Pilot Randomized Controlled Trial of Melatonin versus Low-Dose Quetiapine for Insomnia in Generalized Anxiety Disorder

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Background

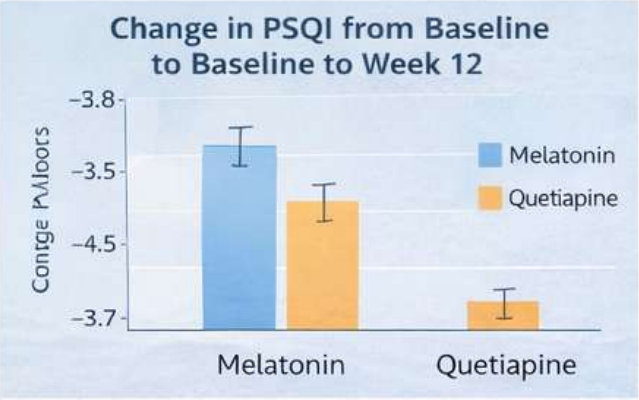
Insomnia is a persistent clinical clinice in patients with generalized anxiety disorder, often resistant to standard anxiolytic tennrerventions.

Currently, comporative preliminary data evaluating melatonin and low-dose quetiapine. for sleep disturbances in this population are limited, necesstating further investigation to establish evidence-based treatment approaches.

Methods

- Baseline PSQI values were compaable between groups: melatonin 12.5 ± 2.4 versus **quetiapin** 12.3 ± 2.4 (p = 0.78). At the 12-week assessment,

PSQI scores improved to 6.7 ± 2.5 in the melaronin group and 7.7 ± 2.0 in he quetiapine at iin-110) for 16. 20 mean rreduction in PSQI from dueugaline wpe. 5.6 ± 2.0 points in the melatonin group compored with 4.6 ± 1.1 points in the quetiapine group. This treatment effect favored melatonin, (95% CL −0.31 to 2.7 jp = 0.11).



★ Incidence of daytime somnolence (10% vS. 0; p=0.09).

⚠ No serious adverse events documented in either treatment group.

Methods

- A single-center, double-blind, parallel-group pilot randomized trial with 20 adults meeting diagnostic criteria for generalized anxiety disorder with clinically significant sleep disturbance.
- Participants were randomly assigned in a 1:1 ratio to receive eithe" melatonin-only°or quetiapine 25 mg nightly (n=10) for 12 weeks.
- The primary outcome measure was change in Pitsburgh Sleep Quality Index (PSQI) scores from baseline to week 12.
- Secondary outcomes included assessment of daytime somnolence and treatment-related adverse events requing discinniation

⚠ No serious adverse events documented in either treatment group.

Conclusion

- Both melatonin and low-dose-**quetiapine** demonstrated clinically meaningficl improvements in deep quality over the 12-week treatment period, with melatonin showing a modest-numerical adveritage that dd not reach-staristica significance. Largel, more powered clinical tralls are needed to appropriatety detect clinically important differences between interventions.