



## Featured Web Resources

1. Pharmacists often consider adverse cardiovascular effects of medications including psychotropics. Here is a resource with very useful information regarding medications and changes to the QT interval in heart rhythm.

Link: <http://www.azcert.org/medical-pros/drug-lists/drug-lists.cfm>

2. The Canadian Alliance for Monitoring Effectiveness and Safety of Antipsychotics in Children (CAMESA) guidelines were developed by a group of physicians, health professionals and researchers from across Canada, with the support of the Canadian Institutes of Health Research. The goal of the CAMESA guidelines is to improve the quality of life of children with mental health disorders by promoting antipsychotic drug safety. CAMESA helps parents and doctors manage the side effects of second generation antipsychotics in children.

Link: <http://comesaguideline.org>

## In The Know...

### What role does melatonin have in helping children sleep?

Melatonin has recently received new [media](#) attention surrounding its proposed benefit for sleep. About 15-25% of children and adolescents are affected by problems of sleep initiation or maintenance and chances are that pharmacists will encounter questions from parents asking if melatonin can help.

Melatonin is a natural hormone derived from serotonin and secreted by the pineal gland in response to sunset. It conveys information about the daily cycle of light and darkness to the body ultimately impacting the circadian rhythm and sleep-wake rhythms.

Melatonin, 1-5 mg of immediate-release melatonin per evening, has been researched in various pediatric populations. While there are limited well-designed trials of sufficient duration to confirm the place of melatonin in all children with sleep problems, there are some studies that indicate clinical benefit for selected groups of children.

Melatonin was found to improve sleep parameters in healthy children with insomnia in two 4-week randomized controlled trials. The findings suggested clinically relevant improvements in sleep onset (time to fall asleep and total sleep time). For details see the online summary [here](#).

The **Canadian Paediatric Society** has published a summary of the evidence for melatonin in children with **ADHD** and **autism**. Check out the [article](#) for more details. The findings suggest that melatonin can provide a safe and very effective solution for sleep problems in many of these paediatric patients.

What about the **long-term effectiveness** and **safety** of melatonin? Several questions that arise as treatment progresses have yet to be addressed, including “how long can I give this to my child?”, “should I increase the dose if the sleep problem persists or returns?”, and “should I have my child take a holiday and how long should it be if the effectiveness wanes?”. To date there are no data indicating safety concerns but there is an absence of prospective long-term follow up studies in children to assure safety. Mild and self-limiting side effects reported in clinical trials include daytime drowsiness, headache, and dizziness.

Pharmacists helping families with children experiencing sleep problems should ensure that the problem is being assessed and managed appropriately. Ensure that the family physician or pediatrician is leading this process. Ask about the recommended investigations, the working diagnosis, and the treatments that have been tried and are planned. Answers to these questions will help to determine the role of the pharmacist in helping the family move forward. With this in mind, the following online references and resources may be of value:

[Clinical management of behavioural insomnia in childhood \(Vriend, Corkum, 2011\)](#)

[Cleveland Clinic Children's: Insomnia in Children](#)

[WebMD: There's hope for children with insomnia \(but be cautious\)](#)

[U of Oxford: Guide to Good Sleep \(overview\)](#)

## In The News

### **DSM-5 enters the diagnostic fray | Fifth edition of the widely used psychiatric manual focuses attention on how mental disorders should be defined...**

"To a cacophony of boos, so-whats and even a few cheers, the American Psychiatric Association released the fifth edition of its Diagnostic and Statistical Manual of Mental Disorders, DSM-5, on May 18 at its annual meeting in San Francisco."

Source: [http://www.sciencenews.org/view/generic/id/351036/description/DSM-5\\_enters\\_the\\_diagnostic\\_fray](http://www.sciencenews.org/view/generic/id/351036/description/DSM-5_enters_the_diagnostic_fray)