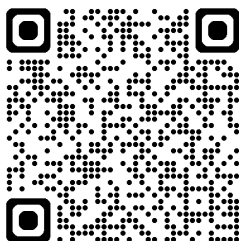


# Melatonin



**Information for children, young people and families from the Community Paediatrics service**

Use the QR code to view our web page and see more details about our service and resources.



Service provided by

**Sirona**  
care & health

## What is Melatonin and how does it affect sleep?

Melatonin is a hormone made in the brain that helps prepare for sleep. Its levels rise at night and drop during the day, supporting the body's natural sleep-wake cycle (circadian rhythm). Daylight exposure helps with melatonin production at night, especially when combined with environmental cues (e.g. a darkened room) and good sleep hygiene.

Melatonin is not a sedative and can be easily overridden by stimulation (e.g., screens, games). It may not help with waking during the night and is best used short term to reset the sleep cycle.

## Sleep hygiene

Improving sleep often starts with behaviour and environment changes.

### Daytime tips

- Exposure to natural daylight.
- Daily exercise (aim for 60 mins per day).
- Eat a balanced diet, avoiding sugar and caffeine.

### Bedtime tips

- Keep a regular, calming bedtime routine.
- Avoid stimulating activities and screens 1–2 hours before bed.

### Recommended sleep by age:

- 1–2 years: 11–14 hrs (with naps).
- 3–5 years: 10–13 hrs (with naps).
- 6–12 years: 9–12 hrs.
- 13–18 years: 8–10 hrs.

### Sleep environment

- Calm and quiet bedroom.
- Remove distractions (ensure toys, screens are out of view)

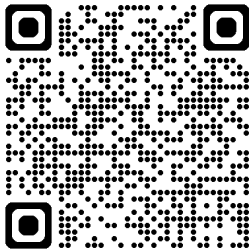
## Melatonin use

- Take 30–60 mins before sleep.
- Slowly adjust timing of melatonin by 15mins earlier/week to promote a healthier bedtime.
- Take the tablet whole/halved (to maintain its modified release effect).
- Can be crushed if essential, but not recommended as this can reduce the effect.

## Side effects

Melatonin is usually well tolerated but can cause night terrors, drowsiness, headaches, nausea, or itching. The effects of taking melatonin (especially at higher doses) are not well known. Melatonin is a hormone and may affect growth, glucose levels, and puberty.

More information can be found on the Medicines for Children's [Melatonin Patient Leaflet](#).



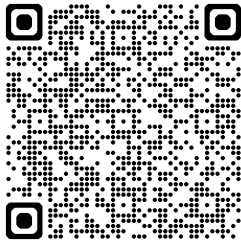
## Medication breaks

Regular breaks are advised as this will maintain effectiveness and at least a week's break should be tried every year to reassess. Following a break, a lower dose may be as effective.

## Unlicensed and off-label use

Melatonin isn't licensed for children's sleep issues but is often used "off-label" under specialist guidance when sleep hygiene alone isn't enough. This is common in paediatric care.

More information can be found on the Medicines for Children's [Unlicensed Medicines Info](#).



## Weaning Off Melatonin

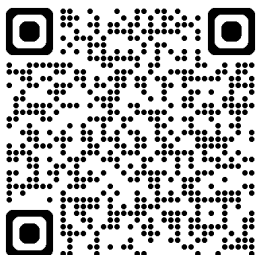
Melatonin is not addictive and stopping it will not cause withdrawal. You can:

- Take it every other night to reduce reliance.
- Gradually reduce the dose over a few weeks.

## Transition at 18

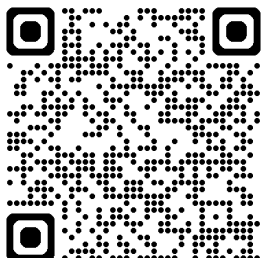
Melatonin is not licensed for use in adults under 55. If you are still taking it at 18, you will be discharged from Community Paediatrics and must discuss ongoing use with your GP.

More advice and support can be found on our [Children and Young People's Sleep page](#).



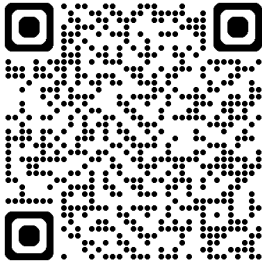
## Helpful resources:

[The Sleep Charity UK](#)

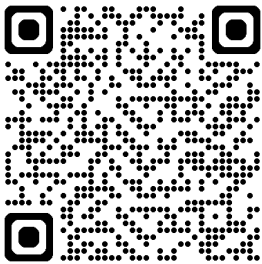




## [Teen Sleep Hub](#)



## [Sleep Action](#)



## Let us know what you think and get involved

**Telephone:** 0300 124 5300\* **Email:** [sirona.hello@nhs.net](mailto:sirona.hello@nhs.net)

**Website:** Link to Sirona website ([sirona-cic.org.uk](http://sirona-cic.org.uk))

\*Calls from landlines are charged up to 10p per minute; calls from mobiles vary, please check with your network provider. This is not a premium-rate number.

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