



UNIVERSITI PUTRA MALAYSIA

***DESIGN AND DEVELOPMENT OF GALANTAMINE HYDROBROMIDE
TRANSDERMAL PATCH FOR TREATMENT OF ALZHEIMER'S DISEASE***

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By

WOO FONG YEN

**Thesis Submitted to the School of Graduated Studies, Universiti Putra Malaysia,
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November 2015

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Abstract of thesis presented to the Senate of Universiti Putra Malaysia in fulfilment of the requirement for the degree of Doctor of Philosophy

DESIGN AND DEVELOPMENT OF GALANTAMINE HYDROBROMIDE TRANSDERMAL PATCH FOR TREATMENT OF ALZHEIMER'S DISEASE

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November 2015

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Alzheimer's disease (AD) is a neurodegenerative disease, which is caused by abnormal accumulation of beta amyloid ($A\beta$) peptide in brain and degeneration of cholinergic neurons. Galantamine hydrobromide (GH) is an effective drug for the treatment of AD with its function as the acetylcholinesterase enzyme (AChE) inhibitor. It is currently prescribed through oral and parenteral delivery in the form of tablets, capsules and solutions. These administration methods of GH can cause unwanted effects such as disturbed sleep, vomiting and nausea. These effects can be reduced by using transdermal delivery of GH, which are more patient compliance, more controlled drug release, less frequent drug dosing and longer treatment time.

GH was first formulated in gel drug reservoir and then fabricated in the three-layered patch system. HPLC analysis confirmed the loading of GH in the prepared gel. Preliminary studies showed that amount of carbopol, triethanolamine (TEA), GH and propylene glycol (PG) can affect the drug release from gel. Higher drug release was observed when gel consisted of lower amount of carbopol and TEA, with higher amount of GH and PG. Response surface methodology (RSM) based on central composite design (CCD) proposed that optimized gel consisted of 0.89% w/w carbopol, 1.16% w/w TEA and 4.19% w/w GH gave predicted cumulative drug release amount at 8 h (Q_8) of 17.80 mg.cm^{-2} and permeation flux (J) of $2.27 \text{ mg.cm}^{-2}/\text{h}$. These values were closely fitted to the actual values of Q_8 ($16.93 \pm 0.08 \text{ mg.cm}^{-2}$) and J ($2.32 \pm 0.02 \text{ mg.cm}^{-2}/\text{h}$).

The results from artificial neural network (ANN) gave insignificant standard deviations between actual with predicted Q_8 (16.23 mg.cm^{-2}) and J ($2.17 \text{ mg.cm}^{-2}/\text{h}$). The importance chart obtained from ANN revealed that the carbopol and TEA amount were the main factors affecting Q_8 and J . FTIR study showed the interactions between GH with other compositions in gel. The physicochemical evaluations showed the moderate pH, successful drug loading and high moisture content in gel. Rheological studies proved the elastic network structure of GH-loaded gel, with the presence of non-Newtonian behaviour, shear thinning properties and temperature-dependent viscosities.

The porous network structure of gel formulation was confirmed with TEM analysis. Toxicity test on fibroblast cells found that the gel was skin compatible.

The GH-loaded gel was then fabricated into the patch system. This system consisted of backing layer, gel drug reservoir in pad layer and release liner. The size of patch is 6 cm × 7 cm, while the size of gel drug reservoir layer is 2 cm × 3 cm. Thickness of this patch is 0.2 cm and loaded with 13.97 mg/cm² of GH. This patch had neutral pH, successful drug loading and high moisture content. Histological examinations showed there was no irritation on rat skins after application of the patch. GH release from gel and patch system provided more controlled and sustained drug release compared to the control, with the involvement of super case-II transportation. Both GH-loaded systems exhibited good inhibition of AChE activities.

Stability evaluation on GH-loaded gel and patch systems revealed the high stability of both systems under centrifugation. Both systems were unstable at 4 °C and 45 °C, but stable at 25 °C. The systems were physically stable, with no crystals formation and no phase separation for at least 6 months at 25 °C. The systems also showed insignificant changes in pH, drug content and moisture content through 6 months of storage. pH studies showed gel and patch formulations had pH ranged from 6.84 to 7.12, which would not cause skin irritation. Drug loading and moisture content analysis proved the successful drug loading and high moisture content in gel and patch system, with less than 10% drug and moisture loss. Therefore, it can be concluded that both GH-loaded systems were stable and potent to be used for the treatment of AD.

Abstrak tesis yang dikemukakan kepada Senat Universiti Putra Malaysia sebagai memenuhi keperluan untuk ijazah Doktor Falsafah

REKA BENTUK DAN PEMBANGUNAN BAGI GALANTAMINA HIDROBROMIDA BERASASKAN PENAMPALAN MELALUI KULIT UNTUK RAWATAN PENYAKIT ALZHEIMER

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Penyakit Alzheimer (AD) merupakan penyakit degeneratif yang dapat mengancam otak. AD disebabkan oleh pengumpulan peptida amiloid beta ($A\beta$) dalam otak dan degenerasi neuron kolinergik dalam otak. Galantamina hidrobromida (GH) adalah ubat yang berkesan untuk rawatan AD dengan fungsinya sebagai perencat enzim asetilkolinesterase (AChE). Pada masa kini, ubat ini diambil secara pemakanan dan suntikan dalam bentuk tablet, kapsul dan larutan. Pengambilan GH dengan kaedah ini boleh menyebabkan kesan yang tidak diingini seperti gangguan tidur, mual dan muntah. Ini dapat dikurangkan dengan pengambilan GH melalui kulit kerana cara ini dapat meningkatkan keselesaan pesakit, mengawalkan kadar pelepasan ubat, mengurangkan kadar pengambilan ubat dan memanjangkan masa rawatan.

GH diformulakan dalam takungan ubat jenis gel dan seterusnya difabrikasikan dalam sistem penampalan tiga lapisan. Analisis HPLC mengesahkan kandungan GH dalam gel yang disediakan. Kajian awal menunjukkan kuantiti karbopol, triethanolamina (TEA), GH dan propilena glikol (PG) dapat mempengaruhi pelepasan ubat dari gel. Pelepasan ubat yang lebih tinggi berlaku apabila gel mengandungi kuantiti karbopol dan TEA yang lebih rendah, berserta dengan kuantiti GH dan PG yang lebih tinggi. Kaedah gerak balas permukaan (RSM) berasaskan reka bentuk komposit pusat (CCD) mencadangkan gel dengan komposisi 0.89% w/w karbopol, 1.16% w/w TEA dan 4.19% w/w GH boleh menghasilkan nilai jangkaan 17.80 mg.cm^{-2} bagi kuantiti kumulatif pelepasan ubat pada jam ke-8 (Q8) dan $2.27 \text{ mg.cm}^{-2}/\text{h}$ bagi fluks kemeresapan ubat (J). Nilai ini hampir bersamaan dengan nilai sebenar $16.93 \pm 0.08 \text{ mg.cm}^{-2}$ bagi Q8 dan $2.32 \pm 0.02 \text{ mg.cm}^{-2}/\text{h}$ bagi J.

Keputusan dari jaringan neural tiruan (ANN) juga memberikan sisihan yang tidak ketara antara nilai sebenar dengan nilai jangkaan Q8 (16.23 mg.cm^{-2}) dan J ($2.17 \text{ mg.cm}^{-2}/\text{h}$). Carta kepentingan yang diperolehi daripada ANN mendedahkan kuantiti karbopol dan TEA adalah faktor utama mempengaruhi Q8 dan J. Kajian FTIR menunjukkan interaksi antara GH dengan komposisi lain dalam gel. Kajian fisikokimia

menunjukkan pH sederhana, pemuatan ubat yang berjaya dan kandungan lembapan yang tinggi dalam gel. Kajian reologi membuktikan gel mengandungi GH mempunyai struktur jaringan elastik, berserta dengan sifat non-Newtonian, penipisan ricih dan kelikatannya bergantung pada suhu. Struktur jaringan berliang bagi formulasi gel disahkan dengan analisis TEM. Ujian keracunan pada sel fibroblas mendapati bahawa gel adalah bersesuaian dengan kulit.

Gel takungan ubat GH kemudiannya difabrikasikan dalam sistem penampalan. Sistem ini mempunyai lapisan belakang, lapisan gel takungan ubat dalam pad dan lapisan lapik pelepasan. Saiz bagi sistem penampalan ialah $6\text{ cm} \times 7\text{ cm}$ manakala saiz bagi lapisan gel takungan ubat ialah $2\text{ cm} \times 3\text{ cm}$. Ketebalan bagi sistem ini ialah 0.2 cm dan mengandungi GH sebanyak 13.97 mg/cm^2 . Sistem penampalan ini mempunyai pH neutral, pemuatan ubat yang berjaya dan kandungan lembapan yang tinggi. Pemeriksaan histologi menunjukkan mengaplikasikan sistem penampalan tidak merengsakan kulit tikus. Pelepasan GH dari gel dan sistem penampalan memberi pengawalan dan pengkalan yang lebih baik berbanding dengan kontrol, berserta dengan penghantaran secara super kes-II. Sistem mengandungi GH menunjukkan kemampuannya dalam merencat aktiviti AChE.

Kajian kestabilan bagi sistem gel dan penampalan mengandungi GH membuktikan kestabilan yang tinggi selepas pengemparan. Sistem ini tidak stabil pada $4\text{ }^{\circ}\text{C}$ dan $45\text{ }^{\circ}\text{C}$, tetapi stabil pada $25\text{ }^{\circ}\text{C}$. Sistem ini menunjukkan kestabilan fizikal, tiada pembentukan hablur dan tiada pemisahan fasa selepas simpanan selama 6 bulan pada $25\text{ }^{\circ}\text{C}$. Sistem ini juga tidak menunjukkan perubahan ketara terhadap pH, kandungan ubat dan kandungan lembapan. Kajian pH menunjukkan formulasi gel dan penampalan mempunyai pH antara $6.84 - 7.12$ yang tidak akan menyebabkan kerengsaan kulit. Analisis kandungan ubat dan lembapan membuktikan pemuatan ubat yang berjaya dan kandungan lembapan yang tinggi dalam gel dan sistem penampalan, berserta dengan kehilangan kurang daripada 10%. Kesimpulannya, sistem mengandungi GH adalah stabil dan berpotensi untuk rawatan AD.

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This thesis was submitted to the Senate of Universiti Putra Malaysia and has been accepted as fulfilment of the requirements for the Degree of Doctor of Philosophy. The members of the Supervisory Committee are as follows:

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TABLE OF CONTENTS

	Page
ABSTRACT	i
ABSTRAK	iii
ACKNOWLEDGEMENTS	v
APPROVAL	vi
DECLARATION	viii
LIST OF TABLES	xiii
LIST OF FIGURES	xv
LIST OF ABBREVIATIONS	xviii
LIST OF SYMBOLS	xx
LIST OF UNITS	xxi
 CHAPTER	
1 INTRODUCTION	1
1.1 Background of Research	1
1.2 Problems Statement	2
1.3 Objectives	2
 2 LITERATURE REVIEW	3
2.1 Alzheimer's Disease	3
2.1.1 Amyloid Beta and Tau Proteins Hypothesis	3
2.1.2 Cholinergic Hypothesis	4
2.2 Drugs for Alzheimer's Disease	4
2.2.1 Cholinesterase Inhibitors	4
2.2.2 N-Methyl-D-Aspartate Receptor Antagonists	5
2.2.3 Galantamine Hydrobromide	5
2.3 Drug Delivery Systems for Galantamine Hydrobromide	6
2.3.1 Oral Drug Delivery System	6
2.3.2 Parenteral Drug Delivery System	7
2.3.3 Transdermal Drug Delivery System	7
2.3.3.1 Human Skin	8
2.4 Transdermal Patch	9
2.5 Components in Transdermal Patch	10
2.5.1 Polymers	11
2.5.1.1 Gel Formation	12
2.5.1.2 Drug Release Mechanism from Gel System	13
2.5.2 Drugs	14
2.5.3 Penetration Enhancers	14
2.6 Drug Release and Kinetic Studies	15
2.7 Formulation Optimizations	18
2.7.1 Response Surface Methodology	18
2.7.2 Artificial Neural Network	20
2.8 Rheology	22

3	METHODOLOGY	26
3.1	Materials	26
3.2	Preparation and Formulation of Gel Drug Reservoir	26
3.3	Effect of Compositions in Gel Drug Reservoir on Drug Release	27
3.3.1	Effect of Carbopol Content on Drug Release	27
3.3.2	Effect of Triethanolamine Content on Drug Release	27
3.3.3	Effect of Galantamine Hydrobromide Content on Drug Release	27
3.3.4	Effect of Enhancer Content on Drug Release	27
3.4	Formulation Optimizations	28
3.4.1	Response Surface Methodology	28
3.4.2	Artificial Neural Network	28
3.5	Characterizations for Optimized Gel Drug Reservoir	29
3.5.1	Fourier Transform-Infrared Spectroscopic Analysis	29
3.5.2	Physicochemical Characterizations	30
3.5.2.1	Visual Observation	30
3.5.2.2	pH	30
3.5.2.3	Drug Loading	30
3.5.2.4	Moisture Content	31
3.5.3	Rheological Studies	31
3.5.3.1	Steady-State Flow: Viscometry Measurement	31
3.5.3.2	Steady-State Flow: Yield Stress Determination	31
3.5.3.3	Oscillation: Stress Amplitude Sweep	32
3.5.3.4	Oscillation: Frequency Sweep	32
3.5.3.5	Transient Condition: Temperature-Time Sweep	32
3.5.4	Transmission Electron Microscope Analysis	32
3.5.5	Toxicity Study	32
3.6	Fabrication and Evaluations of Transdermal Patch	33
3.6.1	Histological Examinations	33
3.7	<i>In vitro</i> Evaluations of Gel Drug Reservoir and Patch	34
3.7.1	Drug Release and Kinetic Studies	34
3.7.2	Acetylcholinesterase Enzyme Inhibition Study	34
3.8	Stability Evaluations of Gel Drug Reservoir and Patch	35
3.8.1	Stability under Centrifugation	35
3.8.2	Stability over Time under Different Storage Temperatures	35
4	RESULTS AND DISCUSSION	36
4.1	Preparation and Formulation of Gel Drug Reservoir	36
4.2	Effect of Compositions in Gel Drug Reservoir on Drug Release	38
4.2.1	Effect of Carbopol Content on Drug Release	38
4.2.2	Effect of Triethanolamine Content on Drug Release	38

4.2.3	Effect of Galantamine Hydrobromide Content on Drug Release	39
4.2.4	Effect of Enhancer Content on Drug Release	39
4.3	Formulation Optimization by Response Surface Methodology	41
4.3.1	Experimental Design and Model Fitting	41
4.3.2	Analysis of Variance	42
4.3.3	Model Validation	43
4.3.4	Graphical Representation: One Factor Plots	44
4.3.5	Graphical Representation: Three-Dimensional Contour Plots	46
4.3.6	Numerical Optimization	48
4.4	Formulation Optimization by Artificial Neural Network	48
4.4.1	Model Verification and Validation	48
4.4.2	Graphical Representations for Network Model	51
4.4.3	Comparison between ANN and RSM for Optimized Formulation	54
4.5	Characterizations of Gel Drug Reservoir	54
4.5.1	Fourier Transform-Infrared Spectroscopic Analysis	54
4.5.2	Physiochemical Characterizations	57
4.5.3	Rheological studies	58
4.5.3.1	Steady-State Flow: Viscometry Measurement	58
4.5.3.2	Steady-State Flow: Yield Stress Determination	60
4.5.3.3	Oscillation: Low Frequency Stress Sweep	63
4.5.3.4	Oscillation: Frequency Sweep	64
4.5.3.5	Transient Condition: Temperature-Time Sweep	66
4.5.4	Transmission Electron Microscope Analysis	67
4.5.5	Toxicity Study	69
4.6	Fabrication and Evaluations of Transdermal Patch	69
4.6.1	Histological Examinations	70
4.7	<i>In vitro</i> Evaluations of Gel Drug Reservoir and Patch	71
4.7.1	Drug Release Studies	72
4.7.2	Drug Release Kinetic Studies	73
4.7.3	Acetylcholinesterase Enzyme Inhibition Study	74
4.8	Stability Evaluations of Gel Drug Reservoir and Patch	75
4.8.1	Stability under Centrifugation	75
4.8.2	Stability over Time under Different Storage Temperatures	76
5	CONCLUSION AND RECOMMENDATIONS	81
5.1	Conclusion	81
5.2	Recommendations for Further Studies	82
	REFERENCES	83
	APPENDICES	106
	BIODATA OF STUDENT	120
	LIST OF PUBLICATIONS	121

LIST OF TABLES

Table	Page
2.1 The properties of galantamine hydrobromide	6
2.2 Properties of carbopol™ 940 polymer	11
2.3 The coding for CCD matrix with 3 factors and 6 replicates	19
3.1 CCD coded levels for three factors: amount of carbopol (x_1), amount of TEA (x_2) and amount of GH (x_3)	28
3.2 The ranges and central values for training inputs	29
3.3 Training parameters and settings	29
4.1 Q8 and J of drug release for different carbopol amount	38
4.2 Q8 and J of drug release for different TEA amount	39
4.3 Q8 and J of drug release for different GH amount	39
4.4 Drug release properties of each enhancer	40
4.5 The effect of PG on drug release	41
4.6 Factors and responses in CCD for GH-loaded gel reservoir	42
4.7 Data for model fittings	42
4.8 ANOVA for two responses (Q8 and J) at 95% confidence level	43
4.9 ANOVA for significant terms and two responses in final reduced models at 95% confidence level	43
4.10 Predicted and actual values for Q8 and J	44
4.11 Predicted and actual values of Q8 and J for optimized formulation	48
4.12 Training, testing and validation sets for ANN analysis	49
4.13 RMSE and R^2 for optimized topologies of Q8 and J	50
4.14 Predicted values and standard deviations from actual output values for Q8 and J using LM with 3-4-2 topology	50
4.15 Predicted and actual values of Q8 and J for optimized formulation	54
4.16 Functional groups of PG, TEA, carbopol, GH, GH-loaded gel and gel without drug presence in FT-IR spectra	57
4.17 Physicochemical properties of GH-loaded gel drug reservoir	58
4.18 Power Law model fitting for DG and XG	60
4.19 Yield stress determination for DG and XG	61
4.20 Average viscosities (η_{avg}) over 300 s for DG and XG	66

4.21	J for control GH solutions, GH-loaded gels and patches across the CA membrane and rat skin	72
4.22	Models fitting for GH release kinetics	74
4.23	Korsmeyer-Peppas diffusion exponent for GH release kinetics	74
4.24	Stability of GH-loaded gel and patch over 6 months at different storage temperatures	76
4.25	GH concentration in gel and patch before and after storage	80
A1	Formulations for the selection of polymer, neutralizer and drug content in gel drug reservoir	106
A2	Formulations for the selection of enhancer content in gel drug reservoir	106
B1	HPLC validation and test of precision	107
C1	RMSE for testing set of Q8 using different algorithms and node numbers	108
C2	R^2 for testing set of Q8 using different algorithms and node numbers	108
C3	RMSE for testing set of J using different algorithms and node numbers	109
C4	R^2 for testing set of J using different algorithms and node numbers	109
F1	Data for <i>in vitro</i> MTT assay	112
G1	Cumulative amount of drug release (Q_t) for control GH solutions across the cellulose acetate (CA) membrane and rat skin	113
G2	Cumulative amount of drug release (Q_t) for GH-loaded gels and patches across the cellulose acetate (CA) membrane and rat skin	113
I1	AChE activities and inhibition percentages for control GH solution, GH-loaded gel and GH-loaded patch	118
J1	Stability of GH-loaded gel drug reservoir and patch over 6 months at room temperature	119

LIST OF FIGURES

Figure		Page
2.1	Chemical structure of galantamine hydrobromide	5
2.2	The cross-section of skin and penetration routes: (A) transcellular; (B) intercellular; (C) via hair follicle; and (D) via sweat gland	9
2.3	Basic structure of transdermal patch	10
2.4	Chemical structure of carbopol™ 940 polymer	11
2.5	Coiled carbopol polymer	12
2.6	Uncoiled, neutralized and extended carbopol polymer	13
2.7	Porous network structure of gel for drugs incorporation	13
2.8	The mechanisms of hydrophilic and lipophilic enhancers in drugs penetration through skin	15
2.9	Franz diffusion cell	16
2.10	Schematic diagram for a chamber in Franz diffusion cell	16
2.11	Central composite design (CCD), with fractional factorial design (E points), axial design (F points) and a center (C point)	18
2.12	The framework for simple feed-forward, three-layered network	21
2.13	The flow for ANN modelling	21
2.14	The flow curves for (a) Newtonian model, (b) Bingham (plastic), (c) Power law model (pseudoplastic), (d) Power law model (dilatant) and (e) Power law model (pseudoplastic with yield response)	23
2.15	The rheological plots with (a) linear; and (b) logarithmic scale	25
4.1	The appearance of carbopol gel (a) with GH and (b) without GH	36
4.2	HPLC spectra for (a) standard GH; (b) GH-loaded gel; and (c) gel without GH	37
4.3	One factor plots for the effect of (a) carbopol amount, (b) TEA amount and (c) GH amount on Q8; and the effect of (d) carbopol amount, (e) TEA amount and (f) GH amount on J	45-46
4.4	3D plots for interaction effect between two factors (amount of carbopol and TEA) on (a) Q8 and (b) J	47
4.5	Schematic representation of three-layered, feed-forward network using LM algorithm with four hidden nodes	51
4.6	Relative importance of carbopol, GH and TEA amount on the outputs	52
4.7	3D plots for the interaction effects of carbopol-TEA amount on (a) Q8 and (b) J	53

4.8	FT-IR spectra of (a) PG, (b) TEA, (c) carbopol, (d) 99.9% GH, (e) 4.19% GH in water, (f) GH-loaded gel and (g) gel without drug	55-56
4.9	Log-log plot of shear rates on shear viscosities and shear stresses for DG and XG	59
4.10	Yield stress determination using (a) shear sweep; (b) oscillatory stress sweep; and (c) low shear rate extrapolation and Herschel-Bulkley plot	62-63
4.11	Frequency sweep for DG and XG	65
4.12	Temperature-time sweep for DG and XG	67
4.13	TEM micrographs for (a) gel without drug at 8k magnification; (b) gel without drug at 25k magnification; (c) GH-loaded gel at 8k magnification; and (d) GH-loaded gel at 25k magnification	68
4.14	Cell viability for control GH solution and GH-loaded gel after 24 h cell treatment	69
4.15	Transdermal patch system loaded with optimized gel drug reservoir	70
4.16	Photomicrographs of (a) untreated rat skin and (b) rat skin treated with GH-loaded patch	71
4.17	Drug release profile for control GH solutions, GH-loaded gels and patches across the CA membrane and rat skin	72
4.18	AChE activities for control GH solution, GH-loaded gel and GH-loaded patch	75
4.19	Physical appearances of GH-loaded gel after 6 months at (a) 25.0 °C; (b) 4.0 °C; and (c) 45.0 °C	77
4.20	Physical appearances of GH-loaded patch after 6 months at (a) 25.0 °C; (b) 4.0 °C; and (c) 45.0 °C	78
4.21	pH stability of gel and patch after 6 months at room temperature	79
4.22	Drug stability of gel and patch after 6 months at room temperature	79
4.23	Moisture stability of gel and patch after 6 months at room temperature	80
B1	Standard calibration curve for galantamine hydrobromide (GH) using HPLC	107
D1	Standard calibration curve for galantamine hydrobromide (GH) using the UV-VIS spectrophotometer	110
D2	UV-VIS spectrum for gel without drug	110
D3	UV-VIS spectrum for GH-loaded gel	110
E1	Plot of $\ln \eta$ against $1/T$ for gel with drug (DG) and gel without drug (XG)	111
H1	(a) Zero order; (b) first order; (c) Higuchi; (d) Hixson-Crowell and (e) Korsmeyer-Peppas models for the GH release from patch across CA membrane	114

H2	(a) Zero order; (b) first order; (c) Higuchi; (d) Hixson-Crowell and (e) Korsmeyer-Peppas models for the GH release from gel across CA membrane	115
H3	(a) Zero order; (b) first order; (c) Higuchi; (d) Hixson-Crowell and (e) Korsmeyer-Peppas models for the GH release from patch across rat skin	116
H4	(a) Zero order; (b) first order; (c) Higuchi; (d) Hixson-Crowell and (e) Korsmeyer-Peppas models for the GH release from gel across rat skin	117



LIST OF ABBREVIATIONS

ACN	Acetonitrile
ACH	Acetylcholine
AChE	Acetylcholinesterase enzyme
AD	Alzheimer's disease
AR	Amplex red
A β	Amyloid beta
APP	Amyloid precursor proteins
ANOVA	Analysis of variance
ANN	Artificial neural network
BP	Back-propagation algorithms
BBB	Blood brain barrier
CA	Cellulose acetate
CCD	Central composite design
CNS	Central nervous system
CPE	Chemical penetration enhancers
CO	Choline oxidase
ChEI	Cholinesterase inhibitors
CCM	Complete culture media
DI	De-ionized water
DF	Dilution factor
DMSO	Dimethyl sulfoxide
DG	Drug-loaded gel
ER	Enhancement ratio
FBS	Fetal bovine serum
FGS	Fibroblast growth supplement
FDA	Food and Drug Administration
FT-IR	Fourier Transform-Infrared spectrophotometer
GH	Galantamine hydrobromide
GA	Generic algorithm
XG	Gel without drug
HPLC	High Performance Liquid Chromatography
HP	Horseradish peroxidase
HDF-a	Human dermal fibroblast-adult
IBP	Incremental back propagation algorithm
ISF	Interstitial fluid
LM	Levernberg-Marquadt
LVR	Linear viscoelastic region
MTT	3-[4,5-dimethylthiazol-2-yl]-2,5 diphenyl tetrazolium bromide
NO	Nitric oxide
NMDA	N-methyl-D-aspartate
OVAT	One variable at a time
ODDS	Oral drug delivery system
PDDS	Parenteral drug delivery system
PE	Penetration enhancer
P/S	Penicillin/streptomycin solution
PG	Propylene glycol

QP	Quick-propagation algorithm
ROS	Reactive oxygen species
RSM	Response surface methodology
RMSE	Root-mean-square-error
S.D.	Standard deviation
SC	Stratum corneum
3D	Three-dimensional
TDDS	Transdermal drug delivery system
TEM	Transmission Electron Microscope
TEA	Triethanolamine
TFA	Trifluoroacetic acid
2FI	Two-factorial interaction
UV/VIS	Ultraviolet/Visible



LIST OF SYMBOLS

E_a	Activation energy
U	Bingham plastic viscosity
C	Concentration
K	Consistency value
R^2	Correlation coefficient
Q	Cumulative drug release amount
Q_8	Cumulative drug release amount at 8 h
A	Effective diffusion area
E	Elastic modulus
F -value	Fisher distribution value
J	Flux rate
$t_{1/2}$	Half-life
R	Ideal gas constant
G''	Loss modulus
P	Partition coefficient
δ	Phase angle
n	Flow behaviour index
P -value	Probability value
n_k	Korsmeyer-Peppas diffusion exponent
A_e	Pre-exponential factor
k_r	Rate of reaction
k	Release constant
G	Shear modulus
$\dot{\gamma}$	Shear rate
γ	Shear strain
σ	Shear stress
G'	Storage modulus
T	Temperature
σ_E	Tensile stress
t	Time
η	Viscosity
V	Volume
σ_Y	Yield stress

LIST OF UNITS

AU	Absorbance Unit
cm	Centimetre
°	Degree
°C	Degree Celsius
g	Gram
Hz	Hertz
h	Hour
J	Joule
K	Kelvin
kPa	Kilopascal
Pa	Pascal
%	Percentage
µg	Microgram
µL	Microlitre
mg	Milligram
mL	Millilitre
nm	Nanometre
kg	Kilogram
µm	Micrometer
mm	Millimetre
min	Minute
mol	Mole
ppm	Part per million
rpm	Revolutions per minute
s	Second
v/v	Volume-to-volume
wt %	Weight percentage
w/w	Weight-to-weight

CHAPTER 1

INTRODUCTION

1.1 Background of Research

Pharmaceuticals are defined as the drug actives-consisting products or medicines, which are used for the treatment and prevention of the diseases. The pharmacotherapy is thus described as the drug therapy, with the involvement of pharmacology and pharmacy sciences. One branch of pharmaceuticals is plant-based or plant-derived pharmaceuticals. They are used traditionally as herbs for Chinese and Indian society, while they still remain as the important source for drugs discovery and development in modern world (Xu *et al.*, 2015). The patients and scientists put their focuses on the plant-based drugs because of the high accessibility and affordability of these drugs (Saklani and Kutty, 2008). These drugs can be obtained from many parts of a plant, for examples, leaves, flowers, seeds and fruits (Edwards *et al.*, 2015).

Nevertheless, pharmaceutical industry is encountered with the problems such as high cost, low effectiveness and time consuming in drug discovery and drug development (Hughes *et al.*, 2001; Raoof and Aerssens, 2015). These processes involved pre-discovery, drug discovery from 5000 – 10000 compounds, preclinical studies, clinical trials on volunteers and approval from related organizations. This could take an average of 10 – 15 years and \$ 800 million – \$ 1 billion from the emerging idea to the global market (PhRMA, 2007). Furthermore, the processes will be even more complicated for the new drugs of central nervous system (CNS) diseases (Alavijeh and Palmer, 2010). Therefore, an alternative way is to find new and better technologies for the improvement of the performance of existing drugs.

Galantamine hydrobromide (GH) is one of the plant-based neuroactive drug that were approved by Food and Drug Administration (FDA) for Alzheimer's disease (AD). It is neuroactive, which is able to modify the chemical signals in brain, penetrate through the blood brain barrier (BBB) and then enter the brain interstitial fluid (ISF) (Pohanka, 2014; Samochocki *et al.*, 2000). This enabled GH to interact with its targets and achieved therapeutic effects (Alavijeh and Palmer, 2010). The main function of GH is to inhibit the activities of degradative acetylcholinesterase enzyme (AChE) and maintain the number of neurotransmitter acetylcholine (ACh) in brain ISF. The beneficial effects of GH in cognitive function and behavioural symptoms were proven (Coyle and Kershaw, 2001; Suh *et al.*, 2004).

Conventional delivery of GH such as injection solutions, oral solutions, tablets and capsules are non patient friendly and will cause undesired effects such as nausea, vomiting, gastrointestinal disturbance and drug toxicity (Kavirajan and Schneider, 2007; Tariot *et al.*, 2000). These adverse events are expected to be reduced if transdermal patch drug delivery system is applied. Transdermal patch drug delivery system can be defined as a multi-layered system which is used to deliver drugs to the targeted sites by penetrating through the skin. This patch system is proved to have fewer side effects compared to conventional drug delivery system, besides being more

patient compliance, with less frequent dosing and longer duration of treatment process (Lefèvre *et al.*, 2007; Patil *et al.*, 2015).

1.2 Problems Statement

AD can cause many difficulties in the daily life of an individual. However, the situation is worsened with the application of current drug delivery systems for GH. This is because the conventional drug delivery methods are often associated with the problems such as low effectiveness, non patient compliance, burst drug release and frequent dosing, which then cause the inconvenience and adverse symptoms to the patients. Moreover, the previous transdermal patch for GH showed behaviours such as instability at room temperature, drugs precipitation after storage, low drug loading, high drug flux, high usage of organic solvents and low skin biocompatibility.

Transdermal patch application on skin is also encountered with side effects from its polymeric compositions. For instances, stiff polymers and high polymer concentrations can cause adverse events such as restrict the drug release, decrease the skin absorption and trigger irritation symptoms. Suitable polymer should be able to give prolonged therapeutic effect, high drug retention capacity, high degree of softness and high compatibility to skin. Therefore, there is a need to design and develop a novel patch with carbopol polymeric system, in which enables the effective loading and releasing of GH for the treatment of AD.

1.3 Objectives

The main objective of this research is to fabricate a transdermal patch system loaded with GH for AD treatment. Hence, the following objectives were targeted to aid the achievement of main objective:

1. To design and formulate GH-loaded gel drug reservoir and transdermal patch.
2. To optimize the *in vitro* drug release properties from GH-loaded gel drug reservoir using appropriate mathematical models.
3. To characterize the physicochemical properties of formulated gel drug reservoir and patch.
4. To evaluate the *in vitro* release ability, efficacy, toxicity and stability of gel drug reservoir and patch.

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