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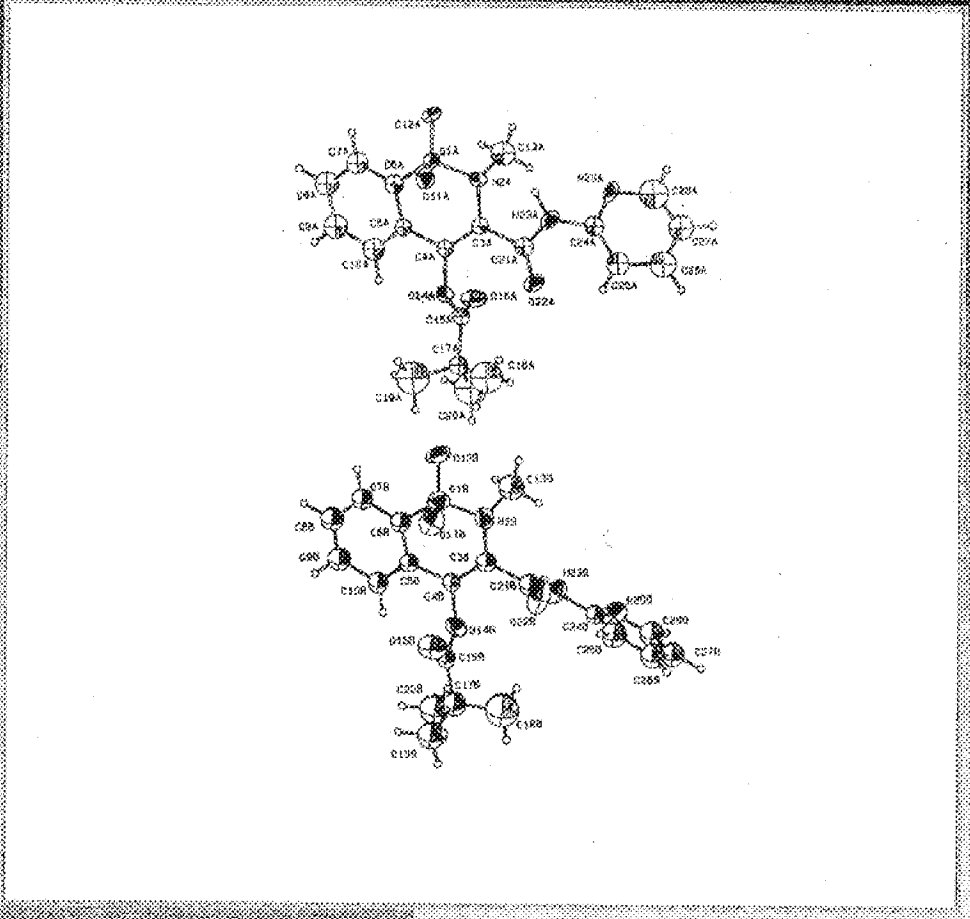

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Crystalline solids

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Abstract

Many drugs exist in the crystalline solid state due to reasons of stability and ease of handling during the various stages of drug development. Crystalline solids can exist in the form of polymorphs, solvates or hydrates. Phase transitions such as polymorph interconversion, desolvation of solvate, formation of hydrate and conversion of crystalline to amorphous form may occur during various pharmaceutical processes, which may alter the dissolution rate and transport characteristics of the drug. Hence it is desirable to choose the most suitable and stable form of the drug in the initial stages of drug development. The current focus of research in the solid-state area is to understand the origins of polymorphism at the molecular level, and to predict and prepare the most stable polymorph of a drug. The recent advances in computational tools allow the prediction of possible polymorphs of the drug from its molecular structure. Sensitive analytical methods are being developed to understand the nature of polymorphism and to characterize the various crystalline forms of a drug in its dosage form. The aim of this review is to emphasize the recent advances made in the area of prediction and characterization of polymorphs and solvates, to address the current challenges faced by pharmaceutical scientists and to anticipate future developments.

Keywords: Crystallinity; Polymorphs; Hydrates; Solvates; Formulation; Drug substance; Phase transformation; Characterization

Contents

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1. Introduction

Most organic and inorganic compounds of pharmaceutical relevance can exist in one or more crystalline forms. When applied to solids, the adjective, *crystalline*, implies an ideal crystal in which the structural units, termed *unit cells*, are repeated regularly and indefinitely in three dimensions in space. The unit cell has a definite orientation and shape defined by the translational vectors, a, b, and c, and hence has a definite volume, V, that contains the atoms and molecules necessary for generating the crystal. Each crystal can be classified as a member of one of seven possible crystal systems or crystal classes that are defined by the relationships between the individual dimensions, a, b, and c, of the unit cell and between the individual angles, α, β, and γ of the unit cell [1,2]. The structure of a given crystal may be assigned to one of the seven crystal systems, to one of the 14 Bravais lattices, and to one of the 230 space groups [1]. All the 230 possible space groups, their symmetries, and the symmetries of their diffraction patterns are compiled in the International Tables for Crystallography [3].

The common crystalline forms found for a given drug substance are polymorphs and solvates. Crystalline polymorphs have the same chemical composition but different internal crystal structures and, therefore, possess different physico–chemical properties. The different crystal structures in polymorphs arise when the drug substance crystallizes in different crystal packing arrangements and/or different conformations. The occurrence of polymorphism is quite common among organic molecules, and a large number of polymorphic drug compounds have been noted and catalogued [4–7].

Solvates, also known as pseudopolymorphs, are crystalline solid adducts containing solvent molecules within the crystal structure, in either stoichiometric or nonstoichiometric proportions, giving rise to unique differences in the physical and pharmaceutical properties of the drug. If the incorporated solvent is water, a solvate is termed a hydrate. Adducts frequently crystallize more easily because two molecules often can pack together with less difficulty than single molecules. While no definite explanations can be given, possible reasons include adduct symmetry, adduct-induced conformation changes, and the ability to form hydrogen bonds through the solvent molecules [2,8,9]. Desolvated solvates are produced when a solvate is desolvated and the crystal retains the structure of the solvate [10]. Desolvated solvates are less ordered than their crystalline counterparts and are difficult to characterize, because analytical studies indicate that they are unsolvated materials (or anhydrous crystal forms) when, in fact, they have the structure of the solvated crystal form from which they were derived [11].

Because different crystalline polymorphs and solvates differ in crystal packing, and/or molecular conformation as well as in lattice energy and entropy, there are usually significant differences in their physical properties, such as density, hardness, tabletability, refractive index, melting point, enthalpy of fusion, vapor pressure, solubility, dissolution rate, other thermodynamic and kinetic properties and even color [12]. Differences in physical properties of various solid forms have an important effect on the processing of drug substances into drug products [13], while differences in solubility may have implications on the absorption of the active drug from its dosage form [14], by affecting the dissolution rate and possibly the mass transport of the molecules. These concerns have led to an increased regulatory

interest in understanding the solid-state properties and behavior of drug substances. For approval of a new drug, the drug substance guideline of the US Food and Drug Administration (FDA) states that "appropriate" analytical procedures need to be used to detect polymorphs, hydrates and amorphous forms of the drug substance and also stresses the importance of controlling the crystal form of the drug substance during the various stages of product development [11]. It is very important to control the crystal form of the drug during the various stages of drug development, because any phase change due to polymorph interconversions, desolvation of solvates, formation of hydrates and change in the degree of crystallinity can alter the bioavailability of the drug. When going through a phase transition, a solid drug may undergo a change in its thermodynamic properties, with consequent changes in its dissolution and transport characteristics [15].

Various pharmaceutical processes during drug development significantly influence the final crystalline form of the drug in the dosage form. The various effects of pharmaceutical processing on drug polymorphs, solvates and phase transitions have been described in detail by Brittain and Fiese [16] and will be discussed in later chapters. Briefly, processes such as lyophilization and spray drying may lead to the formation of the amorphous form of drug, which tends to be less stable and more hygroscopic than the crystalline product. Also, processing stresses, such as drying, grinding, milling, wet granulation, oven drying and compaction, are reported to accelerate the phase transitions in pharmaceutical solids. The degree of polymorphic conversion will depend on the relative stability of the phases in question, and on the type and degree of mechanical processing applied. Keeping these factors in mind, it is desirable and usual to choose the most stable polymorphic form of the drug in the beginning and to control the crystal form and the distributions in size and shape of the drug crystals during the entire process of development. The presence of a metastable form during processing or in the final dosage form often leads to instability of drug release as a result of phase transformation [17].

Crystallization plays a critical role in controlling the crystalline form and the distribution in size and shape of the drug. The significance of crystallization mechanisms and kinetics in directing crystallization pathways of pharmaceutical solids and the factors affecting the formation of crystals have been reviewed in detail by various researchers [12,18,19]. A crystalline phase is created as a consequence of molecular aggregation processes in solution that lead to the formation of nuclei, which achieve a certain size during the nucleation phase to enable growth into macroscopic crystals to take place during the growth phase. The factors affecting the rate and mechanisms by which crystals are formed are: solubility, supersaturation, rate at which supersaturation and desupersaturation occur, diffusivity, temperature, and the reactivity of surfaces towards nucleation. The various forces responsible for holding the organic crystalline solids together, such as nonbonded interactions and hydrogen bonding, have been discussed in detail by Byrn et al. [2] and Etter [20].

Various analytical methods are being currently used to characterize the crystalline form of the drug during the various steps of processing and development. These methods have been reviewed recently in detail by many authors [7,10,21–25]. The single most valuable piece of information about the crystalline solid, including the existence of polymorphs and solvates, is the molecular and crystalline structure, which is determined by single-crystal X-ray diffractometry [2]. Powder X-ray diffractometry provides a "fingerprint" of the solid phase and may sometimes be used to determine crystal structure. Once the existence of polymorphism (or solvate formation) is definitely established by single-crystal and powder X-ray diffractometry, spectral methods, such as Fourier transform infrared absorption (FTIR) spectroscopy, Fourier transform Raman scattering (FT Raman) spectroscopy, solid-state nuclear magnetic resonance (SSNMR) spectroscopy, ultraviolet and visible (UV–Vis) and/or fluorescence spectroscopy [23] may be employed for further characterization. Of special significance are thermal methods, such as differential scanning calorimetry (DSC), thermogravimetric analysis (TGA) and optical microscopy using a hot stage [24]. These methods are almost always employed for further characterization. Modulated (temperature) differential scanning calorimetry (MDSC) in combination with DSC and optical microscopy are able to identify the glass

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