

5-HTP SAP

Science-based serotonin precursor for sleep support

Depression and insomnia are two of the most prevalent concerns for which patients will seek medical treatment. 5-Hydroxytryptophan (5-HTP) is derived from the seed of *Griffonia simplicifolia*, and is a precursor needed for the synthesis of the neurotransmitter serotonin as well as for the neurohormone melatonin.^[1] Serotonin is synthesized in the intestinal tract by the enteric cells as well as in the central nervous system.^[1] Orally administered serotonin is not able to cross the blood-brain barrier, and therefore cannot enter the CNS.^[1] 5-HTP, however, is able to cross the blood-brain barrier, where it can then be utilized as a precursor to generate serotonin. Serotonin plays a role in regulating mood, sleep, appetite, sexuality, body temperature, and aggression.^[2]

ACTIVE INGREDIENTS

Each vegetable capsule of 5-HTP SAP 50 mg contains:

L-5-Hydroxytryptophan (L-5-HTP) 50 mg

Each vegetable capsule of 5-HTP SAP 100 mg contains:

L-5-Hydroxytryptophan (L-5-HTP) 100 mg

Other ingredients: Vegetable magnesium stearate, silicon dioxide, and microcrystalline cellulose in a vegetable capsule composed of vegetable carbohydrate gum and purified water.

This product is non-GMO and vegan friendly.

Contains no: Gluten, soy, wheat, corn, eggs, dairy, preservatives, artificial flavour or colour, starch, or sugar.

Each bottle of **5-HTP SAP** contains 90 capsules.

DIRECTIONS FOR USE

Adults: Take 1-2 capsules 3 times daily or as directed by your healthcare practitioner. Consult a healthcare practitioner for use beyond 1 year.

For some patients, 5-HTP can cause nausea, so it is recommended to start with 50 mg dosages for two weeks, and to adjust the dosage from there as recommended by your healthcare practitioner.

INDICATIONS

5-HTP SAP is used as a precursor to serotonin, can be used for patients with a serotonin deficiency, and can help:

- Support optimal mood balance.
- Regulate sleep.
- Children suffering with night terrors.
- Alleviate the pain associated with fibromyalgia.

CAUTIONS AND WARNINGS

Some patients experience nausea or gastrointestinal upset and drowsiness when taking 5-HTP. If this occurs, please discuss dosing with your healthcare practitioner.

Please consult your healthcare practitioner before using this product if you are taking any medications or supplements that have serotonergic activity; these include many antidepressants, St. John's wort, L-tryptophan, cold medications containing the ingredient dextromethorphan, and some antimigraine medications.

5-HTP SAP should be used by women who are pregnant only under the guidance of their healthcare practitioner.

PURITY, CLEANLINESS, AND STABILITY

All ingredients listed for each **5-HTP SAP** lot number have been tested by a third-party laboratory for identity, potency, and purity.

Scientific Advisory Panel (SAP):
adding nutraceutical research
to achieve optimum health



351 Rue Joseph-Carrier, Vaudreuil-Dorion, Quebec, J7V 5V5
T 1 866 510 3123 • F 1 866 510 3130 • nfh.ca

5-HTP AS PRECURSOR FOR SEROTONIN SYNTHESIS

5-Hydroxytryptophan (5-HTP) has been shown to help improve symptoms of depression, anxiety, insomnia, and somatic pain in a variety of patients.^{[1][2]} 5-HTP is a precursor to serotonin, which is thought to be the mechanism of action as to how it helps treat these various conditions.^[2] When tryptophan crosses the blood-brain barrier, it is taken up by serotonergic neurons.^[2] Once inside the neurons, the enzyme tryptophan hydroxylase adds a hydroxyl group and produces 5-HTP, which is then decarboxylated to produce serotonin.^[2] Serotonin is then stored in synaptic vesicles until it needs to be released to activate the receptors in the postsynaptic neurons.^{[1][2]}

5-HTP is effectively absorbed in oral dosage form, with approximately 70% ending up in the bloodstream.^[3] The other benefit to 5-HTP dosing is that it isn't affected by absorption of other amino acids, and can therefore be effectively taken with or without food.^[3] The level of serotonin in the central nervous system (CNS) is highly dependent of the quantity of 5-HTP, which is easily able to cross the blood-brain barrier, unlike L-tryptophan, which requires transport molecules to enter the CNS.^[3]

5-HTP AND DEPRESSION

A placebo-controlled, double-blind study was conducted with 60 patients diagnosed with depression. Patients received either fluvoxamine or 5-HTP orally three times daily for 6 weeks.^[4] Symptoms monitored included mood, anxiety, insomnia, and somatic pain, and researchers found that improvements were equivalent in both groups.^[4] Adverse side effects, however, were documented to be higher in the fluvoxamine group.^[4] Several other studies have demonstrated that patients with both unipolar or bipolar depressions have demonstrated a positive clinical response at doses of 50–300 mg/d within two to four weeks.^[5]

5-HTP AND FIBROMYALGIA

In a study assessing the efficacy and tolerability of 5-HTP, researchers conducted a 90-day open-label study with 50 patients who had been diagnosed with primary fibromyalgia syndrome.^[6] Symptoms—including the number of tender points and pain intensity as well as anxiety, quality of sleep, and fatigue—were monitored.^[6] All symptoms showed significant improvement over baseline, with the average clinical improvement being 50% during the treatment period.^[6] 30% of patients reported side effects; however, one patient withdrew from the study.

5-HTP AND INSOMNIA

In a randomized, double-blind, placebo-controlled study, researchers examined the use of a combination formula including 5-HTP and GABA, compared to

placebo.^[7] Sleep latency and duration were measured via questionnaire, and sleep quality was measured via 24-h electrocardiographic recording.^[7] Researchers found that the treatment group demonstrated a statistically significant improvement in all areas measured compared to the placebo group, including a reduction in time to fall asleep, decreased sleep latency, and improvement in both the duration of and quality of sleep.^[7]

In a review of studies examining 5-HTP in the treatment of sleep disorders, researchers have found that 5-HTP does increase the length of patients' REM sleep.^[3] Effective doses varied from 200 mg to 600 mg to achieve maximum benefit.^[3] At higher doses, some patients reported extremely vivid dreams or nightmares.^[3]

In a rat study, researchers found that insomnia induced by administration of parachlorophenylalanine (a serotonin synthesis inhibitor) was reversed by an injection of 5-HTP and an aromatic L-amino acid decarboxylase inhibitor.^[8] Researchers found that 5-HTP injection did not increase cerebral 5-HTP concentrations, indicating that the ability of 5-HTP to restore sleep may be mediated by a more central action of 5-HTP.^[8]

5-HTP AND SLEEP TERRORS

A placebo-controlled trial was conducted testing the effectiveness of 5-HTP in children with sleep terrors. In the treatment group, 5-HTP was administered at a dose of 2 mg/kg/d at bedtime.^[9] All participants had complete medical sleep history taken, as well as neurological exams and EEG recordings while awake and during sleep.^[9] After treatment for 1 month, 93.5% (29/31) of patients showed a positive response, in comparison to only 28.6% in the placebo group.^[9] After 6 months of treatment, 83.9% of children treated were sleep terror-free.^[9] Researchers concluded that 5-HTP is able to modulate the arousal level in children and can induce a long-term improvement of sleep terrors.^[9]

REFERENCES

1. Torento, M.P., A.J. Gelenberg, and K.E. Vrana "Boosting serotonin in the brain: Is it time to revamp the treatment of depression?" *Journal of Psychopharmacology*. Vol. 26, No. 5 (2012): 629–635.
2. Lovieno, N., et al. "Second-tier natural antidepressants: Review and critique?" *Journal of Affective Disorders*. Vol. 130, No. 3 (2011): 343–357.
3. Birdsall, T. "5-Hydroxytryptophan: A clinically-effective serotonin precursor." *Alternative Medicine Review*. Vol. 3, No. 4 (1998): 271–281.
4. Poldinger, W., B. Calanchini, and W. Schwarz. "A functional approach to depression: Serotonin deficiency as a target syndrome in a comparison of 5-hydroxytryptophan and fluvoxamine." *Psychopathology*. Vol. 24, No. 2 (1991): 53–81.
5. [No authors listed]. "5-hydroxytryptophan [Monograph]." *Alternative Medicine Review*. Vol. 3, No. 3 (1998): 224–226.
6. Sarzi Puttini, P., and I. Caruso. "Primary fibromyalgia syndrome and 5-hydroxy-L-tryptophan: A 90-day open study." *The Journal of International Medical Research*. Vol. 20, No. 2 (1992): 182–189.
7. Shell, W., et al. "A randomized, placebo-controlled trial of an amino acid preparation on timing and quality of sleep." *American Journal of Therapeutics*. Vol. 17, No. 2 (2010): 133–139.
8. Touret, M., et al. "The role of 5-hydroxytryptophan (5-HTP) in the regulation of the sleep/wake cycle in parachlorophenylalanine (p-CPA) pretreated rat: A multiple approach study." *Experimental Brain Research*. Vol. 86, No. 1 (1991): 117–124.
9. Bruni, O., et al. "L-5-Hydroxytryptophan treatment of sleep terrors in children." *European Journal of Pediatrics*. Vol. 163, No. 7 (2004): 402–407.

INDICATION-SPECIFIC DOSAGE SUMMARY BASED ON HUMAN CLINICAL RESEARCH#

#Please note these suggestions are guidelines based on the clinical studies. Evidence for efficacy and safety has been qualitatively (study quality in terms of study design, sample size, appropriate methods of analysis, use of appropriate placebo/control, bias etc) assessed and has been rated using a 5 star ★ rating classification.

Indication	Suggested dosage		Supporting evidence and study outcomes	Study design	Outcome measures/selection criteria for studies	Safety	Evidence quality rating
	50 Mg	100 Mg					
Depression							
First-episode depression ¹	4 capsules/day for 2 weeks, 6 capsules/day in 3 rd week, 8 capsules/day for 4-8 weeks	2 capsules/day for 2 weeks, 3 capsules/day in 3 rd week, 4 capsules/day for 4-8 weeks	Significant and nearly equal reduction rate with 5-HTP or fluoxetine treatment. 73.33% patients in 5-HTP group showed positive response	Randomized, double-blind, parallel study, comparing 5-HTP with fluoxetine (n=70, 8 weeks) dose/day - 150 mg 2 weeks, 300 mg 3 rd week, 400 mg 4-8 weeks	Hamilton depression scale (HAM-D), Clinical Global Impression (CGI) scale	60% reported adverse events, not statistically significant. Adverse events - nausea, anorexia, headache	★★★★★
Depression in Parkinson's disease ²	1 capsule/day	1 capsule/day (desired effect would be seen with ½ capsule, according to study)	Significant difference in depression symptoms	Randomized, double-blind placebo-controlled cross-over study (n=25, 5-HTP or placebo for 4 weeks) 50 mg/day dose	Beck Depression Inventory (BDI-II), Hamilton Depression Rating Scale (HDRS21), Apathy Scale (AS) scores. Unified Parkinson's Disease Rating Scale (UPDRS)	No adverse effects	★★★★★
Depression ³	6 capsules/day	3 capsules/day	Improved depression scores with 5-HTP treatment compared with clomipramine or placebo alone	Randomized, double-blind placebo-controlled (n=26, 28 days) 300 mg/day 5-HTP + 50 mg/day clomipramine vs 50 mg/day clomipramine vs placebo	Hamilton Rating Scale for Depression (HRSD), Zung Depression Status Inventory (ZDSI), Clinical Global Impression (CGI)	No adverse effects	★★★★★
Headache							
Chronic tension headache ⁴	6 capsules/day	3 capsules/day	Decrease in use of analgesics and reduction in days with headache post-treatment	Randomized, parallel, double-blind, placebo-controlled trial (n=78, 8 weeks) dose 300 mg/day	Self-reported headache severity, relief, use of analgesics, adverse events	8 patients with adverse events - epigastric pain, increase of serum transaminases, uterine bleeding, urticaria, allergy	★★★★
Headache ⁵	2 capsules/day	1 capsule/day	Decrease in migraine scores	Randomized, double-blind cross-over placebo-controlled, 5-HTP or placebo (n=30, 12 weeks. mean age 10.38 yrs) dose 100 mg/day	Migraine index measuring severity, duration, and frequency of attacks	Not reported	★★★★
Chronic primary headache ⁶	8 capsules/day	4 capsules/day	>50% average reduction in headache symptoms seen in 48% of the cases	double-blind cross-over, placebo-controlled (n=31, 2 months) 5-HTP 400 mg/day dose	Severity and frequency of headaches measured	Mild and transient side effects. No adverse effects	★★★
Dyskinesia in Parkinson's							
Levodopa-induced dyskinesia in Parkinson's disease ⁷	1 capsule/day	1 capsule/day (desired effect would be seen with ½ capsule, according to study)	Significant improvement in levodopa-induced dyskinesia symptoms	Randomized, double-blind placebo-controlled cross-over (n=12, 5-HTP or placebo for 4 weeks) 50 mg/day dose	Unified Parkinson's Disease Rating Scale (UPDRS, Part III, Unified Dyskinesia Rating Scale (UDysRS), Wearing-Off Questionnaire (WOQ-19)	No adverse effects	★★★★★

Fibromyalgia

Fibromyalgia ⁸	6 capsules/day	3 capsules/day	Improvement of all clinical evaluation criteria - pain intensity, sleep, fatigue, morning stiffness	Randomized, double-blind placebo-controlled (n=50, 30 days), 300 mg/day	Clinical evaluation - palpation of 14 specific points, pain intensity and quality of sleep, fatigue and morning stiffness with visual analogue scale	Mild and transient side effects. No adverse effects	★★★★★
---------------------------	----------------	----------------	---	---	--	---	-------

Sleep Terrors

Sleep terrors ⁹	2 mg/kg/day (dose to be calculated based on child's body weight)	2 mg/kg/day (dose to be calculated based on child's body weight)	93.5% patients showed positive response. Episodes disappeared in 4 children after 1 month and 83.9% of children were sleep terror free after 6 months	Randomized, open trial (n=45, age 3.2-10.6 yrs, 20 days) dose - 2 mg/kg/day	Sleep history and structured sleep diary of 2 months, neurological examination + structured interview	No adverse effects	★★★
----------------------------	--	--	---	---	---	--------------------	-----

Sleep

Sleep latency in older adults ¹⁰	2 capsules/day	1 capsule/day	Reduced sleep latency for up to 8 weeks, but prolonged effects were not observed	Single-blinded, 12-week parallel randomized controlled study in 20 older adults (67 ± 4 years) and dosage of 100 mg/day	Sleep quality data via both subjective and objective measures such as Pittsburgh Sleep Quality Index (PSQI) questionnaire and actigraphy watch. A global sleep score (GSS) was obtained from the PSQI	None reported	★★
REM sleep behavior disorder (RBD) in Parkinson's disease (PD) patients ¹¹	1 capsule/day	½ capsule/day	Increase in total percentage of REM sleep stage	Single-center, randomized, double-blind placebo-controlled cross-over study with 36 PD patients for 16 weeks	RBD diagnosis was made according to the International Classification of Sleep Disorders third edition (ICSD-3) including a full-night video-polysomnography (v-PSG)	None reported	★★★

Food Intake and Appetite Control

Energy and carbohydrate intake in non-insulin-dependent diabetic (NIDDM) patients ¹²	Suggest 5 HTP SAP 100 mg version for ease of compliance	7-8 capsules per day	Decreased daily energy intake and body weight by reducing carbohydrate and fat intake	Double-blind, placebo-controlled study in 20 overweight NIDDM patients, 5-HTP (750 mg/d) or placebo for two consecutive weeks	Energy intake and eating behavior evaluated using a daily diet diary. Plasma amino acid concentrations and body weight, as well as serum glucose, insulin and HbA1C were assessed	Nausea in the first week of treatment and less frequent during the second week	★★★★★
Energy and carbohydrate intake in obese individuals ¹³	Suggest 5 HTP SAP 100 mg version for ease of compliance	9 capsules per day (3 capsules 3 times daily before meals)	Reduction in carbohydrate intake and body weight with consistent presence of early satiety	Double-blind, placebo-controlled study in 20 obese individuals, 5-HTP (900 mg/d) or placebo for two consecutive 6-week period	Energy intake and eating behavior evaluated every 2 weeks by using a 3-day diet diary.	Nausea during the first study period and less frequent during the second study period	★★★

REFERENCES:

- Jangid P, Malik P, Singh P, Sharma M, Gulia AK. Comparative study of efficacy of L-5-hydroxytryptophan and fluoxetine in patients presenting with first depressive episode. *Asian J Psychiatr*. 2013 Feb;6(1):29-34.
- Meloni M, Puligheddu M, Carta M, Cannas A, Figorilli M, Defazio G. Efficacy and safety of 5-hydroxytryptophan on depression and apathy in Parkinson's disease: a preliminary finding. *Eur J Neurol*. 2020 May;27(5):779-786.
- Nardini M, De Stefano R, Iannuccelli M, Borghesi R, Battistini N. Treatment of depression with L-5-hydroxytryptophan combined with chlorimipramine, a double-blind study. *Int J Clin Pharmacol Res*. 1983;3(4):239-50.
- Ribeiro CA. L-5-Hydroxytryptophan in the prophylaxis of chronic tension-type headache: a double-blind, randomized, placebo-controlled study. For the Portuguese Head Society. *Headache*. 2000 Jun;40(6):451-6.
- Longo G, Rudoi I, Iannuccelli M, Strinati R, Panizon F. Trattamento della cefalea essenziale in età evolutiva con L-5-HTP (Studio in doppio-cieco "cross over" verso placebo) [Treatment of essential headache in developmental age with L-5-HTP (cross over double-blind study versus placebo)]. *Pediatr Med Chir*. 1984 Mar-Apr;6(2):241-5.
- De Benedittis G, Massei R. Serotonin precursors in chronic primary headache. A double-blind cross-over study with L-5-hydroxytryptophan vs. placebo. *J Neurosurg Sci*. 1985 Jul-Sep;29(3):239-48. PMID: 3913752.
- Meloni M, Puligheddu M, Sanna F, Cannas A, Farris R, Tronci E, Figorilli M, Defazio G, Carta M. Efficacy and safety of 5-Hydroxytryptophan on levodopa-induced motor complications in Parkinson's disease: A preliminary finding. *J Neurol Sci*. 2020 Aug 15;415:116869.
- Caruso I, Sarzi Puttini P, Cazzola M, Azzolini V. Double-blind study of 5-hydroxytryptophan versus placebo in the treatment of primary fibromyalgia syndrome. *J Int Med Res*. 1990 May-Jun;18(3):201-9.
- Bruni O, Ferri R, Miano S, Verrillo E. L-5-Hydroxytryptophan treatment of sleep terrors in children. *Eur J Pediatr*. 2004 Jul;163(7):402-7.
- Clarinda Sutanto, Chin Wee Heng, Alicia Xinli Gan, Xianfang Wang, Johnson Fam, Jung Eun Kim, The Impact of 5-Hydroxytryptophan Supplementation on Sleep Quality of Older Adults in Singapore: A Randomized Controlled Trial, *Current Developments in Nutrition*, Volume 5, Issue Supplement_2, June 2021, Page 372.
- M. Meloni, M. Figorilli, M. Carta, L. Tamburrino, A. Cannas, M. Fantini, G. Defazio, M. Puligheddu. Efficacy and Safety of the 5-Hydroxytryptophan on REM Sleep Behavior Disorder in Parkinson's Disease. [abstract]. *Mov Disord*. 2019; 34 (suppl 2). <https://www.mdsabstracts.org/abstract/efficacy-and-safety-of-the-5-hydroxytryptophan-on-rem-sleep-behavior-disorder-in-parkinsons-disease/>. Accessed April 28, 2022.
- Cangiano C, Laviano A, Del Ben M, Preziosa I, Angelico F, Cascino A, Rossi-Fanelli F. Effects of oral 5-hydroxy-tryptophan on energy intake and macronutrient selection in non-insulin dependent diabetic patients. *Int J Obes Relat Metab Disord*. 1998 Jul;22(7):648-54. doi: 10.1038/sj.jco.0800642. PMID: 9705024.
- Cangiano C, Ceci F, Cascino A, Del Ben M, Laviano A, Muscaritoli M, Antonucci F, Rossi-Fanelli F. Eating behavior and adherence to dietary prescriptions in obese adult subjects treated with 5-hydroxytryptophan. *Am J Clin Nutr*. 1992 Nov;56(5):863-7. doi: 10.1093/ajcn/56.5.863. PMID: 1384305.