **Ginger**, 500–1,000 mg/day of extract. Small consistent benefit from independent trials. More people quit for stomach upset than with anything else here — take it with food.

Try one at a time, for three months, then be honest with yourself. If nothing changed, stop.

Not supported by the evidence

- **Glucosamine.** The ACR recommends *strongly against* it. The NIH-funded trial in 1,583 people found no benefit over placebo; a two-year independent trial in 605 people found no pain difference at all.
- **Chondroitin**, except for **hand** osteoarthritis, where it's conditionally recommended on the basis of a single trial.
- **Fish oil.** The one substantial knee OA trial found the *low*-dose group did better than the high-dose group. The RA evidence is real; it doesn't transfer here.
- **MSM, SAMe, Pycnogenol, avocado-soybean products.**

Use caution

- **Turmeric/curcumin.** The best-designed trial found a pain improvement smaller than most people would notice, and no effect on knee inflammation on MRI. Meanwhile it's now among the leading causes of supplement-related liver injury in the US. If you take it: avoid black-pepper/BioPerine "enhanced absorption" versions, get liver enzymes at baseline and again at 2–3 months, and stop for nausea, dark urine, or yellow eyes.

Two things to keep in mind

The placebo effect here is enormous. In the big glucosamine trial, 60% of people taking placebo capsules had a meaningful reduction in knee pain. Feeling better on something isn't proof it's working — that's not gullibility, it's how pain works.

Who paid matters. Pooled across 3,803 patients, the benefit of glucosamine and chondroitin was significantly smaller in independently funded trials than in manufacturer-funded ones.

What actually works: exercise (strongly recommended), weight loss (strongly recommended), and topical NSAIDs — which are underused and have far better evidence than anything on this page.

Tell me about everything you take, including things that seem too minor to mention. If you're on warfarin and take glucosamine, we should check your INR two weeks after any change.

For general education only; not a substitute for individualized medical advice.