Drug Ionization, pKa vs pH Membrane Permeability

**Henderson–Hasselbalch equation** 

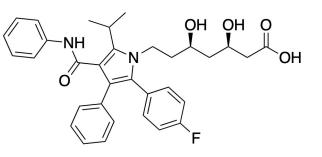
# **Drug Physico-Chemical Properties**

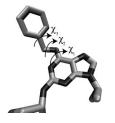
- Ionization (pH, pKa)
- Lipophilicity (logP)
- Solubility in water ( logS<sub>0</sub>)
- Stability. Metabolic stability in human liver microsomes
- Size (MW, Da, number of atoms)
- Flexibility

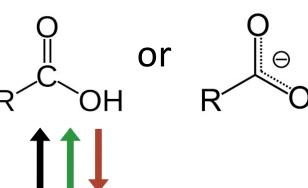


Which groups are charged at pH = 7.4? What is LogD?

Is it going to be water soluble? What about the GI environment?



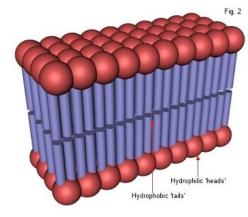




Opposite requirements: Drugs may need to be **neutral** to permeate and **charged** to act

- Solubility and absorption of a drug are highly variable and require opposite properties
- It depends on the chemical nature of the drug, pH, concentrations
- Dissolution, absorption and distribution depend on the charge of the drug
- In most cases the *neutral form* of a drug can *passively permeate* the membrane
- Every exposed charge matters (rather than the mean). Zwitterions do not help
- Active transport may change things : hijacking the bio-traffic

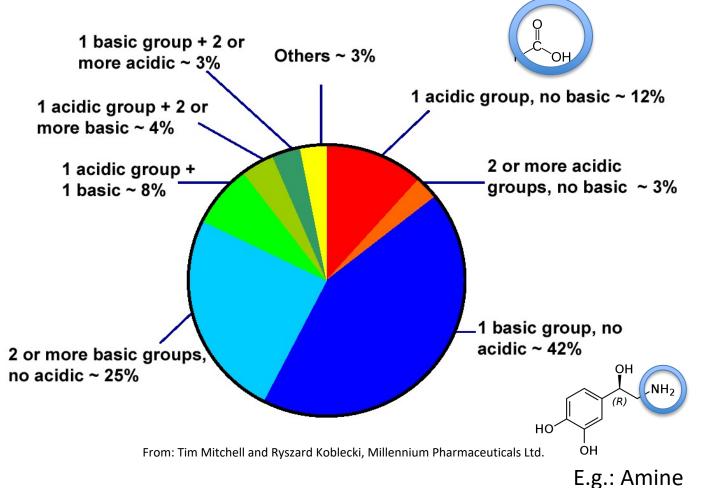




#### Most drugs have ionizable groups

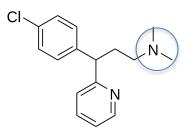
Acid  $\Leftrightarrow$  H<sup>+</sup> + Base

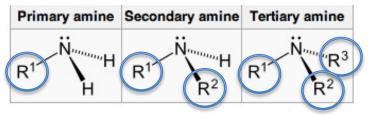
- From about 55K drugs in WDI, 63% (~32K) are ionizable.
- 2/3rds have one or more basic group.



E.g.: Carboxylic acid

## **Amines in Drugs: Examples**





Lone pair or H+ depending on the pH

Amines become additionally protonated and positively charged at pH less than  $pK_a$  of that amine

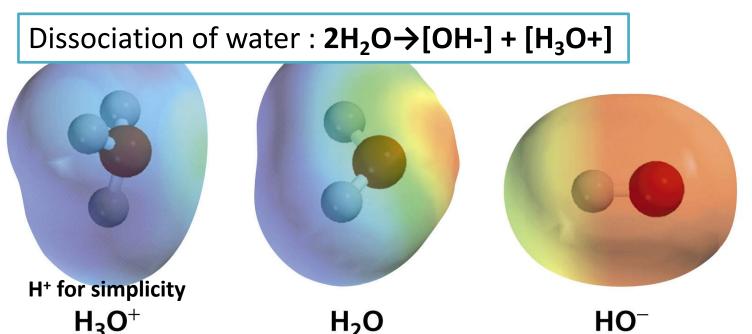
**pK**<sub>a</sub> is **pH** at which 50% are protonated and 50% deprotonated

- Chlorpheniramine : an antihistamine.
- Chlor*promazine* : a tranquillizer
- Ephedrine and phenylephrine :decongestants.
- Amphetamine, methamphetamine, and methcathinone : psycho-stimulant amines
- Amitriptyline, imipramine, lofepramine and clomipramine : tert. amines, tricyclic antidepressants (TCA) ad.
- Nortriptyline, desipramine, and amoxapine : secondary amines, tricyclic antidepressants

Most atoms stay covalently bonded, but hydrogen is an exception

Hydrogen ions jump:

- Between water molecules
- Between drugs and water molecules
- Between both and acids/bases in solution



Log-measure is convenient for a large range of concentrations, pH and pK<sub>a</sub>

#### Hydroxonium molarities range from 1 to 10<sup>-14</sup> M

Use the "p" (power) operator:  $p \Rightarrow -log_{10}$ 

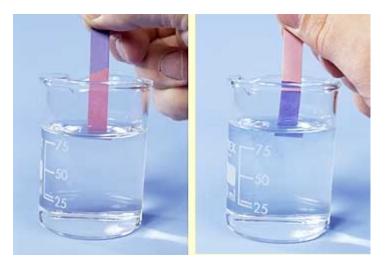
$$pH = -\log_{10}[H_3^+O]$$

# рН

- **pH** (power of Hydrogen ion) is a measure of [H3O+] molarity.
- pH ≡ −log<sub>10</sub>[ a<sub>H+</sub> ],
- a<sub>H+</sub> is activity of water ("effective concentration")
- $a_{H+} \approx [H+]$ , i.e. molarity of hydroxonium ions, in M=mol/L
- Example: lemonade has [H+] ~ 0.005M, pH ≈ -log<sub>10</sub>(0.005) ≈ 2.3

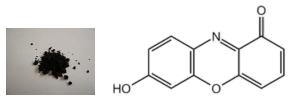
## Acidity, Body and Drugs

- Litmus test (**pH** indicator)
- **pH** is a log-measure of proton (or H<sub>3</sub>O<sup>+</sup>)
  *concentration*



below pH 4.5 above pH 8.3 4.5  $\leftrightarrow$  8.3





Litmus is a water-soluble mixture of different dyes extracted from lichens.

Chemical structure of 7-hydroxyphenoxazone, the chromophore of litmus components

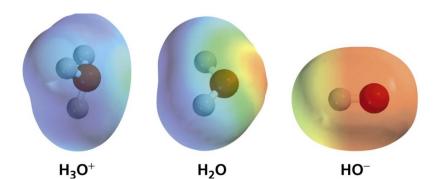




Lichens: Fungus + Alga or cyanobacterium

#### Self-ionization of water

•  $2H_2O \rightarrow [OH-] + [H_3O+]$ 



- K<sub>w</sub>=[H<sub>3</sub>0+][OH-], dissociation constant via molarities of two ions.
- Warning! K<sub>w</sub> is NOT a standard equilibrium constant, since the [H2O]<sup>2</sup> is omitted.
- Water molarity will also be omitted in K<sub>a</sub> later
- $K_w = 10^{-14} \text{ (mol/L)}^2$

$$[H_3O+]_{pure w} = 10^{-7} M pH=7$$

- Low pH : many free protons/H<sub>3</sub>O<sup>+</sup>
- High pH : few free protons/H<sub>3</sub>O<sup>+</sup>

## Acid-Base Imbalances

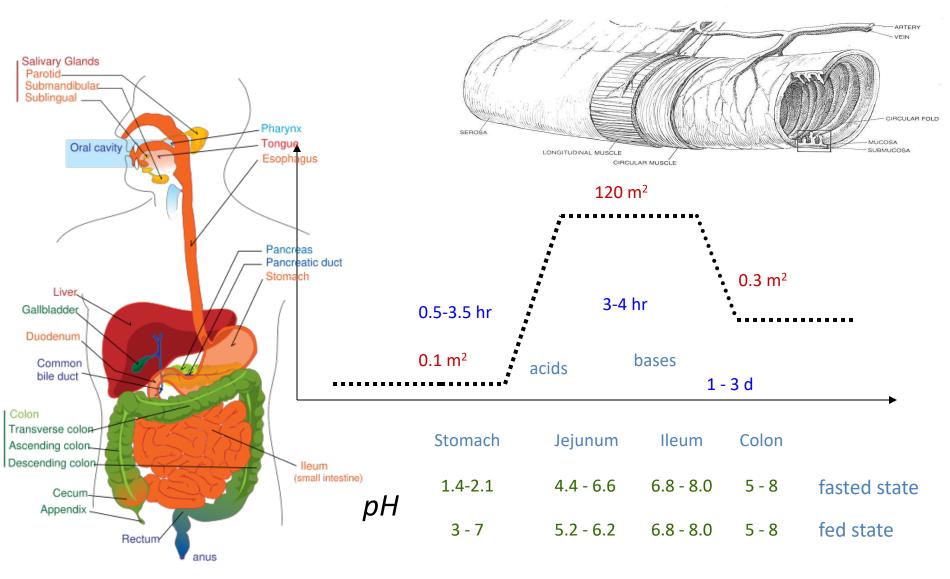
- Blood *plasma* is slightly alkaline or basic at pH=7.4
- Body compartments and cell compartments may have different pH values
- Plasma Acidosis
  - High blood [H<sup>+</sup>]
  - Low blood pH, <7.35</li>
- Plasma Alkalosis
  - Low blood [H<sup>+</sup>]
  - High blood pH, >7.45

Site	Nominal pH
Aqueous humour	7.21
Blood, arterial	7.40
Blood, venous	7.39
Blood, maternal umbilical	7.25
Cerebrospinal fluid	7.35
Duodenum	5.5
Faeces <sup>b</sup>	7.15
lleum, distal	8.0
Intestine, microsurface	5.3
Lacrimal fluid (tears)	7.4
Milk, breast	7.0
Muscle, skeletal <sup>c</sup>	6.0
Nasal secretions	6.0
Prostatic fluid	6.45
Saliva	6.4
Semen	7.2
Stomach	1.5
Sweat	5.4
Urine, female	5.8
Urine, male	5.7
Vaginal secretions, premenopause	4.5
Vaginal secretions, postmenopause	7.0

<sup>a</sup> Reproduced from D. W. Newton and R. B. Kluza, *Drug Intell. Clin. Pharm.*, 12, 547 (1978).

<sup>b</sup> Value for normal soft, formed stools, hard stools tend to be more alkaline, whereas watery, unformed stools are acidic.

#### Absorption in GI tract, from pH of 1.4 to 8



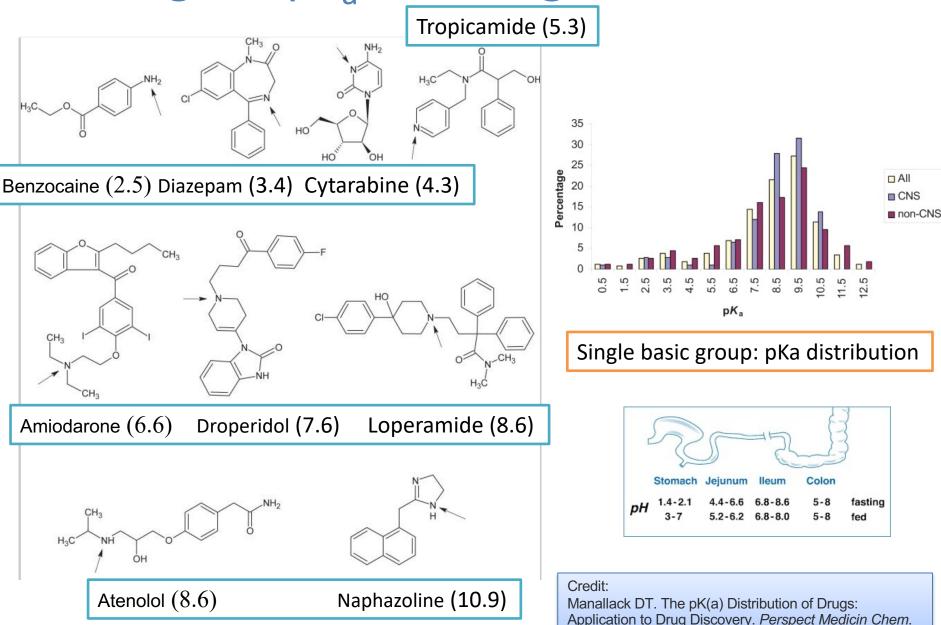
Dressman, Amidon, Reppas, Shah, Pharm. Res. 1998, 15, 11.

Acids and Bases, K<sub>a</sub> and pK<sub>a</sub> We'll consider only Bronsted equilibria. E.g.,  $HAc + H_2O \Leftrightarrow H_3O^+ + Ac^ NH_{4}^{+} + H_{2}O \Leftrightarrow H_{3}O^{+} + NH_{3}$ or, more generally, Acid +  $H_2O \Leftrightarrow H_3O^+$  + Base which has the *acidity constant K<sub>a</sub>* ([H<sub>2</sub>O] is omitted, as in  $K_{w}$ )  $K_{a} = \frac{a(H_{3}O^{+})a(Base)}{a(Acid)}$  $pK_{a} = -\log_{10}K_{a}$ 

## pKa of some functional groups

phosphates (DNA) 1.5, 6.5 carboxylates (Asp, Glu, C-ter) 3.5-5 phenols (Tyr) 9.5-11 sulfhydryls (Cys) 8.4 (charged near metals) hydroxyls (Ser, Thr) 13.5 amines 2.5-11 imidazole (His) 6-7 amino (Lys, N-term) 10.5 guanidinium (Arg) 12.5

#### Range of pK<sub>a</sub>s for drugs with amines



Groups are shown by arrows, pK<sub>2</sub> values in parentheses

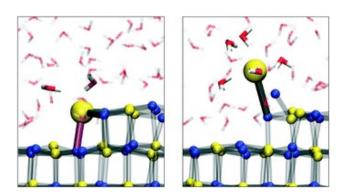
Application to Drug Discovery. Perspect Medicin Chem. 2007;1:25-38. Published 2007 Sep 17.

# Solubility

- S = [concentration of a saturated solution]
- Units: g/dL, g/L, mol/L
- Like dissolves like
- Polar solutes dissolve in polar solvents.
- Nonpolar solutes dissolve in nonpolar solvents.
- Need to predict or measure pKa (s) since charged groups help water solubility and conflict with fat solubility.



Suspension

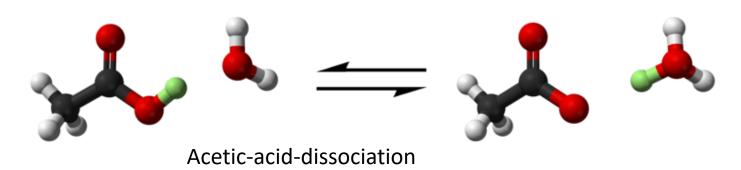


Precipitate

From: LM Liu, A. Laio and A. Michaelides *Phys. Chem. Chem. Phys.*, 2011, 13, 13162

## Drug Solubility depends on pH, pK<sub>a</sub>s

- For each drug, water and fat solubility vary.
- Relative solubilities depend on Chemical structure of the drug pH of the solution pKa values of the drug groups
- Solubility percentages depend on ionization ratios



# Solubility, pH and pKa diagram

	[H+] Excess	[н+] Deficiency
Drug pKa	Solution pH	
	<7 (Acidic solution)	>7 (Basic solution)
<7 (Acidic drug, charge is -1 or 0)	pKa > pH Un-ionized, Fat soluble	pKa < pH (-) lonized, Water soluble
>7 (Basic drug, charge is 0 or +1)	pKa > pH (+) lonized, Water soluble	pKa < pH (0) Un-ionized, Fat soluble

Caution: In most information sources and databases the drug groups ionized at pH=7.4 groups will still be shown as neutral.



Norepinephrine in its unnatural neutral form

Henderson-Hasselbalch equation: calculating charged fraction

- The difference between the pH of the solution and the pK<sub>a</sub> of the drug is the common logarithm of the ratio of ionized to unionized forms of the drug.
- For acidic drugs  $Log(lonized/Unionized) = pH - pK_a, or$   $[l]/[U] = 10^{(pH-pKa)}$  $K_a = [H+][A-]/[HA]$

 $K_a = [H+][A-]/[HA]$ -log  $K_a = -log([H+][A-]/[HA])$ -log  $K_a = -log[H+] - log ([A-]/[HA])$  $pK_a = pH - log ([A-]/[HA])$ **log ([A-]/[HA]) = pH - pK**<sub>a</sub> H.H.: a quantitative evaluation of charged/un-charged ratio

- Most drugs are weak acids or weak bases
- It is not all or nothing, there are always several species at different concentrations

$$\log\left(\frac{[A^{-}]}{[HA]}\right) = pH - pKa$$
$$\log\left(\frac{[B]}{[BH+]}\right) = pH - pKa$$

 For drugs with multiple acidic or basic groups there is a cross-dependence