Short Communication

Simultaneous determination of propyphenazone, paracetamol and caffeine in blood by high-performance liquid chromatography

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Introduction

Propyphenazone (1-phenyl-2,3-dimethyl-4-isopropyl-5-pirazolon), paracetamol (acetaminophenol) and caffeine (1,3,7-trimethylxanthine) are formulated together in medicines such as Pharmazon (Bulgaria) to provide analgesic and antipyretic relief in cases of headache and colds, etc. Analytical methods for the determination of paracetamol [1-6] and caffeine [7-9] in plasma or blood already exist. The simultaneous determination of propyphenazone, paracetamol and caffeine in tablets has been achieved using reversed-phase liquid chromatography and gradient elution [10]. However, gradient elution requires expensive apparatus and often longer analytical times, due to the need to re-equilibrate the column. Normal-phase liquid chromatography can provide better selectivity between compounds with different functional groups that could allow isocratic conditions to be used.

In the present paper a high-performance liquid chromatographic method (HPLC) for the simultaneous determination of propyphenazone, paracetamol and caffeine in blood of rats, using normal-phase HPLC and isocratic elution is reported.

Experimental

Reagents

Propyphenazone, paracetamol, caffeine and phenacetine (analytical-grade purity) were produced by Pharmachim (Bulgaria); acetonitrile (Merck, FRG), n-heptane, isopropanol, methanol and methylenchloride (Fulka, Switzerland) were HPLC-grade.

Blood samples

The blood was collected from rats and placed in tubes containing sodium citrate as anticoagulant.

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Standard solutions

Stock solutions of a combined standard propyphenazone, paracetamol and caffeine were prepared in methanol to give a concentration of 50 μ g ml⁻¹ for each compound. The concentration of phenacetine (internal standard) in methanol was 150 μ g ml⁻¹.

Chromatography

HPLC was carried out using a Model Series 4 pump (Perkin–Elmer, USA) with a 20- μl universal loop injector (Rheodyne, USA) and a prepacked LiChrosorb Si-60 (5 μm ; 125 \times 4 mm i.d.) (Merck, FRG). A pre-column Si-60 (5 μm ; 6 \times 4.6 mm i.d.) obtained from Waters Assoc. (USA) was connected to the analytical column. The mobile phase was n-heptane–methylenchloride–isopropanol–methanol (85.5:7:4:3.5%, v/v/v/v). The flow rate was 2.3 ml min $^{-1}$. Detection was by ultraviolet (UV) absorption spectrometry at 266 nm. A model 550 SE spectrometer was connected to an LCI-100 laboratory computing integrator (Perkin–Elmer, USA).

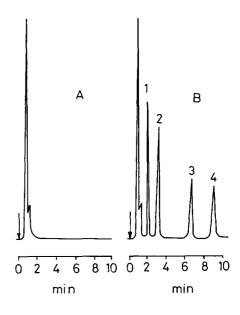
Extraction procedure

Blood (200 μ l), internal standard solution (10 μ l) and acetonitrile (1.5 ml) were added to a 5-ml tube. The samples were shaken for 15 min, then centrifuged for 3 min at 6000g. The organic phase was aspirated and evaporated to dryness at 45°C under a stream of nitrogen. Residues were dissolved in 200 μ l of eluent and 20- μ l aliquots were injected into the chromatograph. Standard calibration curves of propyphenazone, paracetamol and caffeine over the range 1–10 μ g ml⁻¹ were prepared using drug-free blood samples. An appropriate volume of the standard solution was transferred into the 10-ml tube prior to the sample preparation procedure described above.

Results and Discussion

Typical chromatograms of a drug-free blood and blood extract, containing propyphenazone, paracetamol, caffeine and the internal standard are shown in Fig. 1. A good

Figure 1 Chromatograms obtained by injecting 20 μ l of extract from a drug-free blood (A) and extract from rat's blood (B). Peaks: 1, propyphenazone (4 μ g ml⁻¹); 2, phenacetine (internal standard); 3, caffeine (5 μ g ml⁻¹); 4, paracetamol (7.5 μ g ml⁻¹).



separation was obtained in 8-9 min. Table 1 lists the retention times and capacity factors for the compounds studied and some potential interferents such as the ophyline and β -OH-ethyltheophyline. As seen in Table 1 there is no interference of the compounds given.

Quantification of propyphenazone, paracetamol and caffeine was achieved by comparing their respective peak-height ratios to internal standard in rat samples to those of known samples of the standard curve. Recoveries were determined by comparing the peak-heights from the extracted samples without internal standard with those obtained from a direct injection of the same amount of drug in methanol. Table 2 illustrates the recovery and within-day precision data obtained by the analysis of spiked blood samples.

Calibration curves were consistently linear from 1.0 to 10 µg ml⁻¹ for all compounds. The detection limit of sensitivity for propyphenazone, paracetamol and caffeine was 5, 15 and 10 ng, respectively.

Normal-phase liquid chromatography showed high selectivity for the separation of propyphenazone, paracetamol and caffeine. The use of a silica-gel column allows the isocratic elution mode of the compounds studied and gives a good within-day precision of the retention times (v < 0.5%). The column has long-term stability for the assay — after 3 months work the efficiency changes not more than 15%.

In conclusion, a selective and quick normal-phase HPLC method has been developed for monitoring propyphenazone, paracetamol and caffeine using phenacetine as internal standard during pharmacokinetic studies.

Table 1
Elution times for propyphenazone, paracetamol, caffeine, phenacetine (internal standard) and some potential interferents

Compound	Capacity factor, k'	Retention time, $t_{\rm R}$ (min)
Propyphenazone	2.2	1.9
Paracetamol	13.8	8.9
Caffeine	9.7	6.4
Phenacetine	3.8	2.9
Theophyline	6.2	4.3
β-OH-ethyltheophyline	16.0	10.2

Table 2
Recovery of propyphenazone, paracetamol and caffeine from rat's blood and within-run assay reduction

Compound	Concentration ($\mu g \ ml^{-1}$)	Recovery (%)	% RSD
Propyphenazone	1.0		4.5
	5.0	99.0	4.1
	10.0		4.0
Paracetamol	1.0		4.0
	5.0	98.5	3.8
	10.0		3.6
Caffeine	1.0		4.2
	5.0	96.5	4.0
	10.0		3.9

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References

- A. H. Hikal, A. R. M. Morad and S. El-Houfi, Pharm. Ind. 45, 426 (1983).
 C. H. Korduba and R. F. Petruzz, J. Pharm. Sci. 73, 117-119 (1984).
 B. J. Starkey, S. M. Loscombe and J. M. Smith, Ther. Drug Monit. 8, 78 (1966).
 J. R. Tabblett, C. J. Omile and B. Danesh, J. Chromatogr. 329, 196-198 (1985).
 P. Colin, G. Sirois and S. Chakrabarti, J. Chromatogr. 377, 243-251 (1986).
 P. G. Wells, J. Analyt. Tox. 9, 217 (1985).
 H. I. I. Willems, A. Van der Horst, P. V. E. C. De Goede and G. I. Hakmess, Pharm. Weekbl., Sci. Ed. 7, 150 (1985). 7, 150 (1985).
- [8] S. H. Y. Wong, N. Marton, S. L. McHugh and E. Cazes, J. Liquid Chromatogr. 8, 1791 (1985).
 [9] N. R. Scott, J. Chakraborty and V. Marks, J. Chromatogr. 375, 321-329 (1986).
- [10] M. B. Mamolo, L. Vio and V. Maurich, J. Pharm. Biomed. Anal. 3, 157-164 (1985).

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