

The Discussion Forum provides a medium for airing your views on any issues related to the pharmaceutical industry and obtaining feedback and discussion on these views from others in the field. You can discuss issues that get you hot under the collar, practical problems at the bench, recently published literature, or just something bizarre or humorous that you wish to share. Publication of letters in this section is subject to editorial discretion and company-promotional letters will be rejected immediately. Furthermore, the views provided are those of the authors and are not intended to represent the views of the companies they work for. Moreover, these views do not reflect those of Elsevier, *Drug Discovery Today* or its editorial team. Please submit all letters to Steve Carney, Editor, *Drug Discovery Today*, e-mail: S.Carney@elsevier.com

Enhancing transdermal drug transport with low-frequency ultrasound

The recent completion of the human genome project and advances in molecular biology techniques have enabled the discovery and characterization of many peptides, proteins or polynucleotides as potentially novel drugs. Because these molecules are metabolically labile and undergo extensive enzymatic degradation, they cannot be administered to patients by the traditional oral route. Hence, pharmaceutical scientists have explored alternative modes of administration, such as the transdermal route, for the effective systemic delivery of these compounds.

Transdermal drug delivery offers several advantages over traditional drug delivery systems such as oral delivery and injections: the attractive attributes of transdermal drug delivery include avoidance of first-pass metabolism, elimination of pain that is associated with injection and the opportunity for the sustained release of drugs. However, the efficacy of the transdermal transport of molecules is low because the stratum corneum of the human skin is an effective and selective barrier to chemical permeation [1]. Indeed, the low permeability of the stratum corneum is the key reason that only a small number

of low molecular weight drugs are currently administered using this route [2]. In a recent issue of *Drug Discovery Today*, Lavon and Kost [3] provide an excellent and comprehensive overview on the use and mechanism of low-frequency ultrasound to promote the transdermal transport of drugs, which could have applications in drug delivery as well as transdermal monitoring.

The biophysical modes of ultrasonic action on a biological system can be classified into two categories – thermal mechanisms and non-thermal mechanisms [4,5]. The thermal effects of ultrasound, which is directly related to the intensity of the ultrasound, results from the transfer of energy from the vibrating pressure waves to the objects as the waves propagate through the medium. In transdermal applications, this energy is absorbed by the skin, which results in a rise in skin temperature. Although literature supports the observation that increasing temperature leads to enhanced skin permeability [6], recent studies indicate that thermal effects play an insignificant role in promoting transdermal drug transport that is effected using low-frequency ultrasound [7,8]. For example, low-frequency ultrasound (20 KHz at 15 W cm⁻² for 2 h) caused a 20°C rise in temperature that resulted in 35-fold increase in the level of mannitol delivered across porcine skin *in vitro*. By

contrast, when the skin was heated (in the absence of ultrasound) to produce a thermal profile that is comparable to the thermal profile generated by ultrasound, the permeability of mannitol increased by only 25% [8]. These data indicate that the key mechanism responsible for the observed skin permeability is related to the non-thermal effect of ultrasound. Although the mechanism for improved transdermal transport by ultrasound is not well understood and has yet to be characterized fully, a consensus has been reached that acoustic cavitation is responsible for low-frequency sonophoresis.

References

- 1 Scheuplein, R.J. and Blank, I.H. (1971) Permeability of the skin. *Physiol. Rev.* 51, 702–747
- 2 Prausnitz, M.R. *et al.* (2004) Current status and future potential of transdermal drug delivery. *Nat. Rev. Drug Discov.* 3, 115–124
- 3 Lavon, I. and Kost J. (2004) Ultrasound and transdermal drug delivery. *Drug Discov. Today* 9, 670–676
- 4 Barnett, S.B. *et al.* (1997) The sensitivity of biological tissue to ultrasound. *Ultrasound Med. Biol.* 23, 805–812
- 5 Nyborg, W.L. (2001) Biological effects of ultrasound: development of safety guidelines. Part II: general review. *Ultrasound Med. Biol.* 27, 301–333
- 6 Mitragotri, S. *et al.* (1995) A mechanistic study of ultrasonically enhanced transdermal drug delivery. *J. Pharm. Sci.* 84, 697–706
- 7 Tezel, A. *et al.* (2002) A theoretical analysis of low-frequency sonophoresis: dependence of transdermal transport pathways on frequency and energy density. *Pharm. Res.* 19, 1841–1846
- 8 Merino, G. *et al.* (2003) Frequency and thermal effects on the enhancement of transdermal transport by sonophoresis. *J. Control Release* 88, 85–94

Ka-Yun Ng

University of Colorado Health Sciences Center
Department of Pharmaceutical Sciences
4200 East 9th Avenue, C-238
Denver, CO 80262, USA
e-mail: lawrence.ng@uchsc.edu

Gene expression analysis enriched

The use of DNA microarrays to identify genes that are upregulated or downregulated is a crucial component in