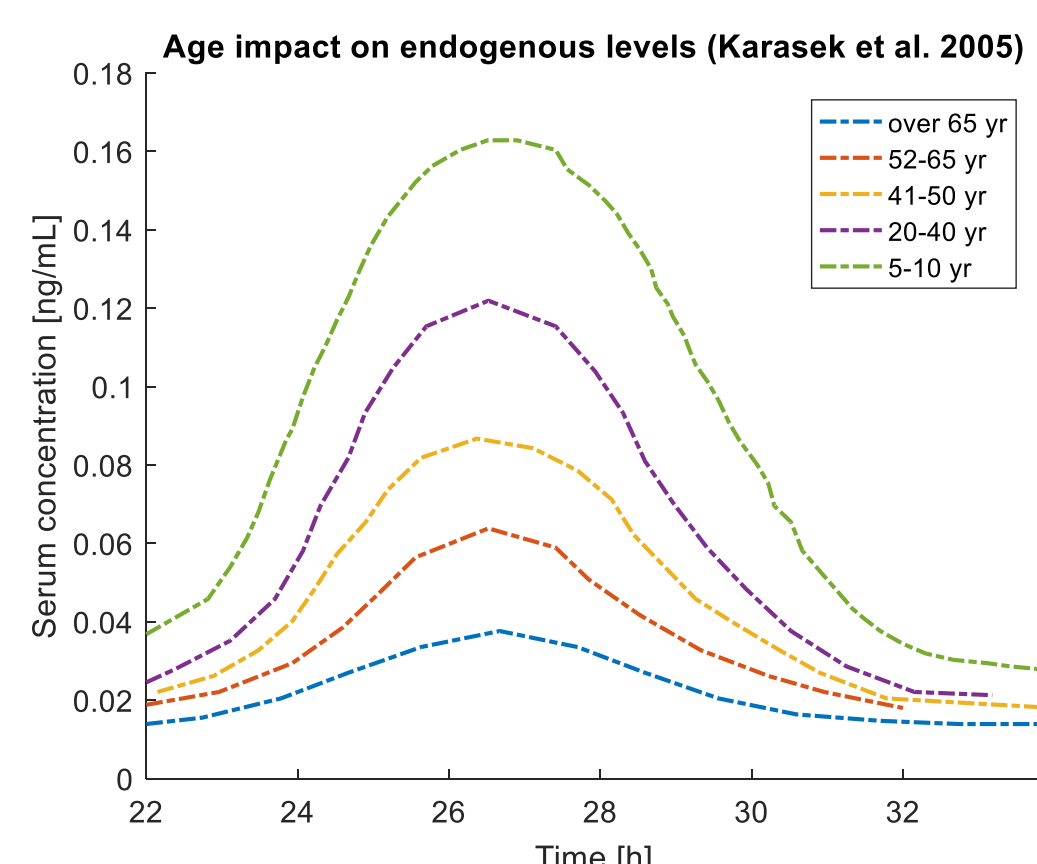




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## Conclusions

- Endogenous concentrations of melatonin **decrease with age.**



- Production of melatonin is described by a **periodic function** multiplied for a correction factor that accounts for the **age** of the patient.

$$r_{prod} = f(T) * FC(age)$$

- The **physiologically-based pharmacokinetic (PBPK)** model allows determining melatonin concentration in the different body organs and tissues, accounting for the processes of absorption, distribution, metabolism and elimination (**ADME**).

- In the figure, the rectangles indicate the **compartments** which are assimilated to the body parts, the black arrows indicate the **convective or diffusive fluxes** between the compartments; the dashed light blue arrows indicate the **routes of administration** and the red dashed arrows indicate the **metabolism/elimination pathways**.

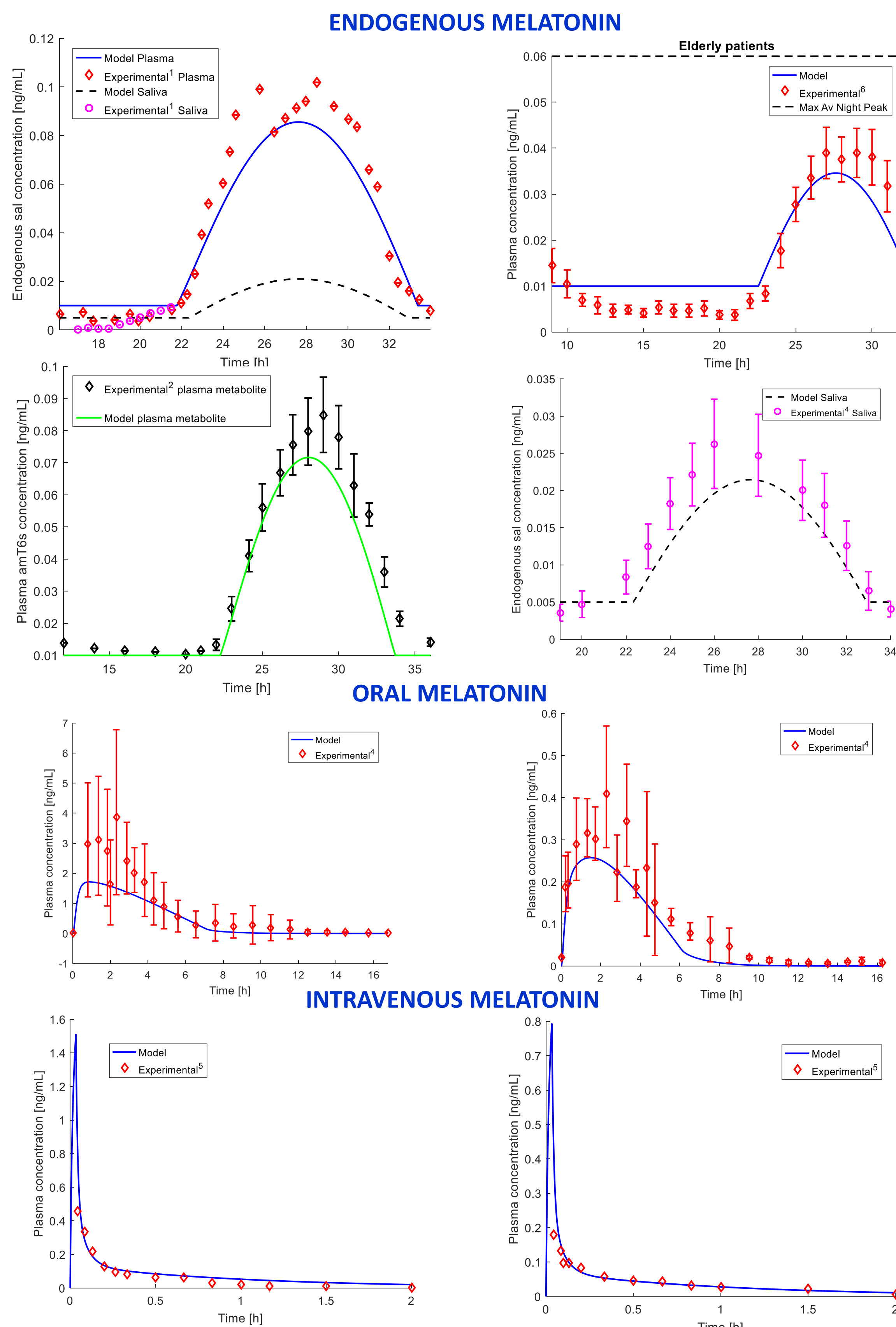
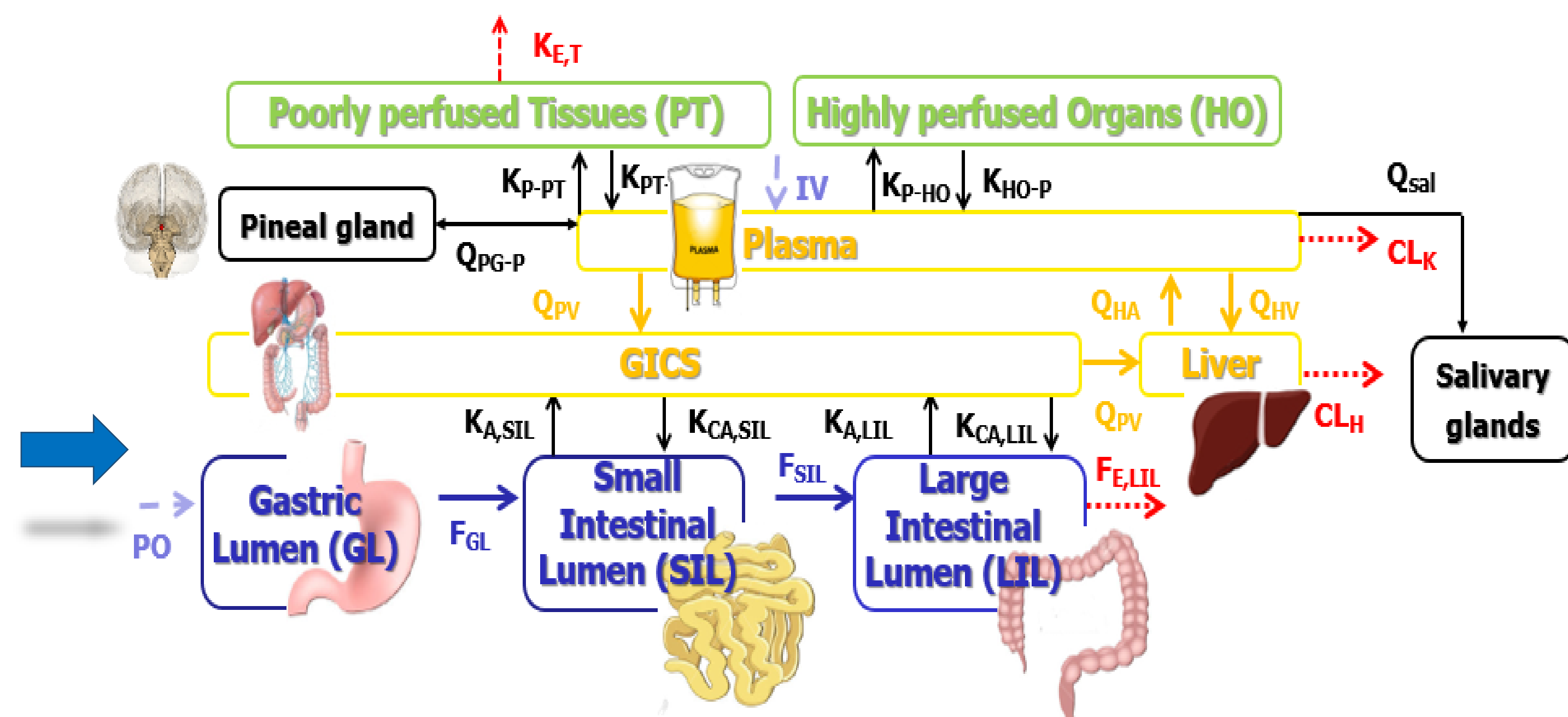
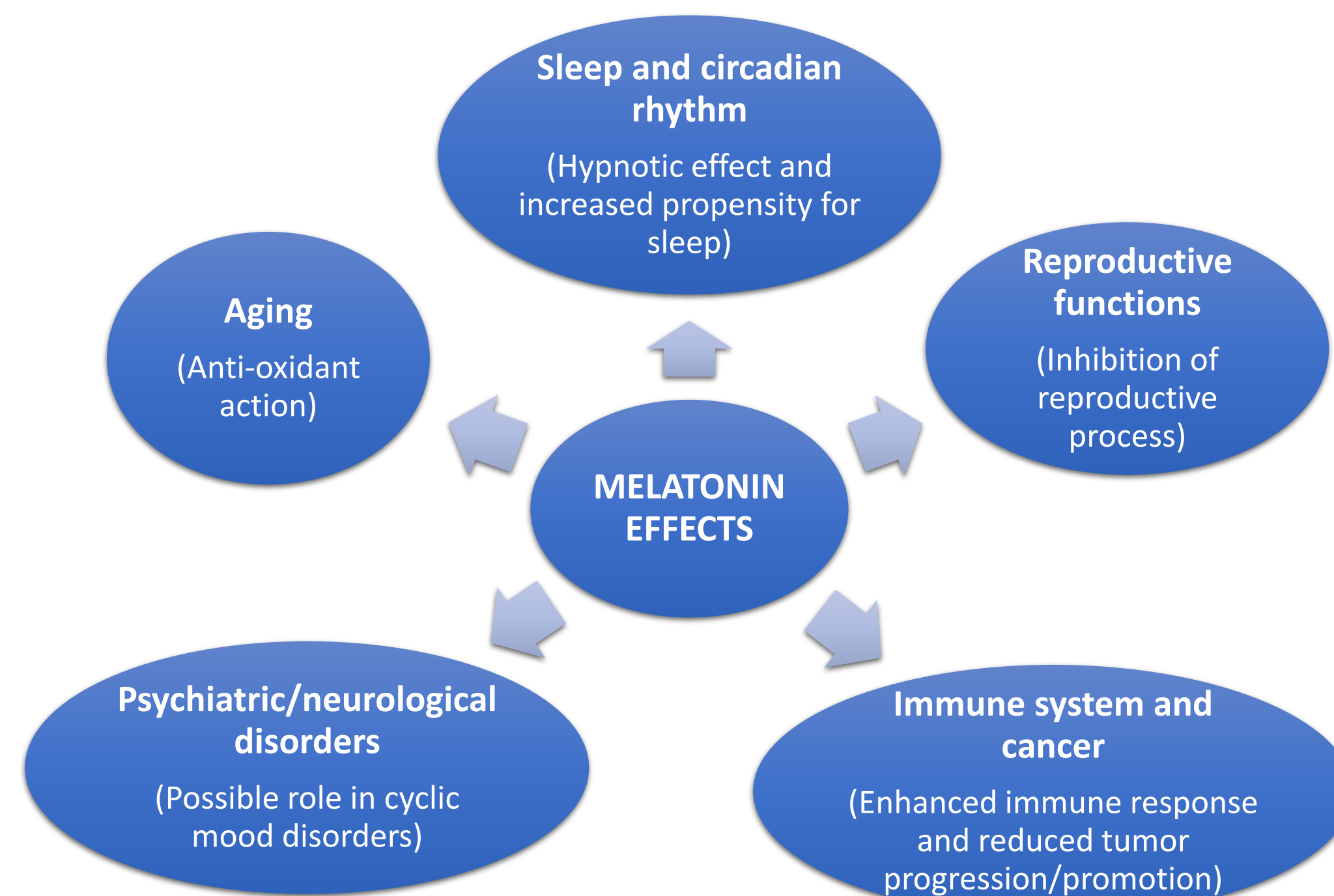
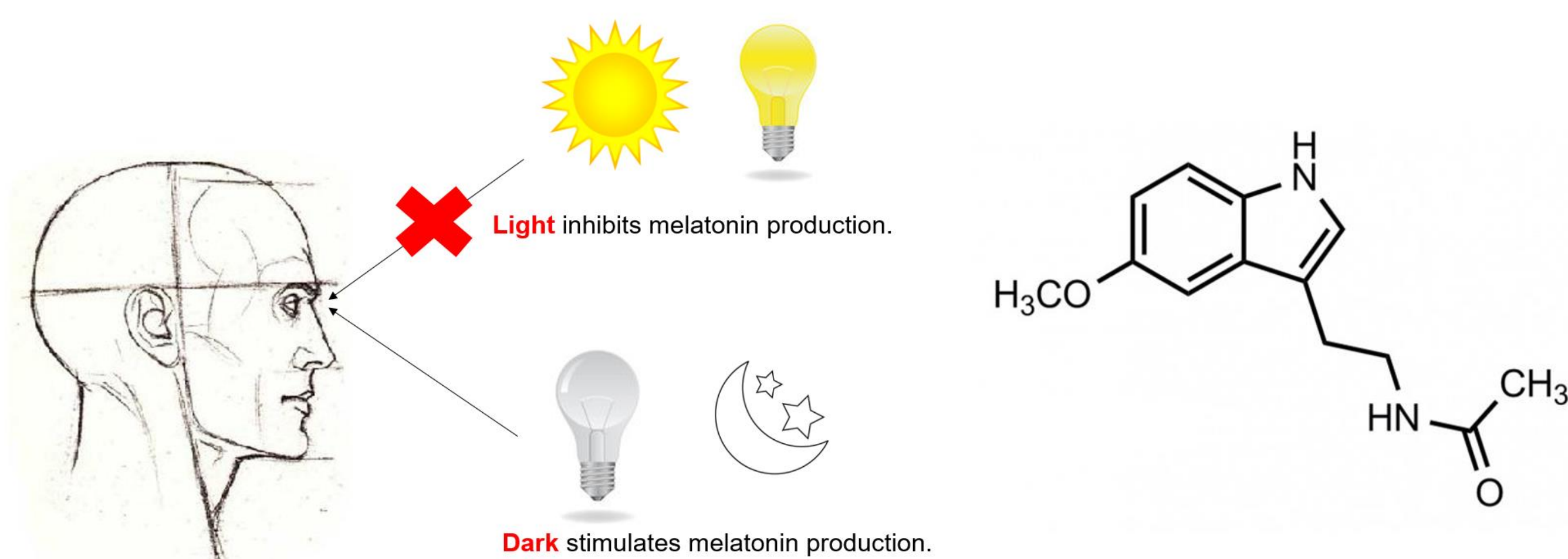
- The model consists of **ordinary differential equations** representing the material balances of melatonin in the compartments. The general formulation of these **material balances** is the following:

Where in *IN* represents the fluxes entering the compartments or the input drug rate, *OUT* represents the fluxes exiting the compartments and *PROD* indicates the production rate, which is only present in the pineal gland compartment.

The model accounts for **the intravenous and oral (immediate and controlled release formulations) routes of administration.**

- After **identification of the non-individualized parameters**, The model is **validated** with **experimental** data extracted from literature.

- The model results to be **reliable** in the prediction of the pharmacokinetics of endogenous melatonin, and exogenous melatonin administered via either enteral and parenteral route.



### Per os administration

- Easy
- Possible slow-release formulation
- High inter-individual variability
- First-pass hepatic metabolism
- Slow absorption

The model can find multiple applications:

- Support in the **selection** of the **optimal route of administration/dosing regime** with the aim of producing either pharmacological or endogenous levels
- **Optimization** of the dosing regime through correlation with **pharmacodynamic indexes**
- **Individualization of the PK prediction** through introduction of correction factors (e.g., renal disease; liver disease)

Future work will focus on the study of the **effects of melatonin on tumoral cells** and the development of models of the **target organs** of melatonin.



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