

NAD+

Patient Education Guide — What It Does, Why a Physician Would Prescribe It, and What the Evidence Says

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Important Disclaimer

This information is not medical advice and is provided only to help begin your research. All clinical and dosing decisions must be made with a licensed, experienced physician and a licensed, experienced compounding pharmacist, supported by published clinical studies. This material was compiled using Artificial Intelligence, statements from videos and websites by apparent qualified professionals, and available published research. Anyone starting a medication they have never taken before should take an extremely conservative approach. We are not affiliated with any of the doctors whose videos are referenced below.

NAD+ Compounded

Category: Cellular Energy & Longevity (Coenzyme, not technically a peptide)

What it actually is. NAD+ is nicotinamide adenine dinucleotide—a coenzyme required for cellular energy metabolism, sirtuin activity, and DNA repair. It is not structurally a peptide. It is included in this guide because patients regularly ask about "NAD+ peptide therapy." The biology behind it is well-established: NAD+ is genuinely essential for mitochondrial function, energy production, and sirtuin-mediated cellular maintenance, and NAD+ levels decline substantially with age.

Why a physician might discuss it—and where the evidence actually sits. A doctor may discuss NAD+ for fatigue, recovery support, metabolic stress, addiction-support protocols where IV NAD+ has established use patterns, or patients specifically interested in cellular-energy support. The gap between the real underlying biology and the marketing claims is where the trouble lives. Oral precursors—nicotinamide riboside (NR) and nicotinamide mononucleotide (NMN), sold as dietary supplements—actually have more published human data than IV NAD+ infusions. The NADPARK study in Parkinson's disease showed oral NR raised brain NAD+ levels; NMN trials in prediabetic women demonstrated improved muscle insulin sensitivity. Those are legitimate studies on defined endpoints.

What IV NAD+ actually feels like. The most-marketed route—slow intravenous infusion over several hours—is also the route with the weakest outcomes evidence. Infusions can be uncomfortable: patients frequently report chest tightness, anxiety, cramping, nausea, flushing, or palpitations during administration, especially if the drip runs too fast. It is time-consuming and expensive, with variable results across clinics. If your primary goal is general metabolic support, oral precursors with monitoring are usually more evidence-based and better tolerated. Injectable NAD+ is not FDA-approved for anti-aging, wellness, or longevity indications, and injectable use should be based on a specific rationale, not general marketing.

Recommended Videos (educational, independent sources)

► **David Haase, MD — MaxWell Clinic** — NAD+ IV Therapy FAQ: Benefits, Uses, and What to Expect

<https://www.youtube.com/watch?v=ghv9Prgvleg>

► **Dr. Alex Tatem, MD** — The Truth About NAD (From a Doctor)

<https://www.youtube.com/watch?v=efFUP-TxeTs>

► **Care Well Medical Centre** — NAD IV Therapy Explained Step-by-Step | Benefits, Process & How It Works

https://www.youtube.com/watch?v=4oiN_sd2iLM