

Management of sleep disorders in children and adults*

Patient complains of sleep difficulty not responsive to basic sleep hygiene measures

Refer to local sleep behavioural intervention service (if available) or optimise sleep hygiene

Sleep difficulty persists or behavioural interventions not suitable at this time. Refer to specialist¹

Assessment & Initiation by specialist:

Complete medical history, sleep history, physical assessment if indicated. Ensure sleep hygiene measures have been discussed and trialled

Appropriate to commence melatonin?

- See Pan Mersey Statement for underlying causes where melatonin is approved for sleep disorder AND
- <6 hours of continuous sleep persistently for at least 3 months AND/OR
- >0.5 hour sleep latency on at least 3 out of 5 work/school nights per week for 2 weeks.

YES

NO

Offer parents further sleep hygiene advice. Signpost to other relevant services

Child is:

- ≥2 years old
- Has Autism spectrum disorder OR Smith magenis syndrome OR
- Unable to swallow conventional tablet

Slenyto[®] prolonged release minitabs²

Child is:

- ≥2 years old
- Persistent chronic sleep disorder
- Can take tablets

Melatonin 2mg prolonged release tablets

Child Or Adult with persistent chronic sleep disorder - requires immediate release melatonin

Adaflex[®] tablets or Ceyesto[®] oral solution

Follow-up assessment at 3 months by specialist:
Assess treatment benefit

Continue treatment if evidence of benefit:

- Increase in sleep duration ≥60minutes
- Reduction in night-time waking
- Consistent shift to earlier sleep onset
- Reduction in sleep latency

If **NO** benefit: **STOP** treatment immediately

Follow-up assessment every 12 months in primary care

To include:

- 2 week trial 'drug holiday'
- Complete sleep diary; one week with and one week without melatonin

1. Refer to appropriate specialist dependant on underlying cause
2. Slenyto is off label in patients aged 18 years or above. Patients should be maintained on the same formulation if ongoing pharmacotherapy is required into adulthood.
3. * Sleep disorders associated with Parkinson's Disease (PD) can be managed by a PD specialist. This pathway does not apply.