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Perhaps the most prominent concern patients and prescribers have regarding methylene blue is the risk of serotonin syndrome. This can result from the interaction of methylene blue with other drugs that affect serotonin and monoamine oxidase inhibitors (MAOIs). MAOIs are deaminators of neurotransmitters, resulting in deactivation of, and affecting the number of, neurotransmitters in the synaptic cleft, thereby regulating neurotransmitter levels and brain mood function.

Methylene Blue and Serotonin Syndrome

There are two subtypes of MAOIs: MAO-A and MAO-B. MAO-A affects the deamination of serotonin, norepinephrine, epinephrine, and melatonin, whereas MAO-B breaks down phenethylamine and benzylamine. Dopamine, tyramine, and tryptamine are metabolized by both MAO-A and MAO-B. Methylene blue in particular only affects MAO-A.

Because of this effect on MAO-A, the use of intravenous methylene blue has been associated with the development of serotonin syndrome1-8. Because of the severity of the interaction, in published drug databases (i.e UpToDate LexiDrug, Clinical Pharmacology, etc.), the interaction is listed as a "Avoid Combination (X)" and/or "Level 1 (Contraindicated)."

For this reason, many patients and practitioners avoid the use of methylene blue9-26. However, much of the data supporting the contraindication and interaction is based on the use of intravenous methylene blue, or extrapolation of similar drugs that work on MAOIs. That said, these are not actual accounts of methylene related drug interaction.



Oral vs Intravenous

Indeed, after several searches in scientific literature, only a single case report was found describing a possible link between oral methylene blue and serotonin syndrome27. This discrepancy is expected, and reported events could be because the pharmacokinetics of intravenous methylene blue are different than that of oral methylene blue. Obviously, intravenous administration results in quicker and higher peak levels compared to oral delivery 28. These higher peaks also correlate with the concept that the methylene blue interaction with other medications is dose related, >5mg/kg29.

In summary, nearly the entirety of the information on methylene blue causing serotonin syndrome is either theoretically based on pharmacodynamics or is pharmacokinetically based on the use of parenteral methylene blue used in a hospital setting. The corresponding fast infusion and high peak levels more likely approach the 5mg/kg suggested threshold for serotonin syndrome to occur.

Clinical Research on Methylene Blue

Renewed clinical interest in the use of oral methylene blue only truly reignited after the publication of the Zheng article in BMC Microbiology back in 2020, for use in treating Bartonella30 . Since then, thousands of patients across the United States have received oral methylene blue for numerous indications. However, to date, there has been no formal collection of data to correlate the use of compounded oral methylene blue with adverse reactions or serotonin syndrome.

Therefore, because of this void in data and information, recommendations regarding the use of methylene blue concomitantly with medications and supplements that affect serotonin or MAOI should be done conservatively and on an individualized basis. Practitioners should keep in mind patients' weight, age, and dosing of the methylene blue and the other medications or supplements the patient may be using.

The topics and descriptions discussed within this post are not intended and should not be interpreted to make recommendations or claims regarding the use, efficacy, or safety of products, formulas, or vehicles. Only a physician or other appropriately licensed professional, as a learned intermediary, can determine if a formula, product or service is appropriate for a patient.

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