## aOCD

## AMERICAN JOURNAL OF

## PHARMACEUTICAL EDUCATION <br> Pry 8 " 81 <br> n45 no. 1 <br> 

Editorial office: School of Pharmacy, University of North Carolina, Chapel Hill NC 27514. Telephone: (919) 966-1121. Address all communications concerning manuscripts to the editorial office. All manuscripts submitted are subject to peer-review and approval by the editor before publication. Manuscripts published elsewhere cannot be considered. Authors must prepare their manuscripts to conform to the style specifications published on pages $88-90$ of the February 1980 issue, otherwise such are subject to return. The Journal does not assess authors or their institutions for set-up or page charges. All reports and papers presented at the AACP Annual Meeting as well as those manuscripts accepted for publication in the Journal become the property of the AACP. All requests for reassignment of the above rights should be directed to the business manager at the address below.

All expressions of opinion and statements of supposed fact appearing in the Journal are not to be regarded as necessarily expressing the policies or views of the editor or of the American Association of Colleges of Pharmacy.

Published in February, May, August and November. Subscription price $\$ 35.00$. All new subscriptions begin with the February issue. Individual membership in the AACP is $\$ 35.00$ yearly which entitles one to a subscription to the Ameri can Journal of Pharmaceutical Education and a subscription to the monthly $A A C P$ News plus participation privileges. Any full-time under-
graduate or graduate student attending an AACP-affiliated school or college of pharmacy may subscribe to the Journal at the special student rate of $\$ 15.00$. Address all subscriptions, change of address and all business communications to the business office.

Articles in the Journal are indexed in: Biological Abstracts; Chemical Abstracts; Current Contents, Education; Current Contents, Life Sciences; ExcerptaMedica; Hospital Literature Index; International Pharmaceutical Abstracts; and lowa Drug Information Service and aremicrofilmed by University Microfilms of Ann Arbor MI.

Business office: 4630 Montgomery ave., Suite 201, Bethesda MD 20014. Telephone: (301) 6549060. The Association cannot accept responsibility for foreign delivery when its records indicate shipment has been made.

Postmaster: Undelivered copies should be returned to: American Journal of Pharmaceutical Education, School of Pharmacy, University of North Carolina, Chapel Hill NC 27514.

Copyright (©) 1981, American Association of Colleges of Pharmacy, 4630 Montgomery Ave., Suite 201, Bethesda MD 20014. All rights reserved. Second-class postage paid at Bethesda MD and at additional mailing office. Printed by Creative Printers, 503 W. Franklin St., Chapel Hill NC 27514. Telephone: (919) 929-1121.

## REPORTS

71 Minutes of the Meeting of the Board of Directors RODOWSKAS, Christopher A., Jr.

PRESIDENT'S SECTION
75 Food For Thought
SORBY, Donald L.

## COUNCIL OF DEANS CHAIRMAN'S SECTION

76 Political Action Revisited GRANBERG, C. Boyd

## COUNCIL OF FACULTIES CHAIRMAN'S SECTION

77 Obtaining Advanced Degrees in Pharmacy by Nontraditional Means LOWENTHAL, Werner

## COUNCIL OF SECTIONS CHAIRMAN'S SECTION

78 Role-Model Congruence - A Catalyst to Learning LEMBERGER, Max A.

EDITOR'S SECTION
79 Instructions to Authors COCOLAS, George H.

## ANNOUNCEMENTS

81 General Announcements; Changes in Staff Titles; New Staff Members COCOLAS, George H.

## THE RECORD

83 General News; Grants and Awards COCOLAS, George H.

## BOOK REVIEWS

87 GUILLORY, K.J., LONGE, R.L., SNOW, B., KILSDONK, G.F., ABOO] R.R., GUMBHIR, A.K., HUNT, M.L., LAWRENCE, G.D., IANN $t_{\text {it }}$ RONE, M., SPEEDIE, M.K., RITSCHEL, W.A., ABRAMSON, H KELLEY, C.J., SOWELL, J.W., THOMPSON, E.B., LOEFFLER, L. BARFKNECHT, C.F., CLARKE, D.E., GRINGAUZ, A., JUN, H. TIMMONS, H.F., STAUBUS, A.E., CARLSTEDT, B., SIDDONS, L.N JOHNSON, H.D., BEAMER, R.L., WEART, C.W., BARLETTA, J. FLAGSTAD, M.S., RUSSI, G., MITSCHER, L.A., LAMY, P.P., COKER, $S^{B}$

## RECENT PUBLICATIONS

104 New Journals and Special Publications; New Books COCOLAS, George H.

## CORRIGENDUM

106 COCOLAS, George H.

## ADVERTISEMENTS

(iii) Pfizer Pharmaceuticals
(iv) E.R. Squibb \& Sons, Inc.
(vi) Parke-Davis Division
(vii) Prentice-Hall Publishers
(vii) McNeil Laboratories
(viii) Roche Laboratories
(x) CIBA
(xi) Eli Lilly and Company
(xii) Ortho Pharmaceutical Corporation
(xiii) The Upjohn Company
(xiv) Burroughs Wellcome Company
(xv) Abbott Laboratories
(xvi) American Association of Colleges of Pharmacy

# Calculation of Drug Solubilities by Pharmacy Students 

Lindley A. Cates<br>College of Pharmacy, University of Houston, Houston TX 77004


#### Abstract

A method of estimating the solubilities of drugs in water is reported which is based on a principle applied in quantitative structure-activity relationships. This procedure involves correlation of partition coefficient values using the octanol/water system and aqueous solubility. After identifying the atoms or groups comprising a compound the students need to employ but a few approximate hydrophilic or lipophilic numbers assigned to these in calculating the log $P$ value of the drug or chemical and then place the agent in the appropriate soluble or insoluble category. Although this method does not always provide exact categorization it does so in a great majority of cases and permits the student to recognize certain potential chemical and therapeutic incompatabilities.


One of the most frequent questions asked medicinal chemistry faculty by pharmacy students is, "How do I know if a drug is soluble or insoluble in water?" These students were cognizant of the importance of such information in predicting chemical and therapeutic incompatabilities. Prior to the introduction of the procedure described in this paper, along with a discussion of the acidbase character of drugs, many students were incapable of determining if an insoluble material will be formed during a reaction and whether or not water can be used as the solvent for a certain drug. A method, therefore, was devised to enable the students to estimate a drug's solubility by assigning a numerical value to a molecule which relates to this property. This procedure, which is based on a scientific rationale, requires the use of only a few numerical values and a brief calculation time.

## PROCEDURE

With the advent of quantitative structure-activity relationship (QSAR) concepts has come an increased awareness and use of physiochemical parameters such as partition coefficients and steric and electronic factors for correlation with biologic properties. The former constant is deemed most critical to a drug's overall effect and most students are exposed to this principle during their pharmacy education.

Most work has been done with partition coefficients based on the octanol/water system expressed as the $\log _{10}$ or $\log \mathrm{P}$. Although this is a measure of the solubility characteristics of the whole molecule, one normally uses the sum of the fragments of the molecule which have been assigned relative hydrophilic-lipophilic values, ( $\pi$ ), to calculate $\log \mathrm{P}$. Using this procedure, a positive value for $\pi$ means the substituent, relative to H , favors the octanol phase (i.e., lipophilic). And negative $\pi$ value indicates its greater affinity for water (i.e., hydrophilic). ${ }^{1}$ The environment of the substituent can influence the relative $\pi$ value,
introduced while teaching a course in the medicinal chemistry sequence to about 80 second professional year students and then applied to those agents being discussed throughout the semester. The students learned eight $\pi$ values as follows: $\mathrm{C}\left(\right.$ aliphatic or $\left.\mathrm{Cl}^{2}\right)=0.5$; phenyl $=2.0$; $\mathrm{C}(0) 0$ or $\mathrm{C}(0) \mathrm{N}=-0.7 ; 0$ or N (in amines, hydroxyls and ethers but not in hydrazines or $\mathrm{N}-0$ compounds) $=-1.0$; and $-S-=0$. These numbers were obtained by rounding off literature values; exceptions being the sulfide ${ }^{3}$ and the amido group. ${ }^{4}$ The students then needed only to identify these fragments in the molecule and calculate the sum of the $\pi$ values to calculate an approximate $\log \mathrm{P}$. After being given several examples in lecture and solving problems themselves at the chalkboard all students knew the $\pi$ values and the only difficulty they occasionally experienced was identification of the appropriate fragments in a molecule (e.g., in cyclic drugs).

The USP provides official definitions of water solubilities wherein "soluble" is defined as 3.3 to 10 percent. For our purposes therefore, those drugs with solubilities above 3.3 percent are considered soluble and those below, insoluble. The solubilities of drugs used in this paper were taken from the Merck Index(1), Remington's Pharmaceutical Sciences(2) or the Handbook of Chemistry and Physics(3). The octanol/water $\log \mathrm{P}$ values were from Hansch and Leo(4) and the $\pi$ values are from three different sources $(4,5$ and 6$)$.

Having a definition of solubility and a means of calculating $\log \mathrm{P}$, what remains is a method of correlating these two parameters. Through the examination of a large number of $\log \mathrm{P}$ and solubility values, an arbitrary stan-

[^0]dard was adopted whereby those drugs with positive $\log \mathrm{P}$ values over 0.5 are considered water-insoluble and those with less than $0.5 \log P$ are deemed soluble. An early use of $\log P$ and $\pi$ in correlating chemical structure with aqueous solubility involved free-energy changes of liquids(7). Although this study included only four of 156 compounds with $\log \mathrm{P}$ values less than 0.5 , the dividing line between soluble and insoluble appears to be in the same range. Although this method is applicable to a large number of drugs it is, of course, restricted to those containing only C, $\mathrm{C} 1, \mathrm{~N}$ and 0 . Other limitations should also be recognized, chief among these is the acid-base character of drugs. When dealing with acids or bases, $\log \mathrm{P}$ values are normally determined at a pH , either very acid or alkaline, so that ionization is suppressed and only the neutral, most lipophilic form is present. Since most drugs are either weak acids or bases this possible discrepancy must be taken into consideration. Scherrer and Howard(8) have pointed out that when an ionizable compound is equilibrated in a twophase system at a pH at which it is partially ionized, its concentration in the organic phase is not determined by log P alone. These investigators, therefore, introduced distribution coefficients $(\log \mathrm{D})$ as a correction based on the $\mathrm{pK}_{\mathrm{a}}$ of the compound. Log D is also termed the apparent partition coefficient ( $\mathrm{P}_{\mathrm{app}}$ ), which is in turn related to the true (corrected) partition coefficient ( $\mathrm{P}_{\text {corr }}$ ), $\mathrm{P}_{\text {corr }}$ is equal to $P_{\text {app }} /(1-\alpha)$, where $\alpha$ is the degree of ionization. Although this correction is not readily adaptable to our estimation method there have been a few drugs whose $\log P$ values have been determined using octanol/water at pH values that approximate those imparted to water by these agents and some examples will be presented later.

## APPLICATIONS AND DISCUSSION

This method was initially applied to those CNS drugs covered in the medicinal chemistry course and described by the textbook(9). This consisted of 29 sedative-hypnotics, six central relaxants, three benzodiazepines, 14 phenothiazines, 12 anticonvulsants and 12 miscellaneous drugs. A few more such agents could have been included if $\pi$ values for Br and F were introduced. Of this total the solubilities of 72 ( 95 percent) were correctly determined with three anomalies and one 'borderline' estimation. The success rate with this classification of drugs is not unexpected in view of the relationship between their $\log \mathrm{P}$ values and depressant activity. It has been established that most organic drugs affecting the CNS require a $\log \mathrm{P}$ of approximately 2 to pass the blood-brain barrier and gain access to the brain(10). A partition coefficient of this magnitude would translate to a water-insoluble compound. Considering all drugs, there are relatively few that are soluble in the non-salt form, a situation that should make easier the teaching of solubilities. To simply state that drugs in their free form are insoluble is not, however, satisfactory. In addition, there are situations when it is important to be cognizant of relative solubilities, a comparison made possible using the calculation method.

Since one of the larger members of this class of CNS depressants are barbiturates it might be instructive to examine the heterocycle common to these and at least one specific agent. Being cyclic ureides the barbiturates contain
acid portion(10). The most water-soluble drug is diethylbarbital with a calculated $\log \mathrm{P}$ of 0.6 . This agent is also one of the few weakly acidic drugs whose $\log \mathrm{P}$ has been determined in octanol/water at other than a low pH . At pH 8.1 its $\log \mathrm{P}$ value is 0.18 and has a $\log \mathrm{P}$ value of 0.71 at pH 5 . An environment closer to neutrality on the acid side would have been preferred for our comparison purposes but the value falls in the insoluble range according to the established definition; the actual solubility is 0.7 percent.

An examination of the anomalies and 'borderline' drugs, which fall in the anticonvulsant and central relaxant classes, may also be of interest ethosuximide, containing an amido group, six carbons and a carbonyl oxygen, has an estimated $\log \mathrm{P}$ of 1.3 but is water-soluble. Trimethadione, a neutral drug with one each amido and carboxy groups and six carbons, calculates to 0.6 and is 5 percent soluble and is considered 'borderline'. The carbamates methocarbamol, 2.5 percent soluble, and chlorphenesin carbamate, almost insoluble, have simplified and incorrect calculated $\log P$ values of -0.7 and 0.3 , respectively. This discrepancy can be accounted for on the basis that the infrequently encountered carbamyl moiety actually has a $\pi$ value of -1.15 instead of the -1.7 used and an aromatic methoxy $\pi$ value is -0.2 as compared to our value of -0.5 . This situation exemplifies the errors that can be introduced when an attempt is made to simplify the calculation process.

The method was completely successful when applied to the 35 local anesthetics described in the student's text. Interestingly, the basic drug procaine which was recorded log $P($ octanol/water) values of $-0.32(\mathrm{pH} 7)$ and $0.14(\mathrm{pH} 8)$ is only 0.5 percent soluble. Our calculated value places this drug in the correct water-insoluble category. The procedure was also correct in assigning 34 analgesics and analgesic antagonists, 30 antihistamines and 25 nonquaternized autonomic blocking agents, all water-insoluble.

The salicylic acid derivatives, aspirin, salicylamide and salicyclic acid itself, were also examined. A true calculation of the latter requires the introduction of an additional $\pi$ value, that for intramolecular hydrogen bonding (IMHB). Without this factor salicylic acid $\log \mathrm{P}$ value easily calculates as 0.3 but is only 0.2 percent soluble. If the 0.65 IMHB value is added we get a $\log \mathrm{P}$ value of 0.95 which places it in the correct water-insoluble category. The literature value for this acid is $0.95(\mathrm{pH} 4)$; the pH of a saturated solution is 2.4 . The need for applying the IMHB factor is infrequent but can be used during instruction in emphasizing this phenomenon which is of importance in biological action. It could also be pointed out that the isomer, p-hydroxybenzoic acid, cannot undergo IMHB and is eight times more soluble. Salicylamide has very close values in all respects to salicyclic acid while aspirin, 0.3 percent soluble, calculates to $1.1 \log P$ without IMHB. As was the case with procaine, our procedure gives correct categorization of solubility while the experimental $\log P$ values for aspirin of $-0.02(\mathrm{pH} 5)$ and $-0.9(\mathrm{pH} 5.6)$ would not. It appears that there are situations when exact, or even simplified, calculated values are more meaningful than experimentally derived ones. One reason for this is the many experimental values, supposedly measured under like conditions but in different laboratories, that may vary for the same compound by as much as $1.5 \log$ units. A variance of

Table I. Additional representative solubilities

| Drug or chemical | Log P <br> Calculated | Log P <br> Observed | Predicted <br> solubility | Literature <br> solubility |
| :--- | :--- | :--- | :--- | :--- |
| Chlorpromazine | 5.0 | 5.3 | I | I |
| Dibucaine | 4.3 | 4.2 | I | I |
| Phenytoin | 3.1 | 2.5 | I | $\mathrm{I}(1.5 \%)$ |
| Amphetamine | 2.5 | 1.8 | I | SS |
| Phenoxymethyl penicillin | 2.4 | 2.1 | I | $\mathrm{I}(0.08 \%)$ |
| Amobarbital | 2.1 | 2.1 | I | $\mathrm{I}(0.08 \%)$ |
| Phenacetin | 1.8 | 1.5 | I | $\mathrm{I}(0.1 \%)$ |
| Phenobarbital | 1.6 | 1.6 | I | $\mathrm{I}(0.1 \%)$ |
| Parachlorophenol | 1.5 | 2.4 | I | $\mathrm{SS}(2.7 \%)$ |
| Ethyl chloride | 1.5 | 1.4 | I | $\mathrm{I}(0.57 \%)$ |
| Benzoic acid | 1.3 | 2.0 | I | $\mathrm{I}(0.33 \%)$ |
| Thiazole | 0.5 | 0.4 | Bc | SS |
| Propanol | 0.5 | 0.3 | B | S |
| Acetylacetone | 0.5 | 0.3 | B | $\mathrm{~S}(12.5 \%)$ |
| Ethanol | 0.0 | -0.3 | S | S |
| Nicotinamide | -0.2 | -0.4 | S | S |
| Lactic Acid | -0.7 | -0.6 | S | S |
| Glycerol | -1.5 | -1.7 a | S | S |
| Citric Acid | -1.6 | -1.7 | S | S |

aFrom Pomona College Medicinal Chemistry Project data. bInsoluble. ${ }^{\text {c Borderline solubility. dSoluble. eSlightly soluble. }}$
in this category and may be considered exceptions to the SAR requirement. Chloral hydrate is highly ionized as a result of the inductive influence of the chlorine atoms and is very soluble. Neither its $\log \mathrm{P}$, nor that of paraldehyde, has been determined in qctanol/water but it calculates by our method to 0.5 or 'borderline'. Doubtless the true value is considerably lower because of the halogen effect. The neutral paraldehyde calculates correctly giving a $0 \log \mathrm{P}$ and is 12 percent soluble. The solubilities of some additional drugs and chemicals, arranged by increasing hydrophilicity and containing a variety of chemical groupings, are shown in Table I.

After mastering the determination of drug solubilities using the eight constants the students will be able to proceed to drugs containing atoms or groups not yet considered. Examples of these are the nitro and nitrate groups. The former has a $\pi$ value of -0.85 (aliphatic) and -0.28 (aromatic) which can be averaged and rounded off to -0.6 , and not the -0.3 calculated by the previous method. Similarly the nitrate group, found in several vasodilators, has a $\pi$ value of ca. 0.2 and not -4.0.

It should be emphasized that this simplified method of estimation has only general application and cannot, without becoming cumbersome, be applied with success in all cases. This is particularly the case when electronic factors play an important role. When examining the amphoteric antibacterial sulfonamides, for example, we find that the addition of one or two methyl groups to the pyrimidine of sulfadiazine to give sulfamerazine and sulfamethazine yields a progressive increase, instead of the expected decrease, in solubility. The effect of the methyl is to increase the lability of the $\mathrm{N}^{1}$ amide hydrogen and, thus the molecule's hydrophilicity.

In general, the $\log \mathrm{P}$ of heterocycles, such as those found in sulfonamides, can be estimated by subtracting 0.5 from phenyl ( $\pi=2.0$ ) or naphthalene ( $\pi=3.4$ ) for each carbon substituted by a heteroatom and adding the $\pi$ value for the latter. Thus, the calculated $\pi$ values for pyridine and isoquinoline are 0.5 ( 0.64 observed) and 1.9 ( 2.0 observed), respectively, and permit the solubility determination of such drugs as nicotinamide and dibucaine, Table I.

This method of determining drug solubilities has been enthusiastically received by the pharmacy students in our medicinal chemistry course. It has done much to dispel confusion and to increase their confidence in dealing with drugs as chemicals capable of causing therapeutic and dispensing problems. Provided its limitations are considered, it can be a useful tool in the teaching of an important and relevant topic.
Am. J. Pharm. Educ., 45, 11-13(1981); received 9/3/80, accepted 11/18/80.

## References

(1) The Merck Index, 9th ed., Merck and Co., Inc. Rahway NJ (1976).
(2) Remington's Pharmaceutical Sciences, 15th ed., Mack Printing Co., Easton PA (1975).
(3) Handbook of Chemistry and Physics, (edit.) Weast, R.C., Chemical Rubber Pub. Co., Cleveland OH (1977).
(4) Hansch, C. and Leo, A., Substitution Constants for Correlation Analysis in Chemistry and Biology, John Wiley and Sons, New York NY (1979).
(5) Leo, A., Hansch, C. and Elkins, D., Chem. Rev., 71, 552(1971).
(6) Tute, M.S., Adv. Drug Res., 6, 67(1971).
(7) Hansch, C., Quinlan, J.E. and Lawrence, G.L., J. Org. Chem., 33, 347(1968).
(8) Scherrer, R.A. and Howard, S.M., J. Med. Chem., 20, 53(1977).
(9) Wilson, C.O., Gisvold, O. and Doerge, R.F., Textbook of Organic Medicinal and Pharmaceutical Chemistry, 7th ed. J.B. Lippincott Co., Philadelphia PA (1977).
(10) Daniels, T.C. and Jorgensen, E.C., Op. cit. (9) pp. 22-23.


[^0]:    'The term " $\pi$ " more correctly refers to the system of substituting atoms or groups for hydrogen while the fragment system of calculating $\log \mathrm{P}$ values involves the summing of appropriate structural elements. In approximating $\log \mathrm{P}$ values this distinction normally is not critical.
    ${ }^{2}$ Average of 0.71 (aromatic) and 0.39 (aliphatic) values.
    ${ }^{3}$ Taken from aliphatic $\mathrm{SCH}_{3}(0.45)$ and aromatic $\mathrm{SCH}_{3}(0.61)$, each minus a methyl (0.5).
    ${ }^{4}$ Although the literature $\pi$ values are -1.49 (aromatic) and -1.71 (aliphatic)

