

Laplace Transform based Prediction of Drug Concentration in Blood

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Abstract

Performance of an oral dosage form like tablet or capsule is determined by the amount of drug present in the plasma at a given time. Prediction of this in-vivo performance in terms of concentration of drug in blood poses problems. A new technique called convolution which is based on system approach is presented with actual data and details of implementation of the convolution technique. This technique is of great relevance in advanced dosage forms having longer duration of performance like 12, 16 or 24 hours. In the design and development of oral products this technique allows for prediction of the plasma profile without conducting bio studied in human subjects that highly expensive and time consuming.

Keywords: concentration of drug in blood, convolution technique, absorption of drug, Convolution Integral.

تحويل لابلاس التنبؤيه استنادا لتركيز الدواء في الدم

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وزارة التعليم العالي والبحث العلمي

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ملخص

يتم تحديد أداء شكل جرعات مثل حبة أو كبسولة من كمية الدواء الموجودة في البلازما في وقت معين . تنبؤ الأداء هذا في الجسم الحي يتم من خلال تركيز الدواء في الدم المصاب . تقنية جديدة تسمى التقاف الجديد وتقوم على تقديم نهج النظام مع بيانات حقيقية وتفصيل تنفيذ هذه التقنية. هذا الأسلوب هو من الأهمية الكبيرة في أشكال الدواء المتقدمة وجود مدة أطول من أداء

مثل ١٢ ، ١٦ أو ٢٤ ساعة . في تصميم وتطوير المنتجات تسمح هذه التقنية للتنبؤ بشكل البلازما من دون إجراء دراسة بايولوجية في للجسم البشري التي تكون مكلفة للغاية وتستغرق وقتا .
الكلمات المفتاحية : تركيز الدواء في الدم ، تقنية الألتواء ، امتصاص الدواء ، الإلتواء المتكامل .

1- Introduction

Pharmacokinetics has seen new horizons with the introduction of a very powerful technique from physics called convolution[1]. This technique is being extensively used in a wide variety of field including Mass spectroscopy [2-6], Digital image processing[7,8] Convolution basically accumulates several physical properties like concentration versus time plots originating at different instants of time[9]. Effectiveness of orally administered medicine or drug is determined form the plasma concentration of drug in the blood [10]. When a drug is given orally in the form of a tablet or capsule the amount of drug entering into portal or getting absorbed in the blood as a function of time becomes of interest as this is the deciding factor in determining the effectiveness. Oral solutions usually get absorbed quickly and the resulting plasma concentrations are obvious and have only the disposition or elimination profile.

The absorption of drug depends on several factors including the properties of the dosage form like tablet or capsule which in turn include the characteristics of the constituents and the way the dosage form is made in addition to the properties of the basic drug [10, 11]. As the oral dosage form is administered it passes through the entire gastro intestinal track with time and different regions have different characteristics in terms of pH and viscosity of the fluids and the hydrodynamic conditions, additionally the membranes have varying characteristics towards the absorption of the given drug. Also the drug absorbed undergoes disposition or elimination by different mechanisms including metabolism in many cases. The determination of the net amount of drug present in the blood proves to be a challenge.

2 - Theoretical part

There are several approaches to predict the rate and extent of absorption and elimination of drug among which most popular on is the compartment based approach that considers human body as on two or more compartments. This approach is classical one and has its own limitations [10-12]. The latest approach is the system approach introduced by Aveng Pederson in 1984 [13]. This approach considers the human body as on

single system and this is a compartment independent approach and does not go in conventional way to estimate the absorption and elimination under a given set of conditions. Though this approach does not use the concepts of absorption and elimination coefficient and half life like that in traditional approach it does not disregards any of the physiological realities governing the mechanism of absorption and elimination [14, 15]. All the complex behaviour of the human body to the absorption and elimination of the drug are included in what is called as the Unit Impulse Response or the UIR [16].

UIR is the plasma concentration of drug versus time (fig.1)profile resulting from a unit drug input. It is important to note that this profile or relationship included all the pharmacological realities and contain the information as to how the human body reacts to a given drug over a period of time. Thus UIR if tactfully used can be a perfect representative giving the behaviour of the human body to a given drug and can provide vital information like in-vivo drug absorption allowing estimation of resulting drug levels in plasma as a function of time.

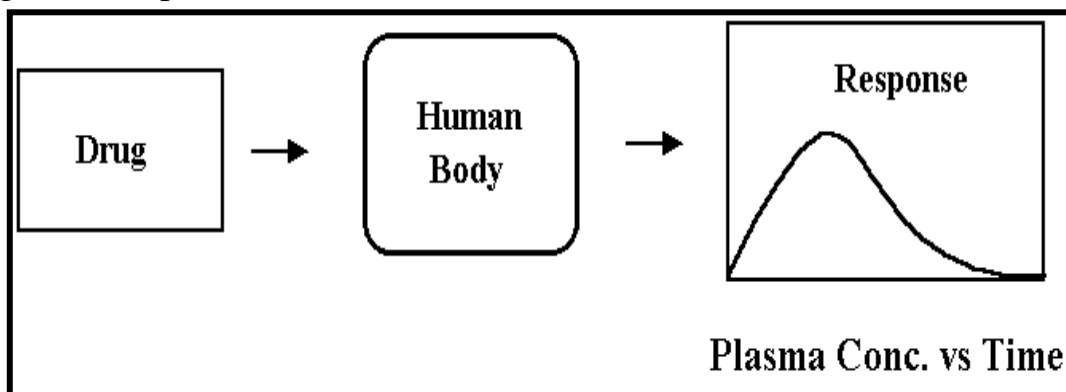


Fig. 1 Block diagram showing the concept of system approach.

This estimation requires information on the dissolution of the dosage form or the dissolution profile or the dissolution curve obtained from in-vitro dissolution studies. If the In-vivo-In-vitro relation Curve (IVIVC) is straight line with slope = 1, the in-vitro dissolution can be used as in-vivo release, if this relation is different, the in-vivo release can be calculated from the in-vitro dissolution by using the IVIVC [17,18].

3 - Convolution Technique

This technique makes use of two important relations, the UIR discussed earlier and the rate at which drug is released from the oral dosage form (tablet or capsule) called the dissolution profile. A dissolution profile is usually of table or plot giving percent of drug released as a function of time [19]. The percent release is converted to amount of drug released and the function is differentiated to obtain the rate of drug release in mg/hr.

This rate at which drug is released from a oral dosage form is represented as $I(t)$.

If $PR(t)$ represents the percent drug release as a function of time then the drug release rate is found as

$$I(t) = \frac{dPR(t)}{dt} \quad (1)$$

The UIR is the response of the human body to a unit input of drug and can be represented as a function of time $U(t)$. In fact it is a plasma concentration of the drug resulting from a unit input of the drug. It is important to note that all the processes responsible for the disposition of the drug like elimination metabolism etc. are included in this plasma profile. Therefore it becomes a dependable representative of the human body reacting to a given drug, and is most important component of the implementation of the convolution to predict the plasma concentration profile resulting from a dosage form.

4 - Convolution Integral

Convolution is a simple technique of adding two plots which amounts to an integration. The rate at which the drug is coming out as a function of time is denoted by $I(t)$. The UIR is denoted by $U(t)$ which is plasma concentration time relationship then the plasma concentration profile $C(t)$ resulting from the entire dose $I(t)$ is found by solving the convolution integral

$$C(t) = \int_0^t I(x) \cdot U(t-x) dx \quad (2)$$

Here x is the dummy variable used for integration. $C(t)$ is the plasma concentration as a function of time, I is the drug input rate (in mg/hr) and U is the UIR in corresponding units, both are represented as a function of time. In advanced dosage forms the drug release is controlled by embedding drug into a matrix or some other technique. The instantaneous value of drug release is $I(t)$, at each instance of time this drug input will produce corresponding plasma concentration equal to $I(t)$ times the UIR(fig.2). The integration actually adds up all such consecutive plasma profiles resulting from the administration of the drug at a rage $I(t)$.

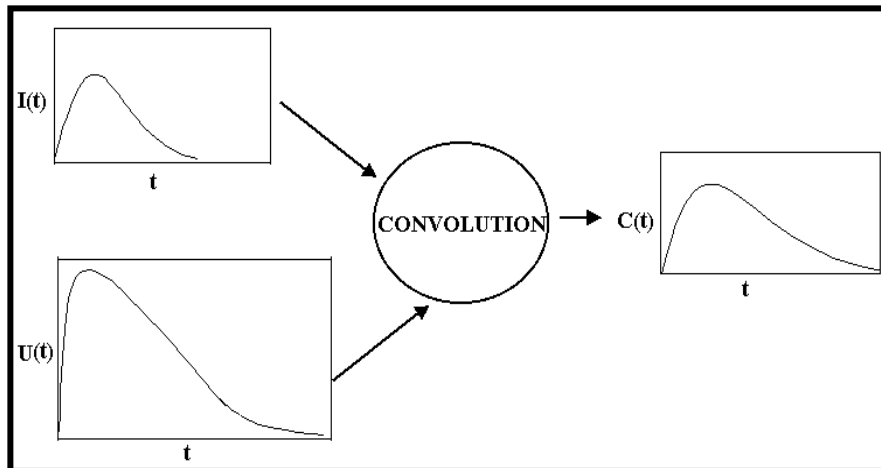


Fig. 2 Block diagram of the concept of convolution by combination the drug input rate $I(t)$ and the UIR to obtain plasma concentration profile $C(t)$.

At times the functions $I(t)$ and $U(t)$ may not be simple relations and implementation of integral shown in equation 2 is not possible. In such cases analytical equations for $I(t)$ and $U(t)$ can be used to implement the convolution with the help of Laplace transform technique

$$C(t) = L^{-1}[L\{U(t)\} \cdot L\{I(t)\}] \tag{3}$$

$L\{U(t)\}$ and $L\{I(t)\}$ are the Laplace transforms of $U(t)$ and $I(t)$ respectively and $C(t)$ is the resulting plasma concentration as a function of time. If the two functions $U(t)$ and $I(t)$ are available as analytical expressions, their Laplace transform can be found from standard Laplace transform tables from any related text book. Simply take Laplace transform of the two functions, multiply them together and take the inverse Laplace transform L^{-1} as shown in equation 3.

In most of the practical situation, it is not easy to represent $U(t)$ or $I(t)$ in the form of a mathematical expression in order to implement the integration, in such situations the integration in equation 2 can be solved by using numerical methods available in standard mathematical software like MathCAD or Mat lab. In a typical case if the two functions are given by:

$$I(t) = 3e^{-0.2t} - 3e^{-0.6t} \tag{4}$$

$$U(t) = 5e^{-0.3t} - 5e^{-0.5t} \tag{5}$$

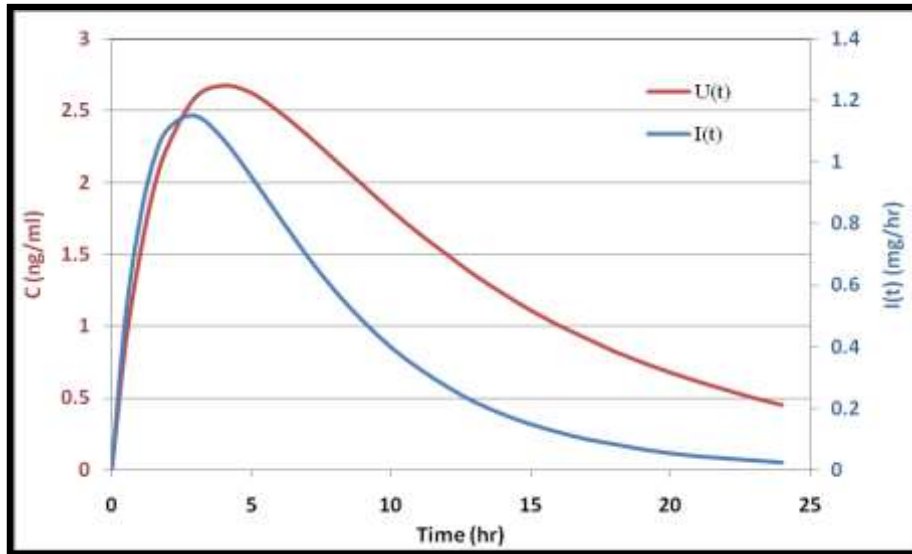


Fig. 3: Drug input rate $I(t)$ and the UIR temporal variation from equation (3) and (4).

The two functions $I(t)$ the drug input rate and the UIR $U(t)$ shown in equation (4) and (5) are plotted in Fig. 3 both are double exponential curves, at times, the UIR could be a single exponential function having only decaying part without a rising part.

As is seen from equation 3 first the Laplace transform of the two functions in equation (3) and (4) are obtained referring to standard Laplace transform. The corresponding Laplace transform of the two functions are shown in equations (6) and (7).

$$I(s) = L\{I(t)\} = \frac{3}{s+0.2} - \frac{3}{s+0.6} \quad (6)$$

$$U(s) = L\{U(t)\} = \frac{5}{s+0.3} - \frac{5}{s+0.5} \quad (7)$$

The next step is to multiply the two Laplace transforms in the equations (6) and (7) and take the inverse Laplace transform of the product.

$$L^{-1}\left[\left(\frac{3}{s+0.2} - \frac{3}{s+0.6}\right) \cdot \left(\frac{5}{s+0.3} - \frac{5}{s+0.5}\right)\right] \quad (8)$$

$$15 \cdot L^{-1}\left[\left(\frac{1}{s+0.2} - \frac{1}{s+0.6}\right) \cdot \left(\frac{1}{s+0.3} - \frac{1}{s+0.5}\right)\right] \quad (9)$$

As in the case of Laplace transform, the inverse Laplace transform of the equation (8) can be found from standard tables of Laplace transforms and is given by

$$C(t) = 100 \cdot (e^{-0.2t} - e^{-0.6t}) + 200 \cdot (e^{-0.5t} - e^{-0.3t})$$

On simplification

$$C(t) = 100 \cdot (e^{-0.2t} - e^{-0.6t} + 2e^{-0.5t} - 2e^{-0.3t}) \tag{10}$$

Equation (10) is the predicted plasma concentration as a function of time as obtained by convolution of the drug input rate $I(t)$ and UIR $U(t)$. The plot of the plasma concentration $C(t)$ as a function of time t is shown in Fig. 4.

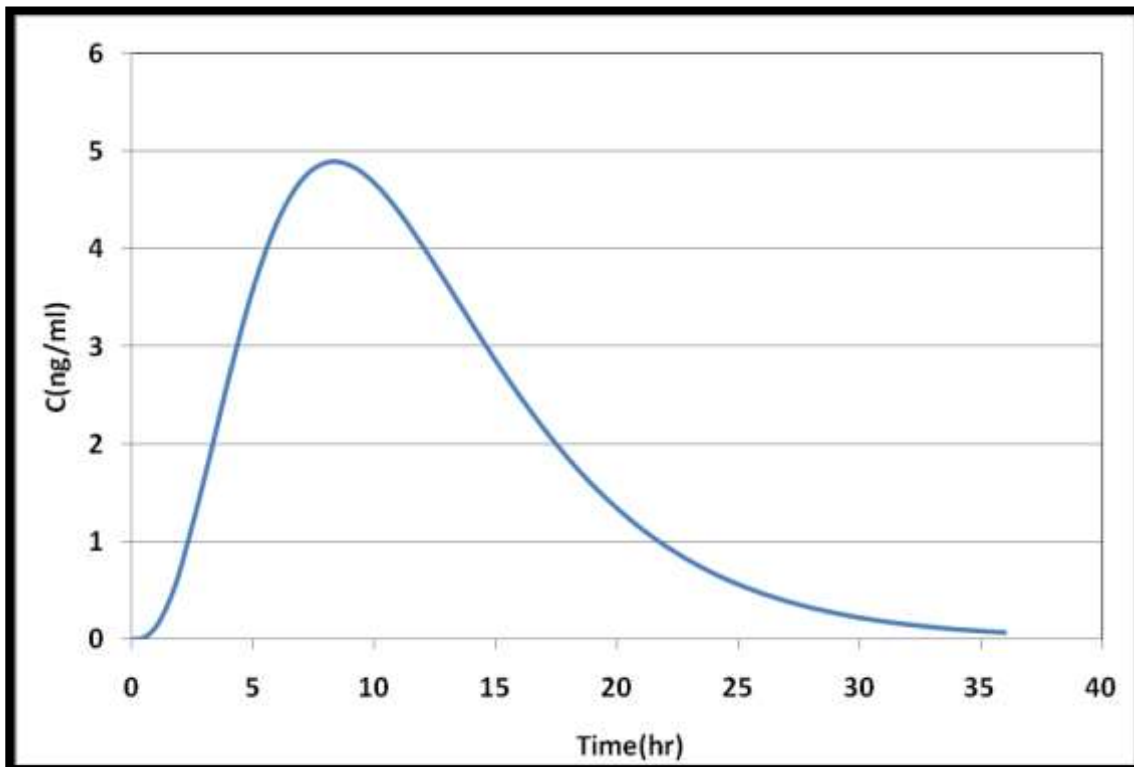


Fig. 4: Plasma concentration $C(t)$ versus time plot from convolution.

As is expected the results of convolution using Laplace transform technique are in very good agreement with those obtained using integration method.

5 - Conclusion

We successfully demonstrated a simple new approach for prediction of in-vivo plasma concentration of drug versus time plot. The approach is based on convolution using Laplace transform technique. The predicted plasma profile very well compare with one obtained using analytical expression and integration. This technique is very useful in design and development of oral products and allows for prediction of the plasma concentration versus time profile without conducting bio studied in human subjects that highly expensive and time consuming.

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