



Validation of a Method for Simultaneous Determination of Acetaminophen and Caffeine by HPLC in Different Pharmaceutical Forms: Tablet, Capsule and Sachet

M. Radi¹, Y. Ramli^{2*}, M. El Karbane¹, S. Marzak³, K. Bougrin³,
K. El Bourkadi⁴, F. Ouazzani Chahdi⁴, S. Issmaili¹, K. Bakhous¹, A. Ben Ali¹

¹National Medicines Control Laboratory, Rue Lamfadal Charkaoui Madinat Al Irfane BP 6206/ Rabat - Morocco.

²Medicinal Chemistry Laboratory, Faculty of Medicine and Pharmacy, Mohammed V University - Rabat - Morocco

³Laboratoire de Chimie des Plantes et de Synthèse Organique et Bioorganique, Faculté des Sciences, Mohammed V University - Rabat - Morocco

⁴Laboratoire de Chimie Organique Appliquée, Université Sidi Mohamed Ben Abdallah, Faculté des Sciences et Techniques

Received 08 Feb 2016, Revised 06 Apr 2016, Accepted 15 Apr 2016

*Corresponding author. E-mail: yramli76@yahoo.fr (Y. Ramli)

Abstract

A simple, fast, economical, accurate, precise and reproducible RP – HPLC method was developed for the simultaneous estimation of acetaminophen (AAPH) and caffeine (CAF) in starting material and pharmaceutical dosage forms. The method was validated in terms of specificity, linearity, precision accuracy, and robustness. The proposed method's results were found to be satisfactory and are suitable for determination of acetaminophen and caffeine for routine quality control of drugs in formulations.

Keywords: acetaminophen, caffeine, HPLC, validation.

1. Introduction

Acetaminophen (AAPH), in figure 1, is the active ingredient of many drug specialties of the class of non-salicylate antipyretic analgesics. Chemically it is a N-(4-hydroxyphenyl)acetamide. It is indicated for the symptomatic treatment of fever and low to moderate pain, alone or in association with other analgesics. In contrast to non-steroidal anti-inflammatory drugs and in particular aspirin, it is devoid of anti-inflammatory properties and does not act on platelet aggregation. Caffeine (CAF), chemically described as 1,3,7-trimethyl-1H-purine-2,6(3H,7H)-dione (Fig. 2) is an alkaloid of the methylxanthine family, present in many foods, which acts as a stimulant psychotrope and as a mild diuretic.

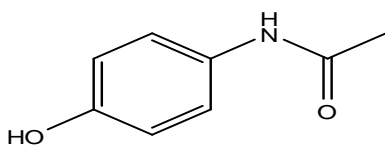


Figure 1: Structure of acetaminophen (AAPH)

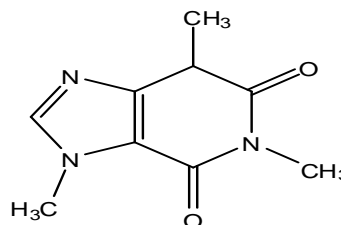


Figure 2: Structure of caffeine (CAF)

Acetaminophen and caffeine-based medicines are available in different pharmaceutical forms; for example: Claradol 500mg Caffeine (Bayer Health Care), Exidol (Galephar), Theinol (Bailly-Creat). Currently, measurement of these molecules in the finished products is done through various methods such as UV, HPLC ...

[1-17]. Hence, the present investigation was aimed at developing a fully validated HPLC-PDA(Photodiode Array) method for the simultaneous estimation of acetaminophen and caffeine in different pharmaceutical forms.

We propose a simple and rapid analytical method for the determination of these active ingredients in these pharmaceutical forms[19,20]. The aim of such a move is to help laboratories and Drug specialist's pharmaceutical industry, to reduce the time and cost of analysis and subsequently minimize chemical releases.

In this work, we developed and validated according to ICH Q2B guidelines strategy [21] (International Conference on Harmonization), a simple and rapid RP-HPLC method. It is specific, linear, accurate, precise and robust.

2. Experimental

2.1. Apparatus:

The chromatographic systems used is constituted by a Waters 2695 pump, an auto sampler and a Waters 2998 PDA detector. Spectra Manager software and Empower Software data registration were used for all absorbance measurements. The Mettler Toledo scale was manufactured Switzerland.

2.2. Reagents and standards:

The standard used for the determination of acetaminophen is a working standard having a purity of 100.5% and the water content of 0.1% and that of caffeine was 99.8% purity and water content is 0.11%. The only reagent used is methanol which is HPLC grade was supplied from Sigma - Aldrich (Germany).

The placebo used in the validation process consists of the usual excipients present in the commercial formulation: povidone, colloidal anhydrous silica, magnesium stearate, sodium saccharinate, gelatine capsule, lactose and talc.

2.3. Chromatographic conditions:

The chromatographic conditions are gathered in the table 1. The mobile phase was filtered through a 0.45- μ m Millipore filter and degassed by vacuum prior to use.

Table 1: Chromatographic conditions of the method

Column	Symmetry RP18 Column, 150 mm \times 4.6 mm, 3.5 μ m.
Flow rate	1 ml/min
Temperature	25°C
Wavelength	275nm
Injection volume	10 μ l
Mobile phase	(Methanol / Distilled water): (30% / 70%) vol/vol
Dilution medium	Distilled water
Sample stability	24 hours at room temperature

3. Results and discussion

3.1 The specificity of the chromatographic method:

The specificity of the method was confirmed by the absence of potential interference caused by the excipients with acetaminophen and caffeine, by comparing the chromatograms of the blank, placebo, active ingredient alone (AIA), and that of the reconstituted pharmaceutical form (FPR) (Figure 2a)

The purity angles of acetaminophen and caffeine peaks are lower than the threshold (AAPH : 1.340 < 2.476; CAF: 0.281 < 0.285) (Figure 2b). This shows that the method is capable of easily assaying acetaminophen and caffeine in the presence of these excipients.

3.2 Linearity

The linearity of the method was determined by preparing 3 series of five minimum concentrations (70%, 85%, 100%, 115%, 130%) of the target concentration (500 μ g/mL of acetaminophen and 50 μ g/ml of caffeine) of the active ingredients alone (AIA) and reconstituted pharmaceutical form (FPR) (Fig. 3).

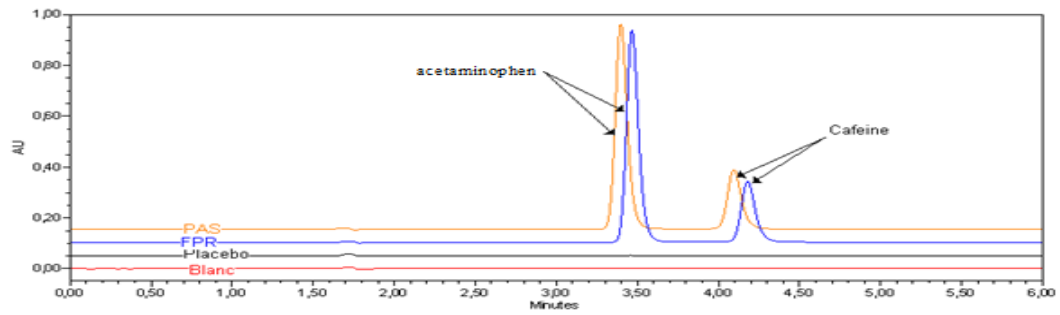


Figure 2a: Chromatograms of Blank, Placebo, AIA and FPR.

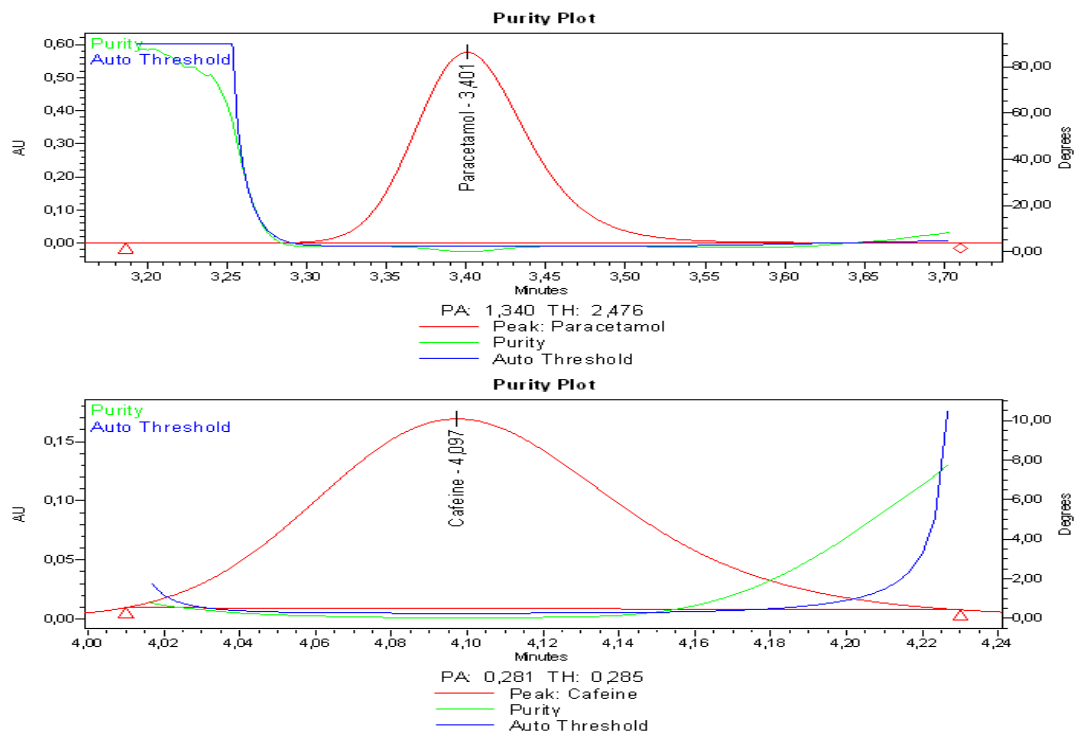


Figure 2b: Chromatographic purities of AAPH and CAF

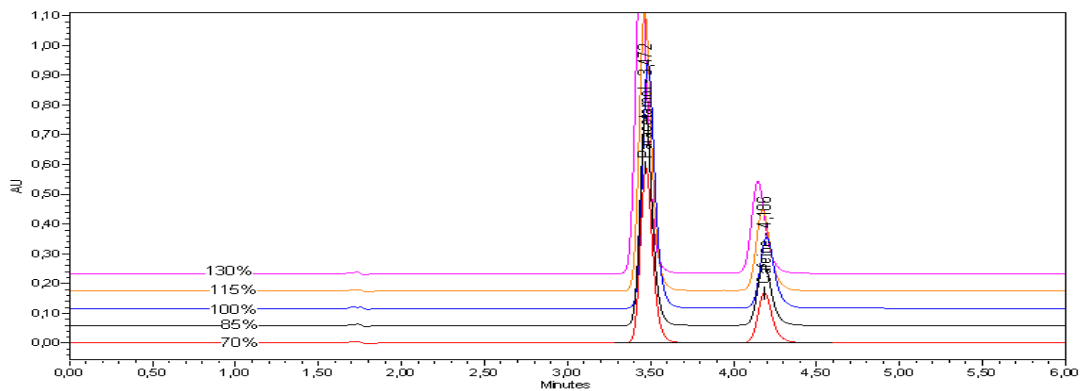


Figure 3: Chromatograms of the linearity study of the method

The average of each injection zone and graphing the average peak relative to the actual concentration of each solution (Figures 4 and 5). The regression equations of AIA and FPR are linear for acetaminophen and caffeine (Table 2 and Figures 3, 4).

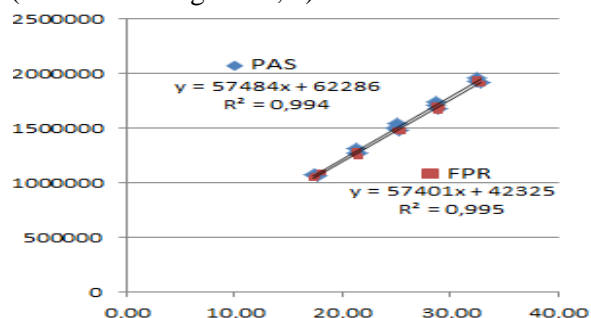


Figure 4: Linearity of CAF

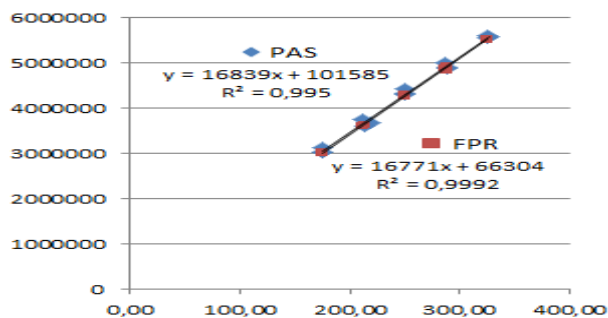


Figure 5: Linearity of AAPH

Table 2: Study of the linearity of the method.

	CAF		AAPH	
	PAS	FPR	PAS	FPR
Regression equations	$y=57484x + 62286$	$y=57401x + 42325$	$y=16839x + 101585$	$y=16771x + 66304$
Slope : a	57484	57401	16839	16771
Intercept: b	62286	42325	10158	66304
Correlation coefficient: r²	0.994	0.995	0.995	0.999
Confidence interval of a	Max=60069.47 Min=54938.28	Max=59738.00 Min= 55114.96	Max=17542.79 Min= 16138.53	Max=17039.59 Min=16502.92
Confidence interval of b	Max=127479.85 Min= -3883.28	Max=101105.75 Min= -17720.41	Max= 281074.85 Min= -78787.95	Max=134809.50 Min= -2451.48

3.3 Precision (repeatability and intermediate precision).

The repeatability and the intermediate precision were validated as described in the ICH guidelines Q2B [16] by performing 3 series (3 different operators) of six samples each containing 100% of active ingredients in a reconstituted pharmaceutical form. (Figure 6).

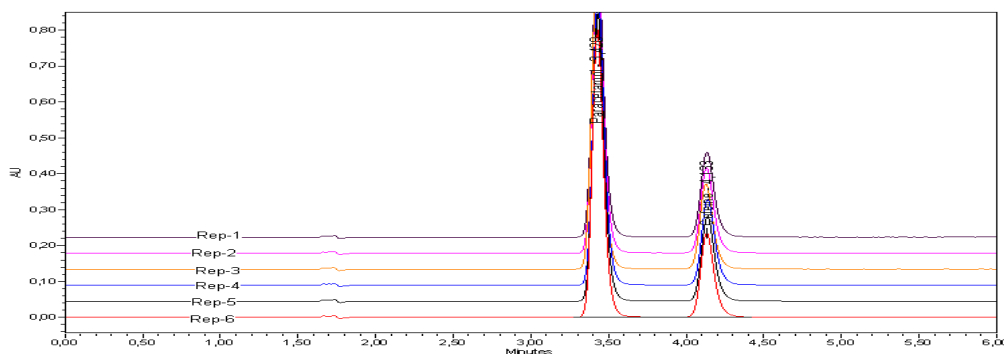


Figure 6: Chromatograms of the repeatability study of the method.

The relative standard deviations of repeatability and intermediate precision of the two active ingredients are less than 2% (Table 3), and we can conclude that the analytical method chosen is precise.

Table3: Study of the precision of the method.

	CAF	AAPH
Repeatability	RSD _r = 0.95%	RSD _r = 0.57%
Intermediateprecision	RSD _{IP} = 0.89%	RSD _{IP} = 0.53%

3.4 Accuracy

The accuracy of the method was determined on 3 series (3 different operators) of their constituted pharmaceutical form having five concentration levels (70%, 85%, 100%, 115% and 130%) of the target concentration. The average recovery of the two active ingredients and the confidence interval of the measurement are reported in Table 4. They are all included in the standard values fixed by the European Pharmacopoeia (95% and 105%), therefore the method of assay is accurate.

Table4: Study of the accuracy of the method.

	CAF	AAPH
Average recovery	99.18%	98.93%
Confidence interval	[98.19 - 100.17]	[98.52 - 99.34]

3.5. Robustness

The robustness of the method was studied by changing several experimental parameters: the changes in the method such as changing the eluant flow rate of 0.1 mL/min that is to say a value of 0.9 ml/min and 1.1 ml/min), the temperature of the column (5°C of the set point namely : 20°C and 30°C), the composition of the mobile phase (methanol/distilled water) (25/75% and 35/65%), the detection wavelength (272 and 278 nm) and different column trademarks (Table 5). From the results of the number of theoretical plates, asymmetry factor, resolution, content and RSD, due to the variation of these parameters, we can conclude that the method is robust.

Table 5: Robustness of the method.

	Number of Theoretical Plates N > 3000		Asymmetry Factor 1.1% < F < 1.5%		Resolution > 3.5	Content (95% to 105%)		RSD < 2.5%	
	AAPH	CAF	AAPH	CAF		AAPH	CAF	AAPH	CAF
Temperature 20°C	9580	11080	1.19	1.18	4.9	99.51	99.35	0.2	1.4
Temperature 25°C	8980	10360	1.17	1.17	5.0	99.85	101.33		
Temperature 30°C	11900	11920	1.18	1.15	4.9	99.92	98.73		
Mobile phase 75/25%	10670	12070	1.15	1.14	7.5	99.17	97.73	0.4	2.2
Mobile phase 70/30%	11900	10360	1.17	1.17	5.0	99.85	101.33		
Mobile phase 65/35%	8930	9910	1.20	1.22	4.1	99.13	97.43		
Flow = 0.9 ml/min	10890	11030	1.16	1.15	5.0	98.82	99.54	0.6	1.1
Flow = 1.0 ml/min	11900	10360	1.17	1.17	5.0	99.85	101.33		
Flow = 1.1 ml/min	10620	11290	1.15	1.15	5.0	100.00	99.35		
λ = 278 nm	8990	10220	1.10	1.17	5.0	101.45	102.02	1.8	0.4
λ = 275 nm	11900	10360	1.17	1.17	5.0	99.85	101.33		
λ = 272 nm	8980	10240	1.10	1.18	5.0	103.53	102.07		
Waters Column	11900	10360	1.17	1.17	5.0	99.85	101.33	2.1	1.4
SunFire Column	10850	15785	1.05	1.15	16.8	103.39	99.62		
Kromasil Column	9990	11600	1.32	1.36	14.1	99.54	98.49		

Though our study of validation of a new method is to determination of acetaminophen and caffeine by HPLC in different pharmaceutical forms. It is capable of simultaneously dosing acetaminophen and caffeine with a good resolution (> 3.5).

Besides the mobile phase prepared by 70% distilled water, the retention time is relatively short (less than 4.5min), which minimizes the amount of chemical discharges. It is an environment-friendly method and it will save considerable analysis time.

Conclusion

The proposed RP-HPLC - PDA method was validated fully as per International Conference on Harmonization (ICH) Guidelines, and found to be applicable for routine quality control analysis for the estimation of AAPH and CAF in combination using isocratic mode of elution.

The assay method proposed RP-HPLC was demonstrated as a simple, rapid and economical.

The mobile phase consisted of 70% of distilled water, simple to prepare and the analysis time is less than 6 min consumes less than 6 ml of mobile phase, the flow rate is 1 ml/min, the preparation of the sample is carried out in water only.

The validation of the method is based on a statistical study (Cochran's test, Student's test, Fisher test, Dixon's test...). The method is specific, linear, accurate, faithful and robust. Therefore, this method can be employed in quality control to estimate the amount of AAPH and CAF in bulk and in combined dosage forms. This method will be appropriate for the simultaneous determination of acetaminophen and caffeine in pharmaceutical forms: tablets, capsule and sachet.

References

1. Chandra R., Dutt Sharma K., *Inter. J. Chrom. Sc.* 2 (2013) 31.
2. Erda Dinc, *J. Pharm. Biomed. Anal.* 21 (1999) 723.
3. Sultan M.T., M.S. Butt, R. Karim, S.Z. Iqbal, S. Ahmad, M. Zia-Ul-Haq, *Inter. J. Pharm. Pharm. Sci.* 6 (2014) 294.
4. Mahesh, Swapnalee K., Aruna M., Anilchandra B., *Inter. J. Pharm. Sc. Inv.* 2 (2013) 9.
5. Avramova J., *J. Pharm. Biomed. Anal.* 10 (1989) 1221.
6. Dewani SP A. P., Shelke P. G., Bakal R. L., Jaybhaye S. S., Chandewar A. V., *Arab. J. Chem.* 8 (2015) 591.
7. Kartal M., *J. Pharm. Biomed. Anal.* 26 (2001) 857.
8. Mamolo M. B., Vio L. and Maurich V., *J. Pharm. Biomed. Anal.* 3 (1985) 157.
9. Thomas B.R., Fang XG., Shen P, Ghodbane S, *J. Pharm. Biomed. Anal.* 12 (1994) 85.
10. Franeta J.T., Agbaba D., Eric S., *Il Farmaco* 5 (2002) 709.
11. Levent M. and ALTUN, *T. J. Chem.* 26 (2002) 521.
12. Mamolo M.G., Vio L. and Maurich V., *J. Pharm. Biomed. Anal.* 2 (1985) 157.
13. Thomas B.R., Fang XG, Shen P, Ghodbane S, *J. Pharm. Biomed. Anal.* 12 (1994) 85.
14. *Européen Pharmacopeia* 7.0 (2007) 2796.
15. *Européen Pharmacopeia* 7.0 (2007) 1470.
16. *US Pharmacopeia* 30-NF25 (2007) 1266.
17. Mubengayi C. K., El Karbane M., Mpona-minga M., Cherrah Y., Essassi E.M., Ramli Y., *J. Chem. Pharm. Res.* 7 (2013) 322.
18. Khalik W. M. A. W. M., Abdullah Md P., Baharudin F. K., Zulkepli S. A., *J. Mater. Environ. Sci.* 7 (3) (2016) 720
19. Radi M., Ramli Y., El Karbane M., Elalami A., Karrouchi K., Bekkali A., Benaji B., Issmaili S. and Bakhous K., *J. Chem. Pharm. Res.*, 6 (2014) 301
20. Radi M., Ramli Y., El Karbane M., Elalami A., Karrouchi K., Issmaili S., Bakhous K., *Mor. J. Chem.* 3 (2015) 58.
21. *International Conference on Harmonization: ICH-Q2B*, November (1996)

(2016) ; <http://www.jmaterenviromsci.com/>