



International Journal of Allied Medical Sciences and Clinical Research (IJAMSCR)

IJAMSCR | Volume 9 | Issue 4 | Oct - Dec - 2021
www.ijamscr.com

ISSN:2347-6567

Review article

Medical research

Short introduction of sublingual drug delivery system

Dr. Mayank Bansal¹, Mr. Jitendra Kumar², Mr. Sunil Sain³, Ms. Asha Kumari^{4*}

¹Principal and Professor, Department of Pharmaceutics, Jaipur college of Pharmacy, Jaipur, India.

²Sr. Executive at Medicef Pharma, Solan, Baddi.

³Lecturer, Department of Pharmaceutics, Jaipur college of pharmacy, Jaipur, India.

⁴Student, Department of Pharmaceutics, Jaipur college of pharmacy, Jaipur, India.

*Corresponding Author: Asha Kumari

Email id: ashamahto@gmail.com

ABSTRACT

Onset of action is needed in the case of some acute diseases. Hence the Sublingual drug delivery can be best promising route of administration for a faster and direct absorption of drug into systemic circulation. The most permeable region for a drug absorption in buccal cavity is the Sublingual region. Absorption of a drug through the sublingual blood vessels bypasses the hepatic first-pass metabolism that makes better bioavailability along good patient compliance. Such sublingual approaches present numerous pharmaceutical and patient needs those are enhanced life-cycle management to suitable dosing for children as well as elderly along psychiatric patients with dysphagia. This review is to give a brief and complete overview of sublingual technologies along new and old approaches.

Keywords: Sublingual, permeability, bioavailability, first pass metabolism, dysphagia.

INTRODUCTION

Sublingual route of drug delivery proffer systemic drug delivery for immediate onset of curative action. In the case of difficulty in swallowing sublingual drug delivery system is allied with all age groups, particularly for the old age patients and children also the patients those are psychologically retarded even nauseated patient. 17,22

In sublingual drug delivery system absorption of drugs particles get done by passive mechanism into the reticulated vein of sublingual region which lies underneath the oral mucosa and then it is transported via the facial veins and the internal jugular vein and at the end reaches to systemic circulation.⁸

The sublingual route has higher absorption as 3 to 10 time superior than the oral route. The very small volume of saliva is generally sufficient for such formulations to outcome in tablet disintegration in the oral cavity. Rapid onset of action

occurs in sublingual absorption and reflects with short acting in period. 21

Products with sublingual drug delivery have been developed for many indications those range from migraines to psychological illness.¹⁵

What are the Advantages and disadvantages of sublingual drug delivery systems

There are certain advantages and limitation of each technology hence the sustained drug delivery also has some advantages and limitation as described below,

Advantages of sublingual drug delivery systems:12

There are many advantages of the sublingual drug delivery system as given below,

Ease of administration	<ul style="list-style-type: none"> • Patients who refuse to swallow a tablet • Pediatric and geriatric • Psychiatric patients
Rapid onset of action	A relatively rapid onset of action can be achieved compared to the oral route

Rapid and extensive drug absorption	The large contact surface of the oral cavity contributes to rapid and extensive drug absorption.
Bypass the first pass metabolism	Liver is bypassed and also drug is protected from degradation due to pH and digestive enzymes of the middle gastrointestinal tract.
Faster dissolution and disintegration	The system provides fast dissolution or disintegration in the oral cavity

Limitation of the sublingual drug delivery systems

- Not well suited to sustained delivery system
- Medication cannot be used when a patient is uncooperative or unconscious
- This route is unsuitable for prolonged administration as well.

What are the Sublingual glands: 11,19

The Sublingual glands are well known for its secretion as they are also known for their binding and lubricating functions, food get slippery after binding with the saliva and can easily swallowed.

The secretion of sublingual gland has main function in shaping the principle physiological environment of oral cavity in conditions of pH, fluid volume and the composition.

The main 3 salivary glands promote the saliva secretions which are as, parotid, submaxillary and the sublingual glands. The oral microbial flora is regulated by saliva maintain the oral pH and the activity of enzymes.

The salivary gland secretes nearby 0.5 to 2.0 liter of saliva. But only 1.1 ml saliva is constantly present in mouth cavity that provides relatively low fluid volume available for drug release from sublingual drug delivery systems when compared with GI tract. The saliva flow rate is depends on 3 different factors like as the time of day, the type of stimulus and the degree of stimulation.

Physiological Anatomy mucosa:18

The mucosa is about 100-200 μm thick. Generally mucosa is formed with neutral but polar lipid like as cholesterol sulfate, glucosyl ceramide. The saliva have around 99.5 % of water, proteins, glycoprotein, high potassium and bicarbonate, calcium, phosphorous, chloride, low sodium as well. The sublingual gland contain only 5 % saliva with pH 5.6-7.0.

The drug selection for preparation of sublingual tablets: 18,19

The following criteria shall be followed by the drug to be formulated into sublingual drug delivery are as below,

- Lipophilic ($\text{pK}_a > 2$ for acidic drug and $10 <$ for basic drug,
- Log p is 1.6-3.3),
- No bitter taste,

Different method of preparation of sublingual formulations:2,16

- Dose lowers than 20 mg,
 - Small to moderate molecular weight (163-342),
 - Good stability in saliva,
 - Partially no ionized at the oral cavities pH and undergoing first pass effect.
 - Other drug properties can also potentially change the performance of sublingual tablets are like
 - solubility,
 - crystal morphology,
 - particle size,
 - hygroscopicity,
 - compressibility and bulk density of drug.
- The drugs those are unstable in parenteral preparation are suitable for sublingual dosage form.

Sublingual drug delivery absorption mechanism:10

The buccal mucosal absorption potential can influenced by the lipid solubility and consequently the permeability of the solution by osmosis method and the ionization (pH), and the molecular weight of the drug substances. The oral epithelium cells and the epidermis are as well capable of absorbing by phenomena known as endocytosis.

For diffusion through its wall such engulf particles are typically too large. It is very doubtful that this mechanism is used across the whole stratified epithelium. Active transport processes operate only within the oral mucosa. But it is strongly believed that acidic stimulation and uptake into the blood.

Suitable Drugs for sublingual administration: 10,13

The following drugs are most suitable in the sublingual drug administration are as below,

- Cardiovascular drugs,
- Steroids
- Barbiturates and enzymes as well.
- Vitamins and minerals

Factors those affects the sublingual absorption:3,6,14

- Solubility in salivary secretion.
- Binding to oral mucosa
- pH and pK_a of the saliva
- Lipophilicity of drug
- Thickness of oral epithelium

Sublingual Tablets	Films
Direct compression:	Solvent casting:
➤ It is incorporated of a super disintegrant into the formulation	A process comprises of casting a dope from a casting die onto a casting support.

- With use of highly water soluble excipients to achieve fast tablet disintegration.
 - The best ideal method for moisture and heatlabile medications.
 - The high doses can be accommodated and final weight of tablet can easily exceed that of other production methods.
 - Direct compression method, the tablet's disintegration and solubilisation depend on single or combined action of disintegrating agents
 - Excipients those are water soluble along with effervescent agent.
 - Disintegration time depends on tablet size and hardness
- Drying the cast dope on the casting support form film and then stripping off the film from the casting support.
- Next, drying the film while conveying the film with carrying it at both side edges of the film by a pin tenter.
- Where remaining volatile component content of both side edges of the film being carried by the pin tenter with 30 to 320 mass % of the whole solid matter at the beginning of being cared by the pin tenter.
- Then solvent evaporation technique:**
- It is used instead of solvent casting for the formulation of sublingual films.
- The sublingual sprays that improves the time to reach maximum plasma concentration as compared to other types of sublingual dosage forms.

Evaluations parameters of sublingual formulation 5,9,20

For tablets

Following evaluation parameters shall be evaluated for tablet formulations as given below,

General appearance	Visual identity, Overall "elegance"
Size and Shape	Tablet's size, shape, colour, presence, odour, taste, surface texture, physical flaws, consistency.
Tablet thickness	Tablets size and shape shall be dimensionally described, monitored and controlled
Wetting time	Thickness is a very important characteristic in reproducing appearance. It is measured by micrometer of vernier caliper instrument.
Uniformity of weight	Wetting time test performed with a piece of tissue paper (12 × 10.75 cm) folded twice and placed in a small petridish (ID = 6.5 cm) containing 6 ml of Sorenson's buffer pH 6.8. Then a tablet was put on the paper, and the time for complete wetting was measured.
Friability	As per I.P. the uniformity of weight was followed with twenty tablets taken and their weight was determined individually and collectively on a digital analytical weighing balance. An average weight of one tablet was determined from the collective weight
Tablet hardness	It is the mechanical strength of a tablet. Here Roche friabilator can used to determine the friability. Tablets with an average weight of 650 mg or above = whole 10 tablets taken and for tablets having average weight below 650 mg equivalent to 6.5 gm tablets shall taken. And put into plastic chamber that revolves at 25 rpm, dropping those tablets at a distance of 6 inches with each revolution. The tablets were rotated in thefriabilator for 4 min. After the test completed tablets were dusted and reweighed. Now the loss in theweight of tablet is the measure of friability and it is expressed in percentage as %Friability = loss in weight / Initial weight × 100. The percentage loss should be less than 1 %
In-vitro dispersion time	Tablet hardness defined as the force applied across the diameter of the tablet in the order to break the tablet. The resistance to break, chipping, abrasion under condition of storage transformation and handling before usage depends on its hardness. Hardness of tablets determined using Monsanto Hardness tester
In-vitro disintegration test	It is measured by droppinga tablet in a beaker containing 50 ml of Sorenson's buffer pH 6.8. Three tablets from each formulation shall randomly selected and in vitro dispersion time was performed
	The test can carried out on 6 tablets using the disintegration apparatus specified in I.P. distilled water at 37°C ± 2°C shall used as a media and the time in minutes and second taken for complete disintegration of the tablet with no retention mass remaining in the apparatus was measured in seconds.

Evaluation Test for film

Tensile Strength	It is the maximum stress applied to a point at which the film specimen breaks down and can calculated by the applied load at rupture divided by the cross-sectional area of the film as given below. Tensile strength = $\frac{\text{Load at failure} \times 100}{\text{Film thickness} \times \text{film width}}$
Percent elongation	A sample of film stretches when stress is applied and it is referred as strain. Strain is just the deformation of film that divided by original dimension of the sample.

	Elongation of film Increases along content increases. Percent Elongation = $[(L-L_0)/L_0] \times 100$ Where, L = Increase in length of film. L_0 = Initial length of film.
Young's modulus	This modulus is also known as elastic modulus which is the measure of stiffness of film. Represented as the ratio of applied stress over strain in the region of elastic deformation as follows. Young's Modulus = $\frac{\text{Slope} \times 100}{\text{Film thickness}}$
Folding endurance	This is determined by drying process repeated folding of the film at the same place till the breaks. The number of times the film is folded with no dry breaking is computed as the folding endurance value
Thickness	Polymer films thickness shall measured by using screw gauge. The thickness of every strip at six different areas was determined by using standard procedure
Disintegration time	Disintegration time is determined visually in a glass dish of 25 ml distilled water with swirling every 10 second. The disintegration time is the time when the film starts to break into small parts or disintegrates.
Uniformity of drug content	The film section with dimension $1 \times 1 \text{ cm}^2$ shall cut and dissolved in 6.8 phosphate buffer solution and made up to 100 ml in a volumetric flask. After that 1 ml was withdrawn from the solution and diluted to 10 ml. The absorbance of the solution shall taken at λ_{max} and concentration was calculated by using UV-Visible spectrophotometer.
Dissolution studies	Dissolution test shall carried out in USP paddle type apparatus using 900 ml of stimulated salivary fluid (pH 6.8) as a dissolution medium at 50 rpm at $37 \pm 0.5^\circ\text{C}$. Samples of 5ml shall withdrawn at 4 minutes interval then filtered (through 0.45μ) and replaced with 5 ml of fresh dissolution medium. The Samples were suitably diluted and estimated spectrophotometrically at λ_{max} by using UV-Visible Spectrophotometer.

Sublingual tablets in new trends 1,7

Sublingual fast disintegrating tablets

Generally sublingual fast dissolving tablets offers improved convenience and are frequently preferred over conventional solid oral dosage forms.

Oro-dispersible tablet may have significant enhancement over current treatment options for specific patient group like for instance pediatric patients.

Sublingual Bioadhesive tablets

These are sublingual tablet concept presented based on interactive mixtures consisting of a water soluble carrier covered with fine drug element and along with bioadhesive component.

By using this approach it is probable to obtain a quick dissolution in combination with bioadhesive retention of the drug in the oral cavity.

Sublingual spray

These formulations are the dosage forms in which the drug is dissolved or dispersed in a vehicle and filled in container with a metered valve. On actuation a required dose of the drug will be delivered through the valve.

Lipid matrix sublingual tablets

These lipid matrix sublingual tablets are bioavailable and quick, convenient, consistent dosage forms for many particularly nutraceuticals those are frequently taken orally.

Sublingual vitamin tablets

For long time sublingual immunotherapy frequently for one year surrounding to mast cell stabilizers, antihistamines and sometimes local steroids.

Sublingual immunotherapy

It is a form of immunotherapy that engage putting drops of allergen extracts beneath the tongue.

REFERENCES

1. Aburahma MH, El-Laithy HM, Hamza YE. Preparation and *In Vitro/ In Vivo* Characterization of porous sublingual tablets containing ternary kneaded solid system of Vinpocetine with β -Cyclodextrin and hydroxy acid. *Sci Pharm.* 2010; 78; 363-379.
2. Al-Ghananeem AM, Malkawi AH, Crooks PA. Scopolamine sublingual spray: an alternative route of delivery for the treatment of motion sickness. *Drug Dev Ind Pharm.* 2007; 33(5): 577-582.
3. Boer D, et al. Drug absorption by sublingual and rectal routes. *Brit J Anaesth.* 1984; 56: 69-82.
4. Bolourtchian N, Hadidi N, Foroutan SM, Shafahi B. Development and optimization of sublingual tablet formulation for Physostigmine Salicylate. *Acta Pharm.* 2009; 59: 301-312.
5. Bolourtchian N, Hadidi N, Foroutan SM, Shafahi B. Formulation and optimization of captopril sublingual tablet using

- D-Optimal de-sign. Iranian J Pharm Res. 2008; 7(4): 259-267.
6. Bottenbrg P, Cleymact R, de Muynck C, Rey- mon JP, Coomans D, Michotte Y, et al. Devel- opment and testing of fluoride containing slowrelease tablets for oral use. J Pharm Pharmacol.1991; 43: 457-464.
7. Centkowska K, Sznitowska M. Comparison of sublingual tablets with nitroglycerin com- plexed with β -Cyclodextrin or titrated with crosspovidone - Technological approach. Acta Pol Pharm- Drug Res. 2008; 65(5): 585-589.
8. Ghosh TK, Chatterjee DJ, Pfister WR. Quick dissolving oral dosage forms: Scientific and regulatory considerations from a clinical Pharmacology and Biopharmaceutical perspective, In: Ghosh TK, Pfister WR, editors, Drug Delivery to the Oral Cavity Molecules to Market, NY, USA; CRC Press: 3537-3567 (2005).
9. Haegeli L, Brunner-La Rocca HP, Wenk M, Pfisterer M, Drewe J, Krahenbuhl S. Sublingual administration of furosemide: new application of an old drug. Brit J Clin Pharmacol. 2007; 64(6): 804-809.
10. John DN, Fort S, Lewis MJ, Luscombe DK. Pharmacokinetics and Pharmacodynamics of Verapamil following sublingual and oral ad- ministration to healthy volunteers. Br J ClinPham 1992; 33: 623-627.
11. Kurosaki Y, Takatori T, Nishimura H, Na- kayama T, Kimura T. Regional variation in oral mucosal drug absorption permeability and degree of keratinization in hamster oral cavity. Pharm Res. 1991; 8: 1297-1301.
12. Lipinski CA, Lombardo F, Dominy BW, Fee- ney PJ. Experimental and computational approaches to estimate solubility and permeabili-ty in drug discovery and development set- tings. Adv Drug Del Rev. 1997; 23: 3-25.
13. McElnay JC, Al-Furaih TA, Hughes CM, Scott MG, Elborn JS, Nicholls DP. The effect of pH on the buccal and sublingual absorption of captopril. Eur J Clin Pharmacol. 1995; 48(5):373-379.
14. Nafee NA, Boraie NA, Ismail FA, Mortada IM. Design and characterization of mucoadhesive buccal patches containing cetylpyridinium chloride. Acta Pharm. 2003; 53: 199-212.
15. Narang N, Sharma J. Sublingual mucosa as a route for systemic drug delivery. Int J Pharm Pharm Sci. 2011; 3(2): 18-22.
16. Peh KK, Wong CF. Polymeric films as vehicles for buccal delivery; swelling, mechanical, and films of glipizide. Indian J Pharm Sci. 2008;70:43-48.
17. Price TM, Blauer KL, Hansen M, Stanczyk F, Lobo R, Bates GW. Single - dose Pharmacoki- netics of sublingual versus oral administration of micronized 17 beta – estradiol. Obstet Gyne-col. 1997; 89: 340-345.
18. Richman MD, Fox D, Shangraw RF. Prepara- tion and stability of glyceryl trinitrate sublin- gual tablets prepared by direct compression. J Pharm Sci. 1965; 54(3): 447-451.
19. Shojaie AH. Buccal mucosa as a route for sys- temic drug delivery: A review. J Pharm Pharm Sci. 1998; 1(1): 15-30.
20. Sheeba FR, Acharya GD, Rameshwari S, Jeya AJ. Formulation and evaluation of nifedipine sublingual tablets. Asian J Pharm Clin Res. 2009; 2(3): 44-48.
21. Thosar M M. Intra oral sprays -An overview. Int J Pharm Life Sci. 2011; 2(11):1235-1246.
22. Walton RP. Absorption of drugs through the oral mucosa III Fat -water solubility co- efficient of alkaloids. Proc Soc Exp Bio Med. 1935; 32: 1488-1493.

How to cite this article: Dr. Mayank Bansal, Jitendra Kumar, Sunil Sain, Asha Kumari Short introduction of sublingual drug delivery system.Int J of Allied Med Sci and Clin Res 2021; 9(4): 652-656.

Source of Support: Nil. **Conflict of Interest:** None declared.