Are there any Side Effects with Melatonin?

All medicines have side effects. Melatonin too, may occasionally cause side effects, but often these are mild. The most common side effects are listed below.

<table>
<thead>
<tr>
<th>Side Effects</th>
<th>What Happens</th>
<th>What to do about it</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headache</td>
<td>Your head is pounding and painful</td>
<td>Try paracetamol. Your pharmacist will be able to advise if these are safe to take with any other drugs you are taking</td>
</tr>
<tr>
<td>Abnormal dreams</td>
<td>More vivid dreams that you remember</td>
<td>This should wear off in a few days</td>
</tr>
<tr>
<td>Dizziness</td>
<td>Feeling light-headed and faint</td>
<td>Get up slowly from a lying or sitting position. Don’t drive or operate machines.</td>
</tr>
</tbody>
</table>

Melatonin is less likely than other prescription sleeping tablets to affect concentration and impair driving skills. Remember, alcohol will cause additional sleepiness.

Some people experience an unusual taste in the mouth when taking melatonin.

Some people report reduced interest in sex (libido).

If you have asthma or a heart condition and are prescribed melatonin do tell your doctor know if you notice a change in your condition. Very rarely can melatonin worsen asthma and affect circulation.

If you do get any unusual reaction when taking melatonin please do report this to your doctor.

Where Can I find Further help and Information

The following sources of information may be of help to you. Please be aware that there are many internet sites whose main aim is to sell melatonin rather than provide balanced information.

www.choiceandmedication.org.uk
Is a general information site covering many mental health conditions and treatments

Obtaining Melatonin on Prescription

Some presentations of melatonin may not be available straight off the shelf in your local pharmacy. If your prescription is not for the Circadin brand, please expect a short delay whilst your local pharmacist obtains the brand you need.

Your pharmacist will be happy to discuss with you the different formulations available.

This leaflet has been produced by the Worcestershire Mental Health Partnership and Primary Care NHS Trust
It is not a substitute for a manufacturer’s information leaflet
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What is Melatonin:
Melatonin is a naturally occurring hormone secreted by a small gland in the brain called the pineal gland. One of its main functions is to regulate the sleep-wake cycle and under healthy conditions its release is stimulated by low levels of light. This in turn promotes sleep.

Why Prescribe Melatonin
In a number of conditions melatonin response is faulty or inadequate and taking extra melatonin has been used to promote sleep. Melatonin is often recommended to manage ‘jet-lag’. In some countries melatonin is available to purchase freely as a ‘supplement’ but in the UK access is restricted to supply by prescription. This leaflet sets out to explain the circumstances where melatonin might be used as part of the treatment options. Precise place in therapy, length of treatment and review depend on the condition.

Choice of Product
Until the launch of Circadin [melatonin 2mg modified release (m/r) tablets] in June 2008 melatonin was only available by special order. However to use Circadin within licence restricts treatment to people who are 55 years or older with uncomplicated poor sleep and to a fixed 2mg daily dose for no longer than 3 weeks without a break. The licensing authority (MHRA) recognises that melatonin use spans a much wider need than Circadin license; not only is melatonin widely used as a licenced product for children, it has been found to be well tolerated and with very few side effects. However as a fully registered formulation of melatonin Circadin will be prescribed in preference to any other products even when the use doesn’t match the license. This is because it has the most robust evidence for quality and effectiveness and has been brought to the market like other prescription medications. Where liquid formulations or capsule presentations are needed (the latter allows the melatonin to be sprinkled on to food) then a UK manufactured source of melatonin will be provided.

Using in Children

Neurodevelopmental Disorders
Use of adult sleeping tablets and sedatives can be effective but often produces side effects including day time sedation. Melatonin has been shown to be effective and well tolerated for the treatment of sleep disorders in children with neurological and behavioural disturbance. Melatonin is often initially prescribed for a 2-4 week period alongside behavioural advice. Some children may require a longer period of treatment. A proportion of children appear to benefit from longer term use over several years. Children who have taken melatonin long term can have treatment withdrawn over a period of 3-4 weeks.

Special Sleep Studies
The melatonin sleep EEG forms part of an assessment process in children to help identify abnormal brain activity. Electroencephalographs (EEG) are a recording of the brain’s electrical activity. An activation procedure for EEGs is sleep. Sleep enhances the brain’s activity and increases the yield for abnormality.

Attention Deficit Hyperactivity Disorder
Settling at night can be especially difficult for children with ADHD. Stimulants themselves can add to poor sleep although with careful timing this waking effect may wear off by bed time. If a sleeping preparation is needed melatonin represents a natural chemical produced by the body when it gets dark. For children it is often preferred to adult sleeping tablets. This is because there are no sleeping tablets licensed for children. Although not a licensed product for children, it has been found to be well tolerated and with very few side effects.

Learning Disability (intellectual impairment)
Some children with learning disability have a genetic cause for their disability. This can also make them vulnerable to sleep abnormalities. Others may have other conditions that are associated with sleep-wake cycle disruption, or have to be treated with medication that can impair sleep (eg autism).

Special Uses

• Use in Dementia
In patients with Alzheimer’s disease age related reductions in melatonin levels are often accelerated as part of the condition. Many patients experience sleep problems. Whilst sleep hygiene and checking for and treating any other conditions is vital there is now research evidence to show that melatonin can improve the agitated and unsettled time that frequently occurs later in the day –known as ‘sundowning’. Standard sleeping tablets remain first line medicines but melatonin has been found to be both safe and effective in doses of up to 10mg daily. Usually benefit is reached by 6mg daily. As with use in other patient groups there appears to be little early morning unwanted sleepiness and tolerance and dependence with regular dosing does not seem to appear.

Using in Adults

• Adults aged over 55 years
With advancing age the body produces less melatonin. Melatonin is now a first line treatment choice for people in this age band with uncomplicated poor sleep. However treatment under license is restricted to a 3 week course of treatment at a single 2mg dose.

• General Use in Adults aged UNDER 55
Melatonin will not be offered as a first choice sleeping preparation for you. This is because standard prescription sleeping tablets are the recommended first drug treatments.

• Adults with Learning Disability
Sleep problems associated with learning disability often require long-term treatment. Advantages of melatonin include the lack of hangover effect, and with repeated dosing ongoing benefit with no risk of tolerance or dependence. There are few unwanted effects and a possible beneficial effect when used for people with epilepsy.

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