



Coenzyme Q10

Original Article: http://www.mayoclinic.com/health/coenzyme-q10/NS_patient-coenzymeq10

Coenzyme Q10

Natural Standard® Patient Monograph, Copyright © 2010 (www.naturalstandard.com). All Rights Reserved. Commercial distribution prohibited. This monograph is intended for informational purposes only, and should not be interpreted as specific medical advice. You should consult with a qualified healthcare provider before making decisions about therapies and/or health conditions.

Background

Coenzyme Q10 (CoQ10) is produced by the human body and is necessary for the basic functioning of cells. CoQ10 levels are reported to decrease with age and to be low in patients with some chronic diseases such as heart conditions, muscular dystrophies, Parkinson's disease, cancer, diabetes, and HIV/AIDS. Some prescription drugs may also lower CoQ10 levels.



Levels of CoQ10 in the body can be increased by taking CoQ10 supplements, although it is not clear that replacing "low CoQ10" is beneficial.

CoQ10 has been used, recommended, or studied for numerous conditions, but remains controversial as a treatment in many areas.

Synonyms

Andelir®, CoenzymeQ, Co-enzyme Q10, Coenzyme Q (50), CoQ, CoQ10, CoQ(50), Co-Q10, CoQ-10, 2,3 dimethoxy-5 methyl-6-decaprenyl benzoquinone, Heartcin®, idebenone (synthetic analogue), Kaneka Q10™, mitoquinone, Neuquinone®, Q10, Q-Gel®, Solu™ Q10, Taidecanone®, ubidecarenone, ubiquinone, ubiquinone-10, ubiquinone-Q10, Udekinon®, vitamin q10, vitamin Q10.

Evidence

These uses have been tested in humans or animals. Safety and effectiveness have not always been proven. Some of these conditions are potentially serious, and should be evaluated by a qualified healthcare provider.

Coenzyme Q10 deficiency

Coenzyme Q10 is normally produced by the human body, although deficiency may occur in patients with impaired CoQ10 biosynthesis due to severe metabolic or mitochondrial disorders, not enough dietary CoQ10 intake, or too much CoQ10 use by the body. Depending on the cause of CoQ10 deficiency, supplementation or increased dietary intake of CoQ10 and the vitamins and minerals needed to produce CoQ10 may be effective.

A

High blood pressure (hypertension)

Preliminary research suggests that CoQ10 causes small decreases in blood pressure (systolic and possibly diastolic). Low blood levels of CoQ10 have been found in people with hypertension, although it is not clear if CoQ10 "deficiency" is a cause of high blood pressure. Well-designed long-term research is needed to strengthen this recommendation.

B

Age-related macular degeneration

Early study shows that acetyl-L-carnitine, n-3 fatty acids, and Coenzyme Q10 (Phototrop®) may help age-related macular degeneration. More research is needed using Coenzyme Q10 alone before a recommendation can be made.

C

Alzheimer's disease

Promising preliminary evidence suggests that CoQ10 supplements may slow down, but not cure, dementia in people with Alzheimer's disease. Additional well-designed studies are needed to confirm these results before a firm recommendation can be made.

C

Angina (chest pain from clogged heart arteries)

Preliminary small human studies suggest that CoQ10 may reduce angina and improve exercise tolerance in people with clogged heart arteries. Better studies are needed before a firm recommendation can be made.

C

Anthracycline chemotherapy heart toxicity

Anthracycline chemotherapy drugs, such as doxorubicin (Adriamycin®), are commonly used to treat cancers such as breast cancer or lymphoma. Heart damage (cardiomyopathy) is a major concern with the use of anthracyclines, and CoQ10 has been suggested to protect the heart. However, studies in this area are small and not high quality and the effects of CoQ10 remain unclear.

C

Asthma

CoQ10 may benefit asthma patients when added to other therapies. Further research is needed. Asthma should be treated by a qualified healthcare provider.

C

Breast cancer

Supplementation with CoQ10 has not been proven to reduce cancer and has not been compared to other forms of treatment for breast cancer.

C

Cancer

Further research is needed to determine if CoQ10 may help cancer when used with other therapies. Cancer should be treated by a qualified healthcare provider. C

Cardiomyopathy (dilated, hypertrophic)

There is conflicting evidence from research on the use of CoQ10 in patients with dilated or hypertrophic cardiomyopathy. Better research is needed in this area before a recommendation can be made. C

Chronic fatigue syndrome

Early study shows that CoQ10 may improve symptoms of chronic fatigue syndrome. High quality research is needed in this area before a decision can be made. C

Cocaine dependence

A combination of Coenzyme Q10 and L-carnitine has been studied to reduce cocaine usage, but early study is inconclusive. C

Coronary heart disease

There is not enough scientific evidence to recommend for or against the use of CoQ10 in patients with coronary heart disease. C

Exercise performance

Results are variable, with some research suggesting benefits, and other studies showing no effects. Most trials have not been well designed. Better research is necessary before a firm conclusion can be drawn. C

Friedreich's ataxia

Preliminary research reports promising evidence for the use of CoQ10 in the treatment of Friedreich's ataxia. Further evidence is necessary before a firm conclusion can be drawn. C

Gum disease (periodontitis)

Preliminary human studies suggest possible benefits of CoQ10 taken by mouth or placed on the skin or gums in the treatment of periodontitis. Better research is needed before a strong conclusion can be drawn. C

Heart attack (acute myocardial infarction)

There is preliminary human study of CoQ10 given to patients within three days after a heart attack. Better research is needed before a firm conclusion can be drawn. C

Heart conditions (mitral valve prolapse in children)

There is early data to support the use of CoQ10 in children with mitral valve prolapse. Well-designed clinical trials are needed before a recommendation C

can be made.

Heart failure

The evidence for CoQ10 in the treatment of heart failure is controversial and remains unclear. Different levels of disease severity have been studied (New York Heart Association classes I through IV). Better research is needed in this area studying the effects on quality of life, hospitalization, and death rates before a recommendation can be made.

C

Heart protection during surgery

Several studies suggest that the function of the heart may be improved after major heart surgeries such as coronary artery bypass graft (CABG) or valve replacement when CoQ10 is given to patients before or during surgery. Better studies are necessary before a recommendation can be made.

C

HIV/AIDS

There is limited evidence that natural levels of CoQ10 in the body may be reduced in people with HIV/AIDS. There is a lack of reliable scientific research showing that CoQ10 supplements have any effect on this disease.

C

Hypertriglyceridemia

Early study of CoQ10 for high triglyceride levels in the blood is unclear.

C

Increasing sperm count (idiopathic spermatozoa)

There is early evidence that supports the use of CoQ10 in the treatment of increasing sperm count and motility. Better studies are needed before a strong recommendation can be made.

C

Kidney failure

There is initial data to support the use of CoQ10 in the treatment of kidney (renal) failure. More research is needed before a recommendation can be made.

C

Lipid lowering (adjunct to statin therapy)

Coenzyme Q10 may reduce some adverse effects associated with statin therapy for high cholesterol, including reduced heart function. More study is needed before a recommendation can be made.

C

Migraine

There is fair evidence to support the use of CoQ10 treatment in migraine prevention or treatment. However, more well-designed studies are needed to confirm these findings.

C

Mitochondrial diseases and Kearns-Sayre syndrome

CoQ10 is often recommended for patients with mitochondrial diseases, including myopathies, encephalomyopathies, and Kearns-Sayre syndrome. CoQ10 may help improve function in children with maternally-inherited

C

diabetes and deafness. Better studies are needed before a strong recommendation can be made.

Muscular dystrophies

Preliminary studies in patients with muscular dystrophy taking CoQ10 supplements describe improvements in exercise capacity, heart function, and overall quality of life. Additional research is needed in this area.

C

Myelodysplastic syndrome

Further research is needed before a recommendation can be made. Early study results are unclear.

C

Parkinson's disease

There is promising human evidence for the use of CoQ10 in the treatment of Parkinson's disease. Better-designed trials are needed to confirm these results.

C

Post-surgical recovery (adjuvant)

In patients with stage I and II melanoma with surgically removed lesions, CoQ10 may decrease the rate of recurrence. Although these results are promising, more study is needed in this area to confirm these conclusions.

C

Prostate cancer

One study using a combination that included CoQ10 did not find a significant effect on PSA levels in patients with prostate cancer. Although PSA levels may be an indicator of cancer, it is unclear whether CoQ10 would have any effect on cancer treatment or prevention. More study is needed.

C

Tinnitus (ringing in the ears)

More research is needed in patients with tinnitus with low levels of CoQ10 before a strong recommendation can be made.

C

Diabetes

Preliminary evidence suggests that CoQ10 does not affect blood sugar levels in patients with type 1 or type 2 diabetes, and it does not alter the need for diabetes medications.

D

Huntington's disease

There is negative evidence from studies that used CoQ10 in the treatment of Huntington's disease.

D

Key to grades

A Strong scientific evidence for this use

B Good scientific evidence for this use

C Unclear scientific evidence for this use

D Fair scientific evidence against this use (it may not work)

F Strong scientific evidence against this use (it likely does not work)

❖ Grading rationale

Uses based on tradition or theory

The below uses are based on tradition or scientific theories. They often have not been thoroughly tested in humans, and safety and effectiveness have not always been proven. Some of these conditions are potentially serious, and should be evaluated by a qualified healthcare provider.

Abnormal heart rhythms, amyotrophic lateral sclerosis (ALS), anemia, antioxidant, Bell's palsy, breathing difficulties, cerebellar ataxia, chronic obstructive pulmonary disease (COPD), cognitive performance, deafness, fibromyalgia, gingivitis, hair loss (and hair loss from chemotherapy), hepatitis B, high cholesterol, immune system diseases, infertility, insomnia, ischemia, leg swelling (edema), life extension, liver enlargement or disease, lung disease, MELAS syndrome (mitochondrial myopathy, encephalopathy, lacticidosis, stroke), multiple sclerosis, muscle wasting, neurodegenerative disorders, nutrition, obesity, Papillon-Lefevre Syndrome, physical performance, psychiatric disorders, reduction of phenothiazine drug side effects, reduction of tricyclic antidepressant (TCA) drug side effects, speech disorders (Landau-Kleffner syndrome), stomach ulcer.

Dosing

The below doses are based on scientific research, publications, traditional use, or expert opinion. Many herbs and supplements have not been thoroughly tested, and safety and effectiveness may not be proven. Brands may be made differently, with variable ingredients, even within the same brand. The below doses may not apply to all products. You should read product labels, and discuss doses with a qualified healthcare provider before starting therapy.

Adults (above 18 years old)

50-1,200 milligrams of CoQ10 have been taken in divided doses by mouth daily.

85 milligrams of CoQ10 per milliliter of soybean oil suspension has been applied to the surface of affected areas once weekly using a plastic syringe for gum disease.

Most studies of CoQ10 for heart protection during bypass surgery have used CoQ10 taken by mouth. One study used intravenous CoQ10, 5 milligrams per kilogram of body weight, given two hours prior to surgery. Safety is not clear. Any therapies used close to the time of surgery should be discussed with the surgeon and a pharmacist prior to starting.

Children (under 18 years old)

There is not enough scientific information to recommend the safe use of CoQ10 in children. A qualified healthcare provider should be consulted before considering use.

Safety

The U.S. Food and Drug Administration does not strictly regulate herbs and supplements. There is no guarantee of strength, purity or safety of products, and effects may vary. You should always read product labels. If you have a medical condition, or are taking other drugs, herbs, or supplements, you should speak with a qualified healthcare provider before starting a new therapy. Consult a healthcare provider immediately if you experience side effects.

Allergies

In theory, allergic reactions to supplements containing CoQ10 may occur. Itching or rash has been reported.

Side Effects and Warnings

There are few serious reported side effects of CoQ10. Side effects are typically mild and brief, stopping without any treatment needed. Reactions may include nausea, vomiting, stomach upset, heartburn, diarrhea, loss of appetite, skin itching, rash, insomnia, headache, dizziness, itching, irritability, increased light sensitivity of the eyes, fatigue, or flu-like symptoms.

CoQ10 may lower blood sugar levels. Caution is advised in patients with diabetes or hypoglycemia, and in those taking drugs, herbs, or supplements that affect blood sugar. Serum glucose levels may need to be monitored by a healthcare provider, and medication adjustments may be necessary.

Low blood platelet number was reported in one person taking CoQ10. However, other factors (viral infection, other medications) may have been responsible. Lowering of platelets may increase the risk of bruising or bleeding, although there is a lack of known reports of bleeding from CoQ10. Caution is advised in people who have bleeding disorders or who are taking drugs that increase the risk of bleeding. Dosing adjustments may be necessary.

CoQ10 may decrease blood pressure, and caution is advised in patients with low blood pressure or taking blood pressure medications. Elevations of liver enzymes have been reported rarely, and caution is advised in people with liver disease or taking medications that may harm the liver. CoQ10 may lower blood levels of cholesterol or triglycerides. Thyroid hormone levels may be altered based on one study.

Organ damage due to lack of oxygen/blood flow during intense exercise has been reported in a study of patients with heart disease, although the specific role of CoQ10 is not clear. Vigorous exercise is often discouraged in people using CoQ10 supplements.

Pregnancy and Breastfeeding

There is not enough scientific evidence to support the safe use of CoQ10 during pregnancy or breastfeeding. Sperm may be affected.

Methodology

This patient information is based on a professional level monograph edited and peer-reviewed by contributors to the Natural Standard Research Collaboration (www.naturalstandard.com).

Monograph methodology

Selected references

- Berman M, Erman A, Ben Gal T, et al. Coenzyme Q10 in patients with end-stage heart failure awaiting cardiac transplantation: a randomized, placebo-controlled study. *Clin Cardiol* 2004;27(5):295-299.
- Burke BE, Neuenschwander R, Olson RD. Randomized, double-blind, placebo-controlled trial of coenzyme Q10 in isolated systolic hypertension. *South Med J* 2001;94(11):1112-1117.
- Damian MS, Ellenberg D, Gildemeister R, et al. Coenzyme Q10 combined with mild hypothermia after cardiac arrest: a preliminary study. *Circulation* 2004 Nov 9;110(19):3011-6.
- Hershey AD, Powers SW, Vockell AL, et al. Coenzyme Q10 deficiency and response to supplementation in pediatric and adolescent migraine. *Headache* 2007 Jan;47(1):73-80.
- Hodgson JM, Watts GF, Playford DA, et al. Coenzyme Q(10) improves blood pressure and glycaemic control: a controlled trial in subjects with type 2 diabetes. *Eur J Clin Nutr* 2002;56(11):1137-1142.
- Khan M, Gross J, Haupt H, et al. A pilot clinical trial of the effects of coenzyme Q10 on chronic tinnitus aurium. *Otolaryngol Head Neck Surg* 2007 Jan;136(1):72-7.
- Langsjoen H, Langsjoen P, Langsjoen P, et al. Usefulness of coenzyme Q10 in clinical cardiology: a long-term study. *Mol Aspects Med* 1994;15 Suppl:s165-s175.
- Miyake Y, Shouzu A, Nishikawa M, et al. Effect of treatment with 3-hydroxy-3-methylglutaryl coenzyme A reductase inhibitors on serum coenzyme Q10 in diabetic patients. *Arzneimittelforschung* 1999;49(4):324-329.
- Morisco C, Trimarco B, Condorelli M. Effect of coenzyme Q10 therapy in patients with congestive heart failure: a long-term multicenter randomized study. *Clin Investig* 1993;71(8 Suppl):S134-S136.
- Reid MS, Casadonte P, Baker S, et al. A placebo-controlled screening trial of olanzapine, valproate, and coenzyme Q10/L-carnitine for the treatment of cocaine dependence. *Addiction* 2005 Mar;100 Suppl 1:43-57.
- Rosenfeldt FL, Haas SJ, Krum H, et al. Coenzyme Q10 in the treatment of hypertension: a meta-analysis of the clinical trials. *J Hum Hypertens* 2007 Apr;21(4):297-306.
- Sandor PS, Di Clemente L, Coppola G, et al. Efficacy of coenzyme Q10 in migraine prophylaxis: a randomized controlled trial. *Neurology* 2-22-2005;64(4):713-715.
- Shults CW, Oakes D, Kieburtz K, et al. Effects of coenzyme Q10 in early Parkinson disease: evidence of slowing of the functional decline. *Arch Neurol* 2002;59(10):1541-1550.
- Singh RB, Wander GS, Rastogi A, et al. Randomized, double-blind

placebo-controlled trial of coenzyme Q10 in patients with acute myocardial infarction. *Cardiovasc Drugs Ther* 1998;12(4):347-353.

- The NINDS NET-PD Investigators. A randomized clinical trial of coenzyme Q10 and GPI-1485 in early Parkinson disease. *Neurology* 2007 Jan 2;68(1):20-8.

Portions of this document last updated:
June 1, 2010

NS_patient-coenzymeq10



THIS EVIDENCE-BASED MONOGRAPH WAS PREPARED BY
THE NATURAL STANDARD RESEARCH COLLABORATION
(www.naturalstandard.com)