

Supplements in Rheumatoid Arthritis

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

Start here. The ACR's 2022 guideline recommends following good dietary advice *without* supplements rather than adding them — fish oil and vitamin D included. That surprises people. It doesn't mean nothing helps; it means the honest effects are small, and your DMARDs are doing the real work.

Take this — it isn't optional

- **Folic acid, if you're on methotrexate.** Usually 1 mg daily, or 5 mg once weekly a day or two after your dose. Across six placebo-controlled trials in 624 people it cut gastrointestinal side effects by 26%, abnormal liver enzymes by 77%, and the chance of having to stop methotrexate altogether by 61%.
- **It does not cancel out your methotrexate.** That review looked specifically for it and found no loss of benefit. Don't skip it. Also don't substitute folinic acid (leucovorin) on your own — different drug, real reason for concern.

Reasonable, with realistic expectations

- **Fish oil.** This is where the omega-3 evidence is genuinely best: modest improvements in joint pain, morning stiffness, and tender joints, and less need for anti-inflammatories. Two conditions: **add the EPA and DHA lines** on the label and ignore the number on the front — trials used 2.7–5.5 g/day, and a standard capsule has about 300 mg. And **give it three months**; it takes that long to work.
- **Vitamin D,** 800–2,000 IU daily — for bone, especially if you're on prednisone. It does not reduce disease activity.

Weak but real, if you want to try it: GLA from **borage oil** (200 mg GLA per 1,000 mg softgel; trials used 1.4–2.8 g of GLA, so seven to fourteen softgels). Insist on certified pyrrolizidine-alkaloid-free — those are liver toxins and you're on methotrexate. One in five people had GI side effects.

Not supported: probiotics (ten trials, 632 people, no effect on disease activity); glucosamine and chondroitin (no RA trials at all); cat's claw, boswellia, green tea for joints.

Use caution: turmeric. The pooled RA figures claim a drop in disease activity comparable to a biologic, from tiny trials with extreme statistical heterogeneity — that's not plausible. And turmeric liver injury stacks with methotrexate and gets misattributed to it. I've seen a patient lose a working methotrexate regimen over a transaminitis that turned out to be the supplement.

Avoid

- **Thunder god vine** — real efficacy in pharmaceutical-grade Chinese preparations, but reversible infertility, low blood counts, liver and kidney injury, and nothing on a US shelf is verified.
- **St John's wort** — the most dangerous item on the shelf. Not recommended with tofacitinib or upadacitinib, wrecks warfarin, and causes contraceptive failure while you're on a drug that harms a pregnancy.
- **Green tea extract capsules** at 800 mg EGCG or more, **red yeast rice** (an unlabeled statin), **vitamin E** above 400 IU.

What actually works: your DMARDs, taken on schedule. Stopping smoking. Exercise. A Mediterranean-style eating pattern — modest for joints, genuinely important for the cardiovascular risk that comes with RA.

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