Melatonin Prescribing in Adults With Intellectual Disability

Dr Ada Ugochukwu, Dr Sthembeni Shoko, Dr Krishna Savadia and Dr Rohit Gumber

Leicestershire Partnership NHS Trust, LEICESTER, United Kingdom

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Aims: This audit aims to review the prescribing of melatonin in adults with intellectual disability (ID) to understand current patterns of melatonin use within this population and to assess whether prescribing practice follows existing clinical guidelines. In addition, the audit seeks to compare the current findings with those from previous audits conducted in 2018 and 2021 to provide a longitudinal overview of changes in melatonin prescribing over time.
Methods: A retrospective audit was conducted to assess the use of melatonin in adults with intellectual disability and insomnia. From a total population of 322 patients, a sample of 50 patients was selected using systematic random sampling. The inclusion criteria focused on adult patients with intellectual disability prescribed melatonin by the Intellectual Disability Psychiatry Team at Leicestershire Partnership Trust. Patients in transition from the Child and Adolescent Mental Health Services (CAMHS) and those under adult Community Mental Health Teams (CMHT) were excluded. The audit covered the period from January 2022 to December 2024, with data collected from patient records and GP correspondence. Data collection focused on melatonin initiation, dosing, and prior sleep hygiene, with reviews of effectiveness and side effects during the first and most recent 12 months. The later review also assessed withdrawal or dose reduction where appropriate.
Results: Insomnia was the indication for prescription in all 50 patients, with 42% (21/50) having severe, 26% (13/50) moderate, and 32% (16/50) mild Intellectual Disability. The initiation dose was 2mg in 62% (31/50). The current dose is over 10mg (12mg) in 2% (1/50). While all were reviewed post-initiation (within 2 weeks to 1 year), only 40% (20/50) had a review within 2 months. Sleep hygiene advice was undocumented in 80% in the first year and in 88% (44/50) in the past year. There was no review of side effects in 70% in the first 12 months and 51% in the last year. Insomnia had resolved for ≥6 months in 21% (10/50), but 50% (5/10) of these had no trial of dose reduction.
Conclusion: This audit demonstrates some improvement in adherence to prescribing guidelines for melatonin in individuals with intellectual disability, particularly regarding indication, starting dose, and regular reviews of effectiveness. However, it also highlights ongoing gaps in best practice, including timely initial reviews, consistent monitoring of side effects, provision of sleep hygiene advice, and opportunities for deprescribing. These findings underscore the need for more structured and comprehensive approaches to monitoring and documentation.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Clinical Audit on Off-Label and Unlicensed Medication Prescribing Practices in the Stanley Treatment and Intervention Team, Derwent Clinic

Dr Ernesto Vera, Dr Ahmed Abbas, Dr Ahmed Mostafa and Dr Eman Arebi

Derwent Clinic, Consett, United Kingdom

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Aims:

- To monitor adherence to the General Medical Council professional standards in prescribing unlicensed medications for patients open to the Stanley Treatment and Intervention team.
- To identify areas of unlicensed prescribing that require improvement in order to communicate this with prescribers to raise awareness of the professional standards and reinforce them.
- To ensure good practice in decision-making around treatment choice in conjunction with parents and carers
- To allow use of unlicensed or off-label medicines in line with recognised clinical practice and/or published evidence
- To minimise risk associated with unlicensed and off-label use of medicines.

Methods: A search was conducted on clinic letters by medical staff in the Stanley Treatment and Intervention Team in community mental health between 1 July 2024 and 31 October 2024. We randomly chose 27 clinic letters.

To complete this audit, we reviewed all 27 patient's electronic record to identify unlicensed medication use practice using the audit tool.
Results: The total number of patients included in this audit was 27.The number of patients who were initiated on unlicensed medications was 2 out of 27 . Out of these, 2 patients records had clear documentation of discussion of the use of unlicensed medication with the patient, 2 patients records had a clear documentation of the rationale for prescribing a medicine off-label or prescribing an unlicensed medicine and 2 patients records had a clear documentation of the benefit vs risk of unlicensed medication use.

Subsequently, 2 patients records had documentation of clear, accurate and legible record of all medicines prescribed, 2 patients records had clear documentation that sufficient information about the medicines were given to patient, or their parents or carers. Lastly, there were no patients considered to be in a vulnerable group such as children and adolescents, women of childbearing age and elderly patients.
Conclusion: The Stanley Treatment and Intervention Team in community mental health was found to be 100% compliant with the General Medical Council standards. Compared to a previous audit in the inpatient ward, we identified this was due to improved documentation, open discussions with patients and clearly documented rationale. We suggest practices to have a set proforma to support doctors identifying a rationale, prescribing and documenting commencement of unlicensed medications.

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Monitoring of Follow-Up Reviews in Young Adults After Antidepressant Initiation or Dose Escalation: A Primary Care Audit of NICE Guideline Adherence

Miss Varsha Vignesh

University of Leicester, Leicester, United Kingdom

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Aims: Depression is common amongst young adults and is frequently managed in primary care. Antidepressant medications are commonly initiated or adjusted, however the early stages following this are associated with an increased risk of suicidality in