

Supplements, Nutrients & Mental Health

What Tests to Ask For, What's Covered, and When
Deficiencies May Mimic Other Diagnoses

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Start with Food, Not a Supplement

Diet is the data

Before I order labs or recommend anything, I ask what my patient is eating. Most nutritional needs for healthy people **can be** met by a varied, whole-food diet.

Supplements fill gaps — they don't replace food

No supplement replicates the synergy of whole food: fiber, phytonutrients, vitamins, and minerals interact in ways we can't bottle.

Test before you supplement

Starting supplements before testing can mask deficiencies on labs. Know your baseline, supplement to a target, then retest at 3–6 months.

Key nutrients to assess for most people

- Vitamin D
- B12 (especially vegans, older adults, metformin users)
- Iron & ferritin
- Folate
- Magnesium
- Omega-3s

Getting Tests Covered — How You Frame the Request Matters

Whether insurance covers your tests depends entirely on how they are ordered — the clinical reason documented matters as much as the test itself.

✓ What to say to your doctor

"I've been fatigued and my mood has been low — can we check for nutritional deficiencies?"

"I'm vegetarian and I'm concerned about my B12 and iron levels."

"I take metformin — I've read it affects B12 absorption. Can we check?"

"I'm planning a pregnancy and want to check my folate and iron."

"I have heavy periods and I want to rule out low ferritin."

✗ What not to say

"I just want to know what my levels are."

"I saw an ad for a supplement and want to see if I need it."

"Can we do a full nutrient panel for wellness?"

These frame the request as general screening, often billed entirely to the patient.

Which Nutrients to Test — and When They're Covered

Test	Usually Covered When Someone Presents With...	Often Out-of-Pocket When...
Vitamin D	Fatigue, bone pain, low mood, osteoporosis risk, malabsorption (Crohn's, celiac), limited sun exposure	General wellness screening without symptoms
Vitamin B12	Fatigue, numbness/tingling, memory concerns, veganism, use of metformin, higher age	Optimization or curiosity without clinical indication
Iron / Ferritin	Fatigue, hair loss, heavy periods, suspected anemia, restless legs	Athletic performance optimization, general screening
Folate	Anemia symptoms, pregnancy planning, methotrexate or anticonvulsant use	General nutrition screening without medical reason
Magnesium	Muscle cramps, migraines, anxiety, poor sleep, diabetes, PPI use	Sleep or stress optimization without a diagnosis
Zinc	Immune dysfunction, poor wound healing, taste/smell changes, restricted diet	General immune boosting without clinical indication

Medications That Deplete Nutrients — Ask Before You Supplement

⚠️ *If a patient is on any of these medications, I check levels of the nutrients they are likely to deplete.*

Metformin (diabetes)

Depletes Vitamin B12

Watch for: Fatigue, neuropathy, memory issues

PPIs (omeprazole, pantoprazole)

Depletes B12, Magnesium, Calcium

Watch for: Fatigue, muscle cramps, bone loss

Statins

Depletes CoQ10

Watch for: Muscle pain, fatigue, exercise intolerance

Oral contraceptives

Depletes B6, B12, Folate, Zinc

Watch for: Mood changes, fatigue, poor wound healing

Corticosteroids (long-term)

Depletes Calcium, Vitamin D, Potassium

Watch for: Bone loss, muscle weakness, fatigue

Anticonvulsants (phenytoin, valproate)

Depletes Folate, Vitamin D, B12

Watch for: Anemia, mood instability, bone loss

Common Nutraceutical–Drug Interactions

Always ask: 'What herbs or supplements are you taking?'

People don't often think of supplements as medications — so they don't mention them. This is where interactions are missed.

Supplement / Herb	Interacts With	The Risk	Clinical Relevance
St. John's Wort	SSRIs, SNRIs, MAOIs	Serotonin syndrome; reduces efficacy of many drugs	HIGH — most clinically significant herb-drug interaction
High-dose Omega-3	Warfarin, aspirin	Increased bleeding risk at doses >3g/day	Moderate — relevant pre-surgery or with anticoagulants
Ginkgo Biloba	Blood thinners, NSAIDs	Increased bleeding risk; possible seizure threshold lowering	Moderate — widely used, widely underreported
Valerian / Kava	Benzodiazepines, CNS depressants, alcohol	Additive sedation; liver damage risk with kava	Moderate-High — common in anxious patients self-treating
High-dose Vitamin E	Warfarin, chemotherapy	Increased bleeding; may reduce chemo efficacy	Low-Moderate at supplemental doses
Melatonin	Immunosuppressants, anticoagulants, antidiabetics	Immune modulation; altered glucose regulation	Low-Moderate — relevant in transplant or diabetic patients

Nutrient Deficiencies That Mimic Mental Health Conditions

Before seeking a diagnosis of anxiety, depression, or cognitive decline, rule out nutritional causes. I see this missed regularly in clinical practice.

Deficiency	Mimics / Presents As	Key Symptoms	Who to Test
Vitamin D	Depression, seasonal mood disorder, chronic fatigue	Low mood, fatigue, brain fog, body aches, low motivation	People with depressive symptoms, limited sun, darker skin, malabsorption
Vitamin B12	Depression, anxiety, early dementia, neuropathy	Mood changes, memory loss, tingling, fatigue, irritability	Vegans, older adults, metformin users, GI issues
Iron / Ferritin	Anxiety, ADHD, depression, fatigue syndromes	Restlessness, poor concentration, irritability, brain fog	Women with heavy periods, athletes, teens, vegetarians
Magnesium	Anxiety, insomnia, depression, ADHD	Racing thoughts, muscle tension, poor sleep, hyperreactivity	PPI users and those with chronic stress, poor diet, diabetes
Folate	Depression, cognitive slowing, mood instability	Low mood, poor memory, irritability — especially with MTHFR variants	Those who are pregnant and/or use alcohol, anticonvulsants, methotrexate
Omega-3 (low)	Depression, mood dysregulation, ADHD symptoms	Low mood, poor focus, emotional reactivity, brain fog	People with low fish intake, plant-based diets, history of mood disorder

Nutrient Deficiencies That Mimic General Wellness Issues

Vitamin D

Looks like: Chronic fatigue, fibromyalgia, frequent illness, bone pain

One of the most commonly missed deficiencies — especially for those with limited sun exposure and darker skin tones

Magnesium

Looks like: Migraines, muscle cramps, poor sleep, constipation, PMS, elevated blood pressure

Serum magnesium is often normal even when intracellular levels are low. RBC magnesium is more sensitive.

Zinc

Looks like: Frequent colds, slow wound healing, poor taste/smell, skin issues, hair thinning

Worth checking in immune dysfunction, GI disease, or restricted diet — rarely tested routinely.

Iron / Ferritin

Looks like: Hair loss, brittle nails, poor exercise tolerance, headaches, restless legs

Ferritin can be low even when CBC is normal. Always check ferritin, not just hemoglobin.

B12

Looks like: Brain fog, balance issues, tinnitus, premature grey hair, glossitis

Standard serum B12 scans be falsely reassuring. Consider testing methylmalonic acid (MMA) for functional status.

Omega-3 (low)

Looks like: Dry skin, brittle hair/nails, joint pain, poor wound healing, low HDL

Omega-3 Index available but usually self-pay. Dietary history is the practical starting point.

Key Messages

Test before you supplement — know your baseline, supplement to a target, retest at 3–6 months.

Frame your asks strategically: 'fatigue and low mood' gets covered; 'general wellness' often doesn't.

Nutrient deficiencies can mimic anxiety, depression, ADHD, and cognitive decline — rule them out first.

Medication-induced depletions are predictable — check before adding supplements.

Always mention what herbs, supplements, or teas you are taking.

Nutraceuticals are not inert — St. John's Wort, high-dose omega-3, ginkgo carry real drug interactions.