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PATIENT GUIDE

NAD+ *therapy*

NAD+ is a molecule every cell uses to make energy and repair itself. It can be given by infusion, by injection or as an oral precursor, and the evidence differs by route.

COMPOUND	CLASS	ROUTES	RESEARCH	SOURCES
NAD+	Coenzyme therapy	IV, injection, oral	Active and growing	29 · PMID linked

§ 01

Overview

NAD+ is one of the most actively studied molecules in longevity medicine. It sits at the center of how your cells make energy and how they repair themselves, and the amount your body carries falls as you get older.

This guide covers what NAD+ does, the different ways it can be taken, what the published research supports, and what your first visit would involve. The research behind it is listed at the end, with links so you can read it yourself.

Every cell	**NAD+ is universal.** Every cell in your body uses it, both to convert food into usable energy and to supply the repair enzymes that maintain your DNA.[2]
28	**Randomized human trials completed.** A 2026 systematic review identified 113 intervention studies, including 28 randomized trials in people, with more underway.[5]
60%	**Measured increase in NAD+.** Six weeks of an oral precursor at 1,000 mg daily raised NAD+ measured inside immune cells by roughly 60 percent in healthy middle aged and older adults, and was tolerated well.[7]
4	**Ways to take it.** NAD+ support can be given as an infusion, as a small injection under the skin, as a precursor capsule, or as an NAD+ or NADH tablet.

§ 02

What NAD+ does in the body

Nicotinamide adenine dinucleotide, usually shortened to NAD+, is a coenzyme, a helper molecule that certain enzymes cannot work without. It has two main jobs.

The first is energy. NAD+ carries electrons through the chain of reactions inside your mitochondria that turns food into the fuel your cells run on. The second is repair and regulation. NAD+ is consumed as a raw material by the enzymes that fix damaged DNA and by the sirtuins, a family of proteins involved in how cells respond to stress and aging.[2]

Those two jobs compete over time. As repair demand rises with age, NAD+ gets used up faster. Measurements in human tissue show levels declining across the lifespan alongside rising oxidative stress.[1] The field grew out of this observation, and it has held up well.

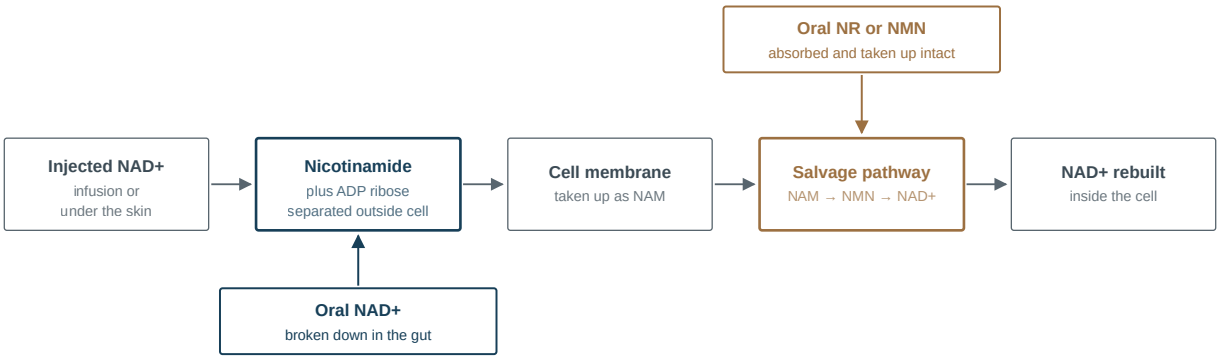
THE NAD+ FAMILY These names appear in a lot of marketing. They are related but not interchangeable.

NAME	WHAT IT IS	HOW IT IS GIVEN
NAD+	The finished coenzyme your cells use	Intravenous infusion, or subcutaneous injection
NR nicotinamide riboside	A precursor. A vitamin B3 derivative your cells convert into NAD+	Oral capsule. Also given by infusion in some settings
NMN nicotinamide mononucleotide	A precursor, one step closer to NAD+ than NR	Oral capsule
NAM nicotinamide	Plain vitamin B3, and the molecule your cells recycle back into NAD+	Oral, widely available

§ 03

How NAD+ reaches your cells

NAD+ is a large molecule that carries an electrical charge, so it does not pass through a cell membrane in one piece. Your body handles it the way it handles most large molecules. It takes it apart outside the cell, moves the pieces in, and rebuilds it on the inside. That rebuilding route is called the salvage pathway.



Every route feeds the same recycling pathway in the cell. Whether NAD+ is infused, injected under the skin, or a precursor is taken by mouth, the cell rebuilds NAD+ through the salvage pathway. What differs between the options is how much raw material reaches that pathway, and how quickly.[2] [3]

A human study confirmed this directly. Researchers gave a six hour NAD+ infusion to eleven healthy men aged 30 to 55 and tracked what appeared in blood and urine. The pattern of metabolites they measured matched the signature of the enzymes that separate NAD+ into its components, and NAD+ itself did not rise in the plasma over the first two hours.[3] So the infusion delivers the building blocks efficiently, and the cell does the assembly.

KEY POINT

This pathway explains why NAD+ taken by mouth is largely broken down in the digestive tract before it can be absorbed.[19] It also explains why the oral precursors work, since they are small enough to be absorbed intact and delivered to the salvage pathway.

§ 04

What the research shows

NAD+ research has progressed quickly, and some parts of it are more settled than others.

What the evidence supports

Oral NAD+ precursors raise NAD+ levels in people. This has been shown consistently since the first human bioavailability study in 2016.[6] A randomized crossover trial in healthy middle aged and older adults found that 1,000 mg of nicotinamide riboside daily for six weeks raised NAD+ measured inside immune cells by about 60 percent, and was tolerated well.[7] Oral precursors also raise the NAD+ metabolome inside aging human skeletal muscle and shift inflammatory signatures there in a favorable direction.[8] A 2026 comparison of three different NAD+ boosters confirmed that each raises circulating NAD+, by different amounts and through different routes.[15]

What is not yet known

The question researchers are working on now is which patients benefit most, and in which measurable ways. Results across clinical trials have varied, which is normal for a field at this stage. Some have been positive. Nicotinamide mononucleotide improved muscle insulin sensitivity in prediabetic women in a trial published in *Science*, a finding that drew scientific debate in the same journal.[9] [10] Another found that blood NAD+ rose, walking speed was maintained, and sleep quality improved in older adults.[17] Others, in peripheral artery disease and in mild cognitive impairment, confirmed that NAD+ levels rose without demonstrating a clear clinical benefit at the doses and durations studied.[11] [12] Larger and longer trials are now running, including newer work in cognitive health published in 2026.[13]

Where injected NAD+ sits

The published human research on the intravenous route is at an earlier stage than the research on oral precursors. What exists today is a pharmacokinetic study describing how the body handles an infusion,[3] and a 2026 comparison of infused NAD+ against infused nicotinamide riboside that looked at tolerability and safety markers over 30 days.[4] Randomized trials measuring clinical outcomes from injected NAD+ have not yet been published, and the subcutaneous route has not yet been studied in published clinical trials.[5] Many patients choose the infusion and report feeling well on it, though that experience has not yet been tested in the way the oral route has.

SUMMARY

The biology is sound and the safety record so far is reassuring. The strongest published evidence sits with the oral precursors. The infusion is an option for patients who want it and who have been screened properly, with the evidence explained as it currently stands. We will base our recommendation on your own situation.

§ 05

The ways NAD+ can be taken

NAD+ support comes in several forms. They differ in convenience, in cost, and in how much research sits behind them.

Intravenous infusion

NAD+ is given slowly through a vein in the clinic. Because it goes straight into the bloodstream, it bypasses the digestive tract entirely. It is the most studied of the injected routes, and published human work includes a study of how the body processes an infusion and a comparison of infused NAD+ with infused nicotinamide riboside.[3] [4]

Subcutaneous injection

NAD+ can also be given as a small injection just under the skin, the way many other medicines are. A dose takes a few minutes, against a couple of hours for an infusion, and uses a much smaller volume. The subcutaneous route was included when NAD+ was put forward to the FDA for compounding use, at doses from 20 to 1,200 mg.[19] Once injected, NAD+ is processed through the same salvage pathway.[2] Published clinical studies of subcutaneous NAD+ are not yet available, so the dose is set by your physician. As with any injection, some tenderness or redness where the needle went in is possible.

Tablets and capsules

Oral products fall into three groups, and they behave quite differently.

- **NAD+ tablets.** NAD+ taken by mouth is largely broken down in the digestive tract before it can be absorbed, which limits how much reaches the body intact.[19]
- **NADH tablets.** NADH is the reduced form of NAD+, and stabilized oral versions have been studied in people with chronic fatigue syndrome. A small 1999 crossover trial reported that 8 of 26 patients responded favorably to 10 mg of NADH, compared with 2 of 26 on placebo.[22] A larger 2021 trial in 207 patients combined 20 mg of NADH with coenzyme Q10 for 12 weeks and found improvements in cognitive fatigue and quality of life in the treated group.[23]
- **Precursor capsules and tablets.** Nicotinamide riboside and nicotinamide mononucleotide are absorbed intact and converted to NAD+ inside the cell, and they carry the largest body of human research.[6] [7] They also come as tablets that dissolve under the tongue. A 2026 trial in 14 healthy men compared sublingual and swallowed NMN and found similar blood NAD+ levels over the first hour, with both forms well tolerated.[21]

COMPARING THE OPTIONS

	IV INFUSION	UNDER THE SKIN	PRECURSOR CAPSULE OR TABLET	NAD+ OR NADH TABLET
How it is given	In clinic, through a vein	Small injection	By mouth, daily	By mouth, daily
Time per dose	About 90 minutes or more[4]	A few minutes	Seconds	Seconds
Bypasses digestion	YES	YES	Not needed, absorbed intact[6]	No[19]

	IV INFUSION	UNDER THE SKIN	PRECURSOR CAPSULE OR TABLET	NAD+ OR NADH TABLET
Human research	Early studies published[3] [4]	Not yet published	**Many randomized trials**[5]	Small trials of NADH in chronic fatigue[22] [23]
Common experience	Warmth, flushing, cramping or chest pressure that ease when the rate is slowed[4]	Possible tenderness at the injection site	Generally uneventful[5]	No severe effects reported in trials[22]

These options can also be combined. Your physician can help you decide which approach fits your goals.

§ 06

What to expect from an infusion

An infusion is easier when you know beforehand what it will feel like.

NAD+ is given slowly. Most people notice a feeling of warmth, some flushing, and a sensation of pressure in the chest or cramping in the abdomen as the rate increases. These sensations are expected and depend on the rate of the drip, and they settle when we slow it. In the published series, symptoms resolved once the infusion was complete.[4]

Because the rate is set by your comfort, sessions vary in length. In that same study the average NAD+ infusion took 97 minutes.[4] Plan for around two hours, bring something to read, and eat beforehand.

DURING YOUR VISIT

- Your blood pressure and heart rate are checked, and the rate is adjusted to keep you comfortable.
- Tell us straight away about any symptom that feels different from the expected warmth and pressure. We would always rather stop and check.

§ 07

Safety

The safety picture so far is reassuring. In the 2026 comparison study, liver enzymes, inflammatory markers, kidney function and thyroid function were unchanged across 30 days of follow up after four consecutive daily infusions.[4] The oral precursors have been examined more thoroughly still, including a dedicated high dose safety trial, and have been tolerated well. [14] [5]

TELL YOUR PHYSICIAN BEFORE STARTING IF ANY OF THESE APPLY

- You have heart disease, chest symptoms of any kind, or blood pressure that is not well controlled.
- You are pregnant, trying to conceive, or breastfeeding.
- You have a current or past cancer diagnosis, or you are under active surveillance.
- You have significant kidney or liver disease.
- You take any prescription medication, over the counter product or supplement. Please bring the full list.

Long term data on repeated infusions or injections over years is not yet available, since the published follow up periods are measured in weeks.[4] For that reason, your physician reviews how you are doing before treatment continues.

§ 08

Is this right for you

NAD+ therapy suits some patients very well and is not the right starting point for others. The purpose of your consultation is to work out which group you are in.

Before we begin

- [ ] A review of your medical history, current medications and supplements
- [ ] Blood pressure and a cardiovascular history, with an ECG if your physician feels one is warranted
- [ ] Baseline bloodwork, so that anything we see later can be compared against a starting point
- [ ] A clear note of what you are hoping to feel, written down, so we can tell together whether it worked

If your bloodwork points to a specific and treatable cause for how you have been feeling, we will treat that first. Fatigue in particular has many causes that respond well to simple treatment, and finding one of those would be a better outcome for you than any infusion.

Reviewing your progress

We will reassess against your documented starting point after a set period. If you are doing well, we will plan how to continue. If you are not, we will say so and look at other options. You are welcome to stop at any time.

> **QUESTIONS TO ASK YOUR PHYSICIAN**
>
> What would you expect me to notice, and by when? How will we measure whether this is working? What would make you recommend stopping? Which route would you choose for someone in my situation?

§ 09

Regulatory status

NAD+ for injection, whether given by infusion or under the skin, is not approved by the U.S. Food and Drug Administration for any indication, and there is no FDA approved NAD+ injection product.[19] It is prepared by a compounding pharmacy on a physician's prescription. Prescribing a compounded or unapproved preparation is lawful and common in American medicine, and it is a decision your physician makes with you. It does mean no regulator has reviewed this preparation for your indication, and you should know that before you consent.

NAD+ is not a peptide, so it is not among the six peptides covered by the federal enforcement discretion policy on compounded peptides published on 30 October 2026.[24] Its compounding status is being decided through a separate FDA process. On the FDA list of bulk drug substances nominated for compounding under section 503A, last updated on 14 May 2026, NAD+ and NADH both sit in Category 1, the group of substances the FDA is still evaluating.[25] The FDA has not yet made a final decision on adding NAD+ to the list of bulk substances that pharmacies may use, and that review is ongoing.

Oral products sit differently. NAD+, NADH, nicotinamide riboside and nicotinamide mononucleotide taken by mouth are sold as dietary supplements. Nicotinamide mononucleotide was confirmed by the FDA in September 2025 to be lawful as a dietary ingredient, with notification requirements still applying to manufacturers.[20] If you buy any of these yourself, choose a brand that publishes third party testing.

If you would like details about the preparation used in your treatment, please ask.

§ 10

Common questions

Is NAD+ approved by the FDA?

NAD+ for injection, whether by infusion or under the skin, is not approved by the FDA for any indication, and there is no approved NAD+ injection product.[19] It is prepared by a compounding pharmacy on a physician's prescription, and the FDA lists NAD+ among the substances it is still evaluating for compounding use.[25] NAD+, NADH and the precursors taken by mouth are sold as dietary supplements.

Is it safe, and what side effects should I expect?

The safety record so far is reassuring. During an infusion most people feel warmth, flushing, chest pressure or abdominal cramping as the rate increases, and in the published series these eased when the drip was slowed and resolved once the infusion was complete.[4] Liver, kidney, thyroid and inflammatory markers were unchanged over 30 days of follow up in that study.[4] The oral precursors have been tolerated well, including in a dedicated high dose safety trial, and adverse events with an oral NMN tablet taken for 28 days were similar to placebo.[14][16]

How soon would I notice anything?

The published studies measured NAD+ levels and specific health markers, and they were not designed to measure how quickly people feel a difference. They did show that NAD+ levels in the blood and in immune cells were clearly higher after four to six weeks of an oral precursor.[7][16][18] With an infusion, warmth and pressure are felt while the drip is running.[4]

Can NAD+ be combined with peptides or other treatments?

NAD+ is a coenzyme, a different kind of molecule from a peptide. Apart from one trial that paired oral NADH with coenzyme Q10,[23] the studies we cite tested NAD+ or a single precursor on its own, so they tell us little about how it behaves alongside peptide treatments. The NAD+ forms themselves can be combined, for example an infusion with a daily precursor, and your physician can help you decide whether that fits your goals.

Who should be careful with NAD+?

Tell your physician before starting if you have heart disease, chest symptoms of any kind or blood pressure that is not well controlled. The same applies if you are pregnant, trying to conceive or breastfeeding, if you have a current or past cancer diagnosis, or if you have significant kidney or liver disease. Please also bring the full list of your medications and supplements, so your physician can weigh everything with you before deciding.

I compete in a tested sport. Does NAD+ affect drug testing?

For athletes, the clearest rule concerns the way NAD+ is given. The World Anti Doping Agency's 2026 Prohibited List bans intravenous infusions or injections of more than 100 mL in total within any 12 hour period, except those legitimately received during hospital treatment, surgery or clinical diagnostic investigations.[26] If you are subject to testing, tell your physician before any infusion and check with your sport's antidoping organization.

How will we know if it is working?

Before you begin, you and your physician write down what you are hoping to feel and record baseline bloodwork, so there is a clear starting point to compare against. In research, the measure that changes most reliably is the NAD+ level itself, which more than doubled in whole blood after six weeks of an oral precursor in one trial.[5][18] A rise in NAD+ has not always brought a clinical benefit, as trials in peripheral artery disease and mild cognitive impairment showed, so your own documented goals remain the measure that counts.[11][12]

Where is a compounded medicine made, and who oversees it?

Federal law sets out two kinds of compounding. Under section 503A, a state licensed pharmacy or physician prepares a medicine for one patient against that patient's own prescription, and the state board of pharmacy carries the day to day oversight while the FDA inspects for cause and on surveillance.[27] Under section 503B, an outsourcing facility registers with the FDA, works to federal manufacturing quality standards, reports adverse events and the products it makes to the agency, and is inspected by the FDA on a risk based schedule; it may also supply a clinic directly rather than for one named patient.[28] We use both kinds, and which one prepares your medicine depends on the preparation.

Is a compounded medicine the same as an FDA approved one?

No, and the difference matters. A compounded preparation is not FDA approved, and the agency does not check its safety, effectiveness or quality before it is sold, which is why an approved product is the first choice whenever one fits your situation.[27] What a prescription from a licensed pharmacy or a registered outsourcing facility does give you is a named prescriber, a facility answerable to a state board or to the FDA, ingredients that meet federal requirements, and a route for reporting a problem. A vial bought online and labelled for research use only has none of that: the FDA treats those products as unapproved new drugs when they are meant for people, and has written to the companies selling them.[29] Please do not use one.

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