

UNIVERSITI TEKNOLOGI MARA

**NANOEMULSION-BASED NASAL DRUG
DELIVERY SYSTEM OF OLIVE OIL FOR
ATTENUATION OF ALZHEIMER'S DISEASE (AD)
SYMPTOMS: PREPARATION,
CHARACTERIZATION AND STABILITY
EVALUATION**

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ABSTRACT

The prevalence of Alzheimer's disease (AD) is increasing and one of the factors that can lead to AD is oxidative stress. Olive oil, a strong antioxidant is expected to reverse the action of oxidative stress. Hence, NE-based nasal delivery system is believed to improve olive oil targeted to the brain. In this study, olive oil nanoemulsion was formulated by using phase inversion temperature. Characteristics of prepared nanoemulsions namely; droplet sizes, particles size distribution, zeta potential and pH value were investigated. Stability of the nanoemulsions were also assessed. Results revealed that the droplets size of both 2% and 3% nanoemulsion achieved nano droplet range of $< 0.2 \mu\text{m}$ and uniformly distributed. The value of zeta potentials showed that both nanoemulsion were highly stable and the pH values were within the nasal pH range (4.5-6.5). Based on stability analysis, the nanoemulsion were unstable. In conclusion, NEs with optimal characteristics were successfully prepared, however the stability test results showed that both nanoemulsions were unstable.

CHAPTER ONE

INTRODUCTION

1.1. Background of study

Nasal drug administration could be an attractive mode of delivery for drugs targeting the central nervous system, potentially providing a high bioavailability because of avoidance of a hepatic first-pass effect and rapid onset of action. Privalova et al. (2012) stated that nasal drug delivery system is a noninvasive method that can be used for both local and systemic application. The ability of some drugs to be absorbed into the mucous layer of the nasal cavity and then transported into the brain, is the principle of nasal delivery. The drug once delivered to the nose will be absorbed via the nasal cavity into the olfactory epithelium (Wen, 2011), thus allowing therapeutic agents to diffuse into the perineural spaces, crossing the cribriform plate, ending up in the cerebral spinal fluid (CSF) (Stevens et al., 2011).