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Case 118-6848

#### PHENYL CARBAMATES

The present invention relates to novel phenyl carbamates which are useful as pharmaceutical compositions. The invention further relates to pharmaceutical compositions having anticholinesterase activity.

Acetylcholine is a major neurotransmitter which is found in all parts of the body. Any reduction in its activity, either as a result of neuronal damage, degeneration etc. or as induced by drugs or toxins, causes marked changes in the function of the organism. Acetylcholine itself has an extremely short half life, since it is rapidly hydrolysed at its site of action and in plasma by specific cholinesterase enzymes. Drugs that inhibit acetylcholine, thereby enhancing cholinergic transmission. Three such agents are used clinically, i.e., physostigmine, a naturally occurring alkaloid, and two synthetic analogues, neostigmine and pyridostigmine. The latter two agents are strongly ionised at physiological pH and therefore are only poorly absorbed from the gastro-intestinal tract, and do not penetrate the central nervous system to any significant extent. Physostigmine is absorbed after

118-6848

oral administration and readily enters the brain. As a therapeutic agent it has several disadvantages. It is chemically unstable and must be prepared in solution with an antioxidant, and protected from light. It has a relatively short half-life (20-40 mins) thereby necessitating frequent administration. The latter is of particular importance when the drug is to be administered chronically. It has a low therapeutic ratio, a value of 3-5 being reported in the majority of studies in laboratory animals, and a small therapeutic window, i.e. small range of dose in which it can be given without the accompaniment of side effects. Although physostigmine is absorbed from the gastro-intestinal tract, this is reported to be irregular and unpredictable, and therefore it is usually preferred to administer the drug parenterally. This is a serious drawback if it is to be used chronically on an outpatient basis.

- 2 - -

There are a number of clinical and pathological conditions which are associated with cholinergic under-activity which can be improved by the administration of an anticholinesterase agent. These include reduction in cholinergic transmission induced by a variety of exogenous substances acting in the peripheral, or central nervous system. Peripherally acting agents are gallamine, d-tubocurarine and pancuronium, which are used as muscle relaxants. Their action can readily be overcome by an anticholinesterase drug. Drugs which interfere with central cholinergic transmission are numerous, anticholinergic, atropine-like drugs including antiparkinson drugs, tricyclic antidepressants, neuroleptics, opiate analgesics, benzodiazepines and some types of general anaestnetics. So far the only agent that has proved to be of any value in reversing the effects of the latter group of drugs is physistigmine. In all reported cases of drug overdose or lack of recovery when the agent was used peri-operatively, physo-

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118-6848

- 3 -

stigmine is usually administered parenterally, and administration is repeated every 20-30 minutes as required.

Chronic treatment with neuroleptics often results in tardive dyskinesias. The widespread use of agents having anticholinesterase activity for the treatment of schizophrenia makes this side effect an ever increasing possibility. Physostigmine injected intravenously produces a significant but short lived improvement in a proportion of patients.

A number of pathological and degenerative diseases has also been shown to be associated with a reduction or loss of cholinergic transmission. This includes myasthenia gravis and Eaton Lambert syndrome in which there is an interference with neuromuscular transmission.

A selective loss of choline acetyltransferase (the enzyme that synthesises acetylcholine) has been found in specific brain regions of patients with pre-senile dementia of the Alzheimer type. These include the frontal and temporal cortex, hippocampus, amygdala, caudate nucleus, substantia innominata. Degeneration of cholinergic neurons in some of these areas appears to be associated with the aphasia, apraxia, agnosia and loss of short term memory that occurs in Alzheimer's disease. A similar type of dementia is also found in patients with Down's syndrome that survive to the age of 40 years and show similar cholinergic deficits. There is also a loss of cholinergic transmission in the caudate nucleus and putamen of patients with Huntingdon's chorea. Physostigmine injections have also been of some benefit in this condition. Treatment with a centrally acting anticholinesterase should also prove to be beneficial in Friedrich's ataxia.

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118-6848

There are two major classes of potent inhibitors of the enzyme cholinesterase. The first group was modelled primarily on the natural alkaloids physostigmine (a carbamate) and an inhibitor of cholinesterase, and d-tubocurarine, an antagonist of acetylcholine. The second group consists of various organophosphorus compounds, such as disopropylfluorophosphonate, paraxon etc. The vast majority of the compounds of both these series were designed primarily as insecticides. In the first group of carbamate derivatives, almost all of the potent insecticides are monomethyl carbamates lacking a charged nitrogen function. This enables the molecule to penetrate rapidly the insect cuticle and fatty nerve sheath. The dimethyl derivatives are slightly less potent but are particularly toxic to houseflies and aphids. The monomethyl derivatives tend to be unstable in solution and hydrolyse readily at physiological pH. This greatly limits their biological action in mammals and makes them less suitable as pharmaceutical or therapeutic agents.

- 4

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The organo-phosphorus group of compounds causes irreversible inhibition of cholinesterase and other serine containing enzymes, which, together with their high relative toxicity, virtually precludes their use in pharmaceutical preparations. The only exception is echothiopate, a quaternary ammonium organophosphorus compound, employed in eye drops for the treatment of glaucoma.

The synthetic anticholinesterase agents currently employed as pharmaceuticals all contain a charged nitrogen function and can be broadly classified into 3 groups.

 Reversible inhibitors which contain a charged nitrogen function attached to an aromatic ring, e.g. edrophonium.

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