

Intranasal administration of insulin to rabbits using glycofurool as an absorption promoter

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Abstract

The bioavailability of insulin from a nasal formulation with 5% glycofurool (GF) was studied in vivo in rabbits. A pronounced decrease in the plasma glucose level, comparable to the response for Novolin® Nasal, was observed. A nadir after 30 min was observed where the plasma glucose was 59% of the initial value. The potential for local side effect from 5% GF was found to be very low in the frog-palate model, where the mucociliary clearance rate was only reduced 9%.

Keywords: Nasal administration; Bioavailability; Insulin; Glycofurool 75; Rabbit

Nasal application of insulin, using various absorption enhancers, has been extensively studied e.g. in rat (Hirai et al., 1981a; Hirai et al., 1981b), sheep (Longenecker et al., 1987) and rabbit (Sørensen et al., 1988) and reviews on clinical trials have been published (Gizurarson and Bechgaard, 1991). A pre-requisite for a nasal insulin formulation is that the vehicle facilitate the absorption of insulin, without causing any irritation, unpleasantry or histopathological changes to

the mucosa. Pilot in vitro studies, with isolated rabbit nasal mucosal tissue in the Ussing chamber system, has indicated that 1–5% glycofurool (GF) might facilitate the absorption of insulin without local side effects. Glycofurool 75 (ω -(tetrahydrofuranyl)- ω -hydroxypoly(oxy-1,2-ethanediyl)) is a slightly viscous (8–18 mNs/m²) and biocompatible liquid (Fig. 1). It is known to be an excellent solubilizer, and it is used in parenteral products for intravenous or intramuscular injection, in concentrations up to 50% v/v. The objective of the present study is to confirm in vivo, the absorption promotion effect of 5% GF, which was observed for insulin in vitro.

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Zinc-free human insulin and Novolin® Nasal was kindly provided by Novo Nordisk A/S (Bagsværd, Denmark) and glycofurool 75 (GF) was purchased from Hoffman La-Roche (Basel, Switzerland). All other materials were of analytical grade. For the preparation of the intranasal formulations, 6.6 mg insulin was dissolved in 1.0 ml phosphate buffer (12.5 mM, pH 7.4) containing 5% GF. This formulation was prepared freshly on the morning of the study. New Zealand White rabbits weighing about 3 kg (Novo Nordisk A/S, Bagsværd, Denmark) were used in the experiment. The rabbits were dosed intranasally with 50 μ l into each nostril (total dose 0.66 mg insulin equals 15.8 IU), using an Eppendorf pipette. The animals were non-anaesthetized and fixed in a sitting position during the dosing. Blood samples (about 1.5 ml) were collected by venepuncture of a marginal ear vein prior to dosing and at 0, 15, 30, 60 and 120 min after dosing. Blood glucose determination was performed as described (Sørensen et al., 1988). Local toxicity of 5% GF in phosphate buffer (12.5 mM, pH 7.4) was tested on mucociliary clearance in the frog-palate model as described (Gizuranson et al., 1990).

Fig. 2 shows the relative decrease in plasma glucose level after nasal administration of insulin to rabbits. The profile is comparable to results obtained by Sørensen et al. (1988) with the same dose of a known formulation, Novolin® Nasal, which is composed of 200 U/ml human insulin, 2% didecanoyl-L- α -phosphatidylcholine, 1.6% glycerol, 0.4% fractionated coconut oil, 0.2% cholesterol in 5 mM sodium phosphate buffer (pH

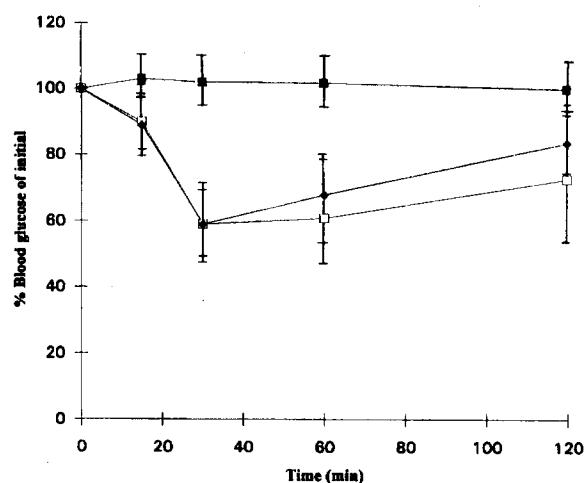


Fig. 2. Mean (\pm S.D.) blood glucose profile, in rabbits, after intranasal administration of insulin (-◆-) with 5% glycofurool ($n = 5$). Results for (-□-) Novolin® Nasal ($n = 32$) and (-■-) no enhancer ($n = 234$) are also given.

7.4). Relative to the control, the results show pronounced decrease in the plasma glucose level after 15 min (90% of initial), with nadir after 30 min (59%), indicating that a rapid absorption of insulin had occurred. After 2 h the plasma glucose level was still depressed (85% of initial). One out of the six rabbits was rejected, due to a possible unsuccessful dosing. The observed absorption may be of clinical relevance, as the bioavailability in humans for Novolin® Nasal has been found to be 8.3 and 23.9% relative to intravenous and subcutaneous administration, respectively (Drejer et al., 1992). The absorption enhancing mechanism for GF is not known.

Table 1 shows that the potential for local side effects from 5% GF is very low relative to several other enhancers, which has previously been tested by Gizuranson et al. (1990) in the frog-palate model. The mucociliary clearance rate was only reduced 9% with 5% GF.

These preliminary results show that GF is able to enhance the uptake of insulin in rabbits, resulting in rapid and significant decrement of the blood glucose level.

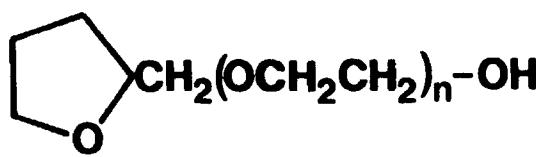


Fig. 1. Glycofurool 75 (ω -(tetrahydrofuranyl)- ω -hydroxypoly (oxy-1,2-ethanediyl)).

Table 1

The influence of glycofurool on the mucociliary transport rate, measured in the frog palate model as the average change in speed (mm/s) of applied graphite particles passing from the palate towards the oesophagus. The results are related to some previous results obtained from several enhancers and insulin by Gizurarson et al., 1990

Compound	Change in speed (% of initial)	Comments
0.9% Insulin in saline	−2	
5% Glycofurool	−9	
1% L- α -lysophosphatidylcholine	−100	Irreversible ^a
1% L- α -phosphatidylcholine, didecanoate	−12	
1% Polyoxyethylene-9-lauryl ether	−100	Irreversible ^a
1% Sodium deoxycholate	−100	Irreversible ^a
1% Sodium dihydrotaurofusidate	−100	Irreversible ^a
1% Sodium glycocholate	−2	
Novolin® Nasal	−29	

^aIrreversible in the test period of 30 min.

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