

“Formulation and evaluation of starch acetate matrix tablets in combination with surfactants for controlled release”

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Abstract

In the present study, an attempt has been made to evaluate starch acetate in combination with surfactant for the controlled release profile of drug from matrix system. Ibuprofen was used as a model drug to evaluate its release characteristics from different matrices. Starch acetate was synthesized, characterized and then employed in the matrix tablets as a hydrophobic polymer in different ratios in combination with SLS. Formulated tablets were characterized for parameters like thickness, weight variation, drug content uniformity, hardness, friability and in-vitro release rate profile and the release data were analysed as per various kinetic models. From the data it was found that the release was following first order kinetics for all the formulations except F8 release profile of which followed zero order and the mechanism of release was found to be Non-fickian diffusion for all the formulations.

Keywords: Controlled release, Matrix tablet, Ibuprofen, Starch acetate, Sodium Lauryl Sulphate.

Introduction

Among various approaches for the preparation of drug embedded, matrix tablets is one of the least complicated approaches for obtaining controlled release and is widely used in Industry. Polymers and release retarding materials used as matrix formers in matrix tablets play a vital role in controlling the drug release from the tablets. Though a variety of polymeric materials are available to serve as release retarding matrix materials, there is a continued need to develop new, safe and effective release retarding matrix materials for controlled release tablets. Modified starches have been used for various pharmaceutical purposes such as fillers, superdisintegrants and matrix formers in capsules and tablet formulations. One of the important modifications of starch is acetylated starch. Starch acetate is reported to have excellent bond forming ability and suitable for coating and controlled release applications but desired release profile was not sufficiently proved. The present research work is intended to derive stable controlled release polymer in combination with suitable quantity of surfactant, both in combination effect drug release from tablet. Much of the literature on starch acetate and its industrial applications are patented, the details of which are not known. Ibuprofen is a NSAID used as model drug. Matrix tablets of Ibuprofen were formulated employing starch acetate as a hydrophobic polymer and in combinations with SLS in different proportions of drug and polymer and the tablets were evaluated for drug release kinetics and mechanism. Use of hydrophobic polymers alone strongly resists the release. Hence SLS must be included in the matrix system along with a hydrophobic matrix for developing sustained release dosage forms. The objective of the present study was to synthesize and characterize starch acetate to develop sustained release matrix formulations of Ibuprofen and to examine the effects of both Starch acetate and SLS on in-vitro drug release. In the present study Ibuprofen matrix tablets were prepared by using Starch acetate as hydrophobic polymer and Sodium lauryl sulphate as the surfactant which reduces interfacial tension between polymer particles and dissolution medium to study the release kinetics and to find out the effects of all the polymers and their combinations.

Materials and methods

Materials:

Ibuprofen and SLS were supplied by Yarrow Chemical products, Starch acetate was synthesized in the laboratory by using potato starch, acetic anhydride and NaOH solution, Lactose was supplied by Finar Chemicals Ltd., Ahmadabad. Magnesium stearate and Talc were also supplied by Loba Chemie Pvt. Ltd., Mumbai.

Methods:

Preparation of matrix tablets:

Ibuprofen SR matrix tablets were prepared by Wet granulation technique in different combinations as given in table 1. The drug and polymers were passed through sieve no. 60 prior to compression. The drug and polymer

were mixed using mortar and pestle for uniform drug distribution. Then the granulating agent was added to the above mixture in order to form a damp mass which was then passed through sieve no.12. The obtained granules were dried at 60°C in a hot air oven and passed through sieve no.16. To the obtained granules Talc and Magnesium stearate were added and finally compressed into tablets weighing 350 mg each, using a tablet punching machine.

Table 1: Formulations of Ibuprofen matrix tablets

Formulations	Ingredients(%wt/tablet)					
	Ibuprofen	Starch acetate	SLS	Lactose	Magnesium stearate	Talc
F1	14.3	45	25	13.7	1	1
F2	14.3	45	00	38.7	1	1
F3	14.3	30	00	55.7	1	1
F4	14.3	45	12.5	26.2	1	1
F5	14.3	30	25	28.7	1	1
F6	14.3	60	12.5	11.2	1	1
F7	14.3	60	00	23.7	1	1
F8	14.3	60	25	1.3	1	1
F9	14.3	30	12.5	41.2	1	1
Total weight 350mg/Tablet						

Evaluation of granules:

1. **Bulk Density:** Apparent bulk density was determined by placing 25g of weighed granules in a graduated cylinder. Carefully level the powder without compacting and read the unsettled volume (V). Apparent bulk density was calculated in gm/ml by using the formula

$$\text{Bulk density} = \text{Weight of the powder} / \text{bulk volume}$$

2. **Tapped Density:** 25g of granules were weighed accurately and transferred into a 100 ml graduated cylinder of tap density tester which was operated for fixed number of taps until the powder bed has reached a minimum. The tapped volume (V) was measured and tapped density was calculated using the formula

$$\text{Tapped density} = \text{Weight of the powder} / \text{Tapped volume}$$

3. **Angle of Repose:** Angle of repose was determined by using funnel method. The granules were taken in the funnel. Height of the funnel was adjusted in such a way the tip of the funnel just touched the apex of the heap. Granules were allowed to flow through the funnel freely onto the surface. Diameter of the powder cone was measured and angle of repose was calculated using the following formula

$$\text{Angle of Repose} = 2h/D$$

4. **Carr's Index:** Compressibility index of the granules was determined by Carr's compressibility index. It is a simple test to evaluate the BD and TD of the granules and the rate at which they are packed down. The formula for Carr's index is as below:

$$\text{Carr's index (\%)} = [(TD-BD) * 100] / TD$$

5. **Hausner's ratio:** Hausner's ratio is a number that is correlated to the flowability of the powder.

$$\text{Hausner's ratio} = TD / BD$$

Evaluation of Tablets:

Thickness: Thickness of the tablets was determined by using vernier calipers.

Weight Variation Test: To study weight variation, 20 tablets of each formulation were weighed using an electronic balance and the test was performed according to the official method.

Hardness: Hardness of the tablets was determined using a hardness testing apparatus (Monsanto Type). A tablet hardness of about 5-6 kg/cm² is considered adequate for mechanical stability.

Friability: The friability of the tablets was measured in a Roche Friabilator. Tablets of a known weight (W₀) or a sample of tablets are dedusted in a drum for a fixed time (100 revolutions) and weighed (W) again. Percentage friability was calculated from the loss in weight as given in equation below. The weight loss should not be more than 1% w/w

$$\% \text{ Friability} = (W_0 - W) / W_0 \times 100$$

Drug content (Assay): Ten tablets were finely powdered and an amount equivalent to 50 mg of Ibuprofen was accurately weighed and transferred to a 100 ml volumetric flask and extracted with phosphate buffer (pH 7.4). The mixture was then filtered to remove the undissolved particles and 1 ml of the filtrate was suitably diluted and analyzed for Ibuprofen content at 222 nm using double beam UV/Visible spectrophotometer.

Compatibility studies: The compatibility studies were performed to analyze the drug interactions with the polymers. From the results it is clear that there are no positive interactions between the drug and the polymer. This was further confirmed by the IR spectra of pure drug, polymers and drug and polymers alone and combinations.

Table 2: Evaluation of granules

Formulation	Bulk Density	Tapped Density	Angle of Repose	Carr's index	Hausner's ratio
F1	0.56	0.59	30.80 ± 0.006	5.1	1.05
F2	0.45	0.48	32.41 ± 0.012	6.3	1.07
F3	0.45	0.5	28.55 ± 0.026	10.0	1.11
F4	0.50	0.53	31.50 ± 0.076	5.7	1.06
F5	0.50	0.56	27.11 ± 0.113	10.7	1.12
F6	0.48	0.5	35.30 ± 0.006	4.0	1.04
F7	0.45	0.5	26.41 ± 0.017	10.0	1.11
F8	0.50	0.56	29.60 ± 0.115	10.7	1.12
F9	0.48	0.53	31.74 ± 0.092	10.4	1.10

In-vitro drug release study:

Release of ibuprofen was determined using USP (XXI) Eight stage dissolution rate test apparatus I (Lab India®) at 100 rpm. The dissolution rate was studied using 900ml of pH 1.2 buffer for first 1.5hrs followed by phosphate buffer (pH 7.4) for the remaining hours. The temperature was maintained at 37±0.5°C. Samples of 5ml each were withdrawn at different time intervals i.e., 0.5, 1, 1.5, 3, 4, 5 up to 24 hours and replaced with an equal amount of fresh medium. Samples were suitably diluted and analyzed for Ibuprofen content using double beam UV-Visible spectrophotometer (Shimadzu, Japan) at 222nm.

Table 3: Evaluation of Tablets

Formulation	Thickness (mm)	Weight Variation	Hardness (kg/cm ²)	Friability (%)	%Drug content
F1	5.70 ± 0.400	349.9±1.24	4.4 ± 1.11	0.87±0.22	98.19±0.09
F2	5.75 ± 0.403	350±0.88	6.8 ± 1.60	1.01±0.09	99.09±0.02
F3	6.50 ± 0.387	349.7±1	3.8 ± 0.75	0.58±0.24	97.29±0.17
F4	6.30 ± 0.510	350.09±1.32	4.0 ± 0.81	0.93±0.12	99.09±0.33
F5	6.30 ± 0.400	350.9±1.7	4.0 ± 0.77	1.1±0.18	99.54±0.23
F6	6.75 ± 0.403	350.73±2.28	4.1 ± 1.22	0.88±0.11	99.09±0.52
F7	6.85 ± 0.391	350.25±0.87	4.1 ± 0.65	1.1±0.25	98.64±0.05
F8	7.10 ± 0.374	349.75±1.02	4.3 ± 0.64	0.29±0.31	95.49±0.03
F9	6.95 ± 0.415	350.69±2.13	4.2± 1.18	0.97±0.13	97.29±0.16

Results and discussion

All the parameters of evaluation of tablets are within the pharmacopoeial limits. The in-vitro drug release profiles of all the formulations can be observed in the fig. 1,2, and 3. From the results of the in-vitro drug release studies, it was observed that the formulations F1, F2 showed a drug release of 90% and 86.42% respectively for 22 hrs and formulation F3 containing drug: polymer in the ratio 1:2 showed a release of 63.92% for 24hrs. This is due to the hydrophobic nature of starch acetate which restricts the drug release from the matrix system. Formulations F8 consisting of SLS released the drug within 24 hours. Hence, combinations of hydrophobic polymer (starch acetate) and SLS were used to produce sufficient drug release for 24 hours. Hence, addition of SLS to starch acetate increased the drug release from 63.92% to 91.53%. Therefore, formulation F 8 is considered as the better formulation among all the others as it is giving more drug release for 24 hours.

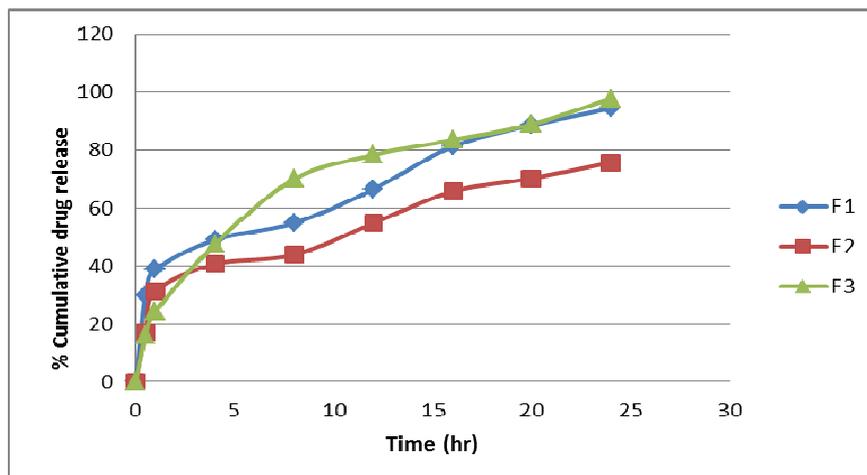


Fig 1: In-vitro drug release profiles of matrix tablets (F1-F3)

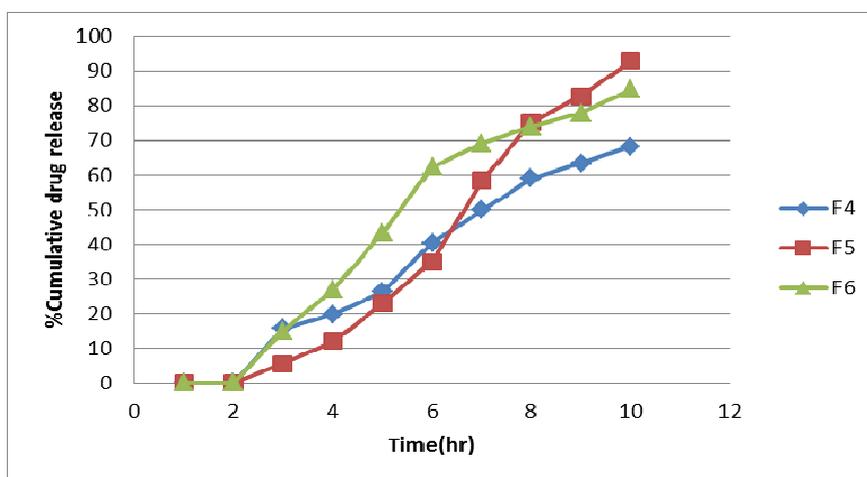


Fig 2: In-vitro drug release profiles of matrix tablets (F4-F6)

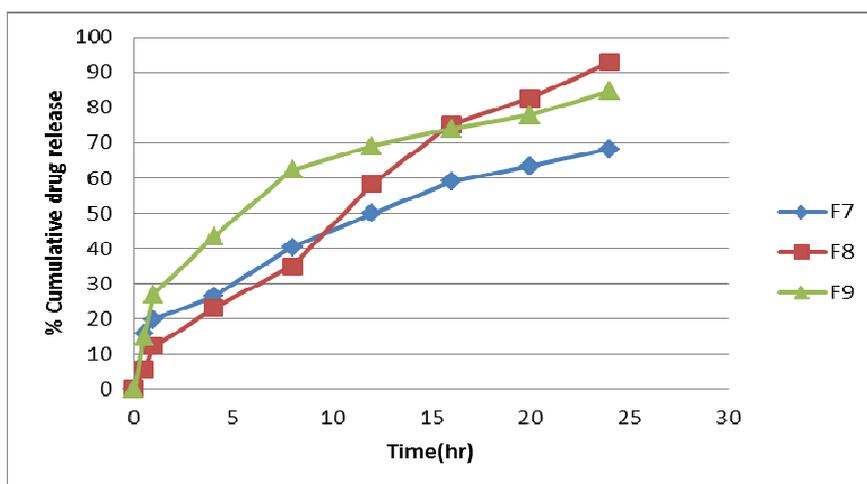


Fig 3: In-vitro drug release profiles of matrix tablets (F7-F9)

Interpretation of drug release Mechanism by kinetic models:

To know the mechanism of drug release from the formulations, the data were treated according to first order, zero-order, and Higuchi's plots and Peppas equations. The values of R^2 can be observed in Table 5. The regression values of all the formulations except F8 were found to be more in first order than in zero order release, it indicates that they followed first-order release kinetics. Formulation F8 followed zero order kinetics R^2 0.986 shown in the table no. 5. So, it shows that formulations employing higher percentage Starch acetate as

hydrophobic polymer showed first order release kinetics, whereas formulation employing 12:5 ratio of starch acetate and SLS, followed zero-order kinetics. The regression values of all the formulations in Higuchi equation were found to be > 0.93 indicating that the drug release from these tablets was diffusion controlled. When the release data were analyzed as per Peppas equation, the release exponent 'n' was in the range 0.58 with all the matrix tablets indicating non-fickian (anomalous) diffusion.

Table 5: Release kinetics of Ibuprofen from the matrix tablets.

Formulation	First order kinetics, R ²	Zero order kinetics, R ²	Higuchi equation R ²	Peppas equation R ²
F1	0.9551	0.8682	0.9553	0.9536
F2	0.9591	0.866	0.9621	0.9434
F3	0.9325	0.8655	0.9817	0.9893
F4	0.9587	0.8369	0.9637	0.9599
F5	0.958	0.814	0.9542	0.9787
F6	0.9547	0.7983	0.9348	0.8668
F7	0.98	0.9244	0.9894	0.9045
F8	0.9729	0.986	0.9563	0.8244
F9	0.9632	0.8444	0.9735	0.9866

Conclusion

Starch acetate with a degree of substitution of above 2.0 could be synthesized by acetylation of potato starch with acetic anhydride. Ibuprofen matrix tablets were prepared using starch acetate and in combination with SLS, by wet granulation method. All the tablets were evaluated and the results obtained were said to be within the pharmacopoeial limits. The starch acetate alone could produce a 24 hrs of drug release but the % drug release was not sufficient to produce the required activity i.e., the % drug release is less than 90%. So, in the present work, combinations of starch acetate with SLS are formulated to produce more than 90% drug release for 24 hours and also to sustain the drug release for 24 hrs which cannot be achieved by hydrophilic polymers alone. In this experiment, combination of starch acetate and SLS (F8) produced 91.53% drug release in 24 hrs. The drug release kinetics show that the formulations employing high percentage Starch acetate showed first-order drug release whereas others showed zero-order release pattern. Plots of per cent released versus square root of time were found to be linear with all the matrix tablets prepared indicating that the drug release from these tablets was diffusion controlled. The 'n' values in Peppas equation indicate that all the formulations showed Non-Fickian diffusion mechanism. Hence, it can be concluded that starch acetate is a good matrix former and in combination with optimum quantity of surfactant, it can be formulated as matrix tablets to produce sustained release of Ibuprofen for 24 hours.

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