

Mucosal Drug Delivery Systems of An Antidiabetic Drug

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ
وَأَنْزَلَ اللَّهُ عَلَيْكَ الْكِتَابَ وَالْحِكْمَةَ
وَعَلَّمَكَ مَا لَمْ تَكُنْ
تَعْلَمُ وَكَانَ فَضْلُ اللَّهِ
عَلَيْكَ عَظِيمًا
صَدَقَ اللَّهُ الْعَظِيمُ

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Dedication

I dedicate this thesis to the soul of my mother. To my dearest father, who without his help and unlimited encouragement and support in all aspects of my life, this thesis wouldn't have appeared; thank you. Words are not enough to express profound gratitude to my beloved pretty sons, who have sacrificed much in these three years for whom I am forever indebted, my husband, my sister and two brothers.

Abstract

Purpose: The objective of this thesis was to develop repaglinide (REP) immediate and controlled release formulations for intranasal administration to improve the drug bioavailability and potentially overcome some of the drawbacks of the oral drug delivery.

Methods: Preparation of spray dried mucoadhesive microparticles (MPs) comprising anionic polysaccharides as well as formulation of spray dried chitosan/alginate (CS/ALG) nanocomplexes-in-microparticles (NCs-in-MPs). REP was loaded in the prepared systems.

In chapter I, the formulation parameters of REP loaded polysaccharides spray dried powders (SDP), namely, polysaccharide type (pectin (PT), gellan gum (GG) and dextran sulfate (DXT)) and drug to polymer (D/P) ratio (1:9, 1:6 and 1:3), were included in the factorial design and optimized for % release after 5 minutes ($R\%_{5min}$) and time required for 80% release ($T_{80\%}$). The suitability of the selected formulae for nasal administration was evaluated by *ex-vivo* mucoadhesion, powder insufflation and *in-vitro* cytocompatibility using MTT assay.

In chapter II, the ability of two non-diabetogenic carbohydrates, namely chitosan and alginate to intranasally deliver the insulintropic drug repaglinide (REP) for controlling blood glucose level was tested. A statistical experimental design was adopted to investigate the formulation variables effects on three critical responses: NCs size, drug entrapment efficiency (EE%) and percent REP release after 6 hours from MPs (Q_{6h}). Physicochemical characterizations of the networks structures were done and *in vitro* cytotoxicity were conducted.

In chapter III, biological investigations including pharmacodynamic study and histopathological examinations were performed on diabetic and non-diabetic Wister albino rats respectively, for the selected intranasal REP formulations.

Results: Results of chapter I showed that both polysaccharide type and amount greatly influenced the chosen responses ($R\%_{5\min}$ and $T_{80\%}$). REP was highly incorporated in the mucoadhesive MPs with efficiency reaching 98.5%. The selected non-diabetogenic polysaccharides successfully improved the dissolution of REP giving 100% of drug release after 90 to 240 minutes depending on the polysaccharide used. The nasal administration of the formulae showed two to three fold increase in total blood glucose decrease compared to IN and IV solutions. The provided fast anti-hyperglycaemic effect was maintained for 6 hours. The formulae were also safe and well tolerated on nasal mucosa.

The response surface methodology used in chapter II showed that, to attain particles suitable for nasal mucosal delivery; alginate should be used at its low level (0.6 mg/mL). Low level of chitosan (0.5 mg/mL) was needed, when the drug was cation-loaded (F2), while the high chitosan level (1 mg/mL) was more suitable when REP was anion-loaded (F9). The best entrapment efficiency (EE%) was achieved at a theoretical drug loading of 0.025 mg/mL. Discrete NCs could be rapidly recovered from the spray dried MPs. The antihyperglycaemic activity of nasally administered selected NCs-in-MPs (F2 and F9) was gradual but significantly sustained over 24 hours. Nasal delivery of such dry powders achieved better glycaemic control compared to the conventional oral tablets. The cytotoxicity and histopathological studies of F2 and F9 indicated that such formulations were well tolerated.

Conclusion

Dry powder MPs were successfully prepared with particle size suitable for nasal administration. Physicochemical characteristics, morphology, drug release, swelling and mucoadhesion properties of dry powder MPs were greatly affected by anionic polysaccharide type and content. Amorphization of the drug in the three polysaccharides was proven. Gellan gum particles showed immediate release with superior swelling and

mucoadhesive properties. The pharmacodynamic study showed that formula GG2 prepared with gellan gum showed an earlier antidiabetic effect compared to REP loaded dextran sulphate and pectin formulae.

In addition, dry powder MPs containing REP loaded CS/ALG NCs were prepared and optimized in terms of NCs size, EE % and release profile using experimental design. Due to its amphoteric character, the drug ionization in the different pH values strongly affected its EE and NCs size. However, its release from the system was governed mainly by the matrix density formed. The density of the polymeric matrix and the nature of bonds affecting drug behavior in different systems were scrutinized by DSC, FT-IR and sequential TEM for recovered particles. *In vitro* and *in vivo* experiments assessed safety and tolerability of the chosen formulae.

To sum up, this study revealed that MPs and NCs-in-MPs formulations can be considered suitable carrier systems for nasal immediate and controlled delivery of REP. A proven blood glucose (BG) lowering effect in rats might suggest the potential usefulness of REP intranasal powders in the management of diabetes. The intranasal administration of the REP dry powders may help decreasing the dose and frequency of administration of the drug and possibly maximize the therapeutic benefit of the drug.

Key words: Intranasal delivery; repaglinide; microparticles; nanocomplexes; spray drying; mucoadhesion; *In vitro* cytocompatibility; antidiabetic effect; histopathological examinations.

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Loaded Microparticles and Nanocomplexes-in-Microparticles

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Appendix

Arabic summary

List of Abbreviations

AFM	Atomic force microscopy
ALG	Alginate
ALG/CS	Alginate/chitosan
ANOVA	Analysis of variance
AUEC	Area under the effect curve
BAV	Bioavailability
BCS	Biopharmaceutical classification system
BG	Blood glucose
C_{min}	Minimum glucose level as % of baseline level
CS	Chitosan
conc	Concentration
DE	Degree of esterification
DXT	Dextran sulfate
DM	Diabetes Millitus
D	Diameter of the base of the formed cone
D%	The total decrease in plasma glucose level
3D	Three dimentional
DLS	Dynamic light scattering
DSC	Differential Scanning Calorimetry
DMSO	Dimethyl sulfoxide
D/P	Drug to polymer ratio
EE %	Entrapment efficiency percent
FDA	Food and Drug Administration
Fig	Figure
FITC	Fluorescein isothiocyanate
2FI	Two-factor interaction
FT-IR	Fourier transform infrared spectroscopy
GG	Gellan gum
GIP	Gastric inhibitory polypeptide
GLP-1	Glucagon-like peptide-1
GRAS	Generally Regarded As Safe
h	Hour
H	Height of the cone
HCl	Hydrochloric acid
HM	High methoxyl
IC₅₀	50% inhibitory concentration

IE %	Incorporation efficiency percent
IN	Intranasal
IR	Infrared
IV	Intravenous
kg	Kilogram
kV	kilovolt
K	Procedural constant
LEU	Leucine
LM	Low methoxyl
LMW	Low molecular weight
ln	Natural logarithm
µg	Microgram
µl	Microliter
µm	Micrometer
mg	Milligram
mL	Milliliter
mJ	Millijoule
mV	Millivolt
min	Minute
MALT	Mucosal associated lymphoid tissue
MEM	Modified eagle medium
MTT	3-(4,5-dimethylthiazol-2-yl)-2,5-diphenyl-tetrazolium bromide
MW	Molecular weight
MCC	Mucociliary clearance
MPs	Microparticles
nm	Nanometer
N	Newton
NaOH	Sodium hydroxide
NALT	Nasal associated lymphoid tissue
NCs	Nanocomplexes
ND	Not determined
NPs	Nanoparticles
NCs-in-MPs	Nanocomplexes-in-microparticles
PE	Polyelectrolyte
PEC	Polyelectrolyte complexes
PKa	Ionization constant
PS	Particle size
PT	Pectin
PBS	phosphate buffer solution
PI	Polydispersity index
Q_{6h}	% Release after 6 hours
R²	Coefficient of determination

R %_{5min}	% Release after 5 minutes
REP	Repaglinide
RSM	Response surface methodology
SEM	Scanning electron microscopy
SDP	Spray dried powders
SD	Standard deviation
SE	Standard error
STZ	Streptozotocin
SI	Swelling index
SS	Sum of squares
T_{min}	Time point of minimum glucose level (h)
T_{80%}	Time required for 80% release
TEM	Transmission Electron Microscopy
TGA	Thermogravimetric Analysis
TPP	Tripolyphosphate
UV	Ultraviolet
VMD	Volume mean diameter
vs	versus
XRPD	X-ray Powder Diffraction
ζ	Zeta potential
λ_{max}	Wavelength of maximum absorption
θ	Angle of repose
°C	Celsius temperature

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