

DIET AND SUPPLEMENTATION · 14.11

Saffron for ADHD: What the Small but Real Evidence Actually Shows

Saffron has the most interesting position in the ADHD supplement category. The published evidence is small but methodologically reasonable, the depression literature provides supporting context, and a head-to-head pilot with methylphenidate drew international attention. The honest summary: small, real, not transformative.

FOR

Parents and adults asking about saffron as an ADHD adjunct

AUDIENCE AGE

14+ years

REVIEWED

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PART OF

The NeuroFX resource library

IN SUMMARY

Saffron for ADHD: What the Small but Real Evidence Actually Shows

What the evidence actually shows

- **The Biazar 2019 trial drew the attention.** Fifty children with ADHD randomised to saffron or methylphenidate for six weeks. Both groups improved; no significant difference. Reported widely as 'saffron as effective as methylphenidate'. The honest reading is more measured.
- **Several caveats apply.** Small sample. Active comparator only with no placebo arm. Conservative methylphenidate titration. Iranian population and Iranian saffron preparation. A single trial. Replication in different populations would substantially strengthen the conclusion.
- **Depression literature is larger.** Lopresti & Drummond 2014 systematic review and Khaksarian 2019 meta-analysis both found consistent antidepressant effects, with sizes comparable to fluoxetine in mild-to-moderate depression. The depression evidence is biological plausibility, not proof of ADHD effect.
- **Same evidence band as omega-3 for ADHD.** A reasonable adjunct to discuss with a clinician. Not first-line treatment. Not licensed for ADHD anywhere; clinical use in the UK is firmly in the food supplement category.

Practical considerations

- **Standardised preparations matter.** Trials used standardised extracts with specified crocin and safranal content. Non-standardised culinary saffron from a shop is not the same product.
- **Cost is high and interactions exist.** Saffron is expensive as a supplement. May have mild antidepressant and antiplatelet effects. Patients on SSRIs, MAOIs or anticoagulants should not start saffron without clinical discussion. Saffron at supplement quantities should not be taken in pregnancy without advice.
- **Allow six to twelve weeks to evaluate.** Stopping after two weeks is too early. The specific dose should be discussed with the prescriber or pharmacist rather than determined from a product label.

Where it fits

- **Adjunct rather than substitute.** For an adult or child who has tried medication and not tolerated it, or who is using medication and considering an adjunct, saffron is reasonable to discuss. For an adult or child who has not been assessed and is using saffron as a substitute for assessment, the pathway is wrong.
- **Standalone preparation usually beats a branded blend.** ADHD-marketed blends containing saffron alongside other ingredients of less certain ADHD relevance typically cost more and dilute the active component. A reputable standardised saffron extract is usually a better cost-to-evidence ratio.
- **Assessment first if not yet done.** Where ADHD assessment has not yet been carried out, that is the first step. Supplementation alongside an established diagnosis and treatment plan is the appropriate sequence.

WHEN TO SPEAK TO A PROFESSIONAL

If you are considering saffron supplementation for yourself or your child, speak to your GP, prescribing clinician, pharmacist or registered dietitian first, particularly if you or your child are on prescribed medication (especially SSRIs, MAOIs or anticoagulants). Where ADHD assessment has not yet been done, that is the first step. NeuroFX assessment includes a review of current supplements alongside the wider clinical workup.

SOURCES

Baziar 2019 J Child Adolesc Psychopharmacol; Lopresti & Drummond 2014; Khaksarian 2019; Faraone consensus 2021; NICE NG87; MHRA

NEXT STEPS**Speak to NeuroFX**

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