

#### Using Community Prescribed Drug Data to Predict Emerging Pollutants

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# Introduction



- ~3000 pharmaceutical products are permitted for use in Europe.
- Not all are completely absorbed or metabolised.
- Product and/or metabolites partially excreted and therefore reach the water cycle.
- Not all are removed by waste water treatment.



# Pharmaceuticals in the Environment



- Many studies worldwide have been carried out to measure pharmaceuticals in the environment.
- But with limited resources:
  - which pharmaceuticals should be targeted?
  - which are of most concern, both now....

.....and in the future?



#### Aims



- Review community prescription data in Scotland 2009-2014.
- Identify trends in prescription patterns, e.g. increase in use of statins.
- Consider metabolites and breakdown products.
- Link usage data with known or predicted ecotoxicity.
- Produce "short-list" of drugs for environmental monitoring.



### Top Prescribed Drugs Scotland 2009-2014





Information Services Scotland, (2014). Prescribing & Medicines: Prescription Cost Analysis.





# Donepezil



- Acetylcholinesterase inhibitor used in treatment of dementia.
- Number of people in UK with dementia predicted to increase to 1 M by 2021.
- Donepezil load (2001-2014) increased x18, although still relatively low.



# **Identified Trends**



- Rapid increase in load of simvastatin and omeprazole.
- Omeprazole now available without prescription.
- Carbamazepine load fairly constant.
- Slight decrease in atenolol load with corresponding increase in propanolol.
- Increase in donepezil load predicted to continue.





#### Lidocaine



- Injectable 95% of the dose is metabolised.
  10 mg dose 0.5 mg lidocaine excreted.
- Gels, creams & ointments only 5% of the dose is absorbed.
  - 1 ml application of 5% gel equivalent to 50 mg
  - 47.5 mg could be washed off.
- Could the increase in use of gels result in higher loads reaching waste water?



# **Environmental Toxicity**



- Direct comparison of data difficult.
- Large variation depending on models used, e.g. PEC/PNEC, ECOSAR
- Metabolites and breakdown products rarely studied.



#### Carbamazepine



- Known to be persistent in environment.
- Excreted mainly as metabolites:







71% DiOHCBZ



2.1% CBZEP

CBZ – carbamazepine DiOHCBZ - 10,11-dihydro-10,11-dihydroxy carbamazepine CBZEP - 10,11-dihydro-10,11- epoxy carbamazepine

#### **Carbamazepine ECOSAR**



			Carbamazepine	DiOH CBZ	CBZEP
			mg/L	mg/L	mg/L
Substituted ureas	Fish	ChV	0.901	66.408	8.744
Substituted ureas	Daphnid	ChV	1.171	100.0	12.289
	Green				
Substituted ureas	Algae	ChV	0.130	0.929	0.366

• Indicates metabolites less toxic than parent drug.



#### Omeprazole



- Pro-drug
- Excreted mainly as metabolite:





Omeprazole

5-hydroxyomeprazole

Both known to be unstable in acid conditions



#### **Omeprazole ECOSAR**



			Omeprazole mg/L	5-hydroxyomep mg/L
Imidazoles	Fish	ChV	0.1	0.018
Imidazoles	Daphnid	ChV	0.092	0.021
Imidazoles	Green Algae	ChV	0.384 !	0.125 !

#### • Metabolite more toxic than parent drug.

! = exclamation designates: The toxicity value was estimated through application of acute-to-chronic ratios per methods outlined in the ECOSAR Methodology Document provided in the ECOSAR Help Menu.



#### Simvastatin



- Pro-drug with complex metabolism.
- Major active metabolite is beta-hydroxy-acid of simvastatin.
- Simvastatin may be unstable in sewage conditions.



### Simvastatin



			Simvastatin mg/L	Simvastatin Acid mg/L
Esters	Fish	ChV	0.029	0.188
Esters	Daphnid	ChV	0.308	1.855
Esters	Green Algae	ChV	0.209	1.455

• Metabolite less toxic than parent drug.



# Donepezil



- Excreted mainly in un-metabolised form (57% in urine).
- Environmental load predicted to increase in line with increase in prescribed load.
- More toxicity data required.





# **Short-list**

- Atenolol
- Simvastatin
- Omeprazole
- Donepezil
- Lidocaine
- Carbamazepine





# **Future Work**



- Two WWTPs identified in Central Scotland:
  - One trickling filter, one activated sludge.
  - Serve similar populations.
- Sample influent and effluent at both WWTPs.
- Determine elimination of each drug at WWTPs.
- Determine the degradation products and metabolites for selected drugs.



# Acknowledgments



- EU INTERREG IVB/noPILLS
- Prof Ole Pahl, Joanne Roberts, School of Engineering & Built Environment, Glasgow Caledonian University



