

BNSSG Shared Care Guidance

Please complete all sections

Section 1: Heading

Drug	Melatonin
Amber <i>three months</i>	
Indication	<p>Children with neurodevelopmental disorder/disability with intrinsic sleep disorder (difficulty getting to sleep or remaining asleep) who have exhausted all behavioural sleep hygiene options.</p> <p>Not for use in ADHD or Autism or Learning Disabilities.</p> <p>Treatment not continued in to adulthood.</p>
Speciality / Department	Community Child Health Partnership
Trust(s)	Sirona
	Avon and Wiltshire Partnership
	Weston Area Health Trust

Section 2: Treatment Schedule

Usual dose and frequency of administration	Melatonin 0.5mg -12mg at night
Route and formulation	<p>Oral</p> <p>Circadin 2 mg modified release tablets (licensed but used off-label in this age group) or liquid preparations (including Bio-Melatonin 3mg standard release tablets which can be crushed and dissolved – licensed by European Medicines Agency.)</p> <p>KidMel oral solution 5mg/5ml</p>
Duration of treatment	<p>Trial of 3 months initially managed by secondary care or community child partnership.</p> <p>Only to be continued by primary care where an improvement in sleep disorder has been assessed by secondary care or community child health partnership.</p> <p>Annual review of benefit by secondary care or community child health partnership.</p>

Section 3: Monitoring

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Please give details of any tests that are required before or during treatment, including frequency, responsibilities (please state whether they will be undertaken in primary or secondary care), cause for adjustment and when it is required to refer back to the specialist.

Baseline tests - where appropriate
Sleep report (eg 2 week diary)
Subsequent tests - where appropriate
1. Sleep report

Section 4: Side Effects

Please list the most common side effects and management. Please provide guidance on when the GP should refer back to the specialist.

Side effects and management	No known side effects in humans
Referral back to specialist	Annual Neurodevelopmental Review will be continued

Section 5: Drug Interactions

Please list clinically significant drug interactions ([eMC link](#) please click here)

Significant Drug Interactions	None recognised
Reminder to ask patient about specific problems	none

Section 6: Contra-indications, Cautions and Special Recommendations

Please list

1. Behavioural sleep hygiene measures should be in place before melatonin is trialled

Section 7: Advice to the patient

Advice for prescribing clinician to inform patient

<ol style="list-style-type: none">1. Behavioural strategies to help sleep onset can be accessed by families at http://www.sleepcouncil.org.uk/wp-content/uploads/2015/02/the_good_night_guide_for_children.pdf2. More specialist group based support available via Cerebra https://w3.cerebra.org.uk/help-and-information/sleep-service/

Section 8: Responsibilities for Secondary Care

Core responsibilities
1. Initiating treatment and prescribing for the first three months

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2. Undertaking the clinical assessment and monitoring for the first three months.
3. Communicate details of the above in 1 and 2 to GP within the first month of treatment. This information should be transferred in a timely manner.
4. Refer patients to GP and provide information of further action where appropriate e.g. blood test is due.
5. To provide advice to primary care when appropriate.
6. Review concurrent medications for potential interaction prior to initiation of melatonin.
7. Stopping treatment where appropriate or providing advice on when to stop.
8. Reporting adverse events to the MHRA.
9. Reminder to ask patients about particular problems see section 5.

Other specific to drug

10. Communicate to primary care results of assessment of 3 month trial of melatonin.

Section 9: Responsibilities for Primary Care

Core responsibilities

1. Responsible for taking over prescribing after the first three months
2. Responsible for the clinical assessment and monitoring after the first three months
3. Review of any new concurrent medications for potential interactions.
4. Reporting adverse events to the MHRA.
5. Refer for advice to specialist where appropriate.
6. Reminder to ask patients about particular problems see section 5.

Other specific to drug

7. Continuation of melatonin only when successful trial has been communicated by secondary care or community child health partnership and annual review has been undertaken.

Section 10: Contact Details

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Section 11: Document Details

Date prepared	February 2017
Prepared by	Matthew Ellis
Date approved by JFG	Click here to enter details
Date of review	Click here to enter details
Document Identification: Version	Click here to enter details

Section 12: Collaboration

Specialists in any one discipline are encouraged to collaborate across the health community in preparing shared care guidance. Please give details

1. Dr Clare Sheahan Paediatric Clinical lead Sleep pathway for Children BNSSG

Section 13: References

Please list references

Current role of melatonin in paediatric neurology: European Journal of Paediatric Neurology 2015. Bruni et al 19; 122-133 DOI: <http://dx.doi.org/10.1016/j.ejpn.2014.12.007>)