Záver

Melatonín vykazuje priaznivý efekt v modulácii aktivity ochorenia pri AD vďaka svojmu antioxidačnému a antiinflamačnému pôsobeniu. Rovnako demonštruje aktivitu aj pri ovplyvnení circulus vitiosus spánkovej deprivácie asociovanej s AD. V súčasnosti sa v manažmente porúch spánku asociovaných s AD využívajú prevážne prvogeneračné antihistaminiká a to najmä kvôli svojmu sedatívnemu efektu. V porovnaní s antihistaminikami má melatonín výhodnejší bezpečnostný profil, pozitívne ovplivňuje aktivitu ochorenia, nepôsobí adiktívne a neindukuje navodenie tolerancie. Doposiaľ nie je dostupný dostatok vedeckých dôkazov na širšiu implementáciu melatonínu ako novej terapeutickej modality pri manažmente AD alebo na stanovenie optimálneho dávkovania v rôznych pacientských populáciach. Avšak na základe preliminárnych výsledkov sa javí, že melatonín by mohol byť potenciálne efektívnou adjuvantnou terapiou AD. Vzhľadom na fakt, že štúdie suplementácie melatonínu pri atopickej dermatitíde boli doteraz realizované prevažne v populácii detských pacientov, bolo by vhodné rozšíriť skúmanie aj o dospelých pacientov.

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