



Analytical Survey

Advances in biopharmaceutical analysis in the People's Republic of China: 1991-1993

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Abstract: The methodological studies on biopharmaceutical analysis of drugs and their metabolites by liquid and gas chromatography with various detectors have been reviewed. Research articles were selected from well known journals published in the People's Republic of China between January 1991 and March 1993. The applications of these methods in bioavailability, pharmacokinetics, therapeutic drug monitoring and metabolic studies have also been discussed.

Keywords: *Biopharmaceutical analysis; HPLC; GC; metabolites; pharmacokinetics.*

Introduction

The present review is a survey of biopharmaceutical analysis as published in articles from the leading journals edited by the colleges of pharmacy, medical universities, national medical institutes and Chinese Pharmaceutical Association. From the methodological point of view, Tables 1, 2 and 3 are listed in the order of the separating means: reversed-phase high-performance liquid chromatography (R-P HPLC) and gas chromatography (GC), and the detecting systems: UV, DAD, FLU; FID, ECD, NPD, MSD and MS, so as to elucidate the recent advance of drug analysis in biological matrices.

Reversed-phase HPLC

The chromatographic conditions of the established R-P HPLC methods were listed in Table 1. In most cases, C₁₈ hydrocarbon was introduced on a support by the action of octadecylchlorosilane, ODS, i.e. a bonded phase, to serve as the stationary phase [1-28], whereas the mixtures of water and methanol in various proportions were employed as the reversed mobile phase solvent systems [9-13, 29]. In some cases, the use of acetonitrile-water mixture offered an additional degree of selectivity [1, 8, 20, 21]. In order to optimize the solvent system, methanol with phosphate

buffer at certain pH were selected in many cases [2-5, 7, 11-12, 14-16, 19, 26, 27, 30].

Among the detecting systems connected with HPLC, the conventional variable ultraviolet detector was the most commonly adopted [1-20, 29-31, 32-36]. The photodiode array detector (DAD) was used in several cases to examine the purity of chromatographic peak and for the sake of accurate identification of analyte [12, 20-24, 37]. According to the chemical structure of the drugs, the fluorescence [25-27] and electro-chemical detectors (ECD) [28] were also selected.

For the evaluation of the reliability and the overall performance of the proposed R-P HPLC methods, parameters involved in linearity, limit detection, recovery and precision were considered in the majority of the published papers.

HPLC column switching technique was used in several cases [32-34, 38], (Table 2) for rapid determination of drug concentration in plasma or serum and in urine by direct injection. The column switching system was equipped with a precolumn for on-line cleanup and an analytical column for separation. The plasma or serum sample was treated with acetonitrile [32], perchloride [33] or trichloroacetic acid [34] to precipitate the protein, the supernatant to be analysed was either injected directly, treated with methanol and ultrasonated [38],

Table 1
R-P HPLC determination of drugs and their metabolites in biological fluids

Drug (metabolites)	Biological fluids	Chromatographic conditions				Ref. no.
		Column	Mobile phase	Detector		
Ciprofloxacin	Serum, urine	Ultrasphere-ODS (5 μ m) (250 \times 4.6 mm)	Ac-buffer pH 3.0 MeCN-DMF-TEBNH ₄ OH (88:6.5:5:0.5) MeOH-1 mmol l ⁻¹ HAc (55:45)	UV _A =276nm	1, 27	
Vesnarinone	Plasma (dogs) Urine	Shimpack CLC ODS* (150 \times 6.0 mm) Ultrasphere-ODS (5 μ m) (25 cm \times 4.6 mm)	MeOH-PO ₄ buffer pH 6.0 (35:65)	UV _A =271nm UV _A =240nm	2 3	
Famotidine	Plasma, urine	YWG-C ₁₈ (5 μ m) (5 \times 150 mm)	MeCN-H ₂ O-H ₃ PO ₄ -Et ₃ NH 1:9:0.013:0.017 (v/v, pH 3.5) MeOH-PO ₄ buffer pH 3.45	UV _A =266nm UV _A =254nm	4, 31 5	
Pseudouridine	Urine	YWG-C ₁₈ (10 μ m) (4 \times 250 mm)			6	
Berberine	Plasma	Nova-PakC ₁₈ (4 μ m) (15 cm \times 3.9 mm)	DL-Camphor-10-sulphonic acid-Et ₃ NH-HAc (20:80:0.464:0.5:0.7) (pH 4.8)	UV _A =345nm	7	
Propafenone (5-hydroxy-,N-depropyl-)	Serum	Ultraspherre ODS-C ₁₈ (5 μ m) (4.6 \times 250 mm)	PO ₄ buffer pH 2.7-57% MeOH	UV _A =254nm	8	
Amitriptyline, amipramine, doxepin (nortriptyline, despramine)	Serum	Nucleosil-C ₁₈ (7 μ m) (250 \times 4.6 mm)	MeOH-MeCN-H ₂ O (13:35:52)	UV _A =254nm	9	
Procaine (p-ABA)	Plasma	μ -Bondapak-C ₁₈ (10 μ m) (25 \times 0.48 cm)	Modified MeOH	UV _A =254nm	10	
Methandienone	Urine	Varian ODS-C ₁₈ (10 μ m) (15 cm \times 4.6 mm)	MeOH-H ₂ O (100:40, v/v)	UV _A =254nm	11	
Di-subst-tetrahydroisoquinoline	Plasma (rabbit)	LiChrosorb-C ₁₈ (5 μ m) (15 cm \times 4.6 mm)	MeOH-H ₂ O-TEA-H ₃ PO ₄ (63:37:1:0.8, v/v)	UV _A =230nm	12	
Bepridil	Plasma	YWG-C ₁₈ (10 μ m) (15 cm \times 5 mm i.d.)	MeOH-H ₂ O-TEA-H ₃ PO ₄ (pH 3.3) (74:16:10)	UV _A =254nm	13	
Lidocaine	Saliva, serum	Shimpack CLC-C ₁₈ (5 μ m) (0.15 m \times 6.0 ϕ)	MeOH-H ₂ O (70:25)	UV _A =214nm	14	
m-Nifedipine	Plasma (rabbit)	YWG-C ₁₈ (10 μ m) (4 \times 250 mm)	MeOH-PO ₄ buffer (pH 6.1) (70:30, v/v)	UV _A =237nm	15	
Epostane	Serum (rabbit)	μ -Bondapak-C ₁₈ * (4.5 \times 45 mm)	MeOH-PO ₄ buffer (pH 7.0) (50:50, v/v)	UV _A =285nm	16	
Diltiazem	Plasma (rabbit)	YWG-C ₁₈ (10 μ m) (45 \times 200 mm)	MeOH-PO ₄ buffer (pH 6.5) (84:16)	UV _A =237nm		

Piroxicam	Serum	YWG-C ₁₈ (10 µm) (150 × 5 mm)	MeOH-NH ₄ Ac (pH 4.5) (1:0.9, v/v)	UV _A =360nm	17
Clomipramine	Serum	CLC-ODS* (15 × 0.6 cm)	MeOH-H ₂ O-TEMED-HAc (67:33:0.4:0.32)	UV _A =254nm	18
Ibuprofen	Plasma	Zorbax-C ₈ (5 µm) (2.5 × 4.6)†	MeOH-Ac buffer (pH 4.7)-H ₃ PO ₄ (135:35:30)	UV _A =225nm	19
1-Hexylcarbamoyl-5-fluoro-uracil	Serum (rats)	Shimpack CLC-ODS* (150 mm × 6 mm)	H ₂ O	UV _A =254nm	41
Ofloxacin	Plasma	Spherisorb-C ₁₈ (5 µm) (200 mm × 4.6 mm)	MeOH-PO ₄ buffer-TBNH ₄ Br (35:65:4, pH 2.50)	UV _A =294nm	30
Carbamazepine	Plasma, saliva Urine	YWG-C ₁₈ (10 µm) (250 × 4.0 mm)	MeOH-H ₂ O (59:41)	UV _A =245nm	29
Rifandin	Urine	Shimpack-CLC-TMS (5 µm)	0.01 M KH ₂ PO ₄ -MeCN (50:50)	UV _A =316nm	20
Homoharringtonine	Liver microsomes (rats, rabbits) Urine	(150 × 4.6 mm) Lichrosorb C ₁₈ (10 µm) (250 × 4.6 mm)	MeOH-H ₂ O (MeOH 20-80%)	DAD UV _A =292,254,320nm	37
Diuretics, probenecid, caffeine, pemoline Ceftazidime	Urine	Lichrosorb C ₁₈ (5 µm) (200 × 4.6 mm)	PO ₄ buffer pH 3 MeCN	DAD UV _A =276,230,275nm	21
D-Catechin	Serum	ODS-Hypersil microbore (5 µm) (2.1 × 100 mm)	NH ₄ Ac (pH 3.5)-MeOH (9:1)	DAD UV _A =254nm	22
Diltiazem (desacetyl-) Amiloride	Plasma (rabbit) Plasma	YWG-C ₁₈ (10 µm) (150 × 5 mm)	MeOH-Citric buffer pH 4.7 (16:84, v/v)	DAD UV _A =280nm	23
Puerarin	Plasma, urine	µ-Bondapak-C ₁₈ (10 µm) (300 × 3.9 mm)	MeOH-TEMED (pH 5.4) (60:40, v/v)	DAD UV _A =238nm	24
Ciprofloxacin	Plasma (rats, rabbits, dogs) Serum	Nucleosil-C ₁₈ (7 µm) (250 × 4.6 mm)	45% MeOH 0.1 mol l ⁻¹ HClO ₄	Flu. EX _A =286nm; EX _B =418nm	25
Furosemide	Plasma (rats, rabbits, dogs) Serum, urine	YWG-C ₁₈ (10 µm) (4.6 × 250 mm)	MeOH-H ₂ O PO ₄ (pH 7.4) (450:522.5:27.5, v/v)	Flu. EX _A =350nm; EM _A =470nm	26
		KYWG-C ₁₈ (10 µm) (4.6 × 250 mm)	MeOH-MeCN=0.05 mmol l ⁻¹ KH ₂ PO ₄ (33:11:56)	Flu. EM _A =280nm; EM _B =455nm	1, 27
		8MB-C ₁₈ (10 µm) (10 cm × 8 mm)	EtOH-(Bu ₄ N) ₃ PO ₄ (pH 7.5)	ED 0.90V	28

* No particle size indicated in the original paper.

† No unit indicated.

Table 2
Column-switching R-P HPLC determination of drugs in biological fluids

Drugs (biological fluids)	Pre-column	Eluent	Anal. column	Mobile phase	Detector	Ref. no.
Quinidine (plasma, serum)	Spheriosorb-C ₁₈ 5 μ m 45 \times 4.6 mm	MeOH-H ₂ O 75:25	Spheriosorb-C ₁₈ 5 μ m 250 \times 4.6 mm	MeOH-H ₂ O-HAc-N- Et(CH ₂) ₂ NH ₂ 75:25:0.04:0.04	UV _{λ=332nm}	32
Captopril (plasma, urine)	μ -Bondapak-C ₁₈ 37-50 μ m 5 \times 0.5 cm	0.2% HAc	YWG-C ₁₈ 10 μ m 15 \times 0.5 cm	MeCN-H ₂ O-HAc 35:65:0.4	UV _{λ=260nm}	33
Gliquidone (plasma)	Lichroprep RP2 25-40 μ m 3 cm \times 4.6 mm	H ₂ O	Shimpack CLC-ODS 5 μ m 15 cm \times 6 mm	MeOH-(CH ₃) ₂ CHOH- 0.2 mol l ⁻¹ NH ₄ Ac 61:5:34	UV _{λ=310nm}	34
Difloxacin (plasma) (dog)	YWG-C ₁₈ 10 μ m 5 cm \times 4.6 mm	0.2 mol l ⁻¹ HAc	Shimpack CLC-ODS 5 μ m 15 cm \times 6 mm	38% MeOH/0.2 mol l ⁻¹ NH ₄ Ac	UV _{λ=290nm}	35
Cifixime (plasma, * urine†)	μ -Bondapak-C ₁₈ 37-50 μ m, 5.0 cm \times 5 mm	0.01 mol l ⁻¹ H ₃ PO ₄ -0.1 mol l ⁻¹ KH ₂ PO ₄ -H ₂ O 21:1:79, pH 2.5	Hitachi GEL 3056 ODS 5 μ m 15 cm \times 5 mm	MeCN-0.01 mol l ⁻¹ H ₃ PO ₄ -0.1 mol l ⁻¹ KH ₂ PO ₄ -H ₂ O 13:20:1:66, pH 2.5	UV _{λ=286nm} * UV _{λ=314nm} †	36
Mitoxantrone (plasma)	YWG-CN 10 μ m 5 cm \times 4.6 mm	H ₂ O	Shimpack CLC-ODS 5 μ m 15 cm \times 6 mm	48% MeOH/0.2 mol l ⁻¹ NH ₄ Ac pH 1.9	Vis _{λ=658nm}	38

Table 3
GC determination of drugs and their metabolites in biological fluids

Drugs (metabolite)	Biological fluids	Column	Detector	Ref. no.
Oxysophocarpine	Plasma (rabbit)		FID	42
Isoniazide (acetylhydrazine)	Plasma (rats)		FID	43
p-(3,3-Dimethyl-1-triazneo) Benzoic acid	Plasma (mouse)	Capillary	FID	44
Nifedipine	Plasma	Capillary	ECD	14, 45
Timolol, butofilolol (their metabolites)	Urine		MSD	46
Codeine (metabolites)	Urine	Capillary	MSD	47
Nitrendipine	Plasma	Capillary	MSD	56
Oxprenolol, proprenolol, alprenolol (their metabolites)	Urine	Capillary	NPD, MSD	49
Anileridine, levorphanol, nalbuphine, ethanmivan (their metabolites)	Urine	Capillary	NPP, MSD	57
Beta-blockers (their metabolites)	Urine	Capillary	MSD	48
Dehydro-chloromethyl-testosterone (metabolites)	Urine	Capillary	MS	50
Boldenone (metabolites)	Urine	Capillary	MS	51
Norethandrolone (metabolites)	Urine	Capillary	MS	52
Metandienone (metabolites)	Urine	Capillary	MS	53
Anabolic steroids (their metabolites)	Urine	Capillary	MS	54
Testosterone and epi-testosterone	Urine	Capillary	MS	58

or simply diluted with acetic acid [34] or water [36] and injected directly onto HPLC precolumn.

The use of micellar HPLC — the direct plasma injection technique was established [39].

The internal surface reversed-phase (ISRP) for HPLC analysis in the presence of protein was successfully applied to determine drug concentration in body fluid [40].

The applications of R-P HPLC methods listed in Table 1 and 2 for the simultaneous determination of drugs and their active or major metabolites were reported [7-10, 24]. A method for screening the metabolites from the microsomal incubation system was used to study the metabolism of homoharringtonine *in vitro* (25).

Most of the R-P HPLC methods were widely applied to therapeutic drug monitoring, clinical pharmacological research [7-9, 29] as well as bioavailability [4, 20, 25, 31] and pharmacokinetic studies [7, 9, 11, 12, 14-19, 23, 25, 26, 29-31, 39-41]. The related parameters were reported in several papers [1-16, 23, 26, 31].

A highly sensitive, simple, rapid and repro-

ducible R-P HPLC method for the detection of drug both in plasma and saliva was introduced [29]. The correlation between the drug concentration in serum and saliva and their corresponding pharmacokinetic parameters were studied and compared [13].

A R-P HPLC screening procedure for the rapid determination of drugs (belonging to different pharmacological groups) was developed. The urinary excretion-time curves of some drugs were reported [37].

In some cases, R-P HPLC method was found to be much simpler and less expensive than that of GC-MS [10].

Gas chromatography and gas chromatography-mass spectrometry

The reviewed papers of GC-FID, GC-ECD, GC-MSD, GC-NPD/MSD and GC-MS methods for biopharmaceutical analysis were collected in Table 3. GC-FID [42, 43], capillary GC-FID [44] and GC-ECD [45] methods for the determination of drugs and metabolites in plasma (rabbit, rat and mouse) were applied to study their pharmacokinetics in detail. Parameters were also reported.

GC-MSD [46-48] and GC-NPD/MSD [49] methods for analysis of beta-blockers and their metabolites in urine were established. The procedure of the extraction and derivatization were suitable for screening and confirmation of beta-blockers in doping control. The method [49] had also been accepted by the International Olympic Committee to test the urine samples of athletes.

GC-MS methods for the analysis of steroids and their metabolites in human urine were investigated [50-54]. The structure of metabolites were elucidated [50, 52] and the metabolic pathway of steroids [50, 54] were proposed on the basis of GC-MS feature of their metabolites.

In addition to R-P HPLC and GC analysis, a simple radioreceptor assay for drugs in serum was introduced [55]. The assay is sensitive to a concentration as low as 5 ng ml⁻¹ and the method had been employed to determine the serum concentration-time profile after i.v. administration of the drug to mice.

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