

L-Methylfolate

Deplin / Deplin FC

This active form of folate may be added to a treatment plan. It is support for care—not a shortcut around it.

From Jeffrey Panko, PMHNP-BC's education collection ·

Draft for review · Clinical content has not been revalidated for this website.

AN ADD-ON, NOT A REPLACEMENT

CHECK THE EXACT PRODUCT AND DOSE

The diagram shows nutrient pathways, not direct receptor stimulation or a guaranteed response.

What it is used for

Sometimes added when an antidepressant has not helped enough. Some studies support benefit at 15 mg daily, but not every trial was positive.

Deplin FC is a medical food, not an FDA-approved antidepressant. It does not replace antidepressants, antipsychotics or therapy.

How it works

Folate helps cells carry out processes involved in making brain signaling chemicals. L-methylfolate is an active form of folate.

This does not mean everyone with depression is folate-deficient. A biochemical explanation cannot tell us in advance who will improve.

What to expect over time

BEFORE STARTING

Confirm the exact capsule, dose and schedule, plus other vitamins and supplements you take.

FIRST FEW WEEKS

Notice mood, energy, sleep and daily function. It is not an immediate mood lift or a rescue treatment.

FOLLOW-UP

Review benefit and tolerability around 6–8 weeks, or sooner if needed. Do not keep increasing it on your own.

Taking your medication

Follow your clinician's written schedule. Deplin FC has 7.5 mg and 15 mg capsules; the number of capsules matters.

It can be taken with or without food. Manufacturer documents differ on frequency, so ask if your bottle and instructions disagree.

Do not double a missed dose. Do not swap in folic acid, another methylfolate product or DeplinPRO without checking first.

When to get help

Call 911: trouble breathing, face/tongue swelling, collapse or immediate danger from suicidal thoughts. Call 988 for crisis support.

Call promptly: new suicidal thoughts, major agitation, much less need for sleep, racing thoughts or unusually risky behavior.

Ask for assessment: new numbness, balance problems or persistent weakness. These need evaluation, not simply more folate.

Early side effects

Many people tolerate it well. Still, report sleep trouble, anxiety, agitation or other changes after starting. A vitamin-based product can still cause problems.

Other effects to discuss

Feeling unusually energized with very little sleep is not the same as recovering from depression. Tell your clinician, especially if you have ever had bipolar symptoms.

What to keep track of

Track mood, function and sleep. Your clinician may check B12 or folate based on your history. Improving a vitamin number does not by itself prove that depression treatment is working.

Before you start

Discuss bipolar symptoms, suicidal thoughts, seizures, allergies, anemia or B12 deficiency, stomach/bowel absorption problems, heavy alcohol use and any cancer treatment. Bring every vitamin and supplement, including prenatal products. Discuss pregnancy or breastfeeding before using high-dose methylfolate; do not assume it replaces your prenatal folic acid.

Medicines & interactions

Seizure medicines

Tell the clinician if you take phenytoin, carbamazepine, valproate or another seizure medicine. Folate changes may affect treatment; do not adjust either medicine yourself.

Methotrexate and related drugs

Ask the treating specialist before changing folate if you use methotrexate, pyrimethamine or trimethoprim. The plan depends on why that medicine is prescribed.

Duplicate supplements

Check the total from multivitamins, B-complex products and other folate supplements. DeplinPRO adds other ingredients; it is not the same as Deplin FC.

Everyday tips

Take it according to one clear written schedule and bring the bottle to medication reviews.

Keep your main treatment and therapy plan in place unless your clinician changes it.

Write down practical changes in mood and daily life, not just whether you took the capsule.

Discuss cost and benefit openly. A product that is not helping does not need to stay in the plan forever.

Your questions, answered

Does an MTHFR result mean I need this?

Not automatically. Common gene variants do not prove that folate caused your symptoms or that this product will help.

Should I avoid folic acid?

Not because of a common MTHFR variant. Folic acid remains recommended for birth-defect prevention; agree on your pregnancy plan with your clinician.

Why check vitamin B12?

Folate does not fix nerve injury caused by low B12. Your clinician may need to check and treat B12 separately.

Do I need to taper?

Usually not for L-methylfolate itself. Let your clinician know; your antidepressant or antipsychotic may have different stopping instructions.

Storage & safety

Store according to the container, away from heat, light, moisture, children and pets. If an excessive amount is taken, call Poison Control at 1-800-222-1222; call 911 for severe symptoms.

About this information

For general information only; not a substitute for individualized medical advice. This sheet does not cover every risk or interaction. Ask your prescriber or pharmacist before changing how you take this medication.

Sources

1. <https://deplin.com/pages/hcp/product-information>
 2. <https://www.cdc.gov/folic-acid/data-research/mthfr/index.html>
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Educational inclusion does not mean this medication or its indications are treated at this practice. Review the guide for your exact product with your prescriber or pharmacist.

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