<u>Melatonin prescribing in Kent and Medway – Checklist for Clinicians</u> prescribing Melatonin in Primary Care

Please note: Melatonin is specialist initiation only.

A **specialist clinician for children**, may include Paediatric Consultants, Child Psychiatrists or Non-Medical Prescribers with a specialist interest in paediatric sleep disorders.

A **specialist clinician for adults**, may include Consultant Psychiatrists, Secondary Care Geriatricians or Non-Medical Prescribers with a specialist interest in sleep disorders.

Melatonin prescribing should only be continued in primary care if the following have been met:

Primary care to confirm the following: (*The following should be documented on the GP clinical system as completed before continuing with melatonin treatment*)

	Yes (✓)
Has the patient tried non - pharmacological treatment in the first instance before being trialled on melatonin	
Has the patient been given advice on sleep hygiene <u>Sleep problems - Every Mind Matters - NHS (www.nhs.uk)</u> <u>Sleep hygiene tips - Headspace</u> Healthy Sleep Tips for Children: <u>https://www.nhs.uk/live-well/sleep-and-tiredness/healthy-sleep-tips-forchildren/</u> 	
The patient should be actively trying to improve their sleep hygiene (for children, parents/guardians should be implementing sleep hygiene methods) – this should be continued throughout treatment with melatonin The patient should be using a sleep diary (appendix 1) for at least 2 weeks prior to the commencement of melatonin – a sleep diary should be continued throughout treatment with melatonin	
The patient (and their parents/guardians) should be involved in the decision making about melatonin treatment and should be given information about melatonin in order to make an informed choice.	
Melatonin should be initiated by a specialist clinician	
The dose should be stabilised and response to melatonin assessed by the specialist clinician before prescribing can be continued in primary care	



Deprescribing

- Review and deprescribe melatonin in adults after a total of 13 weeks treatment.
- Review children on melatonin after three months and deprescribe melatonin if there is no clinically relevant treatment effect seen, if appropriate. Review can be conducted in secondary or primary care.
- All suitable patients should be offered a two-week drug holiday to assess their need for ongoing treatment. This can take place three months after the commencement of treatment and six monthly thereafter, with the support of secondary care.

Children transitioning to adults

Melatonin is not currently recommended across Kent and Medway for adult patients under 55 years old. Young people who are transitioning to adult services or reach 18 years should be reviewed in conjunction with advice from the specialist services where applicable.

If sleep concerns remain, treatment should follow standard guidance for adults with sleep problems.

The expectation is for children's services to be responsible for reviewing and deprescribing melatonin prior to the child turning 18 years old.

NHS Kent and Medway do not support the prescribing of melatonin in adults under 55 years old.

Please refer to the Kent and Medway Guideline on the Use of Melatonin for the Management of Sleep Disorders in Children, Adolescents, and Adults for further information on prescribing melatonin