



A LITERATURE REVIEW OF CYCLODEXTRINS INCLUSION COMPLEXES CHARACTERIZATION - PART I: PHASE SOLUBILITY DIAGRAM, DISSOLUTION AND SCANNING ELECTRON MICROSCOPY

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Accepted on: 04-10-2011; Finalized on: 20-12-2011.

ABSTRACT

Cyclodextrins are cyclic oligosaccharides with a hydrophobic cavity and a hydrophilic surface. Such characteristics result in an improvement in the solubility of lipophilic molecules when inclusion complexes are formed. Characterization of the drug-cyclodextrin complex is not an easy task and a set of analytical techniques is necessary to explore the different characteristics of the isolated drug, cyclodextrin and resulting complex. As there are no studies that organize the most common techniques used to identify inclusion complexes, the aim of this review is detail the analytical tools phase solubility diagram, dissolution and electron scanning microscopy employed in this task.

Keywords: Cyclodextrin, Dissolution, Phase solubility diagram, Scanning Electron Microscopy.

INTRODUCTION

Cyclodextrins (CDs) are cyclic oligosaccharides whose structures are formed by six (α CD), seven (β CD) or eight (γ CD) glucose units, arranged in an open-ended hollow cylinder. The CD cavity is hydrophobic and the surface is hydrophilic, which results in better solubility of hydrophobic molecules with the formation of inclusion complexes¹.

When a lipophilic guest molecule (drug) takes the place of the water inside the CD cavity, the system becomes more favorable and thermodynamically more stable. Noncovalent bonds are formed between the drug and CD. Size, geometry and polarity of the guest molecule are examples of limiting factors in obtaining an inclusion complex².

On the other hand, the type of CD, the solution pH, the temperature, the method employed to prepare complexes, as well as the addition of polymers, are also very important factors in drug complexation involving CDs³.

CDs, besides improving the drug solubility of hydrophobic molecules, can also be used to mask unpleasant tastes or odors, stabilize volatile substances, protect molecules which are sensitive to light or oxygen, convert liquid substances in powder, reduce gastric or ocular irritation and prevent interaction between substances. Applications for CDs are being publicized throughout the pharmaceutical, cosmetic, agricultural and food industries^{1,2}.

α CD and γ CD are absorbed in very small amounts when administered orally, the remainder being excreted in the urine without modifications. Studies have shown that up to 0.8 g/Kg/day and 2 g/Kg/day of β CD can be administered orally to rats and dogs, respectively.

However, when administered parenterally, it has been shown to cause nephrotoxicity and hemolysis. In humans the acceptable daily intake is 1.4 g for α CD, 0.35 g for β CD and 10 g for γ CD. Hydroxy-propyl- β CD (HP β CD) is considered non-toxic in low to moderate doses, and can be found on the market in orally- and intravenously-administered drugs, in doses higher than 8 mg/day and 16 mg/day, respectively⁴.

To assess the formation of inclusion complexes involving CD, it is often necessary to use a set of techniques to ascertain the complexation. Currently, the most commonly employed techniques are the construction of the phase solubility diagram, thermal analysis, X-ray diffraction, infrared spectroscopy, nuclear magnetic resonance, dissolution and scanning electron microscopy.

As there are no studies classifying the techniques commonly employed in the evaluation of drug-CD complexes, the objective of this review is to detail the analytical tools phase solubility diagram, dissolution and scanning electron microscopy used to characterize such complexes.

METHODOLOGY

This research was undertaken using the Embase and Web of Science data bases. The name of the methods and the word cyclodextrin were used as key words in a cross-reference search, and the scope of the study was to give priority to the last 5 years. Preference was given to articles dealing with drugs.

Methods for identifying and characterizing inclusion complexes

Phase solubility diagram

The phase solubility diagram is one of the most common techniques employed in the characterization of CD inclusion complexes. It is obtained from the solubility



results of the guest molecule in increasing concentrations of CDs¹.

According to a model proposed by Higuchi and Connors⁵, the diagrams can be of type A, where the solubility of the guest molecule increases as the CD concentration rises, indicating the formation of soluble complexes, or type B, when the complex is insoluble and the concentration of the guest molecule decreases as CD increases (Figure 1).

Furthermore, the diagrams can be classified as AL (linear) type, with a straight positive gradient; AN (negative), with an initial positive gradient, which, after a certain CD concentration, tends to negative; and AP (positive), with a positive gradient, which, after a certain CD concentration, becomes more pronounced.

In the AL-type diagram, the linear increase in solubility depends on the CD concentration, and if the slope is less than or equal to one, a stoichiometry of 1:1 is assumed. Furthermore, a slope of greater than one indicates a higher order of complex formation with regards to the guest molecule. When the diagram is of AP-type, the complexes formed are of greater order greater than one for the host molecule after a certain concentration of CD, and diagrams of the AN-type may be explained by changes in the solubilizing agent at high concentrations or aggregation of the complexes formed⁴.

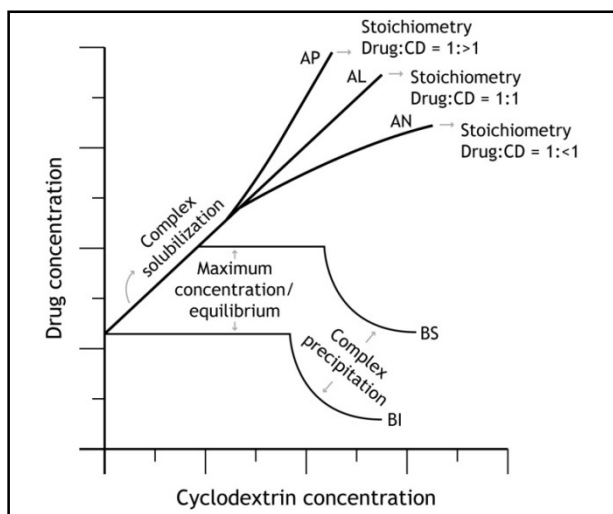


Figure 1: Types of phase solubility diagrams obtained from the complexation of drugs with cyclodextrins.

Type-B diagrams can take the BS (soluble) conformation where the complex has limited solubility. Initially, there is an increasing concentration of the guest molecule, and when it reaches the limit of solubility, precipitation occurs, thus lowering the concentration. Type-BI diagrams (insoluble) are obtained when the complex is insoluble and there is an initial balance, but after a certain concentration, complex precipitation occurs^{1,4}.

When the diagram shows the conformation of the AL-type, in other words, the rise in solubility is linear as CD concentration increases, the stability constant (Kc) can be calculated using the following equation:

$$Kc = \text{slope}/S_0 \text{ (1-slope)}$$

Where S_0 is the intrinsic solubility of the guest molecule.

AL-type diagrams are the most common when CD inclusion complexes are being evaluated. In such cases, the Kc value is calculated to determine the bond strength of the guest molecule to the host. In Table 1, the values for Kc and the bond strengths are defined⁶.

Table 1: Bond strength between the guest molecule and CD, and the values for Kc

Kc value (M^{-1})	Bond strength
<500	Very weak
500-1000	Weak
1000-5000	Moderate
5000-20000	Strong
>20000	Very strong

For guest molecules with low solubility with AL-type diagrams, there may be differences between the solubility in an aqueous medium and the interception of the line in y, resulting in different Kc values. Alternatively, a value for complexation efficiency (CE) can be calculated. It considers only the slope value of the line equation of the diagram.

$$CE = \text{Slope}/(1-\text{Slope})$$

The ratio of guest molecule to CD and the increase in formulation bulk with the addition of CD can also be determined from the CE value^{7,8}.

$$\text{Guest Molecule:CD} = 1/(1+1/CE)$$

$$\text{Increase in formulation bulk} = (\text{MWCD}/\text{MW Guest molecule}) (1+1/CE)$$

Where MWCD is the molecular weight of cyclodextrin and MW guest molecule is the molecular weight of the guest molecule.

However, the use of CE is not the most usual method of assessing the complexation of drugs with CDs. There are a few studies in scientific literature that use this parameter⁹⁻¹².

Moreover, the Kc value is found in a much larger number of studies, some examples of which are shown in Table 2. This is an indication of the extent of researcher preference for this parameter.

Dissolution

The dissolution test is used to evaluate the occurrence of complexation, where the objective of complex formation is to increase the aqueous solubility of poorly soluble drugs. In some studies the dissolution profile is obtained using tablets of the drug, the physical mixture or the complex plus excipients¹⁴, and in others the dissolution profile is obtained from powder, without compression⁵⁸.

An evaluation of the complexation is made by comparing the amount of drug dissolved and the dissolution

efficiency (Figure 2). When the formation of the complex occurs, higher dissolution efficiency is expected than that of either the drug or the physical mixture. This occurs because of the increased solubility provided by the complexation of the drug⁵⁹.

Table 2: Some examples of recent studies that use the phase solubility diagram in the characterization of inclusion complexes

Guest molecule	CD	Diagram type	Ref
5-nitroindazole	DM β CD ^a	AL	13
Aceclofenac	HP β CD	AL	14
AG11	HP β CD	AL	15
Benzophenone-3	HP β CD	AL	16
Bicalutamide	β CD	AL	17
Candesartan cilexetil	α CD, β CD, γ CD and HP β CD	AL	18
Carvedilol	M β CD ^b	AL	19
Cefdinir	β CD and HP β CD	AL	20
Celecoxib	HP β CD	AL	21
Dipyridamole	β CD	AL	22
Efavirenz	β CD, HP β CD and RM β CD ^c	AL and AP	23
Etodolac	β CD, HP β CD and γ CD	AL and BS	24
Etoricoxib	HP β CD	AL	25
Finasteride	HP β CD	AL	26
Flavonols	β CD	AL	27
Fluorfenidone	β CD and HP β CD	AL	28
Flurbiprofen	HP β CD	AL	29
Glyburide	β CD and HP β CD	AL	30
Granisetron	β CD and HP β CD	AL	31
Granisetron	α CD and γ CD	BS	31
Hydrocortisone	β CD and γ CD	BS	32
Hydroxymethyl nitrofurazone	HP β CD	AL	33
Ibuprofen	β CD, M β CD and HP β CD	AL	34
Imatinib	β CD and RM β CD	AL	35
Iprodione	β CD	AL	36
Irbesartan	β CD	AL	37
Itraconazole	HP β CD and SBE β CD ^d	AP and AL	38
Lamotrigine	β CD	AL	39
Lidocain	β CD	AN	40
Loratadine	α CD, β CD, HP β CD and γ CD	AP and AL	41
Loratadine	Heptakis -DM β CD ^e	AL	42
Losartan potassium	HP β CD	BS	43
Meloxicam	β CD	AL	44
Miconazole	β CD	AL	45
Nefopam	β CD and derivatives	AL and AN	46
Omeprazole	M β CD ^f	AL	47
Oxaprozin	β CD, DM β CD and RM β CD	AL	48
Prednisone	α CD, β CD, HP β CD and γ CD	AL and BS	49
Pyrimethamine	α CD	AL	50
Simvastatin	α CD and β CD	AL and AP	51
Spironolactone	HP β CD	AL	52
Sulfadiazine	HP β CD	AL	53
TG44	β CD	AL	54
Triclosan	β CD	BS	55
Zaleplon	β CD	AL	56
Zerumbone	HP β CD	AP	57

^aDM β CD: Dimethyl- β CD

^bM β CD: Methyl- β CD

^cRM β CD: Randomly-methylated- β CD

^dSBE β CD: Sulfobutylether- β CD

^eHeptakis -DM β CD: heptakis-(2,6-di-O-methyl)- β CD

^fM β CD: Dimethyl- β CD

Table 3: Some examples of recent studies that use dissolution profiles for the characterization of inclusion complexes

Guest molecule	CD	Evidence of complexation	Ref
Aceclofenac	HP β CD	Dissolution efficiency in 10 minutes	14
Bicalutamide	β CD	Time required to release 90%	17
Budesonide	γ CD	Percentage dissolved in 15 minutes	60
Bupivacaine hydrochloride	β CD and EPI β CD	Percentage dissolved in 90 minutes	61
Camptothecin	β CD	Percentage dissolved in 24 hours	62
Carvedilol	M β CD	Dissolution rate	19
Cefdinir	β CD and HP β CD	Percentage dissolved in 5, 10, 30 and minutes	20
Celecoxib	HP β CD	Percentage dissolved in 10 minutes	21
Celecoxib	β CD	Time required to release 50%	63
Clarithromycin	β CD	Dissolution rate	64
Danazol	HP β CD	Percentage dissolved	65
Efavirenz	β CD, HP β CD and RM β CD	Dissolution efficiency in 30 and 180 minutes	23
Etodolac	β CD, HP β CD and γ CD	Percentage dissolved in 5 minutes	24
Etoricoxib	HP β CD	Percentage dissolved in 2, 15 and 30 minutes and dissolution efficiency in 45 minutes	25
Finasteride	HP β CD	Dissolution rate	26
Fluorfenidone	β CD e HP β CD	Percentage dissolved in 2 minutes	28
Glyburide	β CD and HP β CD	Percentage dissolved in 10 and 60 minutes	30
Granisetron	HP β CD	Percentage dissolved in 120 minutes	31
Halofantrina	HP β CD	Percentage dissolved in 60 and 180 minutes	66
Ibuprofen	β CD	Percentage dissolved in 15 and 75 minutes	58
Irbesartan	β CD	Dissolution rate	37
Itraconazole	HP β CD	Percentage dissolved	67
Ketoprofen	EPI β CD and EPICM β CD ^a	Percentage dissolved in 60 minutes	68
Loratadine	α CD, β CD, HP β CD and γ CD	Percentage dissolved in 5 minutes	41
Loratadine	Heptakis -DM β CD	Percentage dissolved in 120 minutes	69
Loratadine	DIMEB ^b	Percentage dissolved in 120 minutes	70
Lovastatin	HP β CD	Percentage dissolved in 30 minutes and time required to release 50%	71
Losartan potassium	HP β CD	Percentage dissolved in 24 hours	43
Metformin	Triacetil- β CD	Time required to release 50%	72
Naproxen	HP β CD	Percentage dissolved in 10 and 30 minutes, dissolution efficiency in 60 minutes and dissolution rate in 5 minutes.	73
Omeprazole	β CD and M β CD	Percentage dissolved in 6 minutes, dissolution efficiency in 60 minutes	74
Oxaprozin	β CD, DM β CD and RM β CD	Dissolution rate	48
Piroxicam	HP β CD	Percentage dissolved in 10 and 60 minutes	75
Simvastatin	HP β CD	Percentage dissolved	76
Triclosan	β CD and EPI β CD	Percentage dissolved in 120 minutes	55
Zaleplon	β CD	Time required to release 90%	56

^aEPICM β CD: Epichlorohydrincarboxymethylated- β -CD

^bDIMEB: Dimethyl- β -CD



Table 4: Some examples of recent studies that feature the use of scanning electron microscopy in the characterization of inclusion complexes

Guest molecule	CD	Evidence of complexation	Ref
Aceclofenac	HP β CD	Formation of a single phase	14
API ^b	γ CD and RAMEB ^c	Loss of original shape and formation of a single phase	77
BMDBM ^a	HP β CD	Loss of original shape and formation of a single phase	78
Bupivacaine hydrochloride	β CD and EPI β CD	Loss of the crystallinity	61
Celecoxib	β CD	Formation of a single phase	63
Clarithromycin	β CD	Formation of a single phase	79
Coumestrol	β CD	Loss of original shape and formation of a single phase	80
Dipyridamole	β CD	Formation of a single phase	22
Efavirenz	β CD, HP β CD and RM β CD	Loss of original shape and formation of a single phase	23
Enalapril maleate	β CD	Loss of original shape and formation of a single phase	81
Ibuprofen	β CD	Loss of original shape	58
Irbesartan	β CD	Loss of original shape	37
Itraconazole	HP β CD	Loss of original shape	67
Metformin	Triacetil- β CD	Loss of original shape and formation of a single phase	72
Omeprazole	β CD and M β CD	Loss of original shape and formation of a single phase	74
Oxaprozin	β CD, DM β CD and RM β CD	Loss of original shape and formation of a single phase	48
Piroxicam	HP β CD	Loss of original shape	75
Prednisone	α CD, β CD, HP β CD and γ CD	Loss of original shape and formation of a single phase	49
Ropivacaine	HP β CD	Formation of a single phase	9
Simvastatin	HP β CD	Loss of original shape	59
Vinpocetin	β CD and SBE β CD	Loss of original shape and formation of a single phase	82

^aBMDBM: Butyl methoxydibenzoylmethane

^bAPI: drug was referred by the authors as API due to reasons of Industrial Property Rights

^cRAMEB: Randomly methylated beta cyclodextrin

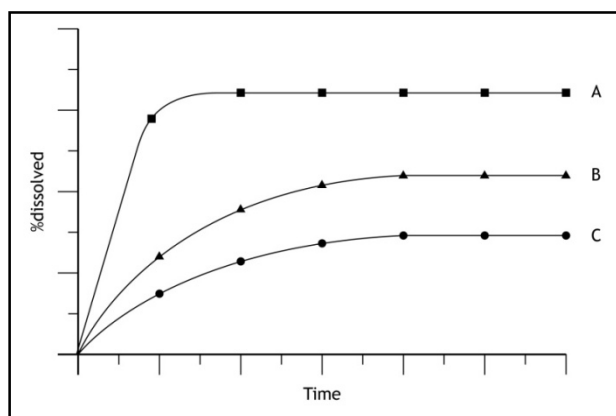
**Figure 2:** Hypothetical model of dissolution analysis for the inclusion complex (A), physical mixture (B) and complexed drug (C).

Table 3 presents recent studies that use dissolution profiles to assess the formation of inclusion complexes.

Scanning electron microscopy

Scanning electron microscopy is a technique used to qualitatively define the formation of inclusion complexes. Analysis is carried out by morphologically comparing the

complex with the drug, CD and physical mixture. When inclusion complexes are formed, the image, contrary to the physical mixture, does not have two distinct components, but rather only one, which is different from the original form⁷⁴.

Recent works featuring the use of scanning electron microscopy to evaluate the formation of inclusion complexes are presented in Table 4.

CONCLUSION

Characterizing complex drug-CDs is not a simple task and requires the use of various analytical methods, which have been discussed in this study. Such analyses must be performed together, as each method explores a feature of the inclusion complex, before a decision is made about complexation.

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