SNS COLLEGE OF PHARMACY AND HEALTH SCIENCES



Affiliated To The Tamil Nadu Dr. MGR Medical University, Chennai Approved by Pharmacy Council of India, New Delhi.

Coimbatore -641035

COURSE NAME: NOVEL DRUG DELIVERY SYSTEM (BP 706 T)

VII SEM / IV YEAR

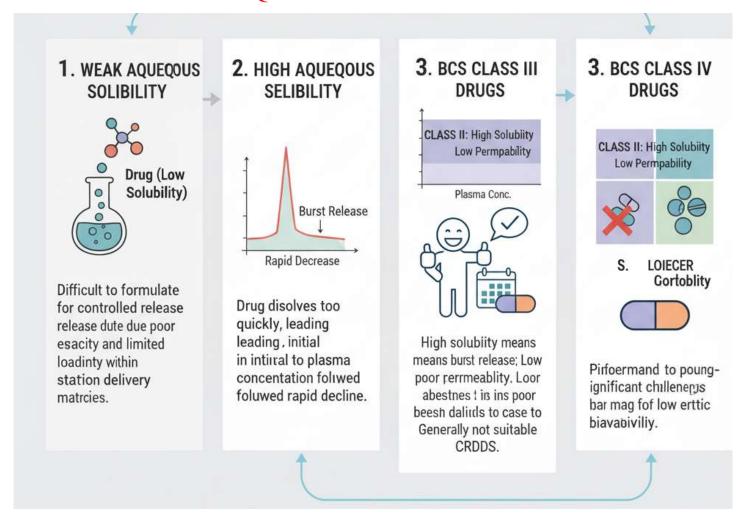
TOPIC 1: CONTROLLED RELEASE DRUG DELIVERY SYSTEM

SUBTOPIC: PHYSIOLOGICAL AND BIOLOGICAL PROPERTIES OF DRUGS

PHYSIOLOGICAL PROPERTIES



AQUEOUS SOLUBILITY

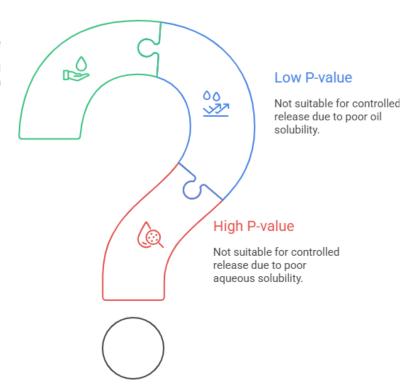


PARTITION COEFFICIENT (P-VALUE)



Appropriate P-value

Suitable for controlled release as it dissolves in both phases.



DRUGPKA



1. DRUG pKa & IONIZATION





Physioigical pH (1-8)

pKa determines drug inotzation at inonation at physiogical phx in in the GIT.

2. HIGHLY IONIZED DRUGS





Poorly absorbed due low membrane permebility.
Difficult to control release rate.

3. POOR CRDDS CANDIDATES

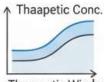


High inoniation lead erratic absorption and permebility.

High inonzation leads erratic absorption and low bioalivability, making them unisitable for CRDDS.

4. NON-IONIC DRUGS



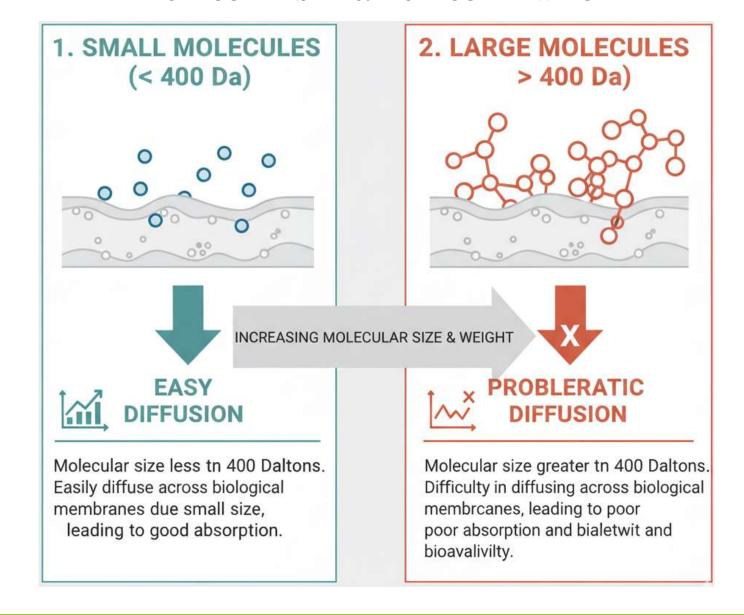


Therapetic Window

Well-absorbed and better canidiaets for CRDDS due higher membrane permebility.

MOLECULAR SIZE & MOLECULAR WEIGHT





PROTEIN BINDING



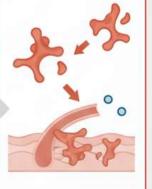




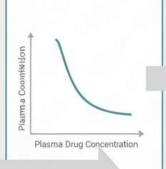
Drug molecules (blue) bind to to large plasma proteins, forming complexes.

Molecular size tn Eaily to large plasma rres due small size, leading good absorption.

2. ACTS AS RESERVOIR



3. INCREASED BIOLOGICAL HALF-LIFE



INCREASING MOLECULAR SIZE & WEIGHT



The drug-protein complex acts a reservor, slowl relffusing slowl releasing fon free free drug. High protein Drug biological Half-life.

High protein binding reduces extended clearance, increasined inceasing the pootime to poor drug stay stays in the dro the body.

4. POOR CRDDS CANDIATE





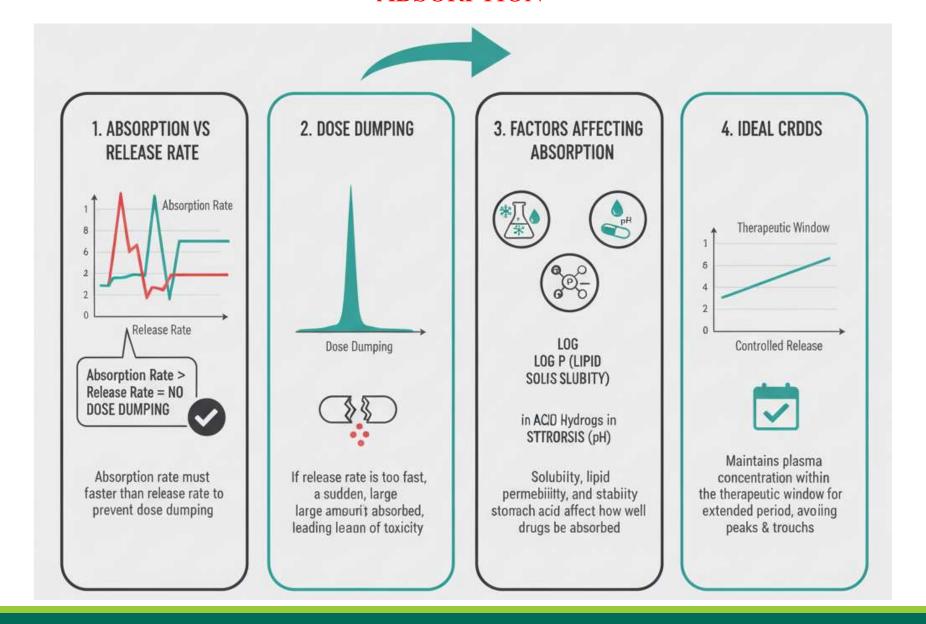


PROBLERATIC DIFFUSION

Not ideal for Not ideal for CRDDS. Already has extende deesign difficult diffult and potentiblly redudndanct.

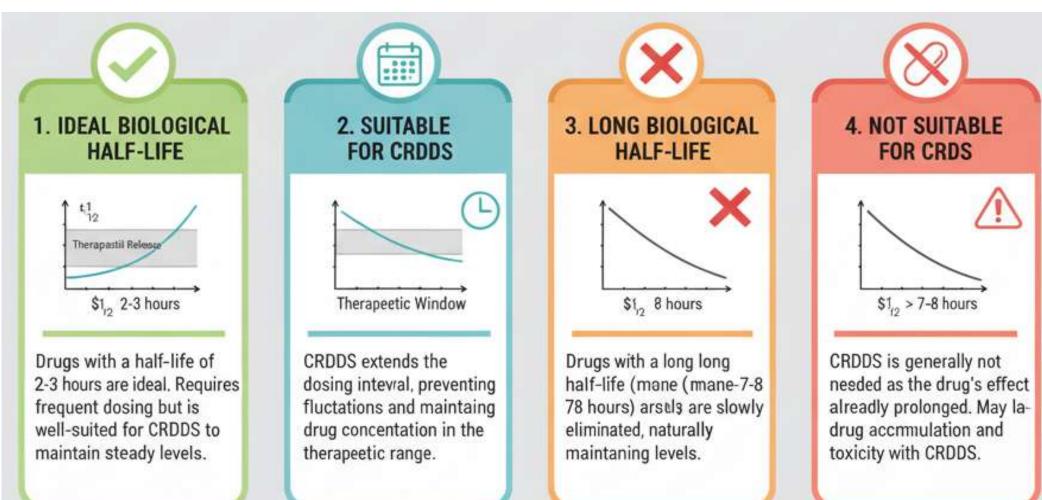
ABSORPTION





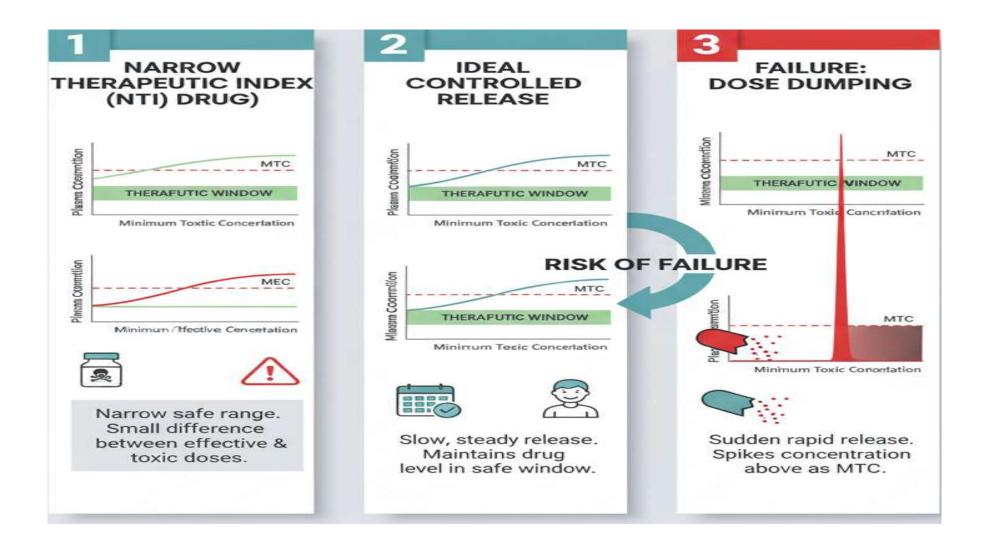
BIOLOGICAL HALF-LIFE





Therapeutic window

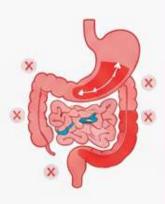




ABSORPTION WINDOW



NARROW ABSORPTION WINDOW



Drug absorbed only in a specific, limitific, limited part of GIT. High risk of inconplete absorption. 2

POOR CRDDS CANDATE



Difficult to maintain stable plasma levels. Much the drug may of pass unabored if release occurs outside outside window 3

WIDE ABSORPTION WINDOW



Drug absorved throughaut a large portion a the trition of GIT. Ensures continuous uptake. GOOD ABSORPTION WINDATE



Ideal for CRDDS.
Steady release
matches continoous
absorption, maintaning
therapeetic levels.

ASSESMENTS

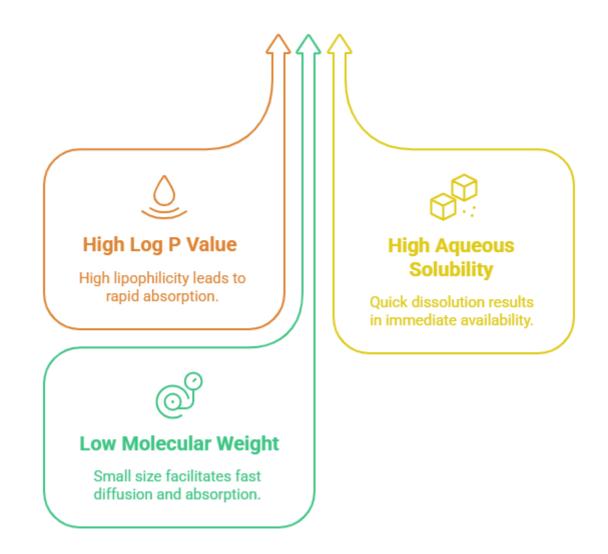


1. Which drug characteristic is most likely to lead to a "burst release" followed by a rapid spike in plasma concentration, making controlled release design difficult?



Factors Influencing Drug Release





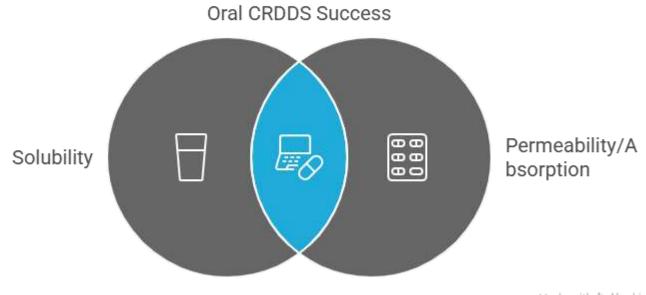


2.BCS Class III (High Solubility, Low Permeability) and Class IV (Low Solubility, Low Permeability) drugs are generally considered poor candidates for oral CRDDS because of issues with which key pharmacokinetic process





Overcoming Oral CRDDS Challenges



Made with 🝃 Napkin



3.A drug with a pKa value that results in it being highly ionized at the physiological pH of the Gastrointestinal Tract (GIT) is considered a poor candidate for CRDDS due to which reason?

07-11-2025





Non-ionized drugs are better absorbed in the GIT.





Poor Membrane Permeability

Non-ionized Drug

Ionized Drug

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REFERENCES



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