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In vivo and *in vitro* metabolism studies of glaucine, a new herbal high by GC-MS, LC-MS, LC-HR-MS, and NMR techniques

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Abstract: The isoquinoline alkaloid Glaucine was described as an ingredient of legal highs and gained the interest of clinical and forensic toxicologist. So far, only few data on its pharmacokinetic properties was investigated. The aims of the present studies were to elucidate the metabolic fate of glaucine *in vivo* (rat) by GC-MS and LC-HR-MSⁿ techniques, to confirm the human main phase I metabolites *in vitro*, to identify the involved CYP isoenzyme using heterologously expressed single CYPs, to determine the Michaelis-Menten constants K_m , and V_{max} in human liver microsomes, and finally, to investigate the detectability by the authors standard urine screening approaches. In rats, glaucine was mainly *O*- and *N*-dealkylated followed by conjugation to glucuronides or sulfates. The following CYP isoforms were mainly involved in these reactions: CYP1A2, CYP2C19, CYP2D6, CYP3A4, and CYP3A5. The kinetic profiles of all metabolite formations followed classic Michaelis-Menten behavior and the K_m values were between 25-140 μM and the V_{max} values between 0.10 - 1.92 pmol/min/pmol. Toxicological detection should be focused on the demethyl metabolites and the corresponding glucuronides and/or sulfates.

1. Introduction

The isoquinoline alkaloid Glaucine (structure given in Fig. 1) is one of several new “herbal highs”, which are used as drugs of abuse by the drug scene [2]. Herbal highs are single compounds or mixtures of different compounds with more or less strong psychoactive effects and often with non-declared ingredients [3]. Commonly, these compounds are not scheduled and neither the seizure nor the consumption is regulated by the narcotic law. Therefore, these compounds were used as legal highs. In the last decade, several new “legal highs” were available especially in the internet or in so called head shops. Mostly, the identity of such preparations was not confirmed and their pharmacological and toxic effects as well as their pharmacokinetic behavior are unknown. Therefore, studies on the metabolism and the detectability of the compounds and their metabolites in body samples of such “herbal highs” play an important role in clinical and forensic toxicology.

As summarized by Meyer [1], glaucine ((*S*)-5,6,6a,7-tetrahydro-1,2,9,10-tetramethoxy-6-methyl-4H-dibenzo[de,g] quinoline) is an isoquinoline alkaloid with aporphine structure and main ingredient of *Glaucium flavum* (yellow hornpoppy, *Papaveraceae*). The plant species is native in Western Europe, North America, and Asia and the latex, typical for *Papaveraceae*, contains the main alkaloids in varying concentration (up to 3 %) [4]. Other alkaloids of the

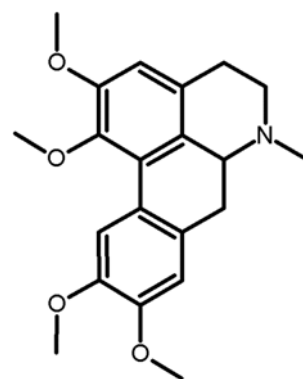


Fig. 1. Glaucine structure.

species are chelerythrine, magnoflorine, protopine and other minor ones [5]. Glaucine was described to have anti-inflammatory and antitussive properties, inhibits the phosphodiesterase-4 (PDE4), acts as bronchodilator, calcium channel blocker, and weak dopamine D₁ and D₂ receptor antagonist [6;7]. The antitussive properties of glaucine in humans were investigated in comparison to codeine or dextromethorphan [8] and it showed a comparable decrement in cough besides less adverse effects and no signs of opiate withdrawal after longer intake [9]. Case reports of recreational use [10; 11] or side effects of therapeutic use [2] are described and show the following symptoms: feeling of tiredness, hallucinations, vomiting, dizziness, and decreased blood pressure. Next to its therapeutic use, Glaucine is part of misused party pills or legal highs [2; 10].

2. Material and Methods

After administration of glaucine to rats, urine samples were collected over 24h, worked-up by different protocols, and analyzed by GC-MS and LC-HR-MS [12]. Due to the lack of differentiations of the corresponding demethylated isomeric metabolites by MS technique, four of five possible structures were synthesized and characterized by NMR [13]. Subsequently, the main phase I metabolites were confirmed in humans by incubation of glaucine with pooled human liver microsomes (pHLM) and the involved isoenzyme were determined by incubation of Glaucine in heterologally expressed single CYPs. The kinetic profiles were recorded for pHLM and all mainly involved CYPs by the metabolite formation approach. The results were compared with data of simple peak area ratios of analytes and internal standards. For testing the detectability, low doses of glaucine were administered to rat and urines were analyzed by both authors standard urine screening approaches (GC-MS and LC-MSⁿ) [12].

3. Results and Discussion

After extensive interpretations of the fragmentation of glaucine and its corresponding metabolites, 26 phase I and 21 phase II metabolites could be identified [12]. Glaucine was mainly *O*- and *N*-dealkylated in rats and further conjugated to glucuronides or sulfates. Further metabolic steps were *N*-oxidation, and hydroxylations, as well as combinations of them. The synthesized demethylated metabolites, the structures of which were confirmed by NMR [13], allowed their identification in urine extracts by comparing their chromatographic retention times and mass spectra. The demethylated metabolites were also identified to be the main targets in both toxicological urine screening approaches [14; 15]. An intake of glaucine could be monitored in rat urine after administration of 2 mg/kg body mass (BM), corresponding to a 40 mg human single cough medication dose scaled by dose-by-factor approach according to ref. [16]. Using the GC-MS approach, the acetylated mono- and bis-demethylated metabolites could be detected whereas in the LC-MSⁿ screening approach the demethylated metabolites and their glucuronides were the analytical targets [12].

The further in vitro studies with HLM confirmed the formation of the mono-demethylated metabolites in humans [13]. The following CYP isoforms were mainly involved in these reactions: 1A2, 2C19, 2D6, 3A4, and 3A5. The K_m values were between 25-140 μ M and the V_{max} values between 0.10 - 1.92 pmol/min/pmol. All kinetic profiles could be modeled using the Michaelis-Menten equation. For all enzyme kinetics (CYPs, HLM), the metabolite formation approach using calibration with the corresponding synthesized reference standards was applied and compared to the results to those obtained by the other isomers and arbitrary units (peak area analyte vs. internal standard). The bias of the quantification approach for assessing the contribution of CYPs to hepatic clearance and therefore to the hepatic net clearance in

vivo was negligible [13]. Further inhibition experiments in HLM with specific and selective inhibitors confirmed the results of the contribution of the involved CYPs. Using the Michaelis-Menten equation and determined pharmacokinetic constants, concentration-dependent involvement of CYP isoforms was calculated for different glaucine concentrations (0.1-100 μM) according to Meyer et al. [17]. In a case report of recreational glaucine use [10], plasma levels of 0.7 mg/L (2 μM) were documented. Over the tested concentration range, only minor variations in the enzyme contributions were observed. The overall contribution of all CYP-catalyzed metabolic steps was as follow: CYP3A4 was about 79 %, of CYP1A2 18 %, of CYP2D6 2 %, and of CYP2C19 <1 % determined for a glaucine concentration of 5 μM .

4. Conclusion

As concluded by Meyer [1], glaucine was extensively metabolized in rats and in human liver preparations. The determination method for recording the kinetics had no substantial impact on the estimation of *in vivo* hepatic clearance of glaucine. Based on numbers of metabolic reactions and several involved CYP isoforms in the hepatic clearance the risk of clinical relevant reactions with single inhibitors should be low. Such risks, e.g. drug-drug or drug-food interactions, as well as genetic variations were important for assessment for clinical relevant interactions [17-20]. Especially for drugs of abuse, these interactions might be more relevant, because many drug addicted were polytoxicomania and consumed several drugs, leading in a higher risk of such interactions.

5. References

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