

SUPPLEMENTS: WHAT IS WORTH IT

A plain-English traffic light. What has good evidence, what depends, and what to skip.

AT A GLANCE

- Food and training come first. Supplements add a small extra.
- Only a few have good evidence: creatine, caffeine, protein powder (for convenience), and vitamin D in a UK winter.
- If you compete in tested sport, check every product for banned substances.

The International Olympic Committee puts it bluntly: nutrition usually makes a small but valuable contribution to performance, and supplements make a minor contribution to that. Only a few performance supplements, including caffeine and creatine, have good evidence of benefit. Here is how that looks in practice.

GREEN: GOOD EVIDENCE

Supplement	What the evidence says	How to use it
Creatine monohydrate	The most studied performance supplement. Improves high-intensity performance and training adaptations. Short and long-term use is safe and well tolerated in healthy people (ISSN).	3 to 5 g a day, any time, every day. Cheap plain monohydrate is enough.
Caffeine	Improves performance in many studies, most consistently in endurance exercise. Benefits seen at 3 to 6 mg per kg body weight (ISSN, 2021). Very high doses cause more side effects without extra benefit.	About 60 minutes before training. For a 75 kg person, 3 mg per kg is about 225 mg, roughly two strong coffees. Start lower and see how you feel. Keep your total under 400 mg a day from all sources (UK Food Standards Agency). Pregnant: no more than 200 mg a day (NHS). Avoid it in the last 6 hours before bed.
Protein powder	No magic. It is a convenient way to reach your daily protein target (ISSN).	One scoop when food is not practical. See our protein guide.
Vitamin D	In the UK, from October to March most people cannot make enough from sunlight. The NHS suggests considering a daily 10 microgram (400 IU) supplement in autumn and winter. People with little sun exposure or darker skin may need it all year.	10 micrograms a day. Never more than 100 micrograms (4,000 IU) a day (NHS).

AMBER: DEPENDS ON YOU

- **Iron, vitamin B12, omega-3:** useful when your diet or a blood test shows a gap, for example heavy periods, a vegan diet or no oily fish. Test first, do not guess. The NHS advises two portions of fish a week, including one oily, as the food-first route to omega-3.
- **Vegans:** the NHS advises a vitamin B12 supplement or fortified foods.
- **Multivitamins:** rarely harmful and rarely needed if you eat varied, mostly unprocessed food.

RED: USUALLY NOT WORTH YOUR MONEY

- **BCAAs** if you already eat enough protein.
- **Fat burners, detox teas, "testosterone boosters":** big claims, weak evidence, and some carry real risks.
- **Anything promising fast results with a "secret blend".**

Before you buy: speak to a doctor or pharmacist if you are pregnant, breastfeeding, taking medication or have a medical condition. If you are in drug-tested sport, use batch-tested products (for example the Informed Sport programme), because contamination with banned substances is a known risk.

WANT A PLAN THAT FITS YOU?

Coaching with Maor covers training, recovery and nutrition together.

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Not medical advice. This guide is general information for healthy adults. Speak to a doctor or registered healthcare professional before changing your exercise or diet, especially if you have a medical condition, an injury, are pregnant or breastfeeding. **Sources:** International Society of Sports Nutrition position stands: creatine (Kreider et al., 2017) and caffeine (Guest et al., 2021). IOC consensus statement: dietary supplements and the high-performance athlete (Maughan et al., 2018). NHS: vitamin D; vitamins and minerals; fish and shellfish. UK Food Standards Agency and EFSA: caffeine (400 mg a day). © ML Performance Coaching.