

INFORMATION FOR PATIENTS

Melatonin and clonazepam

Melatonin and clonazepam can be used to control nighttime activities in people with REM sleep behaviour disorder (RBD) and problematic sleepwalking, where nighttime activities are, or are potentially, dangerous, a high risk of causing injury, or are very disruptive for the person or their partner.

Melatonin

Melatonin is a natural hormone produced in the brain that helps sleep. To maintain a natural high level of nighttime melatonin it is important to have daytime exposure to sunlight (to suppress daytime melatonin) and to stop using screens/devices in the two to three hours before bedtime. The light from screens e.g. computers, mobile phones and tablets, mimics sunlight and prevents melatonin production in the brain. Evening use of these stops the nighttime production of melatonin affecting sleep quality.

Prescription

The national rules around melatonin prescription in the UK are a little confusing - some GPs prescribe it for a range of conditions, others do not. It can be prescribed by all GPs for children with ADHD and autism, for very specific sleep disorders and as a short course for insomnia in those aged over 55.

Melatonin is classified as a dietary supplement just about everywhere else in the world (including Europe and North America) and can be bought in pharmacies/drug stores abroad and brought back into the UK entirely legally and without a prescription. It can also be bought from registered online pharmacies. It is regularly used around the world by shift workers and for jetlag. However, it is advised that you check with your doctor or specialist that melatonin is appropriate for you before buying it for regular use.

Melatonin, being a natural hormone, has very few side effects. Melatonin tablets are usually 2mg, 3mg or 5mg.

Clonazepam

Clonazepam is very effective at controlling nighttime activities and has been used for this very successfully for many years. Activities can usually be controlled with low doses, much lower than doses needed for other medical conditions (e.g. epilepsy). Clonazepam is part of the diazepam family of medications. At high doses in conditions like insomnia or anxiety, it can lead to tolerance, meaning the effects wear off. However, for REMBD and sleep walking, there is little risk of tolerance.

Prescription

There are no restrictions with clonazepam and it can be prescribed by all GPs.

Clonazepam's main side effects are tiredness or a 'hang-over' feeling the following morning. The aim is to have the lowest dose to control nighttime activities without causing daytime symptoms.

Clonazepam tablets are usually 0.5mg, 1mg or 2mg.

Using melatonin and clonazepam for RBD / problematic sleepwalking

Keep a sleep diary for one month to record a background of activity - events and frequency. Start your chosen medication (usually taken at bedtime or an hour before bed).

For melatonin:

- Start with one tablet (usually 2mg, but maybe 3mg or 5mg) at bedtime.
- Continue with your sleep diary.
- After one month review with your partner. If activities are controlled, then stick at this dose. If there is no change or not enough improvement of activities, increase by one tablet (e.g. from 2mg to 4mg at night).
- Continue with the sleep diary.
- After one month review with your partner. If activities are controlled, then stick at this dose. If there is no change or not enough improvement of activities, increase by one tablet (e.g. from 4mg to 6mg at night).
- Continue with the sleep diary.

Carry on as above up to a dose of 10mg..

For clonazepam:

- Start at 0.5mg at bedtime.
- Continue with your sleep diary.
- After one month review with your partner. If activities are controlled, then stick at this dose. If there is no change or not enough improvement of activities, increase by one tablet (from 0.5mg to 1mg at night).
- Continue with the sleep diary.
- After one month review with your partner. If activities are controlled, then stick at this dose. If there is no change or not enough improvement of activities, increase by one tablet (from 1mg to 1.5mg at night).
- Continue with the sleep diary.

Carry on as above up to a dose of 4mg. Many people only need 0.5-1mg clonazepam. Others need 2-3mg. It is unusual to need over 4mg.

If symptoms are not controlled with one medication, then add in the other, and work up the dose as above. They can be taken together. Some people switch (e.g. stop melatonin and start clonazepam), others choose to take both together. Some people are best managed on a mixture of both (e.g. 6mg melatonin plus 1mg clonazepam). It is whichever combination works best for you. Please do not take more than 10mg melatonin or 4mg clonazepam without discussing with a sleep specialist.

Important notes

The aim is to use the minimum dose of medication(s) to adequately control nighttime activities without causing side effects the following day. If you become sleepy in the daytime, cut back the dose. Do not drive if you are sleepy.

‘Adequate control’ may mean just preventing potentially harmful activities for some people, or suppressing all abnormal movements for others. As with any medication, it is best not to start or increase any medication the night before you need to do something important e.g. drive or attend an important meeting.

Sleep diaries

To monitor how well a treatment is working, it is best to keep a sleep diary with the help of a partner. Most people are best keeping one for a month before starting treatment (to obtain a baseline), and then keep it as they start treatment until they have reached a treatment dose that controls activities. This does not need to be exhaustive, but a simple note of whether nighttime activities occurred on the previous night, how many times and what they were.

Further sources of information

NHS Choices: www.nhs.uk/conditions

Our website: www.sfh-tr.nhs.uk

Patient Experience Team (PET)

PET is available to help with any of your compliments, concerns or complaints, and will ensure a prompt and efficient service.

King’s Mill Hospital: 01623 672222

Newark Hospital: 01636 685692

Email: sfh-tr.PET@nhs.net

If you would like this information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call the Patient Experience Team on 01623 672222 or email sfh-tr.PET@nhs.net.

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