

Floating matrix tablets of atenolol: Formulation and *in vitro* evaluation

VD Havaladar, AS Kulkarni, RJ Dias, NH Aloorkar, KK Mali

Department of Pharmaceutics, Satara College of Pharmacy, Plot No.1539, New Additional M.I.D.C, Degaon, Satara - 415 004, M.S. India

The purpose of the study was to prolong the gastric residence time of atenolol by designing its floating tablets and to study the influence of different polymers on its release rate. Nine formulations of atenolol containing varying concentrations of polymers were designed by optimization. The floating matrix tablets of atenolol were prepared by direct compression method. The prepared tablets were evaluated for physicochemical parameters such as hardness, floating properties (floating lag time, floating time and matrix integrity), swelling studies and drug content. The physicochemical parameters of formulated tablets were found to be within normal range. A significant difference in drug release ($P < 0.0001$) and floating lag time ($P < 0.005$) at 0.5, one, four and eight hours were observed. The floating lag time of all the formulations was within the prescribed limit (< 10 minutes). All the formulations showed good matrix integrity and retarded the release of drug for eight hours. The release pattern of atenolol was fitted to different models based on coefficient of correlation (r). All the formulations, except F2, F3 and F6 showed Korsmeyer-Peppas model as the best fit model. Formulation F2 and F3 showed first order model while F6 showed zero order model. Diffusion exponent (n) value was found in the range of 0.52-0.99 indicating diffusion as a release mechanism. The swelling studies of all the formulations showed that formulations containing Xanthan gum has higher swelling indices than HPMC K100M and HPMC K4M. It can be concluded that formulations with higher swelling indices retarded the release of drugs more than those with lower swelling indices.

Key words: Atenolol, floating, swelling index

INTRODUCTION

Floating drug delivery systems were first described by Davis in 1968.^[1,2] It is possible to prolong the gastric residence time of drugs using these systems. Several techniques are used to design gastro retentive dosage forms. These include floating, swelling, inflation, adhesion, high-density systems and low density systems that increase the gastric residence time.^[3-5] Gastric retention is useful for drugs which (i) act locally; (ii) have a narrow absorption window in the small intestinal region; (iii) unstable in the intestinal environment; (iv) low solubility at high pH environment.^[6] Various dosage forms developed for gastric retention include, floating tablets,^[7] floating beads,^[8] pellets,^[9] floating granules,^[10] floating microspheres.^[11] In this investigation, an attempt was made to design floating tablets of atenolol using different release retarding polymers along with a gas-generating agent.

Atenolol is β -1 cardio selective adrenergic receptor blocker, widely used in the treatment of hypertension. The drug is insoluble in water and has half-life of six to eight hours with oral bioavailability of 50% due to smaller dose of drug (less than 50 mg).^[12,13] In this study, an attempt was made to design and formulate the floating matrix tablets of atenolol so as to increase its gastric retention thereby ensuring slower and complete release of atenolol. Also, attempts were made to assess the effect of natural polymer, xanthan gum and semi synthetic polymers, hydroxypropylmethyl cellulose (HPMC) K4M and K100M on the release rate of drug. Sodium bicarbonate was used as a gas generating agent and dicalcium phosphate (DCP) was used as a channeling agent. The release pattern and swelling indices of all the formulations were analyzed using different mathematical models.^[14]

MATERIALS AND METHODS

Materials

Atenolol and directly compressible lactose (DCL 15) were procured from Flamingo Pharmaceuticals, Mumbai M.S., India. Hydroxypropylmethyl cellulose (HPMC) of

Address for correspondence:

Mr. Vijay Havaladar, Satara College of Pharmacy, Plot No.1539, New Additional M.I.D.C, Degaon, Satara - 415 004, Maharashtra, India.
E-mail: vd2006@rediffmail.com

DOI: 10.4103/0973-8398.59952

two different viscosity grades (HPMC K4M, HPMC K100M) and xanthan gum (Rheogel[®], Iranex, Rouen, France) 120-mesh size were received from Ajanta Pharmaceuticals Ltd, Mumbai, M.S., India. Other ingredients used were of analytical grade.

Methods

Preparation of floating tablets

Floating tablets of atenolol were prepared by direct compression method employing sodium bicarbonate as gas-generating agent. HPMC K4M, HPMC K100M and xanthan gum were used as rate controlling polymers. The concentrations of the above ingredients were optimized on the basis of trial preparation of the tablets.

All the ingredients [Table 1] were weighed accurately. The drug was mixed with the release rate retarding polymers and other excipients in ascending order of their weight. The powder mix was blended for 20 minutes to have uniform distribution of drug in the formulation. About 350mg of the powder mix was weighed accurately and fed into the die of single punch machinery (Cadmach, Ahmedabad, India) and compressed at 3 N compression force using 10mm concave punches.

Floating characteristics

Floating characteristics of the prepared formulations were determined using USPXXIII paddle apparatus (Electrolab, TDT-06P, Mumbai, India.) under sink conditions. The dissolution medium was 900 ml of 0.1 N HCl (pH 1.2) and temperature of which was maintained to 37 plus/minus 0.5°C throughout the study. The time between the introduction of tablet and its buoyancy on the gastric fluid required for the tablet to float on the gastric fluid (floating lag time) and the time during which dosage forms remain buoyant (floatation duration) were measured. The integrity of the test tablets was observed visually during study (matrix integrity).

Drug content

Six tablets from each formulation were weighed and powdered. Powder equivalent to the average weight of the tablet was weighed accurately and transferred into a

100 ml volumetric flask and dissolved in a suitable quantity of methanol. The solution was made up to the mark and mixed well. A portion of sample was filtered and analyzed by a spectrophotometer (Shimadzu UV1700, Japan) at 225 nm.^[15]

Drug release

Dissolution tests were conducted in triplicate for all formulations in a USPXXIII tablet dissolution apparatus (Electrolab, TDT-06P, Mumbai, India). The dissolution medium was 900 ml 0.1N HCl (pH 1.2) at 37 ± 0.5°C with a stirring speed of 50 RPM. At predetermined time intervals, two ml samples were withdrawn and sink conditions maintained. The samples were analyzed for drug release by measuring the absorbance at 225 nm using spectrophotometric method (Shimadzu UV, 1700, Japan). The drug release data was analyzed to study release kinetics using zero order, first order, Korsemeyer- Peppas and Higuchi equations.^[16,17]

Zero order equation

$$\% \text{ Drug released} = kt \quad (1)$$

Where, k = constant, t = time

First order equation

$$\log \% \text{ unrelease} = \frac{kt}{2.303} \quad (2)$$

Korsemeyer- Peppas equation,

$$\text{Log drug released} = \log k + n \log t \quad (3)$$

Where, n = release exponent

Higuchi's equation

$$\% \text{ Drug released} = kt^{0.5} \quad (4)$$

Per cent dissolution efficiency and mean dissolution time were calculated for all formulations.^[18,19]

Table 1: Formulations of floating matrix tablets of atenolol

Ingredients/formulations	F1	F2	F3	F4	F5	F6	F7	F8	F9
Atenolol	50	50	50	50	50	50	50	50	50
HPMC K100M	35	70	105	-	-	-	-	-	-
HPMC K4M	-	-	-	35	70	105	-	-	-
Xanthan gum	-	-	-	-	-	-	35	70	105
Sodium bicarbonate	35	35	35	35	35	35	35	35	35
Dicalcium phosphate	17.5	17.5	17.5	17.5	17.5	17.5	17.5	17.5	17.5
Magnesium stearate	3.5	3.5	3.5	3.5	3.5	3.5	3.5	3.5	3.5
Directly compressible lactose	205.5	170.5	135.5	205.5	170.5	135.5	205.5	170.5	135.5
Talc	3.5	3.5	3.5	3.5	3.5	3.5	3.5	3.5	3.5
Total (mg)	350	350	350	350	350	350	350	350	350

Determination of swelling index

The swelling behavior of a dosage unit was measured by studying its weight gain. The swelling index of tablets was determined by placing the tablets in the basket of dissolution apparatus using dissolution medium 0.1N HCl at $37 \pm 0.5^\circ\text{C}$. After 0.5, one, two, three, four, five, six, seven and eight hours, each dissolution basket containing tablet was withdrawn and blotted with tissue paper to remove the excess water and weighed on the analytical balance (Shimadzu, AX 120). The experiment was performed in triplicate for each time point. Swelling index was calculated by using the following formula.^[20]

$$\text{Swelling index} = \frac{(\text{Wet weight of tablet} - \text{Dry weight of tablet})}{\text{Dry weight of tablet}} \quad (5)$$

Hardness

Hardness of the prepared formulations was determined using Monsanto hardness tester (Rolex, Chandigarh, India)^[21] (n = 10).

Statistical analysis

Analysis of variance (ANOVA) was performed to find out significant difference in drug released at 0.5, one, four and eight hours, floating lag time at 0.5, one, four, eight hours, swelling index at one, four and eight hours from all formulations.

RESULTS AND DISCUSSION

Floating characteristics

When the floating matrix tablets containing gas-generating agents were exposed to 0.1N HCl, hydrochloric acid reacted with sodium bicarbonate in the floating tablet inducing CO_2 formation. The generated gas was entrapped into the matrix of swollen polymer matrix and well protected by gel formed by hydration of polymers, which led to floating of the dosage forms.^[22,23]

A 10% concentration of sodium bicarbonate was found optimum to impart floating. It was observed that the concentration of sodium bicarbonate less than 10% led to

slow reaction that prolonged the floating lag time up to 1.5 h. Hardness of four to 4.5 kg/cm^2 was found optimum to impart the compactness to the system. Swelling of the tablets depends on the type of polymer and its concentration. Floating lag time of the tablets was found to be the function of polymer concentration [Table 2]. This may be because at lower concentrations the polymers have less ability to form gel.^[24]

All the formulations showed good matrix integrity probably because of the compactness of the system which is necessary to prevent the sweep of the tablet in lower part of gastrointestinal tract during interdigestive myoelectric cycle. The tablet floats on the dissolution medium for 24 hours because of the presence of internal voids in the dry center of tablets (porosity) due to increased bulk volume.

Drug content

Atenolol content was found within the specifications (92.5% to 107.5%).^[25]

In vitro drug release

In vitro dissolution studies for all the formulations showed controlled release of drug for eight hours. When the floating tablets were exposed to dissolution medium, the medium penetrated into the free spaces between macromolecular chains of the polymer. After solvation of the polymer chain, the dimension of the polymer molecule is increased due to the polymer relaxation by stress of the penetrated solvent. This led to swelling which is characterized by the formation of a gel like network surrounding the tablet. HPMC is a hydrophilic polymer that forms a surface barrier around the matrix tablet.^[26] The higher rate and extent of drug release was observed from the formulations based on HPMC K4M and HPMC K100M than those based on Xanthan gum [Table 3]. It was observed that the formulations containing xanthan gum showed slower release of drug [Figure 1] than those containing HPMC K100M [Figure 2] and HPMC K4M [Figure 3]. This is because of higher degree of swelling due to water uptake and small amount of erosion due to polymer relaxation.

Under experimental conditions, the drug diffusivity in HPMC is higher than in xanthan gum gel. The release of atenolol from all the formulations fitted to different release kinetic models. The comparative effect of three different polymers on the

Table 2: Evaluation of physicochemical parameters of atenolol

Formulation code	Drug content % ± S.D (n=3)	Hardness ± S.D. (n=10)	Floating lag time (min.) ± S.D.	Floating duration (h) (n=3)	Matrix integrity	Swelling index ± S.D (n=3)
F1	98.25 ± 3.01	4.4 ± 0.28	7 ± 1.0	22.7 ± 0.05	Very good	0.771 ± 0.01
F2	102.03 ± 2.45	4.3 ± 0.18	6 ± 0.05	23 ± 1.00	Very good	1.0453 ± 0.01
F3	99.70 ± 3.5	4.5 ± 0.32	5 ± 1.75	24 ± 1.05	Very good	1.5026 ± 0.06
F4	100.81 ± 0.72	4.4 ± 0.31	9 ± 0.01	12 ± 0.05	Very good	0.6215 ± 0.03
F5	97.23 ± 0.25	4.4 ± 0.25	7 ± 0.03	15 ± 0.05	Very good	0.7310 ± 0.00
F6	99.17 ± 1.42	4.6 ± 0.36	6 ± 0.04	17 ± 0.05	Very good	0.9495 ± 0.01
F7	101.47 ± 2.89	4.3 ± 0.18	8 ± 0.17	24 ± 1.00	Very good	1.1277 ± 0.00
F8	100.01 ± 3.01	4.4 ± 0.12	6 ± 0.04	24 ± 0.05	Very good	1.4767 ± 0.018
F9	97.86 ± 3.5	4.5 ± 0.2	5 ± 0.01	24 ± 1.05	Very good	1.7695 ± 0.04

release profile of atenolol from the floating formulations in terms of percentage dissolution efficiency (%DE) showed that formulations containing xanthan gum retarded the release of drug than those containing HPMC K100M and HPMC K4M. It was observed that the formulations having low values of mean dissolution time (MDT) indicated the faster release of drugs than the other formulations [Table 3]. Formulations F2 and F3 were found to follow first order model (r value 0.98 and 0.82 respectively). Formulations F6 showed zero order release model (r value 0.99) while formulations F1, F4, F5, F7, F8 and F9 showed Peppas model (r value 0.96 to 0.99). When the drug

release data was correlated to Korsmeyer Peppas equation that the value of diffusion exponent 'n' (0.52 to 0.99) indicated that the drug release was by Non-Fickian diffusion [Table 4].

Swelling index

The swelling of polymers used (HPMC K4M, HPMC K100M and xanthan gum) were determined by water uptake. It was observed that the swelling indices were increased with increase in polymer concentration. Formulations containing xanthan gum showed higher swelling indices as compared with other formulations containing the same amount of HPMC K4M and HPMC K100M

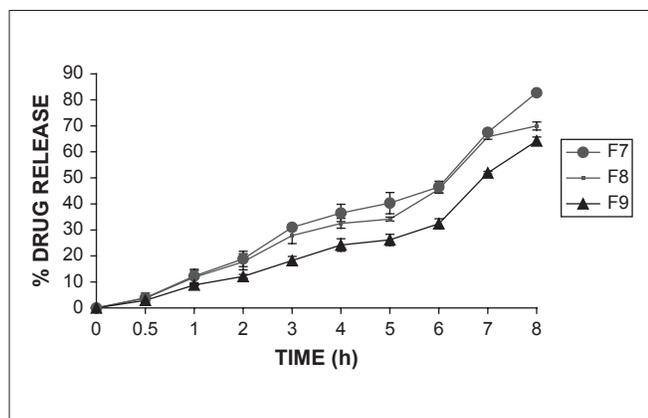


Figure 1: *In vitro* release profile of atenolol from formulations F7, F8 and F9 containing 20, 30 and 40% xanthan gum respectively

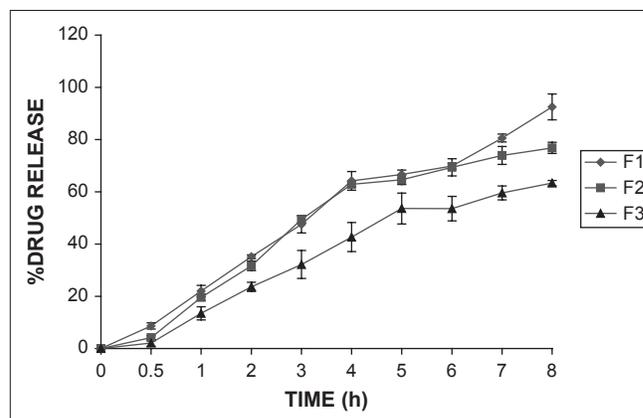


Figure 2: *In vitro* release profile of atenolol from formulations F1, F2 and F3 containing 20, 30 and 40% HPMC K 100 M respectively

Table 3: *In vitro* release profile of atenolol

Formulation code	% Drug release ± S.D.	% DE	MDT
F1	92.50 ± 4.98	53.89	3.95
F2	76.81 ± 2.16	50.88	4.01
F3	63.34 ± 1.02	34.73	4.03
F4	118.07 ± 5.80	58.93	3.02
F5	111.03 ± 5.61	50.73	3.34
F6	64.88 ± 2.07	33.27	3.79
F7	82.71 ± 2.33	36.65	4.49
F8	69.94 ± 1.54	33.68	4.54
F9	61.09 ± 1.54	25.47	5.50

(n = 3), DE- dissolution efficiency, MDT-mean dissolution time

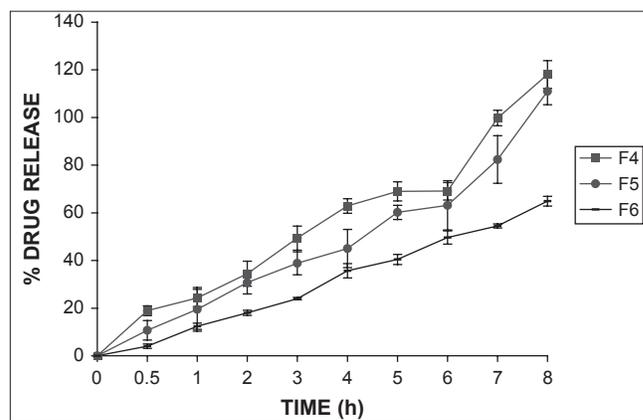


Figure 3: *In vitro* release profile of atenolol from formulations F4, F5 and F6 containing 20, 30 and 40% HPMC K 4 M respectively

Table 4: Analysis of *in vitro* release data of atenolol

Formulation code	Zero order		First order		Korsmeyer - Peppas			Best fit
	r	k	r	k	r	k	n	
F1	0.9600	12.49	0.9385	15.26	0.9849	18.55	0.79	Peppas
F2	0.9328	11.53	0.9834	15.53	0.9538	13.37	0.97	First
F3	0.7800	8.08	0.8228	13.45	0.3085	13.28	0.52	First
F4	0.9697	14.22	0.8835	14.50	0.9718	25.42	0.64	Peppas
F5	0.9597	12.66	0.9586	13.75	0.9699	17.72	0.96	Peppas
F6	0.9944	8.15	0.9867	14.26	0.9881	09.29	0.93	Zero order
F7	0.9805	9.30	0.9055	14.59	0.9836	09.35	0.99	Peppas
F8	0.9823	8.45	0.9453	14.85	0.9828	08.86	0.97	Peppas
F9	0.9139	8.77	0.9733	14.60	0.9945	15.17	0.59	Peppas

r- coefficient of correlation, k- constant, n-diffusion exponent

[Table 2]. This is because during dissolution a tablet containing xanthan gum instantly forms a viscous gel layer that slows down in sweep of dissolution fluid towards the core of matrix tablet. Swelling was a strong enough to avoid premature disintegration

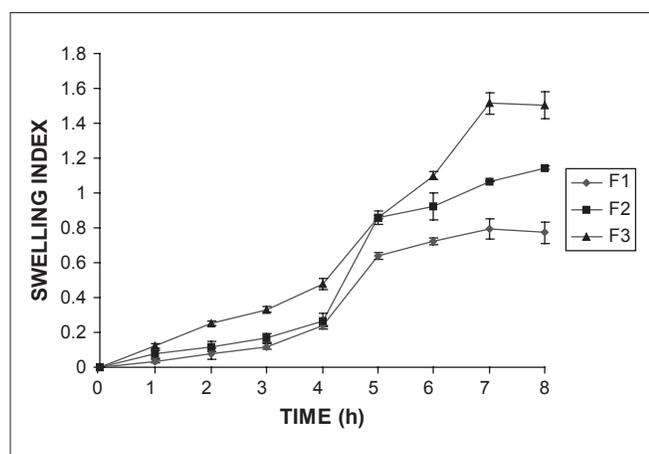


Figure 4: Swelling indices of atenolol from formulations F1, F2 and F3 containing 20, 30 and 40% HPMC K 100 M respectively

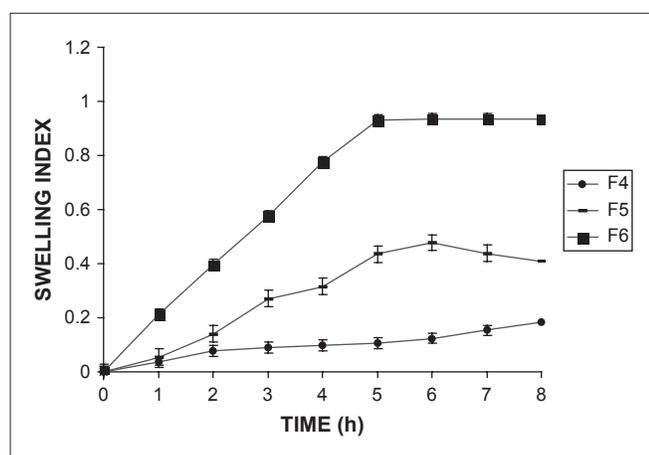


Figure 5: Swelling indices of atenolol from formulations F4, F5 and F6 containing 20, 30 and 40% HPMC K 4 M respectively

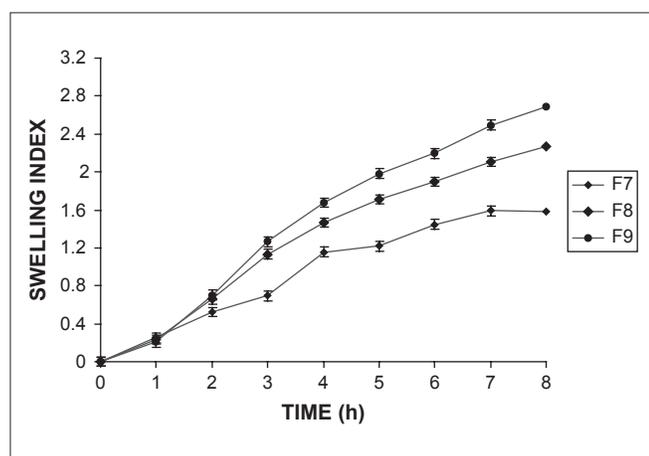


Figure 6: Swelling indices of atenolol from formulations F7, F8 and F9 containing 20, 30 and 40% xanthan gum respectively

as well as burst effect and retarded the release of drug for a long period of time.^[27] The results of these tests are provided in Figures 4-6. Usually swelling is essential to ensure floating. For floating the tablets, there should be appropriate balance between swelling and water uptake. It was observed that HPMC grade also affect the swelling. No effect of effervescence on the swelling index was observed. Swelling index values starts decreasing when polymer erosion starts in medium.^[28]

It can be concluded that lesser floating lag time and prolonged floating duration can be achieved by using the polymer xanthan gum. It was also observed that formulations containing xanthan gum retarded the release of drug as the polymer swelling is crucial in determining the release rate. An inverse correlation between swelling and drug release was observed. It was found that the formulations with maximum swelling indices showed slower release of drugs.

ACKNOWLEDGEMENTS

We are thankful to Dr. R. J. Dias, Principal, Satara College of Pharmacy, Satara, for permitting us to carry out the research work in the laboratory. The authors are also grateful to Flamingo Pharmaceuticals, Mumbai for the gift samples.

REFERENCES

1. Ichikawa M, Watanake S, Yake YM. A new multiple unit oral floating dosage systems: Preparation and *in vitro* evaluation of floating and sustained release characteristics. *J Pharm Sci* 1991;80:1062-6.
2. Yeole PG, Khan S, Shah K. Floating drug delivery system: Need and development. *Int J Pharm Sci* 2005;67:265-72.
3. Chawla G, Gupta P, Koradia V, Bansal AK. Gastro retention, a means to address regional variability in intestinal drug absorption. *Pharm Tech* 2006;50-60.
4. Davis SS. Formulation strategies for absorption windows. *DDT* 2005;10:249-57.
5. Arora S, Ali J, Ahuja A, Khar RK, Baboota S. Floating drug delivery system. *AAPS Pharm Sci Tech* 2005;6:E372-90.
6. Rocca JG, Omidian H, Shah K. Progress in gastro retentive drug delivery system, *Business Briefing: PharmaTech* 2003;5:152-6
7. Talukdar MM, Mooter GV, Augustijns P, Tjandra-Maga T, Verbeke N, Kinget R. *In vivo* evaluation of xanthan gum as potential excipients for oral controlled release matrix tablet formulation. *Int J Pharm* 1998;169:105-13.
8. Choi BY, Park HJ, Hawng SJ, Park JB. Preparation of alginate beads for floating drug delivery system: Effect of CO₂ gas forming agents. *Int J Pharm* 2002;239:81-91.
9. Sungthongjeen S, Paeratakul O, Limmatvapirat S. Preparation and *in vivo* evaluation of a multiple unit floating drug delivery system based on gas formation technique. *Int J Pharm* 2006;324:136-43.
10. Shimpi S, Chauhan B, Mahadik KR, Paradkar A. Preparation and evaluation of diltiazem hydrochloride-gelucire 43/01 floating granules prepared by melt granulation. *AAPS Pharm Sci Tech* 2004;5:1-6.
11. Tanwar YS. Floating microspheres: Development, characterization and application. Available from: <http://www.pharmainfo.net>. [last cited in 2007].
12. Dollery C. *Therapeutic Drugs*. 1st ed. Edinburgh: Churchill Livingstone; 1999. p. A.224-7.
13. Florey K. *Analytical profile of drug substances*. 12th ed. Vol. 13. New Delhi: Reed Elsevier India Pvt. Ltd; 2005. p. 2-25.
14. Chopra S, Patil GV, Motwani SK. Release modulating hydrophilic matrix systems of losartan potassium: Optimization of formulation using statistical experimental design. *Eur J Pharm Biopharm* 2007;66:73-82.

15. Srivastava AK, Wadhwa S, Ridhurkar D. Oral sustained delivery of atenolol from floating matrix tablets- Formulation and *in vitro* evaluation. *Drug Dev Ind Pharm* 2005;31:367-74.
16. Siepmann J, Peppas NA. Modeling of drug release from delivery systems based on hydroxy propyl methyl cellulose (HPMC). *Adv Drug Deli Rev* 2001;48:139-57.
17. Costa P, Lobo JM. Modeling and comparison of dissolution profiles. *Eur J Pharm Sci* 2001;13:123-33.
18. Khan KA. The concept of dissolution efficiency. *J Pharm Pharmacol* 1975;27:48-9.
19. Babu PS, Devi MV, Sankar KM. *In vitro* evaluation of commercial modified release glipizide tablets. *The Indian Pharmacist* 2004;3:65-9
20. Vendruscolo CW, Andrezza IF, Ganter JL, Ferrero C, Bresolin TM. Xanthan and galactomann (From M. Scabrella) matrix tablets based for oral controlled delivery of theophylline. *Int J Pharm* 2005;296:1-11.
21. Banker GS, Anderson NR. *Tablets. The Theory and Practice of Industrial Pharmacy*. 3rd ed. Bombay: Varghese Publishing House; 1998. p. 297-9.
22. Rahman Z, Ali M, Khar RK. Design and evaluation of bilayer floating tablets of captopril. *Acta Pharma* 2006;56:49-57.
23. Hiremath SN, Farhat F, Swamy PV, Ramanamurthy KN. Design and *in vitro* evaluation of hydrodynamically balanced system of famotidine. *Ind Dru* 2007;44:767-71.
24. Missaghi S, Fisshi R. Release characterization of dimenhydrate from an eroding and swelling matrix: Selection of appropriate dissolution apparatus. *Int J Pharm* 2005;293:35-42.
25. *Indian Pharmacopoeia*. Vol. 1. New Delhi: Controller of Publications; 1996: p. 74.
26. Sangalli ME, Maroni A, Foppoli A, Zema L, Giordano F, Gazzaniga A. Different HPMC viscosity grades as a coating agent for an oral time and or site controlled delivery system: Study on process parameters and *in vitro* performances. *Eur J Pharm Sci* 2003;22:469-76.
27. Mirchandani HL, Chien YW, Bruce PD, Senshang L, Shoufeng L. Effect of HPMC and carbopol on the release and floating properties of gastric floating drug delivery system using factorial design. *Int J Pharm* 2003;253:13-22.
28. Jamzad S, Tutunji L, Fisshi R. Analysis of macromolecular changes and drug release from hydrophilic matrix. *Int J Pharm* 1999;292:75-85.

Source of Support: Nil, **Conflict of Interest:** None declared.

Author Help: Reference checking facility

The manuscript system (www.journalonweb.com) allows the authors to check and verify the accuracy and style of references. The tool checks the references with PubMed as per a predefined style. Authors are encouraged to use this facility, before submitting articles to the journal.

- The style as well as bibliographic elements should be 100% accurate, to help get the references verified from the system. Even a single spelling error or addition of issue number/month of publication will lead to an error when verifying the reference.
- Example of a correct style
Sheahan P, O'leary G, Lee G, Fitzgibbon J. Cystic cervical metastases: Incidence and diagnosis using fine needle aspiration biopsy. *Otolaryngol Head Neck Surg* 2002;127:294-8.
- Only the references from journals indexed in PubMed will be checked.
- Enter each reference in new line, without a serial number.
- Add up to a maximum of 15 references at a time.
- If the reference is correct for its bibliographic elements and punctuations, it will be shown as CORRECT and a link to the correct article in PubMed will be given.
- If any of the bibliographic elements are missing, incorrect or extra (such as issue number), it will be shown as INCORRECT and link to possible articles in PubMed will be given.