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Development of Sustained Release Nateglinide Loaded PLGA Nanoparticle: *In vitro-In vivo* Study

Gite Sandip¹, Sav Ajay Kumar^{2*}, Khose, Yogesh³, Jain Shailesh³

1. Department of Pharmaceutical Sciences and Technology, Institute of Chemical Technology, N. P. Marg, Matunga, Mumbai- 400019, India

2. Macleods Pharmaceuticals Ltd., Andheri East, Mumbai-400093, India

3. VNS Group of Educational Institutes (Corporate Office), MP Nagar, Bhopal – 462011, India.

ABSTRACT

In present study long-acting biodegradable Nateglinide loaded Poly (lactic-co-glycolic) acid nanoparticle formulation is reported for treatment of Type 2 Diabetes Mellitus (T2DM). Different formulations were prepared by varying drug: polymer ratio (1:1, 1:2, and 1:3) and polyvinyl alcohol as stabilizer in 0.5-1.5% concentration range by emulsification solvent evaporation technique. Optimization was carried out by evaluating entrapment efficiency and particle size. Optimized formulation was characterized for *in vitro* drug release, surface charge property, SEM, chemical incompatibility and *in vivo* evaluated for blood glucose lowering property in rat model. The obtained results indicate that formulation composition containing drug:polymer ratio 1:3 and stabilizer concentration 1.5% gives high encapsulation efficiency (82.15%) with mean particle diameter of 216 nm and drug release for 72h. Drug release data was best fitted to Higuchi model indicating drug release was mainly took place by diffusion mechanism. Oral administration of optimized nanoparticle formulation showed two fold better activity as compared to standard Nateglinide formulation ($P < 0.05$). Study suggested that Nateglinide loaded controlled PLGA nanoparticle can be used for better control of blood glucose level by sustaining its release.

Keywords: Nateglinide, PLGA, Poly vinyl alcohol, nanoparticle, Diabetes mellitus

*Corresponding Author Email: aksav.ic@gmail.com

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INTRODUCTION

Type 2 Diabetes Mellitus (T2DM) is a metabolic disorder in which human body does not produce or properly uses insulin. T2DM is characterized by constant high levels of blood glucose. Nateglinide (NTG) is a drug used to lower blood sugar (glucose) levels in patient suffering from T2DM given by oral route¹ and belongs to a class of drugs called meglitinides. Approximately 90% of patients with diabetes have T2DM which usually occurs in adults and is associated with obesity and a strong family history of diabetes. The major cause of T2DM is reduced secretion of insulin from the pancreas after meals and also due to resistance of the body's cells to the effect of insulin which is to stimulate the cells for removing glucose from the blood^{2,3}.

NTG stimulates cells in the pancreas to produce insulin in a manner similar to the class of drugs called sulfonylureas e.g. glyburide which is also recommended in T2DM. However, NTG appears to have a faster onset and a shorter duration of action than sulfonylureas. Although NTG is a drug of choice for management of T2DM but it possesses a shorter half-life (1.5h). So a new dose is required before every meal which makes this therapy inconvenient. This problem can be overcome by formulating a sustained release dosage form. Application of nanotechnology in drug delivery system has opened up new area for research in sustained release of drugs⁴. The Sustained release of the drug from the nanoparticles could maintain the therapeutic concentration for longer duration. Nanoparticles are one of the multiparticulate delivery systems used to prolonged or controlled drug delivery system so as to improve bioavailability as well as stability⁵. Nanoparticle can also offer advantage like limiting fluctuations within therapeutic range. Although a number of different polymers have been investigated for formulating biodegradable nanoparticles, poly (lactic-acid) (PLA) and its copolymers with glycolic acid (PLGA) have been extensively used for controlled drug delivery systems. The active substance Nateglinide is hydrophobic molecule and ideal model drug for incorporation in systems prepared by emulsion-solvent evaporation technique. Thus the aim of this study was to develop NTG loaded sustained release nanoparticulate system based on the biodegradable polymer PLGA.

MATERIALS AND METHOD

Materials

Nateglinide was obtained as a gift sample from Cipla Pharmaceutical Ltd. (India). Poly(lactic-co-glycolic) acid (PLGA 50:50) obtained as gift sample from SPARC Baroda, (India), PVA obtained from SD Fine Chemicals (Mumbai, India). Other chemicals used were of analytical grade.

Preparation of NTG-PLGA nanoparticles

An attempt has been made to optimize the nanoparticle formulation using various formulation parameters like drug: polymer ratio (1:1, 1:2, 1:3) and different stabilizer/surfactant concentration by modified emulsification solvent evaporation technique, table 1⁶. In brief, PLGA and NTG were dissolved in 5 ml dichloromethane using a vortex shaker to form a homogeneous solution. This homogeneous solution was slowly dropwise added to 20 ml of aqueous surfactant solution (PVA, 0.5-1.5% w/v) using high pressure homogenizer (IKA[®], Japan) to form an emulsion. The emulsion was stirred on laboratory magnetic stirrer (REMI, India) at 25 °C for 6h followed by centrifugation (REMI, India) for 30 min at 19000×g. After centrifugation the supernatant was discarded and the pellets obtained were washed with same volume of distilled water as of the supernatant and again centrifuged at 19,000×g for 15 min. The washing process was repeated three times and the washed nanoparticles were subjected to freeze drying (Lark, India). Freeze dried product was evaluated for physicochemical property.

Table 1. Formulation composition of NTG loaded nanoparticles

Compositions	1	2	3	4	5	6	7	8	9
Nateglinide (mg)	60	60	60	120	120	120	180	180	180
PLGA (mg)	60	60	60	120	120	120	180	180	180
PVA (%)	0.5	0.5	0.5	1.0	1.0	1.0	1.5	1.5	1.5

DRUG POLYMER INTERACTION

Differential scanning calorimetry (DSC)

Drug polymer incompatibility was evaluated by differential scanning calorimetry method. DSC analysis was performed using PERKINELMER DSC Pyris -6 (USA) on 2 to 8 mg sample. Sample was heated in an aluminum pan at a rate of 10°C/min within a 30 to 300°C temperature range under a nitrogen flow of 20 ml/min. An empty sealed pan was used as a reference.

CHARACTERIZATION OF NANOPARTICLES

Particle size determination

The mean particle size of the formulations was determined by particle size analyzer (Malvern S4700 PCS System, Malvern, UK). The analysis was performed on suitably diluted sample with filtered water (0.22 µm filter) at 25 °C. For each sample, measurement was carried out in triplicate. Values reported are the mean diameter.

Surface charge property

Nanoparticles were characterized with respect to zeta potential (z) by using Laser Doppler Anemometry (Malvern Zetasizer, Malvern, UK). All the analysis was performed on appropriately

diluted samples with triple filtered distilled water.

Entrapment efficiency and drug content

Freezedriednanoparticlesequivalentto10mgofdrugwereweighedanddissolvedin 10mlofmethanoland drug content was analyzedbytheUV-Visible Spectrophotometer (Shimadzu UV-1650, Tokyo, Japan). Drug was soluble in methanolwhereasPLGAwasinsolublein it. NTGentrapment efficiency(%w/w)was calculated by following equation⁷:

Entrapment efficiency= amountof total NTGin nanoparticle – amount of free drug /amount of total NTG in nanoparticle × 100

***In vitro* drug release study**

In vitro drug release study was performed using equilibrium dynamic dialysis technique^{8, 9}. In brief, 60 mg equivalent drug loaded PLGA nanoparticles were redispersed in 2.5 ml buffer, suspended in dialysis bag (Spectra Por, cut off size 10kD) in 350 ml of phosphate buffer pH7.4 and kept for string on magnetic stirrer at 50rpm and 37 °C temperature. After specified time intervals, 5ml of the aliquot was withdrawn and centrifuged at 20,000 rpm for 30 min. Aliquot was analyzed by UV-spectrophotometry at 258nm λ_{max} . Dissolution medium was replenished with 5 ml of fresh phosphate buffer to maintain the sink condition. The release experiment was monitored for over a period of 72h.

Scanning electron microscopy

Morphological evaluation of the nanoparticles was performed using scanning electron microscope. Scanning electron micrographs were taken using a Philips XL 20 (Philips, Eindhoven, Netherlands). Samples were fixed on an aluminum stub with conductive double sided adhesive tape (Leit-Tabs, Plano GmbH, Wetzlar, Germany) and coated with gold in an argon atmosphere (50 Pa) at 50mA for 50 s (Sputter Coater, Bal-Tec AG, Liechtenstein)

***In vivo* study**

In vivo study was conducted at the Animal House of Faculty of Pharmacy, VNS Group of Institutes (Reg.No.778/03/C/CPCSEA-03.09.03). All ethical manners regarding the use of animals in scientific research were carefully considered. Diabetes induced by streptozotocin in rat model was selected for *in vivo* experimental studies. Wistar strain male albino rats weighing 200-250g were used. Rats were acclimatized to their environment 25±2C and 70±5% RH under natural light-dark conditions for 15 days before dosing.

Induction of diabetes

Diabetes was induced by following reported method with some modifications¹⁰. Streptozotocin (Sisco Research Lab) was dissolved in ice cold normal saline solution

and 60 mg/kg fresh solutions were injected intraperitoneally to overnight-fasted rats.

Blood samples were checked 48 h later using SugarScan (Thyrocare) and rats with blood glucose values between 300 and 400 mg/dl were considered diabetic and were included in the experiments.

Experimental procedure

Rats were randomly divided into four groups of six animals each group. Group 1 (Normal Control) contain rats with blood glucose level ranging between 80-90 mg/dl, treated with vehicle only. Group 2 (Diabetic Control) consist of rats with blood glucose level ranging between 300-400 mg/dl, treated with vehicle only. Group 3 (Standard treated), diabetic rat treated with standard NTG (800 µg/kg, three times in a day) oral up to 7 days. Group 4, diabetic rat treated with NTGNP 08 (Equivalent to 800 µg/kg three times in a day, oral for 7 days). Blood glucose levels were measured in all rats using Sugar Scan glucometer at 24 h intervals over the 7 day treatment period.

Blood sampling

Approximately 0.5 ml blood was withdrawn from all animals belonging to Group 1 to 4 by tail puncture method. Blood samples were taken as per the schedule mentioned in protocol (0, 1, 6, 12 h, 1, 2, 3, 4, 5, 6 and 7 day). One-way analysis of variance (ANOVA) was used to compare data between all groups in the study. Differences were considered significant when $P < 0.05$.

Stability study

These selected formulations were subjected to accelerated stability studies to evaluate effect of stress conditions according to ICH guidelines. Formulations were packed in 0.044 mm Bi laminated aluminum foil and subjected to elevated temperature and humidity condition of $40\text{C} \pm 2\text{C} / 75 \pm 5\%$ RH. Samples were withdrawn at the end of 1, 2 and 3 months and evaluated for particle diameter, drug content and drug release.

RESULTS AND DISCUSSION

DSC study

The DSC thermogram presented in figure 1 showed a sharp endothermic at 137°C corresponding to melting point of B form of drug. Retention of this endothermic in drug polymer mixture indicated absence of chemical interaction between drug and polymer.

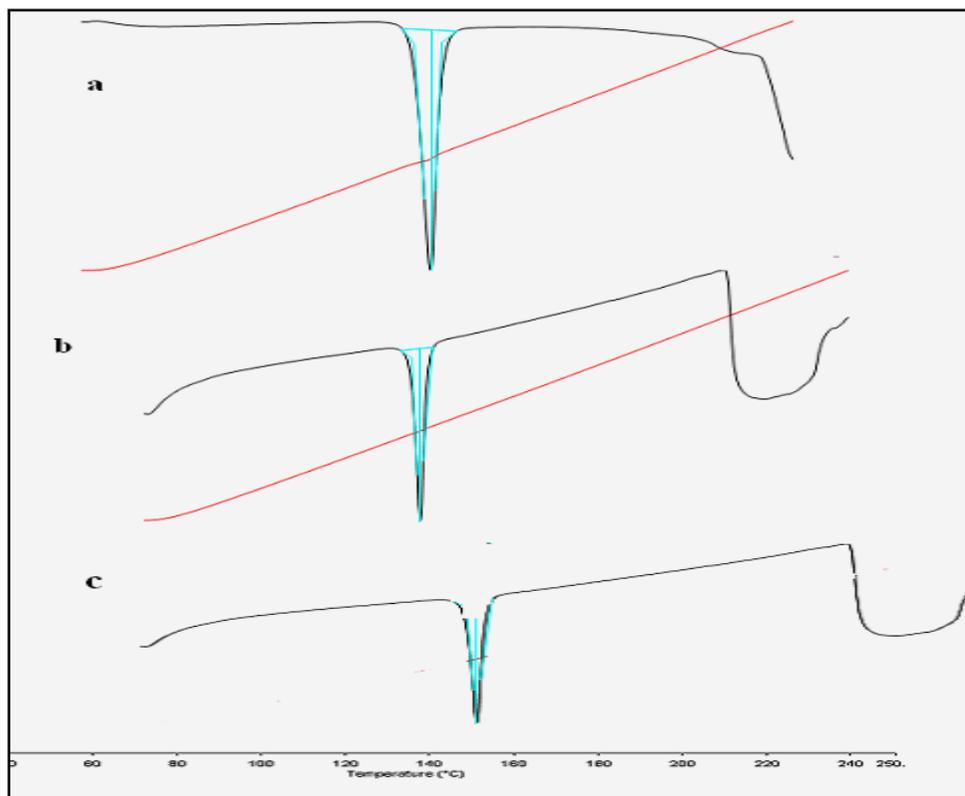


Figure 1. Drug polymer stability indicating DSC thermogram (a) Nateglinide and (b) Nateglinide: PLGA mixture and (c) Nateglinide: PLGA nanoparticle

Preparation of nanoparticles

In order to obtain emulsified systems, the addition of energy is a fundamental step. Emulsification can be considered one of the most important steps of the process, because an insufficient dispersion of phases results in large particles with wide size distribution. The final size of the nanoparticles depends on the globule size throughout the emulsification process. A reduction of the emulsion globule size allows the formation of smaller nanoparticles. All the batches were prepared at 17000 rpm homogenization speed for 10 min and evaluated for particle diameter and drug entrapment efficiency.

Effect of polymer concentration

PLGA content was varied between 60-180 mg, and the influence of the initial concentration of polymer on the particle size distribution was studied without inclusion of surfactant. It was observed that increase in PLGA amount gives particle size with increase in diameter, figure 2. This was probably caused by increase in viscosity of dispersed phase (polymer solution), resulting in poor dispersability i.e. a high viscous resistance against the shear forces during the emulsification. Coarse emulsions are obtained at higher polymer concentrations, which

lead to the build of bigger particles during the diffusion process. This fact is explained by the greater probability that the desolvated macromolecules (or small aggregates formed from these molecules) coalesce in a more concentrated solution, thereby forming larger coacervates or particles.

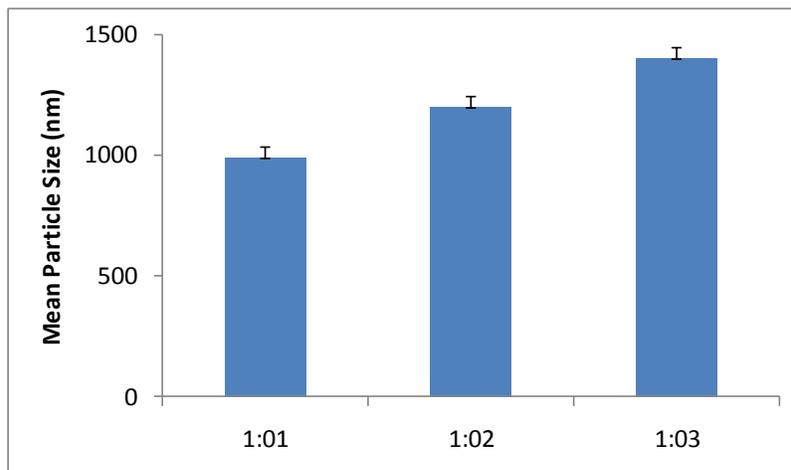


Figure 2. Effect polymer concentrations on formulation particle size

Effect of surfactant content

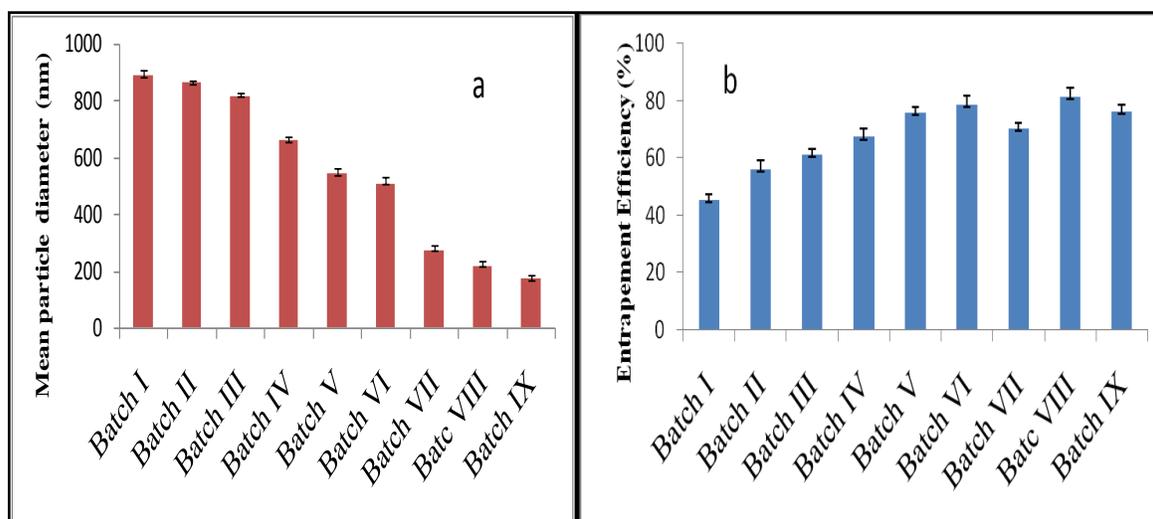


Figure 3. Effect of variable conditions on (a) mean particle size and (b) encapsulation efficiency

It was observed that there was decrease in particle size (285–

170 nm) when the PVA concentration in the external aqueous phase was increased from

0.5 to 1.5% (w/v). Presence of high concentration of emulsifier aids in size reduction process and produced nanoparticles of reduced size. This phenomenon can be explained by stabilizing function of an emulsifier. It is easy

to understand that an insufficient amount of emulsifier would

fail in stabilizing all the nanoparticles and thus some of them would tend to aggregate.

As a result, nanoparticles with larger size would be produced. In the emulsion-solvent evaporation method, the emulsification and stabilization of the globules are crucial factors. The amount of surfactant plays an important role in the emulsification process and in the protection of the droplets, because it can avoid the coalescence of globules. Particle size and drug encapsulation studies showed that nanoparticle prepared from drug polymer ratio 1:3 and stabilizer concentration 1.5 % w/v gives maximum 82% encapsulation efficiency (figure 3a and 3b).

Particle size distribution study

Figure 4 shows plot of size distribution by intensity i.e. intensity (%) vs size in nanometer of the optimized formulation NTGNP08. It showed particle size distribution in between 90 to 700 nm with maximum intensity of 14.5 % of size range 200-300 nm. Average particle size was found to be 216 nm. Figure 5 shows the histogram of the particle size distribution.

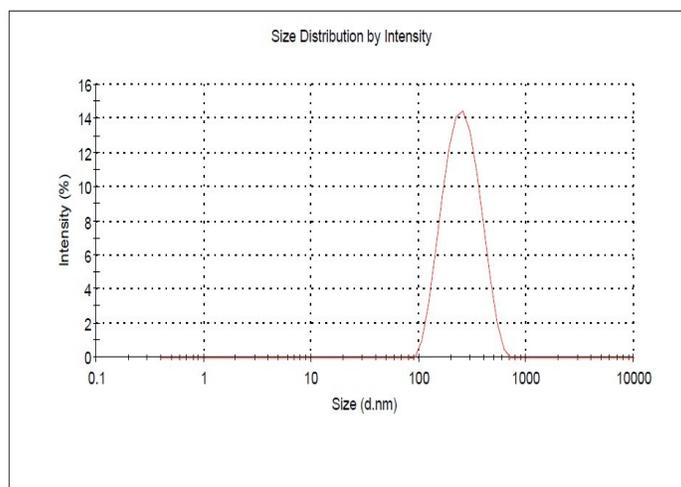


Figure 4: Particle size distribution of Nanoparticles of NTGNP08

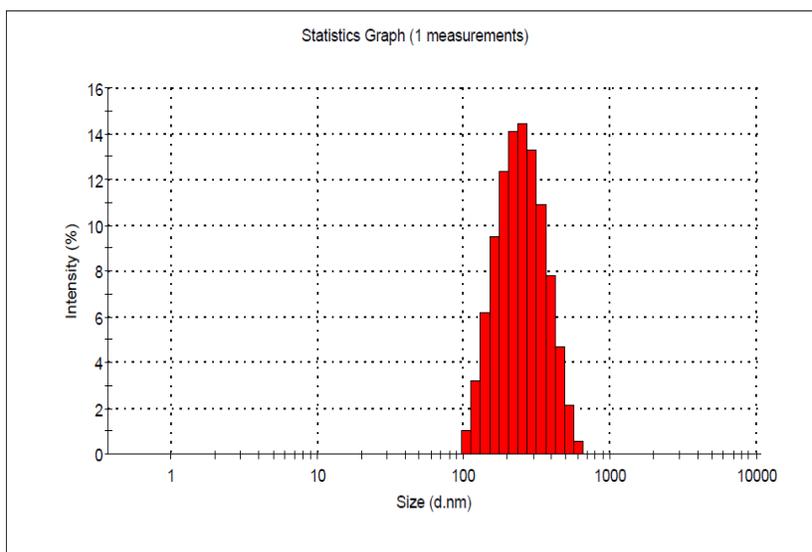


Figure 5. Histogram showing particle sizedistribution of NTGNP08

Zetapotential

The zetapotential is an index of stability of nanoparticles. The higher the magnitude, irrespective of the charge type, higher the stability. All the formulations of nanoparticles exhibited high zetapotentials ranging from -7.72 to -0.473 (figure 6) and the values are negative. Generally highly negative zeta potential values are expected for pure PLGA nanoparticles due to presence of carboxyl groups on the polymeric chain extremities. High zeta potential value indicates good stability of formulation against particle aggregation.

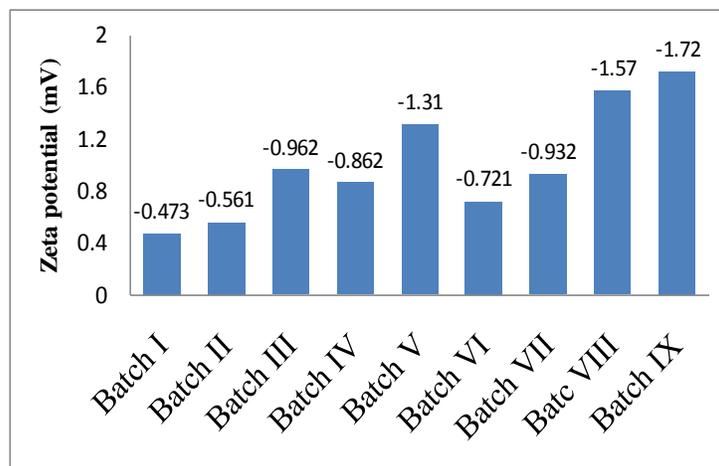


Figure 6. Zeta potential of different NTGNP formulation

Scanning electron microscopy

Morphological evaluation of the nanoparticles was performed using scanning electron microscope. Plain drug was present as rod shape crystal powder whereas optimized formulations showed formation of small size nanoparticles of PLGA with spherical shape and uniform size figure 7.

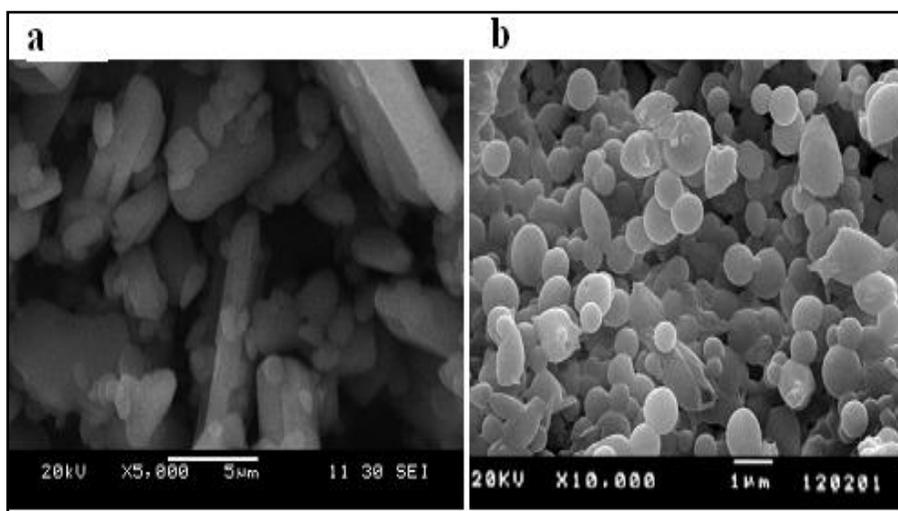


Figure 7. Scanning electron micrograph of (a) drug and (b) optimized nanoparticle

In-vitro drug release

Figure 8 shows the *in vitro* release profile of optimized NTGNP 08 formulation. NTG release from nanoparticles appeared to have two components. First an initial exponential phase releasing 3.873 mg (7.918%) in 30 min and 8.895 mg (18.18%) of the drug in 1 h which is almost identical with the conventional dose of a 60 mg tablet followed by a slow phase the drug in 48 h.

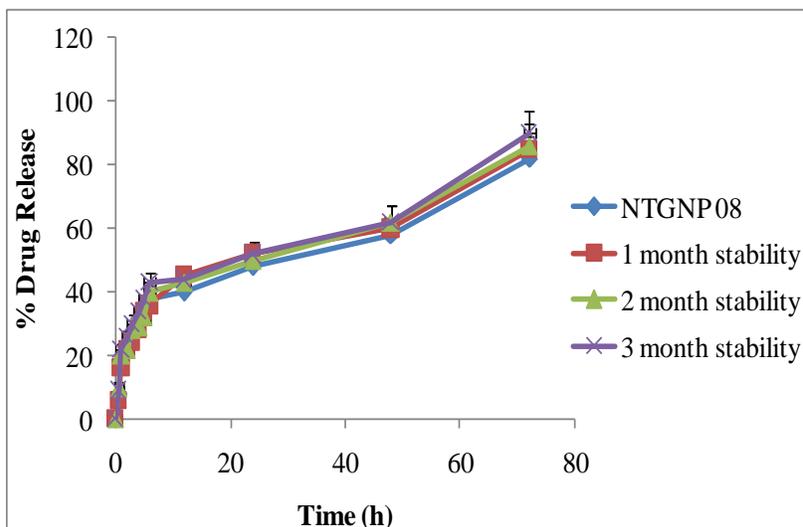


Figure 8. In vitro drug release profile of optimized NTGNP 08 nanoparticle

The initial release phase of NTG was probably due to NTG which was adsorbed or close to the surface of the nanoparticles and due to diffusion of the dissolved NTG within the PLGA core of the nanoparticle into the release medium. After 12 h, the release rate increased slightly until the 24 h probably because of a lag phase when sufficient polymer erosion has taken place. Finally the release slowed but continued until the 72 h (82% drug release), because the diffusion controlled release pattern was completed and the erosion of polymer was taken place. Based on the regression coefficients it can be concluded that release of drug from PLGA loaded nanoparticle is following Higuchi model suggesting that drug release mainly took place by diffusion mechanism, table 2.

Table 2. Release kinetic parameters for optimized batch NTGNP08

	Zero Order	First Order	Higuchi	Hixson Crowell	Korsmeyer Peppas
R^2	0.926	0.937	0.983	0.944	0.953
K	8.485	1.832	15.562	39.475	8.945

Stability study

Formulation kept for stability study found to be showed uniform drug content approximately

99±0.54%. Particle size was get slightly increase due to aggregation of nanoparticles during storage period. Drug release profile was found similar to initial indicating insignificant change and stability.

In vivo study

Oral administration of standard NTG (800 µg / kg, t.i.d.) and the formulation (equivalent to approximately 800 µg / kg, t.i.d.) to STZ-diabetic rats significantly reduced blood glucose level 1 h after administration [Figure 9]. Blood glucose levels in Group 1 was normal throughout the study. In group 2, the diabetic control, blood glucose levels were very high until day 4, after that decreased slightly, although the decrease was not statistically significant. These observations can be explained by the destruction of the Islets of Langerhans by STZ, which started to recover after 4 days.

Animals in this group also have same survival rate as that of the normal control group

but the signs and symptoms of diabetes are more severe with increase in the blood glucose level and excessive urination.

In Group 3 initially it was observed that there was decreased blood glucose level but due to shorter half-life of NTG again the blood glucose level rises and needed to administer a new dose which was given thrice in a day to control the blood glucose level. In

Group 4, diabetic rats were given the formulation NTG NP and after 1 h significant decrease in blood glucose level was there release of

surface adsorbed drug immediate after administration. There was constant decrease in

blood glucose level for all seven days observed which shows that nanoparticles of PLGA are effective for controlled and sustained drug delivery as compared to the group 3.

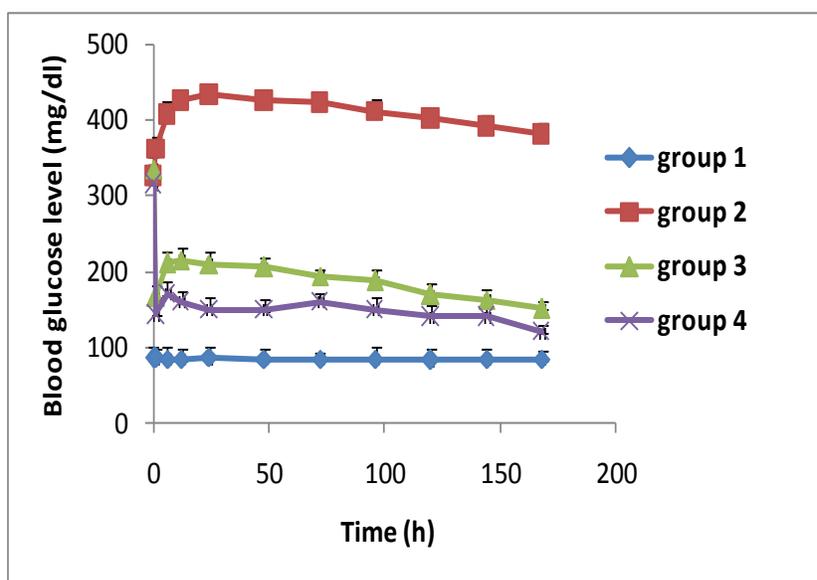


Figure 9: Blood glucose levels in the four study groups over 7 days period.

One-way ANNOVA (multiple comparisons) followed by Tukey's test was used to analyze the in vivo antidiabetic effects of the NP formulations of NTG. Blood glucose levels in group 3 rats, treated with standard NTG (800 µg/kg, t.i.d.), were significantly lower than those in group 2 ($P < 0.05$). In group 4 rats, treated with NTG NP, a significant decrease in blood glucose levels was seen; there was a clear long-lasting effect until the end of experiment ($P < 0.05$). Comparison of results between groups 3 and 4 indicated that the NTG NP formulation was effective therapeutically compared with standard NTG and had a prolonged duration of action.

CONCLUSION

The present study has demonstrated possibility of formulating a long-acting biodegradable NP formulation of NTG using the emulsification solvent evaporation technique. The results indicate that NTG can be entrapped within PLGA nanoparticles in presence of optimum concentration of stabilizer PVA (1.5%). The size of nanoparticles and the loading of drug in carrier were highly dependent on stabilizer and PLGA concentration. From the study it can be concluded that the prepared nanoparticles could be used as sustained release preparation for effective management of type II diabetes mellitus with reduced dose frequency, decreased side effects and improved patient compliance.

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