Nutrient Blockers:
Medications That Interfere with Nutrient Absorption

Many commonly prescribed medications can lower your levels of certain vitamins and minerals or make it harder to absorb them from food. Most people are never told this when they start a medication, so it's worth knowing which ones to keep an eye on.

This list isn't exhaustive, but it covers some of the most common culprits.[1,2,3,4] Long-term medication use should always be paired with nutrient monitoring and, if needed, supplementation under the guidance of a healthcare professional.

Very important: Don't stop taking any medication unless you're under the care and supervision of a healthcare professional.

Medication Class	Examples	Uses	Nutrient(s) Affected
Proton Pump Inhibitors (PPIs)	Omeprazole Esomeprazole	GERD Acid reflux Ulcers	Vitamin B12 Magnesium Calcium Iron
	Why It Matters		
	These medications significantly lower stomach acid, which your body needs to absorb vitamin B12, magnesium, calcium, and iron. Over time, that can contribute to fatigue, brain fog, mood changes, muscle cramps, weaker bones, and anemia.		
	What to Consider		
	Monitor B12 status; supplementation may be needed. Ensure adequate intake of magnesium, calcium, and iron through diet or supplementation. If calcium supplementation is needed, take it with meals and consider a form that's easier to absorb when stomach acid is low, such as calcium citrate.		

Medication Class	Examples	Uses	Nutrient(s) Affected
H2 Blockers	Ranitidine Famotidine	Heartburn GERD	Vitamin B12 Iron
	Why It Matters		
	These drugs reduce stomach acid and can impair absorption of vitamin B12 and iron, which may lead to low energy, difficulty concentrating, shortness of breath, and mood symptoms.		
	What to Consider		
	Monitor B12 status with long-term use. Take this medication at least 2 hours before or after taking iron.		

Medication Class	Examples	Uses	Nutrient(s) Affected
Antacids (chronic use)	Calcium carbonate Aluminum hydroxide	Indigestion	Folate Iron Phosphorus
	Why It Matters		
	Antacids may decrease absorption of folate, iron, and phosphorus. With long-term use, these antacids bind phosphorus in the gut and can lower your phosphorus levels over time, which can contribute to muscle weakness, bone problems, and fatigue.		
	What to Consider		
	Monitor nutrient status if antacids are used long term; supplementation may be needed. Take iron or folate supplements at least 2 hours apart from antacids; take calcium at least 3 hours apart from antacids.		

Medication Class	Examples	Uses	Nutrient(s) Affected
Metformin		Type 2 diabetes	Vitamin B12 Folate
	Why It Matters		
	Metformin can reduce absorption of vitamin B12 and folate in the small intestine, which may show up as numbness or tingling, fatigue, memory changes, or mood shifts.		
	What to Consider		
	Monitor B12 status; supplementation may be needed.		

Medication Class	Examples	Uses	Nutrient(s) Affected
Statins	Atorvastatin Simvastatin	High cholesterol	Coenzyme Q10 (CoQ10)
	Why It Matters		
	Statins block the same pathway your body uses to make CoQ10, a key compound for cellular energy. Low CoQ10 can contribute to fatigue, muscle aches, reduced exercise tolerance, or brain fog.		
	What to Consider		
	Supplementation with CoQ10.		

Medication Class	Examples	Uses	Nutrient(s) Affected
Oral Contraceptives	Most commonly prescribed birth control pills	Birth control	Folate Magnesium Zinc Selenium Calcium Copper Iron Vitamins A, C, B5, B6, and B12
	Why It Matters		
	Birth control pills can affect how your body uses certain nutrients and may increase the turnover and loss of B vitamins, magnesium, zinc, and selenium. Over time, that may contribute to fatigue, headaches, PMS symptoms, low mood, or increased stress sensitivity.		
	What to Consider		
	Supplementation with a multivitamin/mineral that includes B vitamins, vitamins C and E, magnesium, selenium, and zinc if dietary intake is insufficient or symptoms suggest a need.		

Medication Class	Examples	Uses	Nutrient(s) Affected
Corticosteroids	Prednisone Hydrocortisone	Inflammation Autoimmune disease	Calcium Potassium Vitamins A, C, and D
	Why It Matters		
	These drugs decrease calcium absorption, increase renal excretion of calcium, vitamin C, and potassium, and can affect how your body uses vitamin D. This can weaken bones and may cause muscle weakness, fluid retention, mood changes, and higher blood pressure.		
	What to Consider		
	Calcium and vitamin D supplementation are often recommended with long-term use. You may need increased intake (through diet or supplementation) of potassium and vitamins A and C.		

Medication Class	Examples	Uses	Nutrient(s) Affected
Diuretics (Loop/ Thiazide)	Furosemide Hydrochlorothiazide	High blood pressure Heart failure	Potassium Magnesium Calcium Vitamin D
	Why It Matters		
	These medications increase the loss of potassium and magnesium. Their effects on calcium can vary—some types increase calcium loss, while others reduce it. Low potassium or magnesium levels can lead to muscle cramps, heart palpitations, dizziness, fatigue, headaches, or irritability.		
	What to Consider		
	Increasing magnesium and potassium through diet or supplementation. Blood calcium levels may need to be monitored.		

Medication Class	Examples	Uses	Nutrient(s) Affected
ACE Inhibitors	Lisinopril Enalapril	High blood pressure Heart failure	Potassium Zinc
	Why It Matters		
	ACE inhibitors can decrease potassium excretion and may increase zinc excretion. This may affect taste, appetite, immune function, and wound healing.		
	What to Consider		
	May need to monitor (or limit) potassium intake.		

Medication Class	Examples	Uses	Nutrient(s) Affected
Antibiotics (broad-spectrum)	Tetracycline Ciprofloxacin	Infection	Vitamin K B vitamins Magnesium Calcium Iron Zinc
	Why It Matters		
	Broad-spectrum antibiotics—often used for sinus infections, bronchitis, ear infections, or UTIs—can disrupt the gut microbiome and may reduce the production of vitamin K and several B vitamins. This can contribute to digestive issues, easy bruising, and fatigue.		
	What to Consider		
	Supplementation with calcium, iron, magnesium, zinc, or a multivitamin/mineral. Take any of these supplements at least 3 hours before or 1 hour after taking the antibiotic.		

Medication Class	Examples	Uses	Nutrient(s) Affected
Acetaminophen	Tylenol	Pain Fever	Glutathione
	Why It Matters		
	Acetaminophen is cleared in part using glutathione (one of your body's main antioxidants and detox molecules), which can reduce glutathione levels. Chronically low glutathione may be linked with fatigue, increased oxidative stress, and reduced capacity to process certain toxins.		
	What to Consider		
	Avoid exceeding the recommended dose. Be cautious about combining multiple acetaminophen-containing products. Consider discussing glutathione support with your clinician if use is frequent or liver risk factors are present. In cases of suspected overuse, urgent medical evaluation is important; N-acetylcysteine (NAC) can help restore glutathione.		

Medication Class	Examples	Uses	Nutrient(s) Affected
Anticonvulsants	Phenytoin Valproic acid	Seizures Bipolar disorder	Calcium Vitamin D Folate L-carnitine
	Why It Matters		
	Many anticonvulsant drugs speed up the breakdown of vitamin D and can interfere with folate absorption, increase folate metabolism, and decrease L-carnitine synthesis, which can contribute to depression, fatigue, bone loss, and cognitive or mood changes.		
	What to Consider		
	May need about 1 mg of supplemental folate daily in some cases (particularly with medications such as phenytoin). Vitamin D, calcium, and carnitine supplementation may also be needed if dietary intake is inadequate.		

Medication Class	Examples	Uses	Nutrient(s) Affected
NSAIDs	Ibuprofen Naproxen Aspirin	Pain Inflammation	Vitamin C Iron Vitamin E
	Why It Matters		
	Regular use of NSAIDs can irritate the stomach and intestinal lining. In some people, this can lead to microscopic bleeding, which may gradually lower iron levels and contribute to fatigue or anemia over time.		
	What to Consider		
	May need to increase intake of foods high in vitamin C with long-term use.		

Medication Class	Examples	Uses	Nutrient(s) Affected
Antidepressants (SSRIs, SNRIs, TCAs)	Fluoxetine Duloxetine Amitriptyline	Depression Anxiety	Sodium
	Why It Matters		
	Some antidepressants can lower sodium, which can sometimes show up as headaches, fatigue, dizziness, or a sense of cognitive slowing.		
	What to Consider		
	In higher-risk individuals (such as older adults or those taking diuretics), periodic monitoring of sodium levels may be recommended.		

Medication Class	Examples	Uses	Nutrient(s) Affected
Bile Acid Sequestrants	Cholestyramine	High cholesterol	Fat-soluble vitamins (A, D, E, K) Folate
	Why It Matters		
	These medications bind bile acids and reduce the absorption of fat-soluble vitamins A, D, E, and K, as well as folate. Deficiencies can lead to dry skin, low vitamin D levels, low mood, weaker immunity, bruising or bleeding, and poor night vision.		
	What to Consider		
	Supplementation with fat-soluble vitamins may be helpful. Administer supplements 1 hour prior or 4–6 hours after medicine to avoid interference with absorption.		

Medication Class	Examples	Uses	Nutrient(s) Affected
Chemotherapy Drugs	Methotrexate	Cancer Autoimmune disease	Folate
	Why It Matters		
	Methotrexate blocks folate metabolism, which can cause severe fatigue, mouth sores, anemia, and cognitive changes.		
	What to Consider		
	Folate supplementation under the guidance of your clinician may be appropriate.		

Medication Class	Examples	Uses	Nutrient(s) Affected
Anti-Tuberculosis Drugs	Isoniazid Cycloserine Ethambutol Rifampin	Tuberculosis	Vitamin B6 Vitamin D Zinc
	Why It Matters		
	Isoniazid interferes with vitamin B6 activity, increasing the risk of nerve pain, tingling, irritability, and mood or cognitive problems.		
	What to Consider		
	Vitamin B6 supplementation is often prescribed with isoniazid under the guidance of a clinician to help prevent nerve-related side effects. Zinc or vitamin D supplementation may be considered if deficiency risk is present.		

Medication Class	Examples	Uses	Nutrient(s) Affected
Anti-Parkinson's Drugs	Levodopa	Parkinson's disease	Vitamin B6 Vitamin B12
	Why It Matters		
	Long-term Levodopa use can be associated with lower levels of vitamins B6 and B12, which may contribute to neuropathy, anemia, or mood and cognitive changes.		
	What to Consider		
	Evaluate vitamin B12 and B6 status and address low levels with supplementation when neuropathy symptoms or lab abnormalities are present.		

References

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4. Romagnolo A, Merola A, Artusi CA, Rizzone MG, Zibetti M, Lopiano L. Levodopa-induced neuropathy: A systematic review. Mov Disord Clin Pract. 2019 Feb;6(2):96–103.