



MELATONIN AND CHILDREN

- Melatonin is a hormone which helps regulate sleep.
- If your child cannot sleep, begin with strategies for behaviour change. If these do not succeed, melatonin may be suggested.
- Melatonin is most often used in children with sleep disorders related to ADHD, autism, other developmental disabilities or visual impairment.
- Melatonin for children requires a prescription.
- Short term use is effective and safe and side effects are rare.

Note: All words that are underlined relate to topics in the Sleep Health Foundation Information Library at www.sleephealthfoundation.org.au

1. What is melatonin?

Melatonin is a hormone produced in the body. Over a 24 hour period it is secreted in the evening and during the night. It is not normally secreted during the day. For more general information on melatonin please see our [melatonin](#) web page.

2. What can children use melatonin for?

In children, melatonin is typically used to treat difficulties with going to sleep or staying asleep. It may benefit children who are developing normally as well as children with Attention Deficit Hyperactivity Disorder, autism, other developmental disabilities or visual impairment. For most children with sleep problems, there is a specific cause which should be identified and treated before melatonin is considered as an option. For example, a child might not be able to get to sleep due to their anxiety. If the child is anxious, there are things to try first such as relaxation techniques and visual imagery. See our [Anxiety and Sleep](#) page. In some cases, the sleep problem may be related to the child's behaviour. If this is the case the parents should try to change the child's

behaviour at bedtime. See our [Behavioural Sleep Problems in School Aged Children](#) page for some tips on how to do this. Other sleep disorders in children are described in our [Sleep Problems and Sleep Disorders in School Aged Children](#) web page.

3. How much melatonin should my child take?

If your child's paediatrician or sleep specialist has prescribed melatonin, the dose will depend on your child's age. A young child needs less than an older child. Amounts may vary from 0.5 mg to 5 mg. In most cases these amounts of melatonin will be sufficient, but in certain situations, your doctor may prescribe higher doses. All forms of melatonin administered to children need a doctor's prescription in Australia. The most common preparation in Australia is 2 mg in a tablet form and this is available for children from chemists with a prescription. It is a slow release form to last all through the night. Slow release melatonin is much like the melatonin that occurs naturally. This slow release form of melatonin has shown to be particularly effective in improving sleep in children with autism spectrum disorder (See our [Autism in Children and Sleep](#) fact sheet). Melatonin is also available on



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prescription in liquid form or in immediate/rapid release tablet form from compounding pharmacies. Rapid release formulation can also be achieved by crushing the Circadin tablet form of melatonin which is obtained on prescription for children.

4. When should my child take it?

To help your child go to sleep, the best time to take the melatonin is around 30-60 minutes before you want them to go to bed. You may need to try giving it at different times to work out when is best for them. Discuss this with your child's doctor. Be sure to use it along with a good pre-bed routine. The bedroom should be dark and comfortable. It is important that it is free from electronic media (such as TVs, electronic games and phones) which may distract the child and make it difficult to sleep. See also [Good Sleep Habits](#). Children should not use computers or tablets with the usual blue light screens for at least an hour before going to bed because the blue light the screen produces will reduce the normal rise of melatonin. A light snack before bed is OK, but eating meals should be avoided if possible for at least 2 hours before bed.

5. Can melatonin cause problems?

In the short term, melatonin seems to work well and be safe. Only a few studies have looked at its long term use in children. But those that have, suggest that it is safe. Animal studies have raised concerns about the effects of melatonin on timing of puberty but these effects have not been found in children. Long term use is only appropriate if it is because of a specific sleep issue, such as may be seen in children with developmental problems or visual impairment. Side effects in children are very rare. When people report them, it is not yet certain if they are caused by melatonin or by something else. You should talk about this with your doctor.

6. Where can I find out more?

Most research about melatonin in children has focussed on children with specific conditions or developmental problems. The following links are short summaries of scholarly articles:

<http://onlinelibrary.wiley.com/doi/10.1111/j.1600-079X.2009.00681.x/full>

<http://jcn.sagepub.com/content/23/5/482.short>

For information on over 70 different sleep related topics, written by professionals, visit the Sleep Health Foundation Information Library at www.sleephealthfoundation.org.au. The underlined topics in this article are covered in detail there.



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Sleep Health Foundation ABN 91 138 737 854

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A national organisation devoted to education, advocacy and supporting research into sleep and its disorders.

Disclaimer - Information provided here is general in nature and should not be seen as a substitute for professional medical advice. Ongoing concerns about sleep or other medical conditions should be discussed with your local doctor.

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Version 4: August 2021