



Should melatonin be used as prophylaxis for COVID-19?

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This rapid review summarizes the available evidence on the efficacy and safety of melatonin in treating patients with COVID-19. This may change as new evidence emerges.

KEY FINDINGS

- Currently, there is no sufficient evidence to support the use of melatonin as prophylaxis for COVID-19 as there were no published clinical trials nor on-going trials found.

- Prevention measures
 - Wash your hands often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing.
 - Avoid touching your eyes, nose, and mouth
 - Avoid close contact
 - Wear facemask if you are sick
 - Clean AND disinfect frequently touched surfaces daily using detergent or soap and water prior to disinfection.
- Melatonin may have an indirect anti-viral effect due to its anti-inflammatory and anti-oxidant properties.
- It was reported that it indirectly targets Human coronavirus (HCoV) cellular targets involve in the viral infection of HCoV including SARS-COV-2
- Currently, there is no sufficient evidence to support the use of melatonin as prophylaxis for COVID-19. There were no published clinical trials nor on-going trials found.
- Only mild adverse effects were found in short term and long-term use of melatonin.
- There were no guidelines found recommending the use of melatonin for prevention of COVID-19.

RESULTS

There is no sufficient evidence to support the use of melatonin as prophylaxis for COVID-19 as there were no published clinical trials nor on-going trials found.

CONCLUSION

There is no evidence that melatonin can be used as prophylactic treatment for COVID-19. High quality randomized controlled trials are needed.

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Declaration of Conflict of Interest

No conflict of interest

REFERENCES

1. Coronavirus Disease 2019 (COVID-19) – Prevention & Treatment [Internet]. Centers for Disease Control and Prevention. 2020 [cited 2 April 2020]. Available from: https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fprepare%2Fprevention.html
2. Zhang R, Wang X, Ni L, Di X, Ma B, Niu S, Liu C, Reiter RJ. COVID-19: Melatonin as a potential adjuvant treatment. *Life Sciences*. 2020:117583.
3. Zhou Y, Hou Y, Shen J, Huang Y, Martin W, Cheng F. Network-based drug repurposing for novel coronavirus 2019-nCoV/SARS-CoV-2. *Cell Discovery*. 2020;6(1):1-



