



DOSSIER · SUBSTANCE

Niacinamide

Niacinamide is the amide form of vitamin B3; human studies suggest benefits especially for the skin, otherwise the situation is unclear.

162

STUDIES IN
TOTAL

55

IN HUMANS

25

OF WHICH
CONTROLLED

12

IN ANIMALS

33

IN THE LAB

Figures from the IHR study database · Last updated 2026-10-16

How to Read This Dossier

ESTABLISHED

measured in humans, with a
comparison group

PLAUSIBLE

supported by mechanism, animal
studies or observation

HYPOTHESIS

a likely connection that still needs to
be tested

Niacinamide at a Glance

- In acne, topical nicotinamide reduced sebum production according to a systematic review, based on a single randomized trial ¹.
- For dark discolorations of the armpits, a systematic review counts topical niacinamide among the effective agents ².
- For melasma, topical niacinamide is considered an effective adjunct treatment according to a systematic review ⁴.
- In hemodialysis, oral nicotinamide in addition to phosphate binders lowered the serum phosphate level more than placebo; in the analysis of all randomized participants, the difference was not confirmed ¹⁹.

We evaluated 71 human studies on Niacinamide, including 25 randomised controlled trials and 3 meta-analyses or systematic reviews; the controlled studies include 2,588 participants in total. As of 16 October 2026.

1. What Is Niacinamide? Occurrence, Origin and Forms

Niacinamide is the amide form of vitamin B3 (niacin) and belongs to the water-soluble vitamins. It occurs in animal and plant foods and is also formed in the body from the amino acid tryptophan. It is used as a vitamin supplement and as an ingredient in skin care products.

Niacinamide is found in meat, fish, milk, eggs, legumes and cereals. In skin care it is applied topically to the skin.

For supplements and skin care, niacinamide is produced industrially; in foods it occurs naturally. In human studies, mainly oral forms (tablets, capsules) and topical preparations (cream, gel, serum) are examined.

Forms and Preparations Studied

- Oral form (tablets, capsules, powder)
- Topical preparation (cream, gel, serum, lotion)
- Fortified foods and beverages
- Injection solution
- Combination products with other B vitamins

Not covered on this page:

- Nicotinic acid (niacin) – a different form of vitamin B3 with its own properties
- Nicotinamide riboside and nicotinamide mononucleotide (NMN) – separate substances studied as NAD+ precursors
- NAD+ itself and infusions of it
- Tryptophan – an amino acid from which the body can form niacinamide

2. What Does Niacinamide Do? Results by Area

AREA	RESULT IN CONTROLLED STUDIES	STRENGTH OF EVIDENCE	STUDIES	PARTICIPANTS
Skin (acne, pigmentation, skin barrier)	mixed	moderate	0 meta-analyses · 5 controlled · 36 other	267
Kidney and dialysis	mostly improved	low	0 meta-analyses · 1 controlled · 2 other	26
Skin cancer and precursor lesions	mixed	unclear	0 meta-analyses · 1 controlled · 3 other	26
Joints and inflammation	mixed	unclear	0 meta-analyses · 1 controlled · 1 other	90
Niacin deficiency (pellagra)	reviews only	unclear	0 meta-analyses · 0 controlled · 1 other	0
Blood sugar and diabetes	observational data only	unclear	0 meta-analyses · 0 controlled · 1 other	0
Other investigations	observational data only	unclear	0 meta-analyses · 0 controlled · 8 other	0

How to read the table: counted are human studies whose results concern the area. “High” means at least one meta-analysis and two controlled studies showing improvement, or at least three controlled studies of which three quarters show improvement, with at least 300 participants in total. “Moderate” means at least two controlled studies showing improvement, as a majority, or one meta-analysis alongside controlled studies. “Low” means one controlled study showing improvement. Where an area has no controlled study, the strength of evidence is at most “low” (result “reviews only” or “observational data only”). Everything else is “unclear”. A study counts as showing improvement when at least half of its outcomes in this area improved. Reviews of combination products do not count as meta-analyses; results that only describe side effects or shares of users do not count as an effect. The same study is counted only once.

3. What the Studies Show in Detail

Niacinamide and Skin (Acne, Pigmentation, Skin Barrier): Human Studies

In acne, a systematic review, based on a single randomized trial, found lower sebum production with topical nicotinamide ¹. For dark discolorations of the armpits, a systematic review counts topical niacinamide among the effective agents ². A systematic review of natural active substances counts niacinamide, alongside azelaic acid, soy, arbutin, licorice and others, among the agents with a lightening effect in hyperpigmentation ⁵. In women with aged skin, a niacinamide formulation in a placebo-controlled trial improved stratum corneum moisture, water loss and sebum content; ultrasound alone brought no measurable improvement ¹³. In mild atopic dermatitis, niacinamide-containing body lotions, partly with cleansing gel, improved SCORAD, itching, quality of life and skin barrier more than in the control group; all received ebastine ⁸. In discoid lupus erythematosus, the skin lesions in a placebo-controlled trial responded better to 4% nicotinamide than to 2%, with more irritation ¹⁵. Against skin redness triggered by retinol, 3% niacinamide did not help in a placebo-controlled patch test ²¹. In acne, niacinamide as an addition to benzoyl peroxide lowered the non-inflammatory lesions more than benzoyl peroxide alone, but not the inflammatory ones ²². Investigated were predominantly topical preparations such as cream, gel and serum; the evidence is moderate, because the controlled trials are small, short and turned out mixed.

STUDY	DESIGN · PARTICIPANTS	PREPARATION · DOSE · DURATION · COMPARISON
¹ Althwanay et al. 2024	review · 41 participants	Topical niacinamide; vs. Randomized controlled trial (comparator not reported)
² Vahabi et al. 2025	review	Topical niacinamide, among desonide, HQ, AHA, herbal extracts; vs. Laser/light therapies and other topical agents
³ Speeckaert et al. 2023	systematic review	Niacinamide as antioxidant; vs. Baseline vs. follow-up (MASI)
⁴ González-Molina et al. 2022	review	Topical niacinamide as adjuvant; vs. Hydroquinone and triple combination therapy
⁵ Hollinger et al. 2018	systematic review	Niacinamide as one of several natural depigmenting agents; vs. other natural ingredients or controls
⁸ Zhu et al. 2023	randomised controlled · 122 participants	Niacinamide-containing body emollients, with or without cleansing gel; 28 days; vs. Placebo control; all groups also r
¹³ Vergilio et al. 2025	randomised controlled · 67 participants	Topical niacinamide formulation (cosmetic) vs. placebo; 8 weeks, 8 sessions of 5-US (weekly, 20 min); vs. Placebo fr
¹⁵ Nouh et al. 2023	randomised controlled · 60 participants	Topical nicotinamide 2% and 4% as cream and gel; 2% and 4% nicotinamide; vs. Cream/gel base as placebo control

Further studies in this area: [21](#) [22](#) [26](#) [27](#) [28](#) [29](#) [30](#) [31](#) [32](#) [33](#) [34](#) [37](#) [39](#) [40](#) [41](#) [42](#) [43](#) [45](#) [46](#) [47](#) [48](#) [49](#) [50](#) [51](#) [52](#) [53](#) [55](#) [56](#) [57](#) [58](#) [59](#) [60](#) [61](#)

Niacinamide, Kidney and Dialysis: Human Studies

In adults on hemodialysis, orally taken nicotinamide as an addition to phosphate binders lowered the serum phosphate level more than placebo; in the analysis of all randomized participants, the difference was similar but not confirmed ¹⁹. This is the only controlled study in this area; it was double-blind, randomized and of crossover design, included 26 evaluable participants and lasted only a short time, so the evidence is weak ¹⁹. In an observational study of Chinese adults, the blood level of niacinamide was among several metabolic markers that predicted newly occurring chronic kidney disease; intake was not investigated ²⁴. A review on polycystic kidney disease classifies the benefit of niacinamide, like that of curcumin or vitamin E, as uncertain and advises against such supplements ⁵⁴. Thus, the efficacy and safety of oral administration in dialysis patients over longer periods remain open.

STUDY	DESIGN · PARTICIPANTS	PREPARATION · DOSE · DURATION · COMPARISON
¹⁹ Schepers et al. 2024	randomised controlled · 26 participants	Oral niacinamide (NAM) as add-on to phosphate binders; 250-500 mg/day; 12 weeks per treatment arm (crossover); vs
²⁴ Liu et al. 2025	cohort study · 3,802 participants	niacinamide as circulating metabolite (LC-MS metabolomics); follow-up 4.6 ± 0.2 years; vs. participants without vs. with
⁵⁴ Chebib et al. 2024	review	Niacinamide as supplement, mentioned among other substances; vs. no comparison reported

Niacinamide, Skin Cancer and Precursor Lesions: Human Studies

For skin cancer and its precursors, the evidence is unclear. A randomized controlled trial in 26 patients with actinic keratosis lesions compared a topical niacinamide gel with topical fluorouracil and found fewer treatment complications such as burning, itching and erythema with niacinamide, while fluorouracil was superior in improvement according to photography and dermatoscopy as well as from the patient's perspective ¹⁸. Review articles report that non-melanoma skin cancer occurred less frequently with oral nicotinamide ⁵¹, describe topical preparations for actinic keratosis ⁵³ and consider vitamin B3 promising for the prevention of non-melanoma skin cancer ⁵⁷. The studies differ greatly in form, dose, duration and comparator, and the controlled evidence relies on a very small sample.

STUDY	DESIGN · PARTICIPANTS	PREPARATION · DOSE · DURATION · COMPARISON	RESULT
¹⁸ Poostiyan et al. 2025	randomised controlled · 26 participants	1% niacinamide topical gel; twice daily; 3 months; vs. 5% fluorouracil topical cream twice daily for 4 weeks	improvement
⁵¹ Shoukfeh et al. 2025	review	Oral nicotinamide; vs. low versus high doses	Incidence
⁵³ Ong et al. 2024	review	Topical niacinamide in various formulations	Treatment
⁵⁷ Elgharably et al. 2023	review	Niacinamide and other B vitamins (B2, B6, B12, folic acid); vs. no uniform comparison	Nonmelanoma

Niacinamide, Joints and Inflammation: Human Studies

For joints, only one randomized trial is available: in knee osteoarthritis, a hyaluronic acid preparation with niacinamide was compared with another hyaluronic acid preparation; only stiffness improved more ¹¹. A case series with intra-articular hyaluronic acid injections plus niacinamide reported pain reduction, among others in meniscal damage, without a relationship to the radiological or MRI severity ⁴⁴. Since niacinamide was given in both investigations only as a component of a mixture with hyaluronic acid, no effect can be attributed to niacinamide alone. The overall strength of evidence is unclear: there is no meta-analysis, and the only controlled study is small and limited to one injection form. For oral or topical niacinamide forms for joint complaints, controlled studies in this area are lacking.

STUDY	DESIGN · PARTICIPANTS	PREPARATION · DOSE · DURATION · COMPARISON
¹¹ Hofweber et al. 2024	randomised controlled · 90 participants	INNORYOS 2.2% hyaluronic acid containing 15 mg niacinamide; 15 mg niacinamide per injection; 26 weeks, injections
⁴⁴ Pennekamp et al. 2024	case series	Intra-articular hyaluronic acid injections with niacinamide; vs. Subgroups by injection frequency (1, 2, >2)

Niacinamide and Niacin Deficiency (Pellagra): Human Studies

For pellagra, only one review article is available; it describes the treatment of pellagra with vitamin B3 as an early, historically documented benefit ⁵⁸. Since the review treats nicotinic acid and nicotinamide together as niacin, the finding cannot be attributed to nicotinamide alone ⁵⁸. Controlled studies on the treatment of pellagra with niacinamide were not found in this evaluation; the strength of evidence is therefore unclear. It remains open which form, dose and duration are effective for the treatment of pellagra.

STUDY	DESIGN · PARTICIPANTS	PREPARATION · DOSE · DURATION · COMPARISON	RESULT
⁵⁸ Epstein et al. 2023	review	Niacin/niacinamide, also topical	pellagra treatment: improved

Niacinamide, Blood Sugar and Diabetes: Human Studies

For blood sugar and diabetes, no controlled trial on niacinamide is available; the strength of evidence is unclear. An observational study (cross-sectional) in Chinese adults found that diabetics with higher plasma levels of niacin had hyperlipidemia, hypercholesterolemia and hypertriglyceridemia less frequently ²⁵. Blood levels of nicotinamide and nicotinic acid were measured, not an intake; the association also held for nicotinamide alone ²⁵. Since it is a cross-sectional observation, no cause-and-effect relationship can be derived from it. It remains open whether oral or topical niacinamide administration influences blood sugar or diabetic metabolic consequences.

STUDY	DESIGN · PARTICIPANTS	PREPARATION · DOSE · DURATION · COMPARISON	RESULT
²⁵ Geng et al. 2024	cross-sectional study · 2,647 participants	Plasma niacinamide/nicotinic acid (endogenous measurement); vs. highest vs. lowest quartile of plasma niacin	hyperglycemia

Niacinamide: Further Outcomes in Studies

In this area, mainly observations and individual controlled studies on oral nicotinamide were examined, not on topical application. A randomized controlled trial in adults on hemodialysis found no difference in platelet count with oral administration as an addition to phosphate binders ¹⁹. A single-arm study in glaucoma patients reported better vision-related quality of life after oral niacinamide, without a control group ²³. Observational studies found no increased risk of serious cardiovascular events with oral nicotinamide ³⁸ and less frequent heart attacks ³⁵. The studies are small, uncontrolled or only observational; the overall strength of evidence is unclear.

STUDY	DESIGN · PARTICIPANTS	PREPARATION · DOSE · DURATION · COMPARISON
¹⁹ Schepers et al. 2024	randomised controlled · 26 participants	Oral niacinamide (NAM) as add-on to phosphate binders; 250-500 mg/day; 12 weeks per treatment arm (crossover); vs
²³ Nicola et al. 2025	case series · 58 participants	oral niacinamide (B3); 500 mg daily; 6 months; vs. no control (single-arm, before-after)
³³ Clark-Loeser et al. 2025	case series · 7 participants	Topical cysteamine-isobionicamide formula; once daily; 16 weeks; vs. no control (case series)
³⁵ Salem et al. 2026	cohort study	oral niacinamide; ≥ 500 mg; 3 years; vs. niacinamide-naïve controls (1:1 matched)
³⁶ Nicola et al. 2026	study	oral niacinamide (nicotinamide, vitamin B3); 500 mg daily; 6 months; vs. no control arm; comparison to baseline
³⁸ Wheless et al. 2025	cohort study	nicotinamide; vs. nicotinamide-exposed vs unexposed patients
⁵¹ Shoukfeh et al. 2025	review	Oral nicotinamide; vs. low versus high doses
⁵⁸ Epstein et al. 2023	review	Niacin/niacinamide, also topical

4. How Is Niacinamide Dosed? Preparation, Dose and Duration in Studies

The studies predominantly used topical preparations such as cream, gel and serum, as well as oral forms as tablets or capsules and an injection solution into the knee joint. Many topical investigations tested niacinamide as a component of a mixture with other active substances such as salicylic acid, tranexamic acid or hyaluronic acid. The doses and durations of use are shown in the table.

PREPARATION OR FORM	DOSE	DURATION	STUDY
30% SSA combined with 10% niacinamide vs. placebo	30% SSA + 10% niacinamide	16 weeks	⁶
Dermocosmetic cream with niacinamide et al. plus adapalene 0.1% cream	—	8 weeks	⁷
Niacinamide-containing body emollients, with or without cleansing gel	—	28 days	⁸
Dermocosmetic containing salicylic acid, niacinamide, and thermal spring water	—	Phase 1: 12 weeks; Phase 2: 12 weeks	⁹
Niosomal TXA 2%/NCA 2% cream or conventional TXA 5%/NCA 4% cream	TXA 2%/NCA 2% or TXA 5%/NCA 4%	three months	¹⁰
INNORYOS 2.2% hyaluronic acid containing 15 mg niacinamide	15 mg niacinamide per injection	26 weeks, injections at baseline, week 1 and 2	¹¹

PREPARATION OR FORM	DOSE	DURATION	STUDY
Liquid botanical nutraceutical containing niacinamide and other ingredients	60 mL twice daily	90 days	12
Topical niacinamide formulation (cosmetic) vs. placebo	—	8 weeks, 8 sessions of 5-US (weekly, 20 min)	13
Serum B3 (5% niacinamide) vs. 4% hydroquinone	5% niacinamide in serum	5 months Serum B3; HQ4% 3 months then 2 months Serum B3	14
Topical nicotinamide 2% and 4% as cream and gel	2% and 4% nicotinamide	—	15
Ceramide and niacinamide-containing moisturizer (CCM) vs. hydrophilic cream	—	8 weeks	16
Topical emollient containing panthenol, niacinamide, and dipotassium glycyrrhizate	twice daily	28 days	17
1% niacinamide topical gel	twice daily	3 months	18
Oral niacinamide (NAM) as add-on to phosphate binders	250-500 mg/day	12 weeks per treatment arm (crossover)	19
Cosmetic serum containing niacinamide, postbiotics and peptides	—	4 weeks	20

5. Is Niacinamide Safe? Side Effects in Studies

In the studies, niacinamide was predominantly well tolerated, with minor local side effects [15](#); burning, itching and redness occurred less often than with fluorouracil [18](#). With oral administration to dialysis patients, there were individual discontinuations due to side effects [19](#). A review warns against a possible cardiovascular risk from breakdown products at high oral doses [51](#); large observational studies found no increased risk of serious cardiovascular events [3538](#). A higher topical concentration was associated with more irritation [15](#).

STUDY	REPORTED SIDE EFFECTS
2 Vahabi et al. 2025	Desonide and C. rotundus oil with minimal side effects; laser more painful
4 González-Molina et al. 2022	Minimal side effects
6 Xiong et al. 2024	1 drug-related AE and 1 drug-unrelated AE in the SSA group; no AE in the placebo group
7 Sitohang et al. 2024	Better tolerability in Groups B and C
8 Zhu et al. 2023	No obvious adverse reactions
9 Khammari et al. 2023	good tolerance
10 Ghasemiyeh et al. 2025	Less serious adverse reactions than hydroquinone; relapse observed in hydroquinone group
11 Hofweber et al. 2024	No adverse effects observed or reported
12 Messier et al. 2026	No adverse events reported
14 Rocio et al. 2025	Higher erythema in HQ group; Serum B3 better tolerated
15 Nough et al. 2023	4% had higher irritation incidence; overall minimal side effects
16 Tempark et al. 2024	No serious side effects from either cream

6. What Remains Open: Limits of the Evidence

- Many skin studies are small and short, and niacinamide was often tested only as part of a mixture.
- For kidney, joints, blood sugar and pellagra, robust controlled studies are lacking.
- Findings on topical use cannot be transferred to oral forms and vice versa.
- Little is known about the long-term safety of oral administration in dialysis patients.
- Whether niacinamide prevents skin cancer cannot be assessed from the available studies; for the treatment of actinic keratosis there is only one small comparative study.

7. Bottom Line: What Is Established About Niacinamide

Niacinamide is the amide form of vitamin B3 and is used both orally and topically.

On the skin, niacinamide-containing preparations improved the skin barrier in small controlled studies⁸¹³, but did not alleviate redness triggered by retinol²¹. In other areas, the evidence is weak. In hemodialysis, oral nicotinamide in addition to phosphate binders lowered the serum phosphate level more than placebo; in the analysis of all randomized participants, the difference was not confirmed¹⁹. For joints, blood sugar and precancerous skin lesions, the available studies are insufficient for an assessment¹¹¹⁸; for pellagra, only a review is available⁵⁸. Tolerability was predominantly good in the studies, with local irritation as the most common side effect¹⁵.

Frequently Asked Questions

How well has Niacinamide been studied in humans?

We evaluated 71 human studies on Niacinamide, including 25 randomised controlled trials and 3 meta-analyses or systematic reviews; the controlled studies include 2,588 participants in total. As of 16 October 2026.

Does Niacinamide help with skin (acne, pigmentation, skin barrier)? What the studies show

We evaluated 5 controlled studies and 36 further studies; the controlled studies include 267 participants in total. Result of the controlled studies: mixed. Strength of evidence under our published rules: moderate. Sources: ¹²³⁴

Does Niacinamide help with kidney and dialysis? What the studies show

We evaluated one controlled study and 2 further studies; the controlled studies include 26 participants in total. Result of the controlled studies: mostly improved. Strength of evidence under our published rules: low. Sources: ¹⁹²⁴⁵⁴

Does Niacinamide help with skin cancer and precursor lesions? What the studies show

We evaluated one controlled study and 3 further studies; the controlled studies include 26 participants in total. Result of the controlled studies: mixed. Strength of evidence under our published rules: unclear. Sources: ¹⁸⁵¹⁵³⁵⁷

Does Niacinamide help with joints and inflammation? What the studies show

We evaluated one controlled study and one further study; the controlled studies include 90 participants in total. Result of the controlled studies: mixed. Strength of evidence under our published rules: unclear. Sources: ¹¹⁴⁴

What is niacinamide and how does it differ from nicotinic acid?

Niacinamide is the amide form of vitamin B3 and belongs to the water-soluble vitamins. Nicotinic acid is another form of vitamin B3 with its own properties and its own studies. Findings on nicotinic acid cannot be transferred to niacinamide.

What effect do human studies show on the skin?

For acne, topical nicotinamide reduced sebum production according to a systematic review, based on a single randomized trial¹. For dark discolorations of the armpits, a systematic review counts topical niacinamide among the effective agents². For melasma, topical niacinamide is considered an effective adjunct treatment according to a systematic review⁴.

How well is niacinamide tolerated?

In the studies, niacinamide was predominantly well tolerated. Local side effects were minor¹⁵; burning, itching and redness occurred less often than with fluorouracil¹⁸. A higher topical concentration was associated with more irritation¹⁵.

Are there studies on oral niacinamide in kidney disease?

In adults on hemodialysis, orally taken nicotinamide as an addition to phosphate binders lowered the serum phosphate level¹⁹. The study was small and short, the evidence is weak.

What should be considered with combination products?

A benefit then cannot be attributed to niacinamide alone. Such findings apply only to the mixture studied.

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