

# Model-based control of plasma glycemia: in quest of robustness

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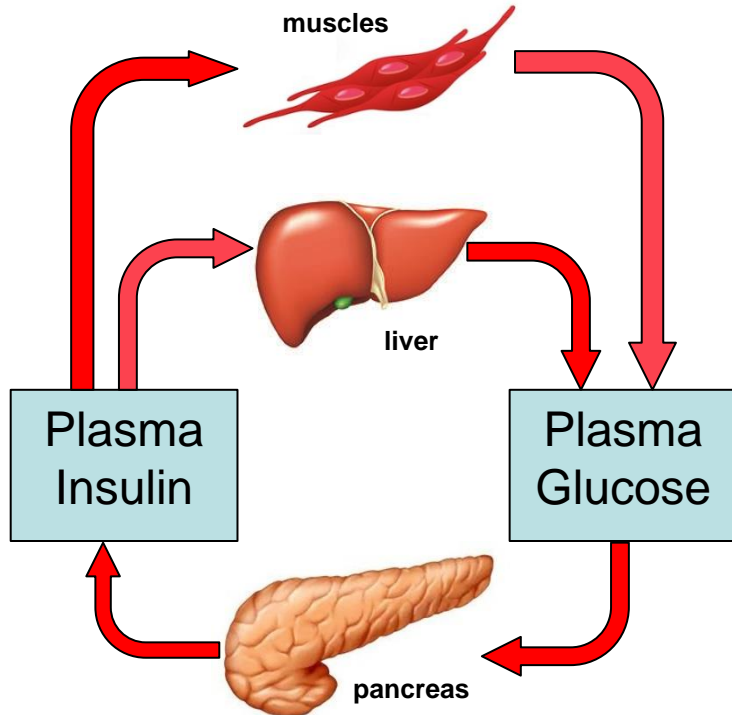
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# Physiological Glucose Control



Glucose is the main energy source for the cells

Its basal concentration needs to be constrained within a narrow interval [60-90]mg/dl

Plasma glucose concentration is kept under control (mainly) by means of insulin hormone

High levels of glucose concentration (e.g. after a meal) stimulate **pancreatic insulin release** that:

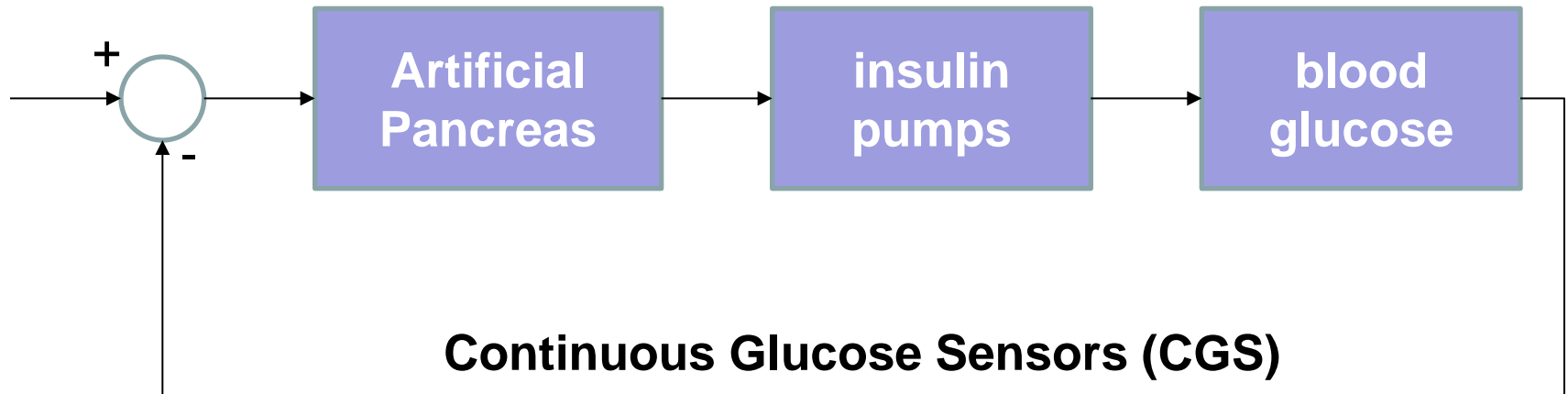
- enhance glucose uptake in muscles
- allows the liver to storage extra glucose (as glycogen)

**Diabetes** comprises metabolic disorders characterized by hyperglycemia resulting from impaired insulin secretion and/or action

- **Type 1 Diabetes Mellitus (T1DM):** absolute deficiency of insulin secretion
- **Type 2 Diabetes Mellitus (T2DM):** resistance to insulin action and/or inadequate insulin secretory response

# Control Theory meets Glucose Control

**Artificial Pancreas:** refers to the set of glucose control strategies required for diabetic people and delivered by means of exogenous insulin administration



**AP task:** to close the loop automatically, safely, without any patient operation

## Subcutaneous injections:

- more widespread, since the dose is administered by the patients themselves
- modeling the absorption from the subcutaneous depot

## Intravenous infusions:

- rapid delivery with negligible delays
- more technology and a direct supervision of a physician (usually adopted in ICU)

# Model-less vs Model-based approach

**Model-less approach**: no models of the glucose-insulin system are considered to design the control law

- It provides a control rule for the insulin infusion rate mainly based on experimental data
- The controllers mimic the pancreatic glucose response
- Its successful working often relies on human expertise in the adjustments of the algorithm parameters to different patients

**Model-based approach**: the control law is designed by exploiting the model of the glucose-insulin system.

- The control problem may be treated mathematically and optimal strategies may be determined
- It allows to *test in-silico* a control strategy before involving patients
- It requires a preliminary identification step to adapt the model to a given patient

# The AP: State of the art

## ➤ AP for T1DM:

- many **model-less** approaches (e.g. PID, Fuzzy Logic, Model Predictive Control), most validated in closed-loop on a T1DM comprehensive model (UVA/Padua simulator, accepted by the FDA as a substitute of animal trials)
  - L. Magni, G. De Nicolao (Pavia), B. Kovatchev (Virginia), J. Doyle III (California)
- **model-based** approaches, usually exploiting Model Predictive Control
  - R. Hovorka (UK), Moog (CNRS)

## ➤ OUR contribute, AP for T2DM:

- model-based approach: we exploit a **Delay Differential Equation (DDE)** system to model the endogenous insulin delivery rate
- we exploit glucose measurements to infer **real-time estimates** of the plasma insulin concentration (possibly by means of observers)
- the control law is designed by means of **glucose measurements** (and **insulin estimates**)
- the control law is **validated** by closing the loop on a modified version of the UVA/Padua simulator

# Challenges in the AP

- ✓ From a control-theoretic viewpoint, insulin is a **non-negative input** (it reduces glycemia)
- ✓ Dealing with secretion **delays**
- ✓ **Food** as a source of **uncertainty**
- ✓ Random variations (hormones, stress, physical activity...)
- ✓ The subcutaneous compartment introduces filtering/delay effects (Insulin On-Board, IOB)
- ✓ Continuous-discrete system

# Minimal DDE model

## Model equations

Adapted from Panunzi et al. (2007), Palumbo et al. (2007)

Glycemia [mM]  $\frac{dG(t)}{dt} = -k_{xgi}G(t)I(t) + \frac{T_{gh}}{V_G}$

Insulinemia [pM]  $\frac{dI(t)}{dt} = -k_{xi}I(t) + \frac{T_{iGmax}}{V_I} \varphi(G(t - \tau_g)) + u(t)$

Insulin input



## Parameters

- $k_{xgi}$ : insulin sensitivity index
- $T_{gh}$ : net balance between hepatic glucose output and insulin-independent zero-order glucose tissue uptake
- $V_G, V_I$ : apparent distribution volume for glucose, insulin
- $k_{xi}$ : first-order disappearance rate constant for insulin
- $\tau_g$ : apparent delay with which the pancreas varies secondary insulin
- release in response to varying plasma glucose concentrations
- $T_{iGmax}$ : maximal rate of second-phase insulin release

# Minimal DDE model

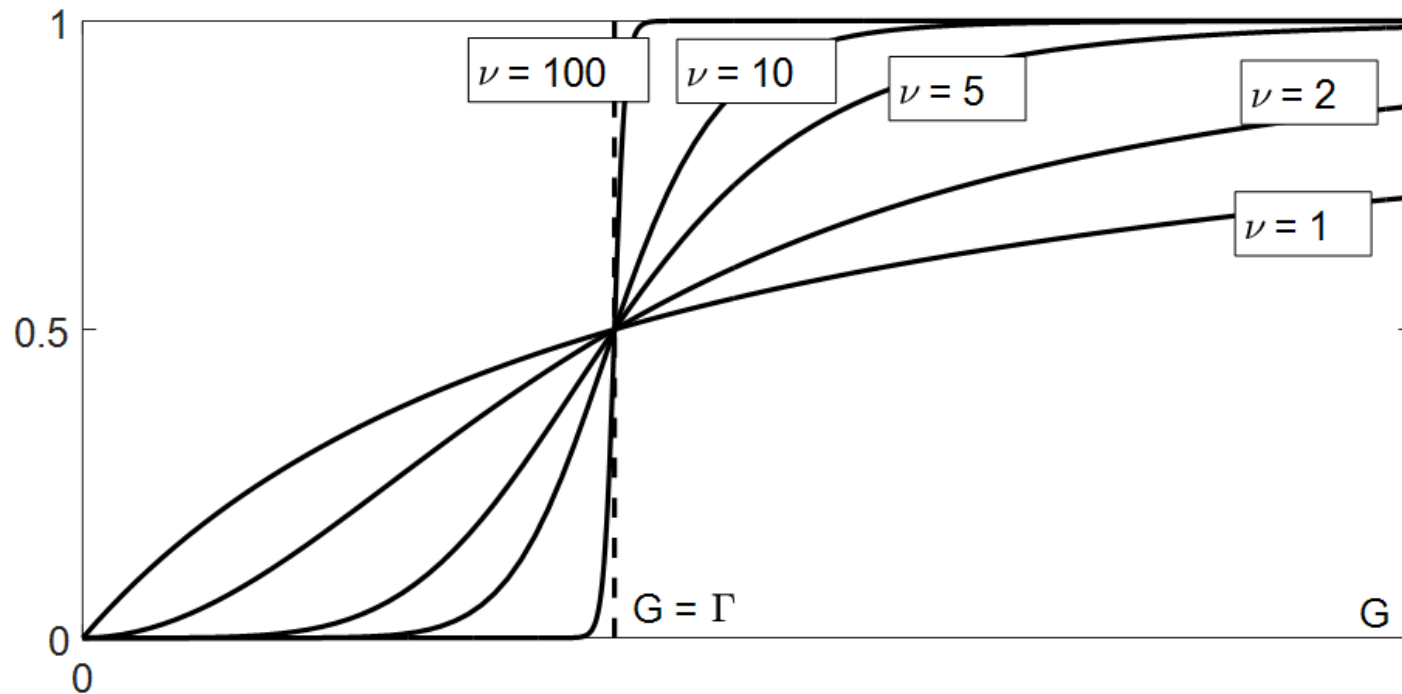
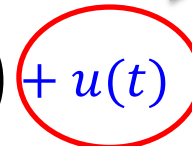
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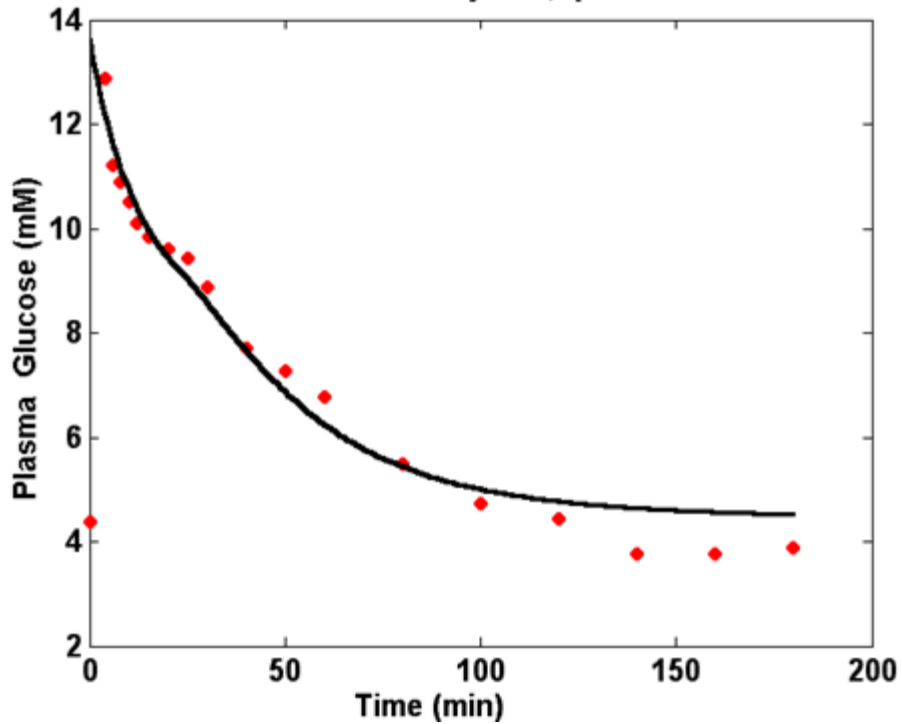


# Minimal DDE model

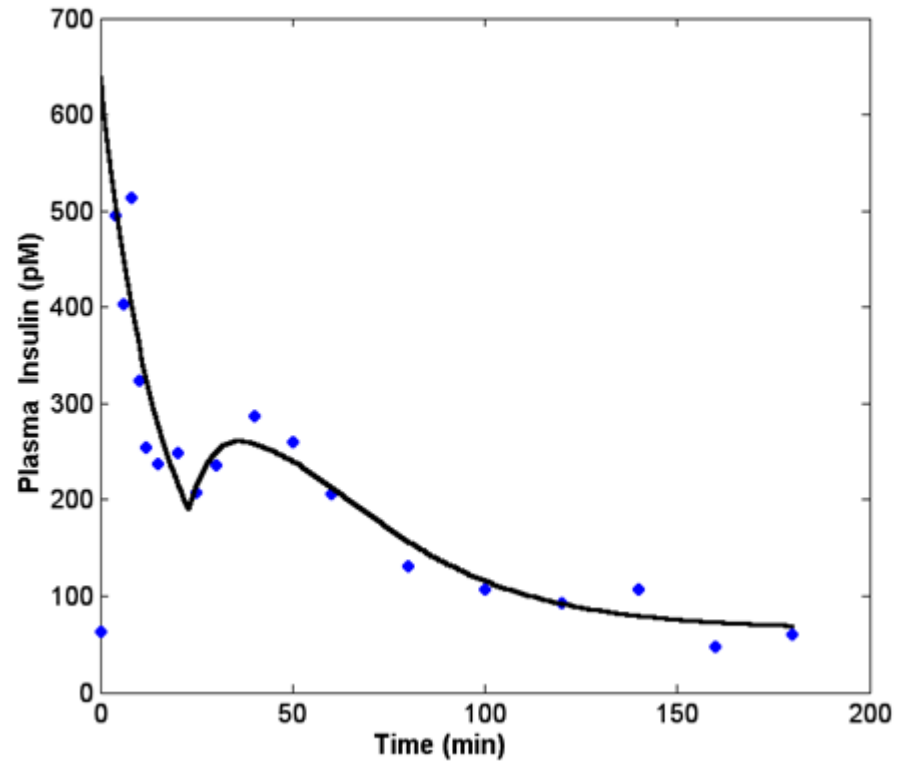
- **It is mathematically well-posed**
  - Single locally attractive equilibrium (basal conditions)
  - Positive, limited solutions
  - Global stability guaranteed under conditions on parameters
  - Physiologically limited pancreatic secretion ability
- **It is statistically robust**
  - Parameters statistically identifiable with very good precision via standard perturbation experiments, such as IVGTT
- **It is a Compact Model**
  - “minimal” set of independent (physiological) parameters

# Minimal DDE model

IVGTT: Subject 1, plot 1



IVGTT: Subject 1, plot 2



# Model-based control

## Nonlinear feedback control for time-delay systems

The aim of control is to **reduce a high basal glycemia** to a lower level, according to a **reference glucose trajectory**, by means of intravenous/subcutaneous insulin administration

We **do not** want:

- dangerous glucose oscillations: **avoid hypoglycemias**
- not physically implementable control laws (**avoid negative insulin infusions**)

Therefore:

- the **reference** glucose trajectory needs to be **slow** enough
- in-silico simulations are essential to synthesize/validate an effective control law

Need for **robustness** (relying on fitting the model on a patient)

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## **Time-Delay Model-Based Control of the Glucose–Insulin System, by Means of a State Observer**

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# Publication/results

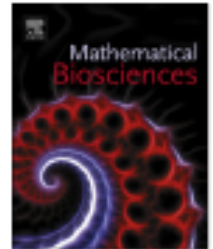
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## Mathematical Biosciences

journal homepage: [www.elsevier.com/locate/mbs](http://www.elsevier.com/locate/mbs)



## Model-based control of plasma glycemia: Tests on populations of virtual patients



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## **Luenberger-Like Observers for Nonlinear Time-Delay Systems with Application to the Artificial Pancreas**

THE ATTAINMENT OF GOOD PERFORMANCE

ALESSANDRO BORRI, FILIPPO CACACE,  
ANDREA DE GAETANO, ALFREDO GERMANI,  
COSTANZO MANES, PASQUALE PALUMBO,  
SIMONA PANUNZI, and PIERDOMENICO PEPE

## Semiglobal Sampled-Data Dynamic Output Feedback Controller for the Glucose–Insulin System

Mario Di Ferdinando<sup>ID</sup>, Pierdomenico Pepe<sup>ID</sup>, Pasquale Palumbo, Simona Panunzi<sup>ID</sup>, and Andrea De Gaetano<sup>ID</sup>

2019 18th European Control Conference (ECC)  
Napoli, Italy, June 25-28, 2019

## Symbolic models approximating possibly unstable time–delay systems with application to the artificial pancreas

Giordano Pola, Alessandro Borri, Pierdomenico Pepe, Pasquale Palumbo and Maria D. Di Benedetto