

Handbook Dissolution

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Royal Hanso

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This, the Third Edition of the *Handbook of Dissolution Testing*, is dedicated to the memory of William A. Hanson, founder of Hanson Research Corporation. Dr. Hanson was a pioneer and longtime leader in the field of dissolution testing.

Prior to his death at the end of 1994, Dr. Hanson was a significant contributor to the evolution of test apparatus. His significant experiments in the field led to his Ph.D. in Engineering with a dissertation on the subject of pharmaceutical dissolution testing.

Dr. Hanson supplemented his technical work with the *Handbook of Dissolution Testing* in 1982, followed by the Second Edition in 1991. As the field of dissolution testing continues to evolve, we are proud to follow in Dr. Hanson's footsteps with the Third Edition of his important book.



Cons

Over the last several decades, the d... a pioneering prototype into a standardiz... age quality assurance. Considering indu... drug R&D, formulations, and clinical t... been proven to provide a simple, cost-e... test for drug release characteristics. For... of consideration by developing countri... ceutical community.

The second edition of this Handbook... was written when the methods, techniq... tion testing had been established using... paratus 2 (Paddle) as the techniques o... remain the dominant methods to analyz... lease dosage forms. The USP has now... cating Cylinder), Apparatus 4 (Flow-Th... dle Over Disk), Apparatus 6 (Cylinder)... ing Holder) (1) and the EP has added... cating cylinder and paddle over disk tr... these apparatus are described in detail i...

As this Third Edition goes to press, a... USP General Chapters Dissolution <7... with the European Pharmacopeia and Ja... completion. This effort, led by the Int... monization (ICH), will include coordi...

tions, equipment modifications, and use of validated sinkers and automated equipment are included (see Chapter 7 for more details).

Why Dissolution Testing?

Besides accommodating the obvious need for meeting the legal requirements for compendial drugs, dissolution testing is increasingly used to test special oral dosage forms now listed in the compendia. Those dosage forms include vitamins, herbals, veterinary drugs, chewable tablets, suppositories, suspensions, soft gelatin capsules, creams, ointments, gels, transdermal systems, and the vast ever-increasing number of extended-release preparations. In addition, there are new product types and dosage forms under development, such as chewing gums, powders, granules, dispersions, microparticles, stents, liposomes, nanospheres and implants, which may require dissolution testing. The pharmaceutical industry will continue to use dissolution testing as a laudable quality control measure for their production operations. They also are acutely aware that the worldwide sociological trend is toward extension of regulation. In the pharmaceutical business, as in any other, it pays to anticipate future developments.

Dissolution testing, of course, is a regular quality control procedure in good manufacturing practices (GMP). Whether or not its numbers have been correlated with biological effectiveness, the standard dissolution test is a simple and inexpensive indicator of a product's physical consistency. If one batch differs widely from others in its dissolution characteristics, or if the dissolution times of production batches show a consistent trend upwards or downwards, it sounds a sure warning that some factor in the raw material, formulation, or process is out of control.

Dissolution data are also useful in the early stages of drug development and formulation. In the early stages of development, researchers may take steps to optimize drug and dosage-form characteristics that will influence subsequent bioavailability data.

Disintegration Tests

More than fifty years ago, it was recognized that unless an oral dosage form disintegrated into small aggregates, the body could not absorb it efficiently. A unique apparatus was devised to establish a standard for disintegration. Its description is still published in USP, but now the

Overall Considerations

testing. Disintegration testing was originally developed to establish minimum standards.

In the early stages of pharmaceutical development, the "elegant" tablet: a tablet of beauty that does not change color. Of course, the harder the tablet, the more chip or fracture during packaging or shipping.

Hardness can be increased by increasing the compression forces. Unfortunately, hardness increases where the tablet will not disintegrate in the stomach. The only release of drug will arise from the erosion of the outside of the dosage form. In 1965, Ralph Shangraw, et al. (3) showed that tablets containing folic acid were not meeting the requirements in an hour. This has important implications for *in vivo*. Even today, physicians have observed problems in patients' stools.

The disintegration test was introduced in 1965. The apparatus consists of six vertical tubes, each 10 mm in diameter, arranged in a rack with a 10-mm diameter surface. The tubes are moved 5.5 cm up and down, submerged in water or simulated intestinal fluid (37°C). To help the process along, a complete disintegration of the tablet during the up-and-down movement.

The disintegration test has been officially adopted. It had enjoyed international acceptance since 1965. When introduced, one incorporating a 10 mm diameter tubes to keep capsules from floating out of the apparatus that registers the time for disintegration. The plots results on a digital printer. The tablet is considered to have no palpable mass remains on the 10-mm diameter tube, typically 30 minutes for ordinary tablets, and 45 minutes for enteric-coated tablets.

The test had been mandatory for oral dosage forms for 40 years, but its elimination and replacement by the dissolution standard was encouraged in Pharmacopoeia probably because the disintegration test does not have a correlation with bioavailability (5). In 1995, it was recognized that the ultimate solution of the problem was the disintegration of the tablet and the release of particles in the tablet. That process is outlined in Chapter 7.

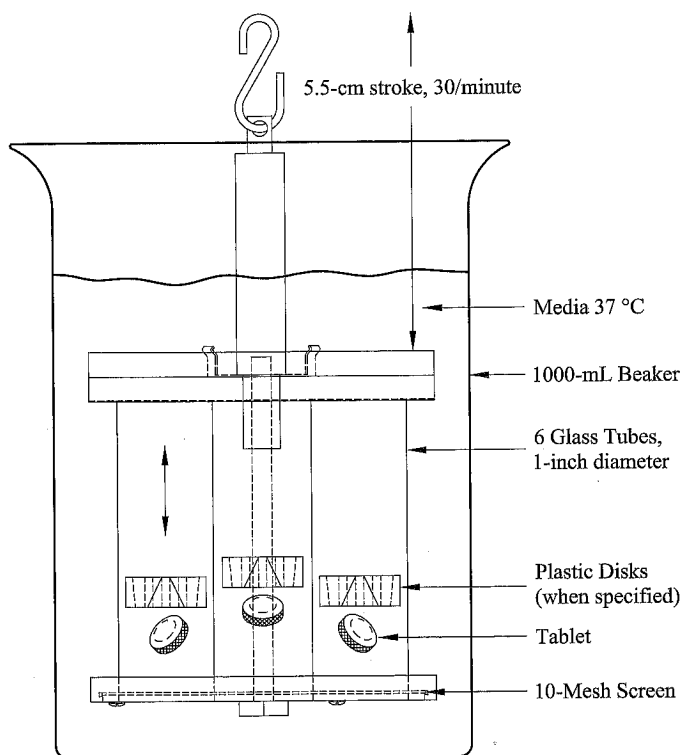


Figure 1-1 USP disintegration testing apparatus. (See USP <701> Disintegration.)

From the pattern shown in the diagram it is apparent that the dissolution rate includes the time factor resulting from the disintegration process. It also becomes obvious that dissolution testing includes disintegration time and, therefore, that if dissolution data become mandatory, then disintegration information becomes superfluous.

During the period 1990–1995, many USP disintegration tests were replaced with dissolution tests, and the disks were removed from <701> Disintegration USP General chapter. Disks may still be called for in individual USP monographs.

Early Dissolution Test Development

In the early 1960s, problems regarding the bioavailability of drugs

Overall Consider

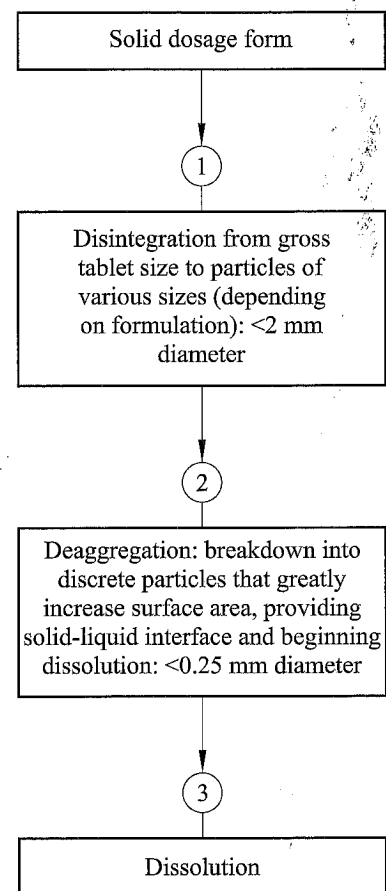


Figure 1-2 The three stages in the dissolution process.

cies, and compendial standards groups. manufacturer forcibly brought the matter to the attention of the FDA. Investigation of identical competitive products indicated a substantial difference in the pH at which they were otherwise pharmaceutically equivalent. Existing tests for physical properties.

The matter was brought to the attention of the FDA and a study of various dissolution test

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