

Melatonin for the Treatment of Advanced Sleep Phase Disorder

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I HAVE HAD THE OPPORTUNITY TO REVIEW THE EXCELLENT PUBLICATION ENTITLED, "PRACTICE PARAMETERS FOR THE EVALUATION AND TREATMENT of Circadian Rhythm Sleep Disorders" by the Standards of Practice Committee of the American Academy of Sleep Medicine.¹ All of the recommendations are strongly evidence based, with the exception of the indication (option) of the use of melatonin for the treatment of advanced sleep phase disorder (ASPD).

In the evidence-based review by Sack et al² the authors state, "There are no systematic reports of melatonin administration for ASPD, but consideration of the melatonin PRC provides a rationale for low dose administration after early morning awakenings and upon final arising in the morning." I agree that theoretically administering melatonin in the morning may be of value for delaying circadian rhythms in patients with ASPD. However, to my knowledge, there are no published studies or even case reports on its effectiveness in patients with ASPD. Furthermore, the safety of taking this potentially sleep promoting agent in the morning has not been studied, and may be associated with adverse effects, particularly in the elderly who are more likely to suffer from ASPD.

In the review by Sack et al, they also conclude that "There are insufficient data to assess the safety and efficacy of timed melatonin administration in the treatment of ASPD." Therefore, the available evidence does not support melatonin as an indication for the clinical management of ASPD. The scientific basis for its use needs to be tested in patients. Clearly, this is an area that calls for further research.

REFERENCES

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