nutraceuticals

MDPI

Correction

Correction: Davis et al. Nutraceuticals in the Treatment of Major Depressive Disorder. *Nutraceuticals* 2025, *5*, 27

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Text Correction

There was an error in the original publication [1]. Considering that the dietary contribution to systemic SAMe levels was not considered significant, authors made some modifications.

4.2. S-Adenosylmethionine (SAMe)

SAMe is not found in appreciable quantities within food sources, so it must be taken as a dietary supplement. That said, foods rich in methionine, the precursor of SAMe, may be considered indirect sources of SAMe and this amino acid is readily available within foods (e.g., meat, fish, eggs). SAMe is marketed and sold in the United States as a dietary supplement and has previously been described as a nutraceutical in previous research.

In Section 4.5, "*Summary of Nutraceuticals for MDD*", there are some incorrect and missing data in Table 1. The corrected Table 1 appears below.

Check for updates

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Table 1. Relevant clinical trials of nutraceuticals as a monotherapy and/or adjunct therapy for depression.

Nutraceutical	Dose (Daily Unless Otherwise Specified)	Duration	Treatment	N	Outcome	Source
Omega 3/PUFAs	1 g EPA vs. 1 g DHA vs. placebo	12 weeks	Monotherapy	62	Small portion of EPA group improved HDRS scores	[64]
	DHA 2 g vs. placebo	6 weeks	Monotherapy	35	No significant improvement in MADRS scores	[63]
	EPA 1 g, 2 g, or 4 g vs. placebo	12 weeks	Monotherapy	45	All EPA groups improved in IDS-C30 scores	[62]
	1 g EPA + fluox vs. 1 g EPA mono vs. fluox only	8 weeks	Fluoxetine 20 mg/day	48	EPA + fluoxetine group significantly improved HAM-D scores	[67]
	900 mg EPA + 200 mg DHA + 100 mg other Omega-3 FA 2 x day	9 weeks	1 g olive oil + standard citalopram	42	Significantly greater reduction in HAM-D in omega-3 + citalopram group	[68]
SAMe	1600–3200 mg vs. escitalopram vs. placebo	12 weeks	Monotherapy 10–20 mg escitalopram	102	SAMe outperformed escitalopram + placebo in HAMD-17	[75]
	800 mg vs. placebo	8 weeks	Monotherapy	49	SAMe reduced MADRS scores to clinical relevance	[76]
	800 mg SAMe + antidepressant	8 weeks	Current antidepressant	107	No significant results in MADRS scores, SNPs, or BDNF	[77]
	1600 mg	6 weeks	Standard SRI	73	HAM-D scores improved in response and remission in SAMe + antidepressant group	[70]
Folate	7.5 or 15 mg	3 months	Monotherapy & adjunctive	52 Mon 502 Adj	PHQ-9 scores decreased	[81]
	0.5 mg vs. placebo	10 weeks	Fluoxetine 20 mg/day	109	HRS scores in folic acid + fluox significantly decreased	[83]
	7.5 mg or 15 mg + SSRI or SNRI vs. SSRI or SNRI monotherapy	60 days	Current SSRI or SNRI dose	242	CGI-S improved in folic acid + antidepressant group	[84]

Table 1. *Cont.*

Nutraceutical	Dose (Daily Unless Otherwise Specified)	Duration	Treatment	N	Outcome	Source
Other B Vitamins	1.59–2.24 mg/day B6	12 months	1.59–2.24 mg/day	3362	B6 decreased anxiety and depression scores	[87]
	100 mg B6	1 month	Monotherapy	411	B6 reduced self-reported anxiety and induced trend to reduced depression	[88]
	20–40 mg Citalopram + 0.5 mg B12, 2 mg Folic and 25 mg B6	52 weeks	Citalopram + B vitamins	153	Placebo controlled. B vitamins did not increase 12-week efficacy of antidepressant, but enhanced and sustained antidepressant over one year	[92]
Vitamin D	50,000 IU/2 weeks vs. placebo	8 weeks	Monotherapy	56	Vitamin D improved BDI-II	[106]
	1600 IU D3/day + antidepressant vs. placebo + antidepressants	7 months	Regular dose of antidepressant	46	HAM-D & HAMA scores improved in both groups	[109]
	40,000 IU D3 per week vs. placebo	6 months	Monotherapy	230	No significant effect of Vitamin D MADRS, BDI-II, HADS or SPAQ	[110]
	50,000 IU/month vs. placebo	6 months	Monotherapy	152	No significant differences	[107]
	1500 IU vs. placebo	8 weeks	Fluoxetine 20 mg/day	40	Vitamin D + fluoxetine improved HDRS & BDI	[108]

References Correction

Due to mistaken citation, a new reference has been added for "40,000 IU D3 per week vs. placebo" in Table 1. All the references have been renumbered in the text and in the reference list.

110. Kjærgaard, M.; Waterloo, K.; Wang, C.E.A.; Almås, B.; Figenschau, Y.; Hutchinson, M.S.; Svartberg, J.; Jorde, R. Effect of vitamin D supplement on depression scores in people with low levels of serum 25-hydroxyvitamin D: Nested case—Control study and randomised clinical trial. *Br. J. Psychiatry* **2012**, *201*, 360–368. https://doi.org/10.1192/bjp.bp.111.104349.

The authors state that the scientific conclusions are unaffected. This correction was approved by the Academic Editor. The original publication has also been updated.

Reference

1. Davis, A.; Pence, J.; Bloomer, R.J. Nutraceuticals in the Treatment of Major Depressive Disorder. *Nutraceuticals* **2025**, *5*, 27. [CrossRef]

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