Drug delivery approaches, routes of administration, prolonged release preparations.

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1. Drug dosage forms – review.

2. Routes of administration.

3. Innovations in drug delivery.

Drug dosage form

- final form, in which is drug administerd to patient
- inlfuences mainly pharmacokinetic properties of administered drug <u>Classification with regard to</u>:
- consistence
- solid
- semi-solid
- liquid
- gaseous
- *administration site* (internal/external use)
- *shape* (specific/nonspecific)
- number of active substances (one or more)

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Administration

Local

- drug absorption is limited
- effect aimed on target tissue/organ
- low risk of AE

Systemic

- drug is absorbed to systemic circulation
- possible influence on

whole body

• higher risk of AE

Schema of systemic administration



Administration

- EXTERNAL
- administration on skin, mucosas or to body cavities
- effect
 local/systemic

- INTERNAL
- administration other
 than on skin, mucosas
 or to body cavities

effect
 local/systemic

- Epicutaneous
- Conjunctival
- Intranasal
- Inhalation
- Rectal
- Vaginal sublingual, intraurethral, dental, gingival, oral, endotracheopulmonal, intraaural....

Epicutaneous administration



Systemic effect

- transdermal administration
- mainly patches
- continuous release
- local+systemic AE
- high compliance
- easy discontinuation

Conjunctival administration

- usually eye drops and ointments
- local effect
- risk of systemic AE
- specific quality requirememnts

- drops, sprays, ointment
- local effect antiseptics, ATB
 - antihistamines, decongestants
 - antiflogistics
- systemic effect analgesics, antivirotics

 hormones (ADH,
 gonadotropin, insulin)

Inhalation

- gases, aerosols
- systemic effect general anesthetics
- local effect antiasthmatics
- fast onset of effect
- minimal presystemic elimination
- administration from spray cans or other instruments (turbohaler, dischaler, nebulizator)

Rectal administration

suppositories, capsules, tablets, foams,

tampones

- alternative for peroral administration
- variable absorption

Enteral-peroral

- 1. for local effect
- minimal AE
- risk of interaction with coadministered drugs

Enteral-peroral

- 2. for systemic effect
- drug absorbed from different parts of GIT
 - can be influenced by DDF
- "slow" effect onset
- the effect depends on patients "compliance"



- Parenteral
- 1. local effect
- *i.v.* or *e.v.*
- injections or implantation
- restriction of absorption = effect prolongation
- + decrease of AE risk

Parenteral

- 2. systemic effect
- *i.v.* x *e.v.*
- pharmacokinetic differences
- specific qualitative requirements
- implants

Parenteral

- 2. sytsemic effect
- intravenous/intraarterial
- subcutaneous
- intramuscular
- intradermal
- intrathecal
- intraarticular, intraoccular, intraosseous

intrathecal

• intraarticular

• intraocular

• intraosseous

Implants

- degradable/nondegradable
- usually s.c. or intraocular
- systemic/local effect
- continuous/pulsatile release
- compliance
- complicated discontinuation

Factors influencing the drug delivery approach:

- drug physicochemical properties
- therapeutic indication + disease phase
- benefit:risk ratio
- co-morbidities, co-medications

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Transdermal delivery

- 3. generation of passive patches
- drug in the adhesive layer
- decreased irritation
- decreased drug concentration
- size decrease

Active transdermal preparations

- in the phase of clinical trials
- physical principles enhancing or controling drug release

Transdermal administration

Patches with microneedles

- even macromolecular substances can be delivered
- immunization, vaccination
- rather intradermal than transdermal

Liposomes

- particle systems
- both lipophilic and hydrophilic substances
- biocompatible, degradable
- cen be used for drug targeting

Nanoparticles

- size 1-1000 nm
- structure: nanospheres x nanocapsules
- degradable, nontoxic
- highly variable
- smart nanoparticles

Thank you for your attention.