

concentration–time curve from time zero to time infinity (AUC) of OH–CZX was significantly greater (733 versus 1900 $\mu\text{g} \cdot \text{min}/\text{mL}$), $\text{AUC}_{\text{OH-CZX}}/\text{AUC}_{\text{CZX}}$ ratio was considerably greater (24.5 versus 105%), C_{max} of OH–CZX was significantly higher (6.20 versus 20.6 $\mu\text{g}/\text{mL}$), V_{max} (0.923 versus 1.83 $\text{nmol}/\text{min}/\text{mg}$ protein), and CL_{int} (0.0240 versus 0.0337 $\text{mL}/\text{min}/\text{mg}$ protein) were significantly faster than those in control rats. It could also be expected that increased formation of OH–CZX in rats with dehydration could decrease in rats with glucose supplementation. This was also proven in the following results. In rats with glucose supplementation, AUC of OH–CZX was significantly smaller (1900 versus 1050 $\mu\text{g} \cdot \text{min}/\text{mL}$), $\text{AUC}_{\text{OH-CZX}}/\text{AUC}_{\text{CZX}}$ ratio was significantly smaller (105 versus 34.3%), C_{max} was significantly smaller (20.6 versus 8.08 $\mu\text{g}/\text{mL}$), total amount excreted in 24–h urine as unchanged OH–CZX was significantly smaller (62.3 versus 42.7%), V_{max} (1.83 versus 1.04 $\text{nmol}/\text{min}/\text{mg}$ protein), CL_{int} (0.0337 versus 0.0204 $\text{mL}/\text{min}/\text{mg}$ protein) were significantly slower than those in rat with dehydration.

[PE2–11] [04/18/2003 (Fri) 09:30 – 12:30 / Hall P]

BIOEQUIVALENCE EVALUATION OF RISPERIDONE 2 MG TABLETS IN HEALTHY MALE KOREAN VOLUNTEERS

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The purposes of this study were to evaluate bioequivalence (BE) using \ln -transformed pharmacokinetic parameters obtained from two risperidone products and to develop the analytical methods for the quantitative determination of risperidone in human serum. In addition, the in vitro dissolution profiles of the two risperidone products in various dissolution media: pH 1.2, 4.0, 6.8 and water (KP VII Apparatus II method) were assessed. BE was evaluated in 24 healthy male Korean volunteers in randomized crossover study. Single oral dose of 2 mg of each product was administered after overnight fasting. Blood samples were collected at predetermined time intervals and the concentrations of risperidone in serum were determined using HPLC method with UV detection. The dissolution profiles of two risperidone tablets were very similar at all dissolution media. Besides, the pharmacokinetic parameters such as AUC_t , C_{max} and T_{max} were calculated and ANOVA test was utilized for the statistical analysis of the parameters using logarithmically transformed AUC_t , C_{max} and untransformed T_{max} . The results showed that the differences in AUC_t , C_{max} and T_{max} between two tablets based on the Risperdal[®] were –0.22%, 4.91% and –0.68%, respectively. And also, the 90% confidence intervals were within the acceptance range of $\log(0.8)$ to $\log(1.25)$ (e.g., 0.95~1.15 and 0.99~1.18 for AUC_t and C_{max} , respectively). Consequently, all parameters met the criteria of KFDA guideline for bioequivalence, indicating that Risperidone tablet is bioequivalent to Risperdal[®] tablet.

[PE2–12] [04/18/2003 (Fri) 09:30 – 12:30 / Hall P]

Effect of Intravenous Infusion Time on the Pharmacokinetics and Pharmacodynamics of the Same Total Dose of Torasemide in Rabbits

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The pharmacokinetics and pharmacodynamics of torasemide were evaluated after an intravenous

administration of the same total dose of torasemide at a dose of 1 mg/kg to rabbits with different infusion times, 1 min (treatment I), 30 min (treatment II), and 2 h (treatment III). The loss of water and electrolytes in urine induced by torasemide was immediately replaced with infusion of equal volume of lactated Ringer's solution. All of the pharmacokinetic parameters of torasemide were independent of infusion times. For example, the mean values of terminal half-life (13.3, 13.7, and 15.8 min for treatments I, II, and III, respectively), total area under the plasma concentration-time curve from time zero to time infinity (108, 74.4, and 101 $\mu\text{g min/ml}$), total body clearance (9.30, 13.4, and 10.0 ml/min/kg), and apparent volume of distribution at steady state (117, 181, and 148 ml/kg) were not significantly different among three treatments. However, 8-h urine output (235, 534, and 808 ml) and 8-h urinary excretion of sodium (24.2, 80.1, and 89.2 mmol) and chloride (27.1, 89.2, and 94.0 mmol) were significantly greater in treatments II and III than those in treatment I although the total amount of 8-h urinary excretion of unchanged torasemide (1210, 1210, and 1310 μg) were not significantly different among three treatments. This could be due to the higher diuretic efficiencies in treatments II and III.

[PE2-13] [04/18/2003 (Fri) 09:30 - 12:30 / Hall P]

Determination of a histone deacetylase inhibitor SD-2007 by LC/MS and application to a pharmacokinetic study in rats

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SD-2007 is an apicidin analogue, possessing a potent histone deacetylase inhibiting activity. A rapid and sensitive LC/MS method was developed for the determination of SD-2007 and its major active metabolite, apicidin, in rat serum. SD-2007 and apicidin were extracted by liquid-liquid extraction using methyl t-butyl ether. SD-2007 and apicidin were monitored in a SIM mode at m/z of 679 and 622, respectively. The chromatographic run time was 7 min and the limit of quantitation was 1 ng/ml for both SD-2007 and apicidin. This method was applied to a pharmacokinetic study after i.v. (8 and 12 mg/kg doses) and oral (40 mg/kg dose) administration of SD-2007 in rats. The $t_{1/2}$ and V_{ss} ranged from 34.9-35.4 min and 3.1-3.4 L/kg, respectively, for SD-2007, and these values were similar to those found for apicidin. The absolute oral bioavailability of SD-2007 was low ($2.0 \pm 1.7\%$). However, AUC and C_{max} values of the active metabolite, apicidin, were >27-fold greater than those of the parent compound.

[PE2-14] [04/18/2003 (Fri) 09:30 - 12:30 / Hall P]

Effects of the rate and composition of fluid replacement on the pharmacokinetics and pharmacodynamics of intravenous torasemide

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The effects of differences in the rate and composition of intravenous fluid replacement for urine loss on the pharmacokinetics and pharmacodynamics of torasemide were evaluated using rabbits as the animal model. Each rabbit received 2-h constant intravenous infusion of 1 mg/kg of torasemide with 0% replacement (treatment I, n = 6), 50% replacement (treatment II, n = 9), and 100% replacement with lactated Ringer's solution (treatment III, n = 8) as well as with 100% replacement with 5% dextrose in water (D-5-W, treatment IV, n = 6). Total body (4.53,