References


Sticking of dosage forms in the gastrointestinal tract

Sir,—In recent months there has been a number of reports or suggestions of the ‘sticking’ of dosage forms in the gastrointestinal tract. The term ‘sticking’ is an unfortunate choice, as it is not always clear whether an author or reported speaker is referring to obstruction, periods of stagnation, or to actual adherence to the gastrointestinal mucosa. Studies on the gastrointestinal transit of dosage forms in man show clearly that there are periods of stasis especially in the region of the ileocaecal junction and at the hepatic and splenic flexures of the colon. Such periods of delayed transit occur for all types of dosage form (pellets, single units) and it is not unusual to observe a formulation resident in the ileocaecal region for periods in excess of four hours. There is no evidence, however, to suggest that this is because of physical adherence of the dosage form to the mucosa. In vitro tests conducted on isolated oesophagus or even glass beakers have shown that certain single unit dosage forms can adhere, but such tests are hardly relevant to the normal physiological situation. Nevertheless, the hydroxypropylmethylcellulose film coating of an osmotic pump containing indomethacin (Osmosin) was judged to be responsible for reported adverse reactions to this formulation. A recent study showed, however, that the Osmosin formulation was far less adherent than conventional gelatin based capsule systems. Studies of the gastrointestinal transit of placebo Osmosin tablets lend no support to the speculation that these devices stick to the gut.

Various authors have studied the question of oesophageal transit of dosage forms in man. Both tablets and capsules can be retained in the oesophagus in patients and tablets have been reported to have a much greater liability for retention than capsules. It is clear from these clinical studies that capsules and tablets should be administered only after a lubricating bolus of water, followed by a further swallow of water. Posture is another important factor because the occurrence of oesophageal retention is enhanced in supine subjects. Patients, or those responsible for dose administration to patients, should be aware that dosage forms, whether they are tablets or capsules, should be taken with a drink, whilst in an upright posture.

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References


