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Melatonin

For the treatment of sleep problems

Information for parents and carers

Helping people to be
the best they can be

Melatonin – what is it?

Melatonin is a naturally occurring hormone which is involved in helping you to fall asleep. It is produced by the pineal gland in the brain in response to changes in light levels as the day ends.

Melatonin has been used to treat sleep problems in children, particularly blind children who cannot detect the light changes and children with neurological disorders. It is also used to treat jet lag.

It may be used to help your child re-establish a sleep pattern if other behavioural methods have failed.

Side effects

Side effects are rare. Occasionally headaches or pruritus (itchiness) are reported. It is not clear whether tolerance to the effect of Melatonin may develop during long term therapy.

A note on licensing

Melatonin (Circadin®) is licensed for the short-term treatment of insomnia in adults over 55. It is not licensed for children in this country so its use is 'off label'. Other forms of melatonin are unlicensed which means that they have not been through the same trials and safety checks as a licensed drug. For this reason your doctor is likely to recommend the Circadin form of Melatonin in the first instance. A doctor can prescribe unlicensed and off label drugs.

There is a leaflet available about the use of drugs 'off-label'.

Dosage

Melatonin is available in short-acting and long-acting formats. Your doctor will decide which is the most suitable for your child. Sometimes short-acting and long-acting Melatonin are used together.

The starting dose will usually be 2mg or 3mg tablet or capsule of Melatonin. This should be given to your child half to one hour before you would expect your child to settle to sleep. Keeping to a regular bedtime routine is very important as this will help the Melatonin work.

If the Melatonin is going to work then you will normally see an improvement in your child's sleep within a few days. Your doctor will discuss with you any change in dose if the initial dose is not effective.

Some children for whom Melatonin has helped establish a regular sleep pattern will continue sleeping well after the Melatonin has been withdrawn. Some others may need to continue the treatment to maintain a regular sleep pattern. Sometimes the initial dose of Melatonin will stop working but an increase in dose will be effective.

How long should treatment last?

This is difficult to answer because of the lack of research evidence available.

A simple answer would be "as long as it can be demonstrated that it is effective, safe, and necessary." After one month's therapy it is usual practice for the specialist to either recommend continuation of Melatonin, or stopping if it was found to be of no benefit.

Continued therapy should then be reviewed at least every 6 months by the consultant team.

Occasionally Melatonin may be phased out and a normal sleep pattern maintained with sleep structuring, although many patients require long term treatment. Sometimes parents will forget to give a bedtime dose and, if the child subsequently sleeps well, it would be worth stopping the treatment for a period to see if this pattern continues and inform the prescribing doctor.

Are there any alternatives to Melatonin?

Behavioural and environmental treatments will always be considered before drugs and if the doctor is discussing Melatonin with you it is likely that these have been ineffective.

Whilst not recommended in children antihistamines such as Promethazine are sometimes used for short periods of a few nights. Longer term use of these medications and other sleeping tablets used in adults tends to result in tolerance to the effects and, in some cases, withdrawal symptoms.