

Understanding heart supplements

Section 1 of 3: Understanding heart supplements

Learn what supplements can - and cannot - do for your heart.

What is a dietary supplement?

Supplements include vitamins, minerals, herbs, and products such as fish oil. They may help meet a specific nutritional need. Taking a product labeled “heart health” does not mean it has been shown to prevent a heart attack, stroke, or an abnormal rhythm.

Keep your prescribed care plan.

Do not replace your heart medicines with a supplement or change your medicines on your own.

Start with the purpose

Ask what problem you are trying to address: a confirmed low nutrient level, high triglycerides, muscle symptoms, or a general wish to stay healthy. The evidence and risks differ for each purpose. A benefit in one group of people may not apply to you.

Food first, when possible

Food supplies nutrients along with fiber and other useful components. Supplements can be appropriate when food alone cannot meet a nutritional need. Your care team can help you choose an approach that fits your health conditions and eating habits.

What does the label really tell you?

In the United States, supplements are regulated differently from medicines. FDA generally does not approve them for safety and effectiveness before sale. “Supports heart health” is a marketing claim, not proof that a product treats heart disease. “Natural” does not guarantee safety.

Three questions before buying

- What benefit has been shown in people like me?
- Could this interact with my medicines or medical conditions?
- How will we know whether it is helping?

Common products: evidence & cautions

Section 2 of 3: Common products: evidence & cautions

A closer look at supplements patients often ask about.

Fish oil / omega-3 fatty acids

Evidence: Routine over-the-counter fish oil has not consistently prevented major cardiovascular events in trials. Prescription omega-3 medicines can lower high triglycerides; a specific prescription EPA product reduces cardiovascular events in selected high-risk patients already taking statins. These results do not apply to every fish oil product.

Cautions: High-dose omega-3 treatment has increased AFib risk in major trials. Discuss it especially if you have AFib or take a blood thinner. Do not substitute store-bought fish oil for a prescription product.

Coenzyme Q10 (CoQ10)

Evidence: Research for heart disease prevention and heart failure remains inconclusive. Overall evidence does not establish a reliable benefit for statin-related muscle pain. New muscle symptoms deserve a conversation about the cause and your treatment options.

Cautions: CoQ10 can interact with warfarin and insulin. It may cause digestive upset or difficulty sleeping. It should not replace heart failure medicines or cholesterol treatment.

Magnesium

Evidence: Your body needs magnesium, and a deficiency may need treatment. That does not mean everyone with palpitations needs a magnesium supplement.

Cautions: Supplements can cause diarrhea and interfere with absorption of some medicines. Excessive amounts can be dangerous. Ask about kidney function, the amount of elemental magnesium, and whether testing is appropriate before starting.

Potassium

Evidence: Potassium supports normal heart function. Both very low and very high blood levels can be dangerous. A water pill may lower your level, while other heart medicines can raise it.

Cautions: Kidney disease, ACE inhibitors, ARBs, and spironolactone increase the risk of high potassium. Potassium-containing salt substitutes also count. Do not self-treat with potassium or an electrolyte powder; your care team may need blood tests.

Red yeast rice

Evidence: Some products contain monacolin K, the same chemical as lovastatin. The amount varies substantially, so the effect is unpredictable.

Cautions: It can cause statin-like muscle, liver, and kidney problems and drug interactions. Some products contain a kidney-toxic contaminant. It is not a dependable way to avoid statin side effects. Discuss regulated cholesterol treatments if you cannot tolerate your current medicine.

These are common examples, not a complete list. Bring the exact product label to your visit; blends may contain additional ingredients.

Safe use & questions for your visit

Section 3 of 3: Safe use & questions for your visit

Check interactions, product quality, and your personal plan.

Bring the bottle - or a photo of every label

Include vitamins, herbs, powders, gummies, and over-the-counter medicines. Note the amount you actually take and how often. Share the list with your clinician and pharmacist.

Check interactions first

- Blood thinners: Vitamin K affects warfarin. CoQ10 can also interact with warfarin. Review any new product before starting it.
- Heart medicines: St. John's wort can reduce the effectiveness of some medicines.
- Kidney disease or potassium-raising medicines: Review electrolyte supplements and salt substitutes.
- Upcoming procedure: Tell the procedure team about all supplements. Follow their specific instructions about which products to pause and when; do not stop prescribed blood thinners on your own.

Quality testing has limits

Independent testing seals, such as USP or NSF, can help assess ingredients and contamination. They do not prove that a supplement benefits your heart or is safe for your particular situation.

Ask your care team

- Do I have a deficiency or another clear reason to take this?
- What outcome could it improve, and how strong is the evidence?
- Is it compatible with my medicines and kidney function?
- What amount and duration are appropriate for me?
- Do I need blood tests or other monitoring?
- What side effects should prompt me to call?

Symptoms need care, not another supplement.

Call 911 for chest pressure with sweating or breathlessness, severe breathing difficulty, or fainting with ongoing symptoms. For new or worsening palpitations, dizziness, or a suspected supplement reaction, contact your care team promptly. Do not delay urgent care while trying to correct an electrolyte level yourself.

Sources & further reading

FDA: Questions and answers on dietary supplements

NIH: Dietary supplements - what you need to know

Evidence reviewed October 2026. Educational information; your own care plan may differ.

NIH: Omega-3 fatty acids

NIH/NCCIH: Coenzyme Q10

NIH: Magnesium

NIH: Potassium

NIH/NCCIH: Red yeast rice

NIH: Supplement safety, interactions, and quality