

Development of a biodegradable subcutaneous implant for the treatment of hypothyroidism



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Sarah Stewart, Juan Domínguez-Robles, Emilia Utomo, Camila Picco, Ryan Donnelly, Eneko Larrañeta
School of Pharmacy, Queen's University Belfast, BT9 7BL, UK

Background:

Hypothyroidism affects more than 1.3 million people in the UK [1]. Oral administration of levothyroxine (LEVO) is highly dependent on the co-administration of food and other drugs and good patient compliance [2]. Poor compliance has been reported. This work aimed to develop a subcutaneous implant for prolonged delivery of LEVO to treat hypothyroidism.

Implant fabrication:

Implants were produced by solvent casting mixtures (Table 1) of poly(caprolactone) (PCL) of differing molecular weight (H-PCL M_w 50,000 Da and L-PCL M_w 550 Da) and different LEVO sodium loadings (20% or 40% w/w) into silicone moulds (Fig. 1).

Table 1. Composition of each formulation.

| Formulation | Composition |
|-------------|-------------------------|
| H100 | H-PCL (100%) |
| H70L30 | H-PCL (70%):L-PCL (30%) |
| H40L60 | H-PCL(40%):L-PCL (60%) |

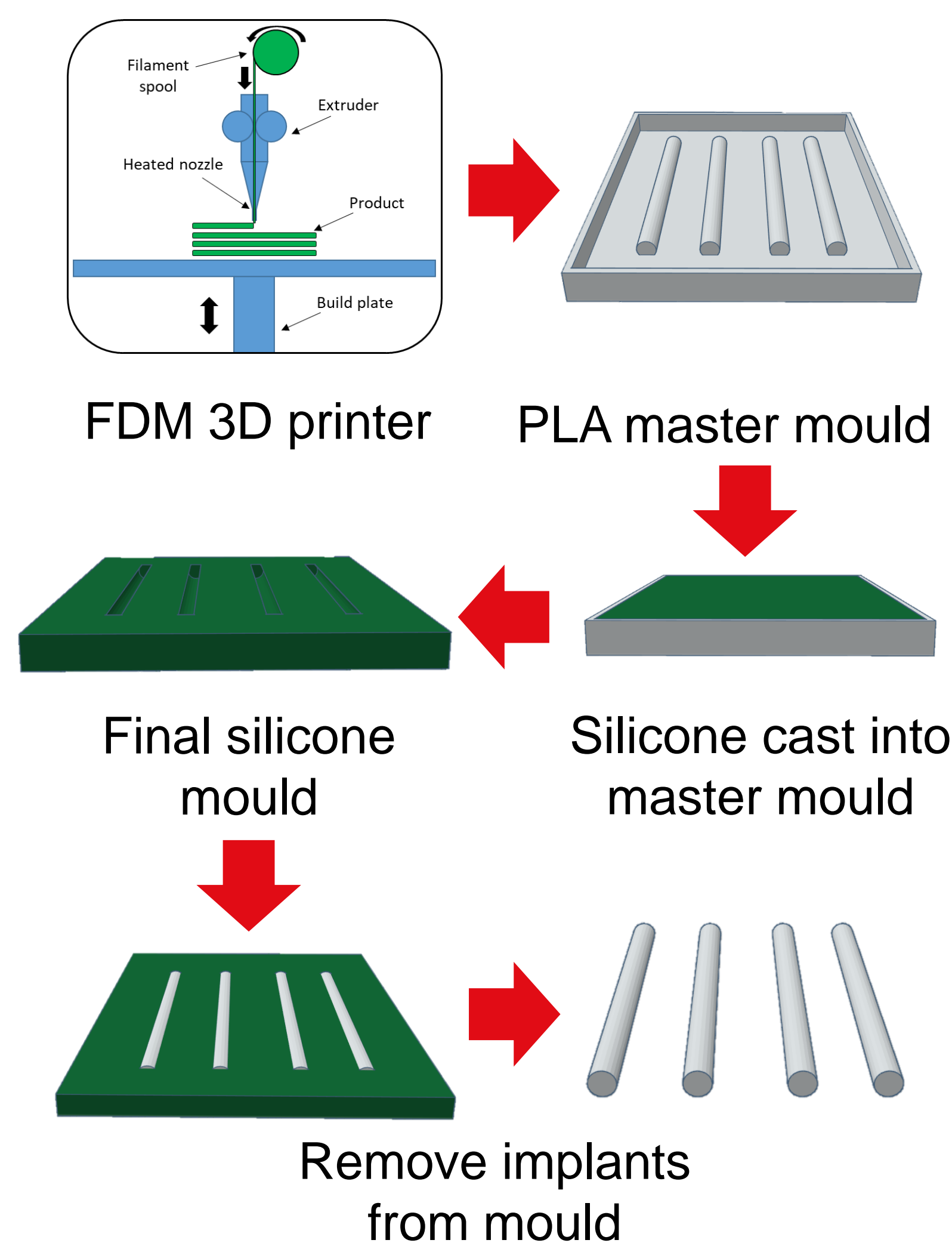


Fig. 1. Schematic diagram of implant production.

LEVO sodium quantification:

Quantification of LEVO sodium was achieved using RP-HPLC coupled with UV detection (Table 2).

LEVO sodium was found to be stable in 0.1% bovine serum albumin (BSA) for at least 14 days (Fig. 2).

Table 2. LEVO sodium RP-HPLC calibration properties (means, n=9).

| Concentration range ($\mu\text{g/mL}$) | r^2 | y-intercept | Slope | LoD ($\mu\text{g/mL}$) | LoQ ($\mu\text{g/mL}$) |
|--|-------|-------------|--------|--------------------------|--------------------------|
| 0.012 – 25 | 1.0 | 17.94 | 108.18 | 0.03 | 0.09 |

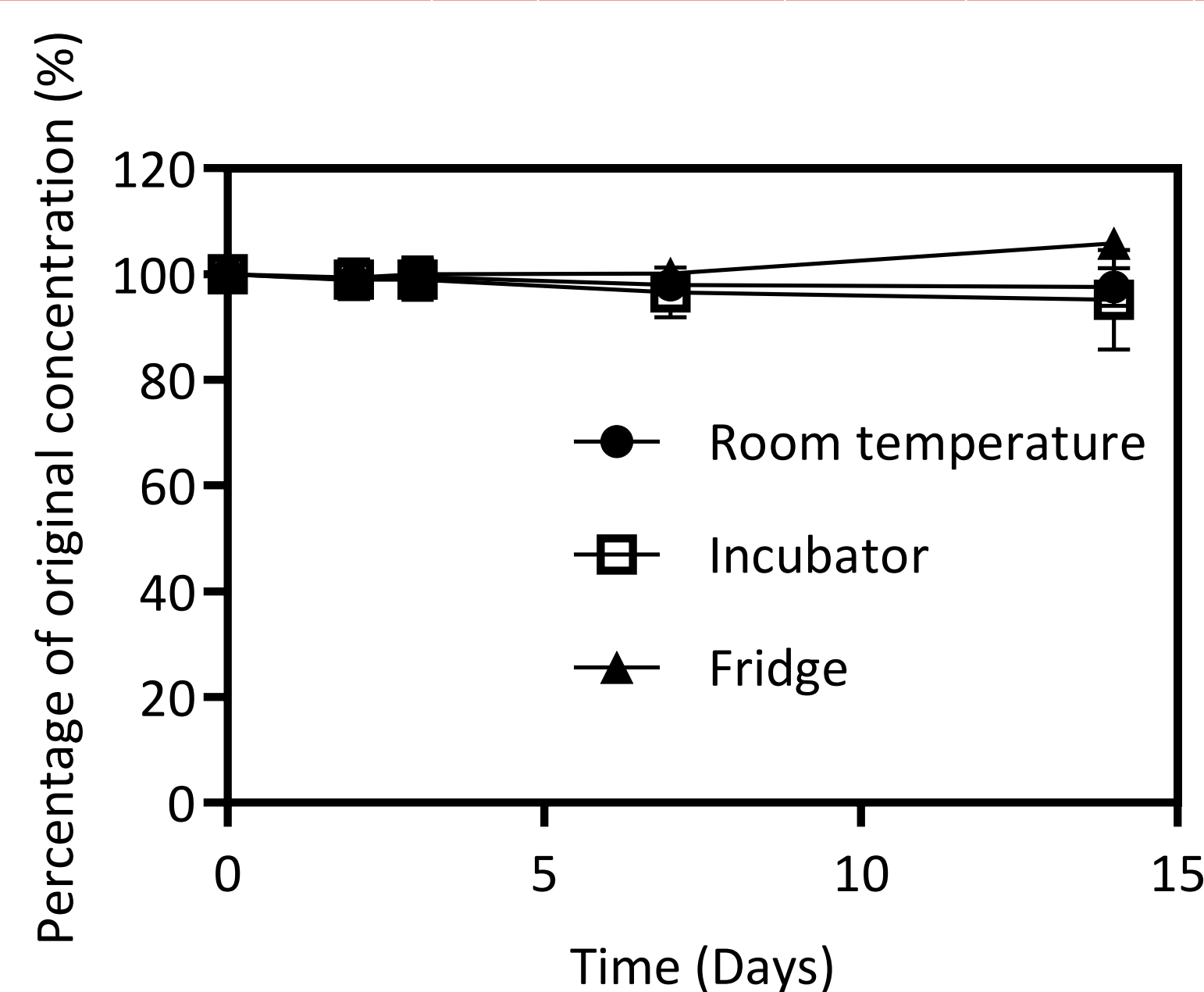


Fig. 2. LEVO sodium stability in 0.1% BSA (means \pm SD, n=3).

Implant Characterisation:

Rod shaped implants of 2.5 x 40 mm were produced by solvent casting into silicone moulds (Fig. 3). LEVO sodium content of each implant formulation was tested (Table 3). SEM images of each of the implant formulations (Fig. 4) show the drug distribution within the implants.

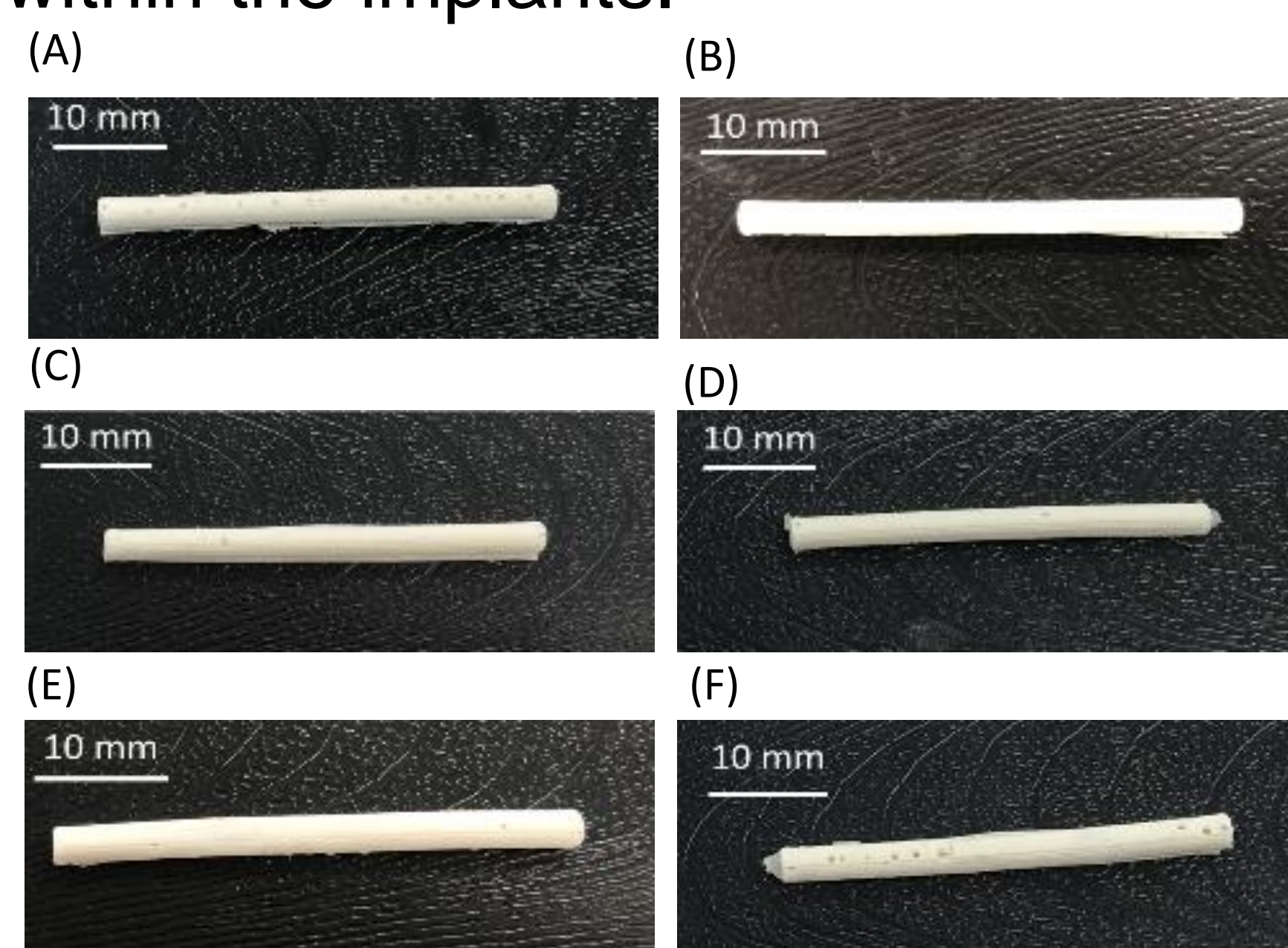


Fig. 3. Images of formulation (A) H100 20% LEVO sodium (B) H100 40% LEVO sodium (C) H70L30 20% LEVO sodium (D) H70L30 40% LEVO sodium; (E) H40L60 20% LEVO sodium; (F) H40L60 40% LEVO sodium.

FTIR, SEM and DSC results suggest that LEVO sodium is insoluble in the solvent used and is dispersed throughout, but not interacting with, the polymer matrix.

Table 3. LEVO sodium drug content in each implant formulation (means \pm SD, n=4)

| Formulation | Content (%) | |
|-------------|------------------|------------------|
| | 20% Drug loading | 40% Drug loading |
| H100 | 95.43 \pm 5.80 | 87.69 \pm 8.90 |
| H70L30 | 94.78 \pm 5.34 | 97.21 \pm 2.59 |
| H40L60 | 84.38 \pm 2.78 | 97.33 \pm 2.52 |

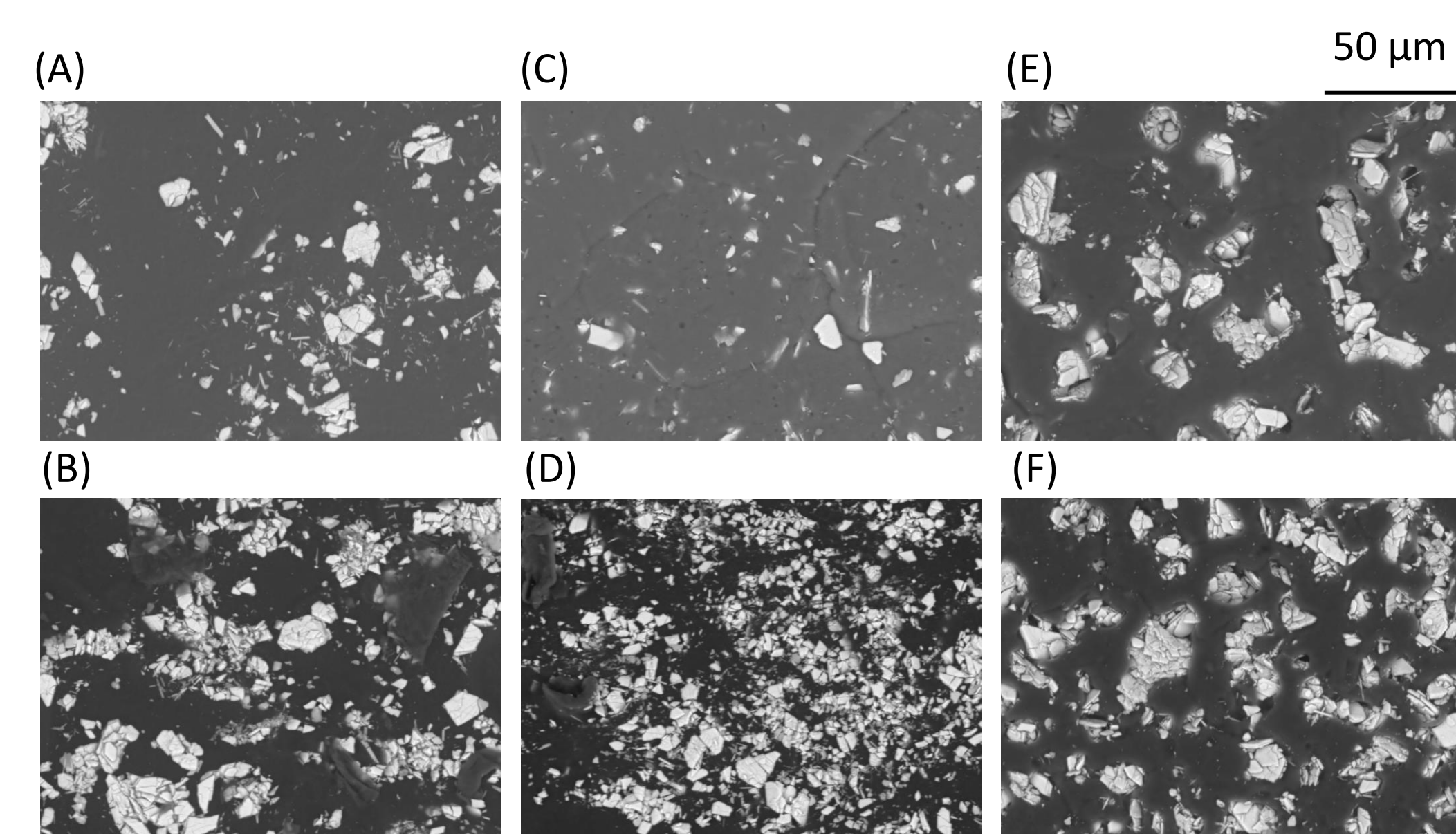


Fig. 4. SEM images of formulation (A) H100 20% LEVO sodium (B) H100 40% LEVO sodium (C) H70L30 20% LEVO sodium (D) H70L30 40% LEVO sodium; (E) H40L60 20% LEVO sodium; (F) H40L60 40% LEVO sodium.

In vitro release:

In vitro release studies were carried out in 0.1% BSA (with 0.05% sodium azide to prevent bacterial growth). At predetermined time points the release medium was analysed for LEVO sodium content and replaced. Cumulative release was calculated and plotted against time (Fig. 5).

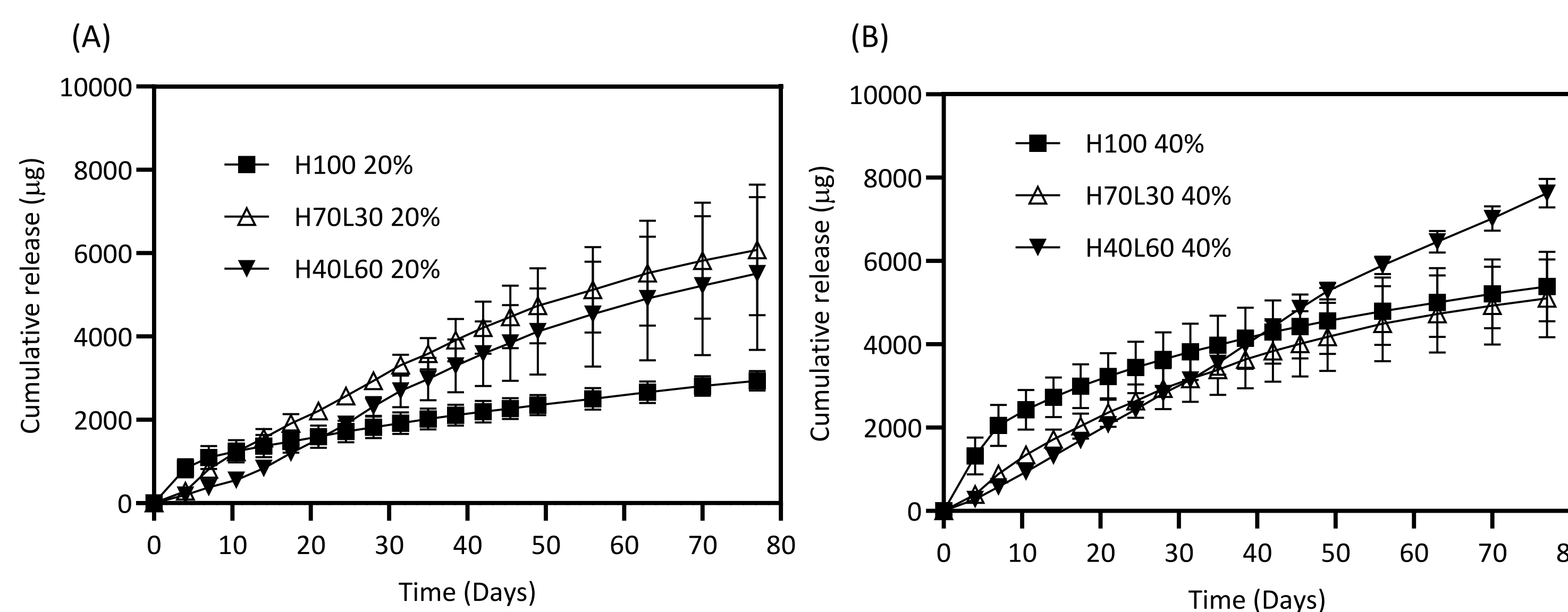


Fig. 5. Cumulative release of LEVO sodium from (A) 20% and (B) 40% LEVO sodium content implants (means \pm SD, n=4).

Release rates ranging from 40.80 – 103.38 $\mu\text{g/day}$ were achieved. These release rates are promising as the daily dose of LEVO sodium is 100 – 200 $\mu\text{g/day}$ [3].

Table 4. Daily release rate (means \pm SD, n=4).

| Formulation | Daily release rate ($\mu\text{g/day}$) | |
|-------------|--|-------------------|
| | 20% LEVO sodium | 40% LEVO sodium |
| H100 | 40.80 \pm 1.59 | 82.12 \pm 13.61 |
| H70L30 | 88.71 \pm 19.31 | 76.53 \pm 14.72 |
| H40L60 | 78.51 \pm 22.72 | 103.38 \pm 3.96 |

Conclusion:

The implants produced in this work showed promising in vitro release rates for the delivery of LEVO sodium for the treatment of hypothyroidism. Future work will aim to optimise the implant formulation and investigate in vivo release rates.

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