

THE SEPARATION, IDENTIFICATION AND QUANTITATION OF
TRICYCLIC ANTIDEPRESSANTS UTILIZING A CAPILLARY GAS
CHROMATOGRAPH AND MASS SPECTROMETER

by

Robert M. Geidner

Submitted in Partial Fulfillment of the Requirements
for the Degree of
Master of Science
in the
Chemistry
Program

Steven M. Schilderout Aug. 13, 1986
Adviser Date

Sally M. Hotchkiss August 29, 1986
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YOUNGSTOWN STATE UNIVERSITY

August, 1986

УЧЕБНИК
АКЦИОННОГО БАНКА

Учебник по предмету «...» 12 класс
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УПРАВЛЕНИЕ
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ABSTRACT

THE SEPARATION, IDENTIFICATION AND QUANTITATION OF
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CHROMATOGRAPH AND MASS SPECTROMETER

Robert M. Geidner

MASTER OF SCIENCE

YOUNGSTOWN STATE UNIVERSITY, 1986

Many procedures have been developed to separate, identify and quantitate various tricyclic antidepressants such as amitriptyline, protriptyline, doxepin, imipramine and nortriptyline using a gas chromatograph and various detectors. Much of today's research work is done using fused silica capillary columns because of their increased resolving power due to the large number of theoretical plates. Still, much of the clinical work uses the somewhat outdated packed columns.

A recent study commented about inaccuracies in quantitation of various tricyclic antidepressants by many clinical laboratories (1). Many of these procedures involve single or multi-step extraction, preparation of derivatives of these drugs and the use of various detectors in order to separate and identify them.

In the present study, state of the art equipment was used to investigate the factors that might affect the separation, identification and quantitation of three very

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similar tricyclic **antidepressants**: amitriptyline, nortriptyline and protriptyline. This was accomplished by using the many advantages of capillary gas **chromatography (GC)** combined with **mass spectrometry (MS)** for increased resolution of complex **mixtures** and the detection of nanogram levels of the individual drugs. In order to separate and identify these three antidepressants, standards of varying concentrations of each drug and **mixtures** of the three drugs were run to obtain their optimal GC condition. In order to further increase sensitivity, samples were analyzed using methane chemical ionization and **selective** ion monitoring. Then many of the **GC/MS** parameters were varied in order to **see** their **effects** on separation and quantitation.

ACKNOWLEDGEMENTS

I would like to acknowledge my appreciation to Dr. Steven **M.** Schildcrout for his guidance and confidence toward8 the completion of thir **thesis**. I **am** also grateful to Dr. Daryl W. **Mincey** and Dr. Leonard B. **Spiegel** for their constructive criticism in the writing of thie theeie.

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I would also like to thank my family and friends, especially my wife, **Mary,** and my children, Christopher, Nicholas and **Megan** for their constant unselfish support and patience.

background

intended and meant for their own use and not for the use of others.

I would like to thank you for your kind and helpful assistance in this regard.

Very truly yours,
Dimitris K. Katsouris, Director, International Department, Hellenic Republic

I would like to express my appreciation to you for your kind and helpful assistance in this regard.

to the fact that you have and are providing the information for their use and the completion of this project. I am also grateful to you for your kind and helpful assistance and confidence.

I would like to express my appreciation to you.

CONFIDENTIAL

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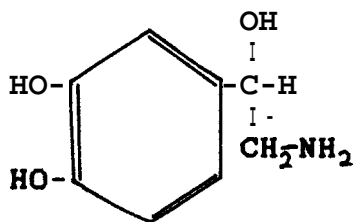
CHAPTER I

INTRODUCTION

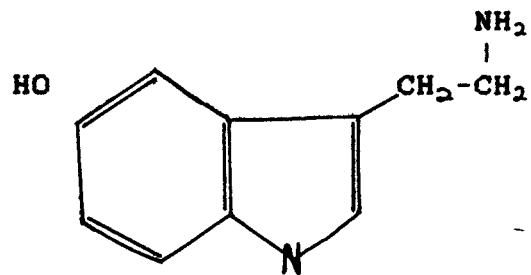
Biochemical and Pharmacological Background

Tricyclic antidepressants (TCA's) are one of the most widely used classes of psychotropic drugs for the treatment of endogenous depression. This type of depression is hypothesized to be the result of a genetic-biochemical abnormality affecting a person's ability to cope with stress. Depressive illness can be divided into two groups, depending on which neurotransmitter is deficient:

1. Norepinephrine
2. Serotonin



Norepinephrine



Serotonin

Fig. 1. Chemical structure of Norepinephrine and Serotonin

Each condition can be identified by **decreases** in the respective breakdown products of metabolism of the deficient neurotransmitter. In cases of norepinephrine-related depression, there is a **decrease** in urinary levels of normetanephrine (NMET), vanillylmandelic acid (VMA), and 3-methoxy-4-hydroxyphenylglycol (MHPG). For those patients suffering from serotonin-related depression, the breakdown product of serotonin, 5-hydroxyindoleacetic acid (5-HIAA) is found in abnormally low levels in the spinal fluid (2).

Norepinephrine and serotonin are both products of the body's **metabolism** of tyrosine; the latter **goes** through a longer pathway via tryptophan production. These neurotransmitters carry **nerve** impulses across the synaptic cleft to be picked up by receptors on the neuron cell membrane, at which time the synaptic **transmission is** terminated. The **most** effective action of antidepressants to relieve **depression** is to block the uptake of these amine neurotransmitters at the synaptic cleft, thereby allowing longer persistence of neurotransmission.

It **has** been **shown** that amitriptyline gives better **response** in **patients** with serotonin-related **depression**, while **imipramine** and its related tricyclic antidepressants work better in patients with norepinephrine defects. Since these **drugs are** usually given over a long period of time it **is** important to monitor their plasma levels. This can help to

optimize therapeutic response and avoid toxic side- effects.

The importance of monitoring can be realized by comparing therapeutic levels and toxic levels as seen in Table 1. It should also be noted that life-threatening cardiac toxicity or reizurer have been seen in cares of plasma concentrations over 1,000 ng/mL (3).

TABLE 1

THE ORAL DOSAGES, THE THERAPEUTIC PLASUA LEVELS AND THE TOXIC PLASUA LEVELS OF AUITRIPTYLINE (AMI), NORTRIPTYLINE (NOR), AND PROTRIPTYLINE (PRO) (4).

DRUG	DOSE (ng/day)	THERAPEUTIC LEVEL (ng/mL)	TOXIC LEVEL (ng/mL)
AMI	50-100	120-250	400
NOR	40-100	50-150	200
PRO	15-40	50-150	200

There are three tricyclic antidepressants to be investigated in this study:

1. Amitriptyline
2. Nortriptyline
3. Protriptyline

Amitriptyline is a potent antidepressant but maintains a low degree of toxicity. It also has mild side effects which include drowsiness, dizziness, nausea, headaches and hypotension. Nortriptyline is very similar to amitriptyline in both structure and function, although it does present

The first factor is the amount of the drug in the body. The amount of the drug in the body is determined by the rate of absorption and the rate of elimination. The rate of absorption is determined by the route of administration and the formulation of the drug. The rate of elimination is determined by the pharmacokinetics of the drug.

- a. Bioavailability
- b. Distribution
- c. Elimination

The second factor is the dose of the drug.

The third factor is the duration of the treatment.

Drug	Initial Dose (mg)	Half-life (hr)	Steady-state Concentration (mg/L)
Drug A	100	4	10
Drug B	200	6	20
Drug C	300	8	30

The amount of drug in the body is determined by the rate of absorption and the rate of elimination. The rate of absorption is determined by the route of administration and the formulation of the drug. The rate of elimination is determined by the pharmacokinetics of the drug.

TABLE 1

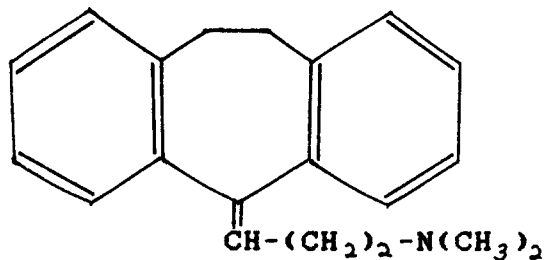
TABLE 2 (continued)

The amount of drug in the body is determined by the rate of absorption and the rate of elimination. The rate of absorption is determined by the route of administration and the formulation of the drug. The rate of elimination is determined by the pharmacokinetics of the drug.

AMITRIPTYLINE (Elavil)

$C_{20}H_{23}N$

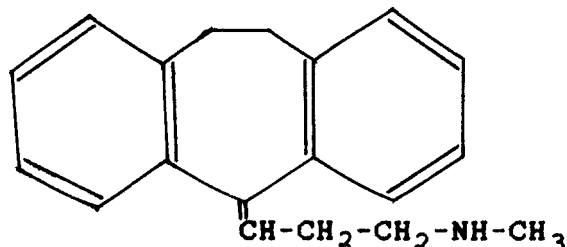
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NORTRIPTYLINE (Pamelor)

$C_{19}H_{21}N$

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PROTRIPTYLINE (VIVACTIL)

$C_{19}H_{21}N$

M.W. = 263

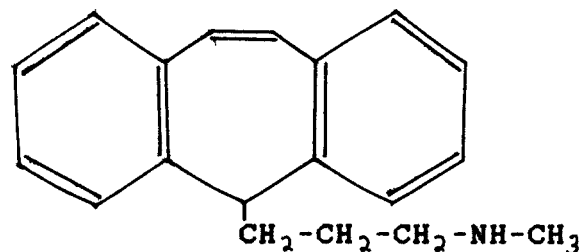


Fig. 2. The chemical structure, chemical formula, molecular weight, and trade name of Amitriptyline, Nortriptyline, and Protriptyline.

rone more serious side-reactions in some patients that would warrant discontinuing the drug. There would include tachycardia, hypotension, confusion, and hallucinations. Protriptyline is a rapid acting drug without the usual tranquilizing properties of other TCA's. It is similar to nortriptyline because of the serious consequences occurring in an overdose due to cardiac involvement (5).

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History of Analytical Methods

Since 1960 there have been numerous methods developed for the measurement of TCA's. Most of these methods require extraction of the drug from an aqueous biological medium into an organic solvent. This extract can then be analyzed by spectrofluorometry, thin-layer chromatography (TLC), high performance liquid chromatography (HPLC), radioimmunoassay (RIA), enzyme immunoassay such as enzyme multiplied immunoassay (EMIT), and gas chromatography (GC). The main criteria for modern toxicological methods are specificity, sensitivity, accuracy, reproducibility, time, and cost of equipment and analysis. The following is a review of various modern methods for the measurement of TCA's using the above noted criteria as guidelines.

An early spectrofluorometric procedure developed by Moody and colleagues (6) involved a three-step extraction and acetylation before analysis. This method was not very specific because some of the parent drug's metabolites interfered with the analysis. In 1978, Kaul and his colleagues (7) developed a method sensitive enough to measure 5 µg/L. This was a very time-consuming procedure since it involved reacting amitriptyline with alpha-bromomethylacridine forming a quaternary product.

TLC procedures have been developed by a number of researchers (8-9). It currently is a standard screening (qualitative) method with a sensitivity better than 1 µg/L,

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and all results may be confirmed and quantitated by other methods.

The use of HPLC for the separation of TCA's was first described in 1975 by Knox and Jurand (10). The HPLC procedures are very similar in extraction method and sensitivity (approximately 1 µg/L) to GC procedures. The advantages of HPLC are its large carrying capacity and that the samples are not destroyed as with GC. HPLC can also be used with a number of different detectors such as mass spectrometer (MS) and visible and ultraviolet (UV) detectors.

RIA procedures for tricyclic antidepressants were introduced by Spector and colleagues in 1975 (11). Since then numerous other methods have been described with remarkable sensitivity and precision but with questionable specificity. This is due to cross reactions with various other tricyclics and their metabolites. The RIA procedures have come under fire in recent years because of inherent biohazard factors and are currently being replaced by enzyme labelled methods such as EIT.

The enzyme immunoassay procedure, have recently found wide acceptance in the area of toxicology in clinical laboratories. This is because assays such as the EMIT procedures combine the specificity and sensitivity of immunoassay with the convenience, speed, and reproducibility of enzyme measurements.

TABLE 2

SUMMARY OF METHODS USED TO MEASURE TRICYCLIC ANTIDEPRESSANT DRUGS IN SERUM (13).

METHODS	SENSITIVITY($\mu\text{g/L}$)	SPECIFICITY ^a	DERIVATIVE
Spectrometric	100	1+	YES
Fluororetric	5-30	1+	YES
TLC	5	2+	NO
EMIT	3	3+	NO
RIA	0.1-2	3+	NO
GC * ^b	10	2+	YES/NO
GC/MS	1	4+	YES/NO
HPLC /UV	2-10	2+	NO
HPLC/MS	0.5	4+	NO

^a specificity is graded on a scale of 1-4 or poor-excellent

* denotes other detector. as noted on above.

The EMIT principle is as followrr (1) Drug-specific antibodies are added to the patient specimen. (2) Antibody-drug binding occurs. (3) The enzyme-labeled drug is added and will occupy any vacant antibody sites. (4) The free enzyme-labeled drug reacts with the substrate, resulting in coenzyme conversion and an absorbance change which is measured rpectrophotoretically. As antibody-drug binding taker place, enzymatic activity is reduced. Therefore, only the free enzyme-labeled drug can react with the substrate and coenzyme. Ar a rrrult, the rate of enzyme

activity is directly proportional to the patient's drug concentration. In many of these procedures there is still a limited amount of cross-reactivity to the drug's own metabolites and other very similar drugs (13).

Gas chromatography (GC) was first described in 1952 by A. T. James and A. J. Martin with their work in separating volatile fatty acids (14). They used a packed column in which there is a stationary phase, usually a nonvolatile solid or a nonvolatile liquid coating an inert solid, and a mobile (gas) phase. This is a process in which volatile substances are separated according to their vapor pressure. The higher the vapor pressure of a compound, the greater is its mobile-to-stationary phase ratio and therefore, the farther it will elute from the column (15). The solubility of the solute in the liquid phase is also a minor factor to be considered.

There are two types of columns presently being used: packed columns and capillary columns. The packed columns contain a nonvolatile solid (stationary phase) and typically measure 6 ft. x 2 mm i.d. Whereas capillary columns will measure 12-50 m x 100-500 μ m i.d. There are three main types of capillary columns: 1) support coated open tubular (SCOT)-a single coating of support material in a liquid matrix; 2) porous layer open tubular (PLOT)-porous layer of support material fixed to column wall; and 3) wall coated open tubular (WCOT)-liquid phase deposited directly upon column

wall. The packed and capillary column both have a wide variety of stationary phases available.

The recent development of bonded phase capillary columns has resulted in much more durable, reliable, and reproducible columns. In these columns, the stationary phases are polymer chains, such as polydimethylsiloxane, that give the column a particular polarity. These polymers are covalently bonded to the silica surface of the column and are also cross-linked to each other. This bonding results in a stationary phase that will not deteriorate due to prolonged exposure to high temperatures or repeated injection of a wide variety of solvents. There are also some columns that can tolerate multiple injections of a polar solvent such as water (16).

Gas chromatography is the most widely used method for the detection of TCA. It was first used for this in 1970 by Braithwaite and Whatley (17). There have been a number of different types of detectors utilized such as flame-ionization, electron-capture, and alkali flame-ionization (nitrogen-sensitive) detectors. There are numerous procedures using these detectors and all show excellent precision and sensitivity, but the specificity is questionable. This is because all of these detectors measure the total number of ions or reactive atoms reaching the detector and do not provide a means of identifying the drug being analyzed except for its retention time.

In 1976 Hammer and colleagues used the combined gas chromatograph/ mass spectrometer in the detection of nortriptyline (18). The result was a very sensitive and precise procedure with a greatly improved specificity. In this case, the mass spectrometer detects the total number of ions and simultaneously measures the abundance of ion fragments according to their mass. This fragmentation pattern, which is due to electron or chemical ionization, is unique for each drug and can be used in combination with retention times to identify a specific drug. Since Hammer's work, there have been many improvements in procedures, mass spectrometry instrumentation, and the wide use of capillary columns to give greater separation and identification of complex mixtures of drugs. Many of the tandem (GC/MS) instruments have been interfaced to computers for improved control of instrument parameters and data handling.

There has been much research done on developing gas chromatography procedures for TCA's. These procedures have utilized both packed and capillary columns, a number of sample preparation techniques, and various detectors. There are many examples of techniques using packed columns and flame-ionization detectors (19), mass spectrometers (20) and nitrogen-sensitive detectors involving single and multi-step extractions (21-22). In recent years, there has been an increased amount of work using capillary columns and nitrogen/phosphorus sensitive detectors (23),

flame-ionization detectors (24) and mass spectrometers (25). The greatest improvement in sensitivity and specificity are the result of the gas chromatograph / mass spectrometer combination.

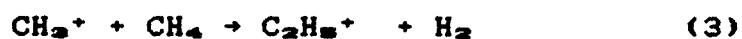
Gas Chromatograph and Mass Spectrometer

The potential analytical power of this combination was first realized in 1957 when Holmes and Morrell crudely coupled the two instruments (26). Mass spectrometers have three basic functions. (1) to vaporize compounds to be analyzed, (2) to ionize neutral molecules in the gas phase, and (3) to separate and detect ions according to their mass-to-charge ratios (m/z). In the GC/MS instrument vaporization is accomplished in the oven of the gas chromatograph and maintained throughout the system. Ionization can be accomplished a number of ways; the ones of interest in this study are electron impact ionization and chemical ionization. In electron impact ionization, the sample is introduced to the ion source as a vapor. This vapor is then bombarded by high energy electrons producing a positively charged molecular ion (M^+). The electron energy can be varied but is typically 70-80 eV. The amount of energy required for ionization of most organic compounds is 7-13 eV. This ionization energy is the amount of energy needed to remove an electron from the highest occupied molecular orbital. This reaction is represented as follows:



Upon ionization, the excess energy may cause the decomposition of M^+ to form fragmented ions ($F1^+$, $F2^+$, etc). This fragmentation pattern, or mass spectrum, can be used to identify the structure of the original molecule. The mass spectrum can be used for identification since it is like a reproducible fingerprint of the compound. It is these mass spectra and retention times that are used in identifying components of a complex mixture.

Once the compound has been identified, the relative amount of the compound can be determined and its molecular mass confirmed by the use of chemical ionization. This has been used quite often for quantitation because of its increased sensitivity. In chemical ionization (CI), the sample is vaporized in the presence of a high pressure of reagent gas such as methane or ammonia which is bombarded by electrons. Since the reagent gas is found in excess compared to the sample, it is the reagent gas which is ionized by the electrons. The ionization of the sample is the result of ion-molecule collision reaction between the ionized reagent gas and the sample molecules. Therefore, ionization is the result of a chemical reaction rather than direct bombardment of electrons. In this study methane (CH_4) was used as the reagent gas. The high concentration of reagent gas results in recombination reactions and further ionization. Therefore, the following reactions occur during ionization:



There is also a small amount of the C_2H_5^+ ions formed during ionization. It is these ions that react with the **sample** molecules (M) to form the $(\text{M} + \text{H})^+$, $(\text{M} + \text{CH}_3)^+$, $(\text{M} + \text{C}_2\text{H}_5)^+$, and $(\text{M} + \text{C}_2\text{H}_5)^+$ ions. As a result of chemical ionization the fragmentation that is seen in electron impact ionization does not readily occur and a majority of **sample** ions are found in the MH^+ form.



Therefore, with a properly tuned **mass spectrometer** the MH^+ ion concentration in the CI mode of operation may be ten times greater than the M^+ ion in the EI mode of operation. This in effect causes a ten-fold increase in sensitivity.

Once ionization is completed, the **mass spectrometer** must separate and detect the ions according to the **mass to charge ratio** (m/z). There are two principal **methods** for separating the ions to be **discussed** at this time. The first utilizes electrical and magnetic fields and the second uses a quadrupole mass filter. The first magnetic-sector **mass spectrometer**, in which positive ions are deflected 180 degrees in a magnetic field, was used by A. J. Dempster in 1918. The ions leaving the ion source all have the **same** kinetic energy

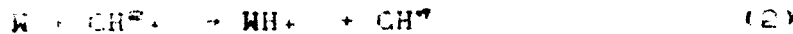
$$\text{KE} = 1/2 mv^2 = zeV \quad (6)$$

kinetic energy

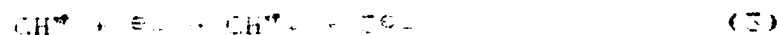
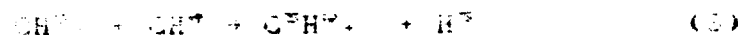
that the time required for the reaction will be the same
 whether the reaction is carried out in a closed system or
 an open system. In other words, the rate of reaction is
 independent of the volume of the system. The rate of
 reaction is also independent of the concentration of the
 reactants. This is the characteristic of a zero-order
 reaction. The rate of reaction is proportional to the
 concentration of the reactants.

Once the reaction is completed, the mass of the reactants

is the same as the mass of the products. This is the law of
 conservation of mass. The total mass of the system is
 conserved. The total mass of the system is conserved.
 The total mass of the system is conserved.



where M is a molecule and CH₃⁺ is a methyl cation. The
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where m is the mass of the ion, v is its velocity, z is the number of charges on an ion, e is the magnitude of the electronic charge, and V is the electrical potential. As ions enter the magnetic field they are separated according to their momentum and each m/z will have a unique radius of trajectory, R . The heavier ions have more momentum and are therefore influenced less by the magnetic field. This is seen by a flatter trajectory, whereas the lighter ions are more strongly influenced and follow a more curved trajectory. Finally, the ions must pass through a focusing slit to reach the detector. Thus, at a given magnetic field, B , only ions of a single m/z ($m/z = B^2 R^2 / 2v$) will have the proper trajectory to reach the detector. By varying the magnetic field strength, a wide range of m/z values can be scanned to be focused at the detector slit. This type of mass spectrometer is limited to a scan rate of 0.1 s/decade for the type of magnets available. A mass decade represents a ten-fold increase in mass, for example, 50-500 amu. A time of approximately 0.2 s is needed to reset the magnet between scans. Therefore, the total scan time is 0.3 s.

The quadrupole mass filter consists of four rods carrying variable combinations of both radio frequency (RF) and direct current (DC) voltages. Ions interact with the electrostatic forces created by the rods after they are accelerated towards the detector. By controlling the DC-to-RF ratio, an electrical field can be established so

that ions of only one specific m/z value can pass through the mass analyzer, whereas almost all other m/z value ions collide with the rods and are neutralized. If the RF and DC amplitudes are simultaneously varied, a wide range of m/z value ions can be analyzed by the detector. The mass scanning range of the quadrupole mass filter is approximately 10-800 amu. A maximum scan rate of 780 amu/s can be reached before there is a significant decrease in resolution, peak shape, and intensity. This type of instrumentation is especially useful when a capillary column GC technique is performed. Capillary column with up to 10^6 theoretical plates can resolve on the order of ten peaks/s, especially early in the chromatogram. Therefore, in order to get reasonable reconstructed ion chromatograms, RIC, (graph of total ion current versus time) under these conditions, a scan rate of 100 scans/s is necessary (27-28). The conditions noted above are extremes and are beyond the capabilities of the instrumentation used in this study. The specifications of the Finnigan Model 1020B and capillary column used in this study are noted in the materials-and apparatus section of this study.

CHAPTER II

PURPOSE OF STUDY

It has been noted in a previous study that many clinical laboratories doing work in toxicology have great difficulty in the detection and quantitation of numerous drugs (1). It is the purpose of this study to develop the optimum operating criteria for the separation, identification and quantitation of three very similar tricyclic antidepressants (AMI, NOR, and PRO) utilizing the Finnigan Model 1020 GC/MS with a capillary column. I have chosen to do this work using standards and not to deal with drug extraction procedures themselves because of the vast amount of work done in this area and due to the extra equipment and time necessary. It is also my intention to use available equipment such as a capillary column and an injector liner with as little pretreatment as possible to make clinical adaptation easier and less time consuming.

I will also attempt to thoroughly investigate as many variables or adjustable instrument parameters as possible to see their effects on the procedure. Therefore, the scope of this study is two-fold, to investigate the problem of developing an analytical procedure and to understand the capabilities of a state-of-art GC/MS instrument.

CHAPTER III

MATERIALS AND APPARATUS

All reagents were analytical grade including methanol supplied by Fisher Scientific Co. (Orangeburg, N. J. 10962) Methane, the reagent gas, and Helium, the carrier gas, were ultra-high purity grade supplied by Airco Products. The tricyclic antidepressants were supplied by Youngstown Osteopathic Hospital and purchased from the following companies: amitriptyline HCl (Elavil) and protriptyline HCl (Vivactil) from Merck Sharp & Dohme (West Point, PA 19486); and nortriptyline HCl (Pamelor) from Sandoz Pharmaceutical Div. (East Hanover, N. J. 07936).

All analyses were performed on a Finnigan Model 10208 Automated GC/MS which is computer interfaced for instrument parameter control and data processing. In this study the chemical ionization (CI) ion source was used, as opposed to the electron ionization (EI) ion source, in order to give optimum results during chemical ionization procedures while allowing the flexibility to perform electron ionization without a large loss in sensitivity. The ion source is the actual enclosed compartment where ionization occurs. The column is a fused silica capillary column measuring 15 m X 0.25 mm I.D. with a polymer stationary phase of polyvinyl-phenylmethylsiloxane (SE-54)

with a film thickness of 0.25 μm . It was purchased from J & W Scientific, Inc. (Rancho Cordova, CA. 95670).

CHAPTER IV

EXPERIMENTAL

The drugs were used in their hydrochloride salt forms and were dissolved in methanol to obtain stock standards of a concentration of 1 $\mu\text{g}/\mu\text{L}$ for both amitriptyline (AMI) and nortriptyline (NOR) and 0.5 $\mu\text{g}/\mu\text{L}$ for protriptyline (PRO). This was done so that approximately 1 μg of sample could be injected onto the column in a small solvent volume without overloading the column. The Finnigan Model 10208 GC/MS was zeroed and calibrated daily according to the manufacturer's specifications. A manual tune was also carried out daily in order to adjust the instrument to obtain optimum resolution and intensity of the ions of interest in the range of 40-350 atomic mass units (amu). An example of the Finnigan computer system's typical calibration report and the manual tune settings are seen in Figures 3 and 4, respectively.

The standards and dilutions of the standards were used to run analyzer in the electron ionization and chemical ionization modes to obtain reconstructed ion chromatogram and mass spectra of each drug standard. The mass spectrum of each drug was confirmed by comparing it to the electron ionization work by T. Mills *et al* (29)

CALIBRATION REPORT:

18 = LOWEST PEAK IN REFERENCE TABLE FOUND

614 = HIGHEST PEAK IN REFERENCE TABLE FOUND

21 OF 21 REFERENCE PEAKS WERE FOUND

1% OF PEAK WIDTH = RUS FIT ERROR
(RUS FIT ERROR <10% ACCEPTABLE)

Figure 3. An example of a calibration report

1. ELECTRON MULTIPLIER SWITCH	ON
2. ELECTRON MULTIPLIER VOLTAGE	-2200.00
3. HIGH RESOLUTION	133.00
4. LOW RESOLUTION	125.00
5. ION ENERGY	2.51
6. FILAMENT SWITCH	ON
7. ION PROGRAM	3.22
8. LENS VOLTAGE	-166.00
9. EXTRACTOR	2.00
10. ELECTROHETER RANGE	7.00
11. ELECTROHETER ZERO	2.05

Figure 4. Example of the typical manual tune settings

There mass spectra are seen below in Figures 5-7. A mixture of the three drug standards was then run in order to assure that separation was possible with the SE-54 capillary column. These standards were analyzed using the isothermal

основной принцип — равенство всех перед законом и судом. Это означает, что
каждый человек имеет равные права и обязанности перед законом. В частности,
каждый человек имеет право на жизнь, свободу, безопасность и др. Эти права
не могут быть ограничены государством, если только это не требуется для защиты
общественных интересов.

В частности:

1. Все люди рождаются свободными и равными в своем достоинстве и правах.

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and programmed temperature node8 to determine the optimum analysis conditions. Later many of the parameters (those denoted by an * in Figure 8) were altered in order to determine their effects on the reparation and quantitation of AMI, NOR, and PRO.

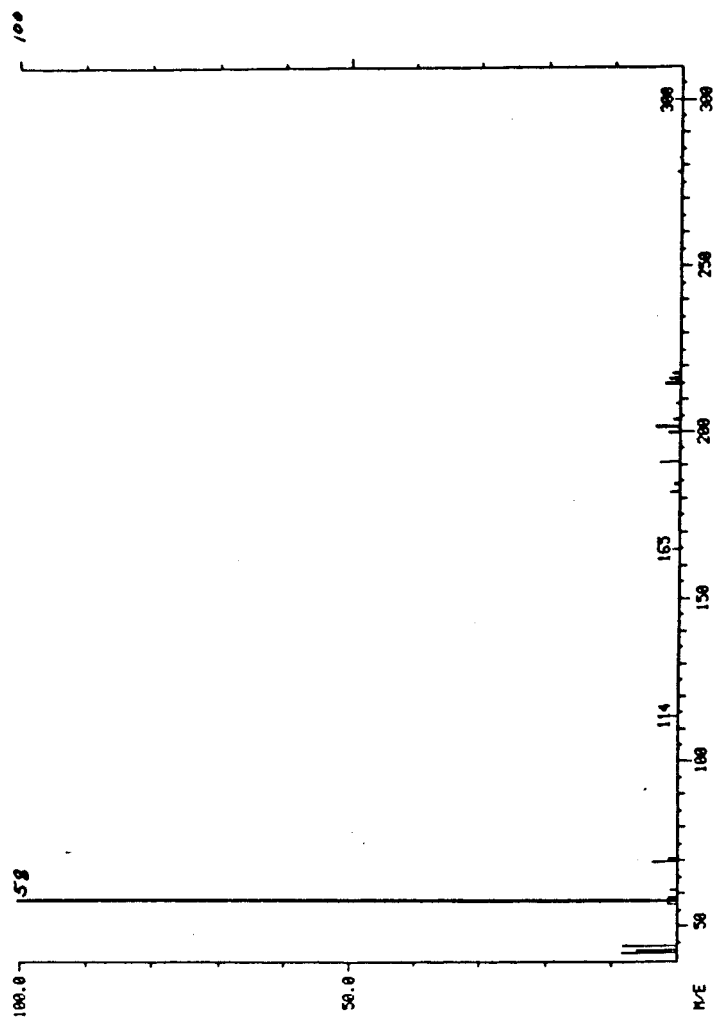


Figure 5. Reference EI Mass Spectrum of Amitriptyline from the work by T. Mills III.

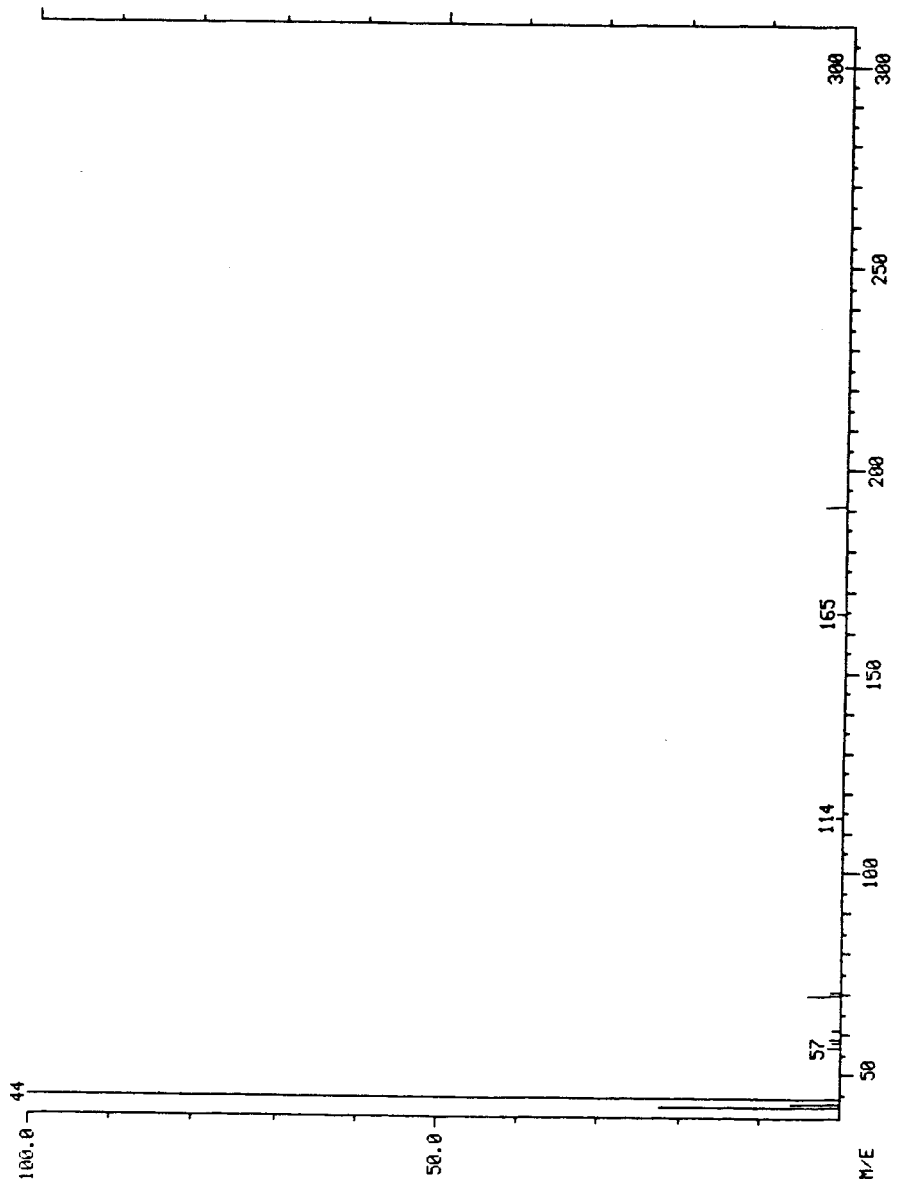


Figure 6. Reference EI Mass Spectrum of Morntriptyline from the work by T. Mills III.

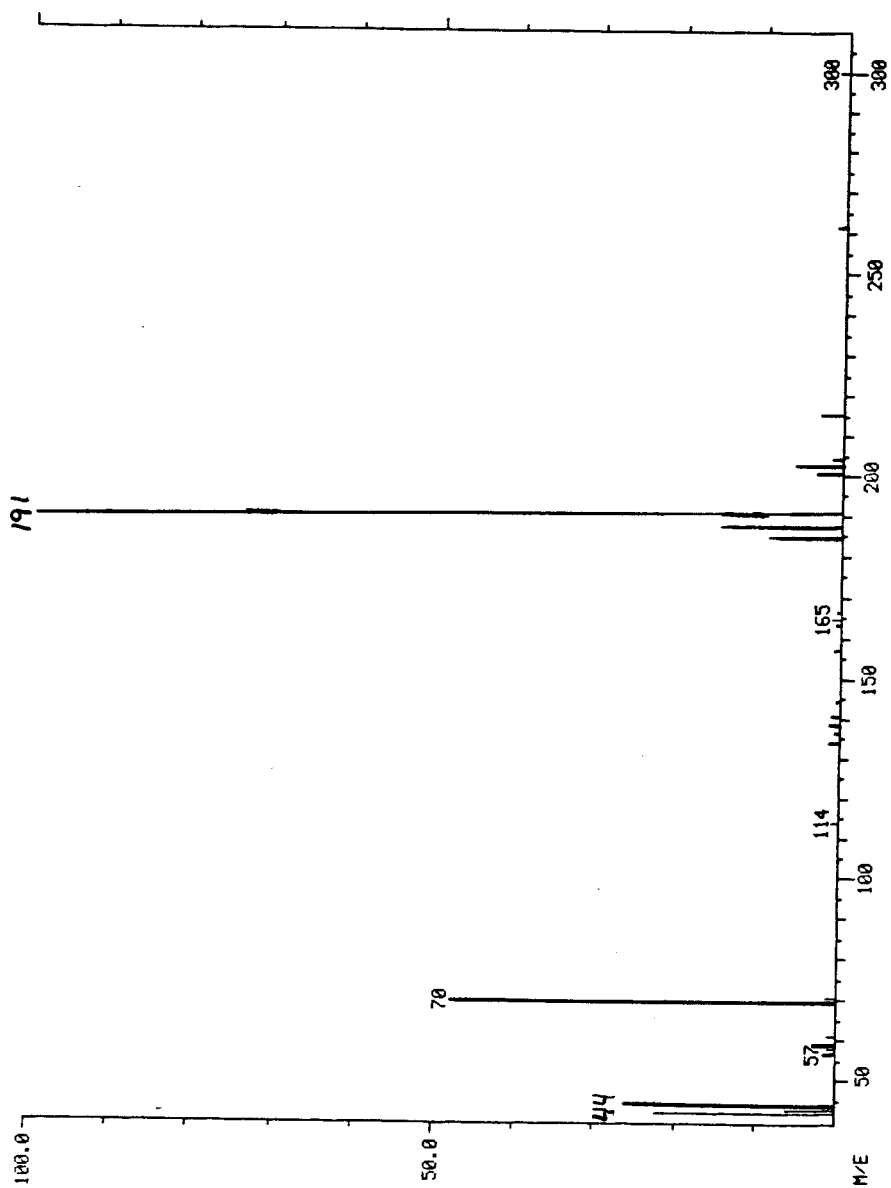


Figure 7. Reference EI Mass Spectrum of Protriptyline from the work by T. Mills III.

GC PARAMETERS:

250 deg. = Injector Temp. *
150 deg. = Initial Temp. *
220 deg. = Final Temp. *
1 min. = Initial Time *
5.0 D/H = Ramp Rate (**deg/min**) optional *
10 min. = Final Time *
250 deg. = Separator Temp.
80 deg. = MS Manifold Temp.

INJECTION MODE: CAPILLARY

60 sec. = Split/Sweep Valve Time
90 sec. = Filament/Multiplier Off Time

SCAN FROM 40 AMU TO 350 AMU IN 1.0 sec. *

*The separator is the area where the GC connects with the MS. A temperature higher than the final temp. is needed to prevent condensation.

*The manifold is the structure which houses the ion source, quadrupole analyzer, and ion detector.

Figure 8. An example of the typical **GC/MS** conditions

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CHAPTER V

RESULTS AND DISCUSSION

Electron Ionization

The problem presented here is the separation of three tricyclic antidepressants, very similar in both structure and molecular weight. Many procedures involve derivatization techniques to increase resolving power and sensitivity (30-31) but these problems should be eliminated by using capillary GC/MS. So, as in the work of Chinn et al (32) and Vinet (33) underivatized TCA's were used. First the standards were analyzed in a programmed temperature mode as seen in Figure 8. The data from these individual runs can be seen in Table 3. This phase of the analysis resulted in small but rather wide peaks in the reconstructed ion chromatograms (RIC) of all the drugs. The computer enhancement showed well-defined peaks with a slight amount of tailing resulting in excellent sensitivity for AMI and NOR and slightly decreased sensitivity for PRO. The sensitivity was determined by comparing peak height to baseline and background noise. The mass spectra for AMI, NOR and PRO can be seen in Figures 9-11 and all of these spectra correspond to the results seen by T. Mills III et al (30).

TABLE 3

DATA FOR EI OF INDIVIDUAL DRUG STANDARDS

DRUGS	Retention time (min:sec)	Intensity ^a (units)	Sensitivity (ng)
AMI	2:34	8608	20
NOR	2:35	19680	30
PRO	2:45	7200 ^b	50

^a Intensity is measured by arbitrary units to compare the amount of ions reaching the MS detector.

^b PRO's intensity value was doubled for comparison purposes because its concentration was half of AMI's and NOR's.

Figures 9-11 also show how their fragmentation patterns in the mass spectra occur as a result of electron ionization. Note that the molecular ion has a very low abundance in each case. It should also be noted that some of the primary ion fragments are further fragmented and are not seen in the mass spectra.

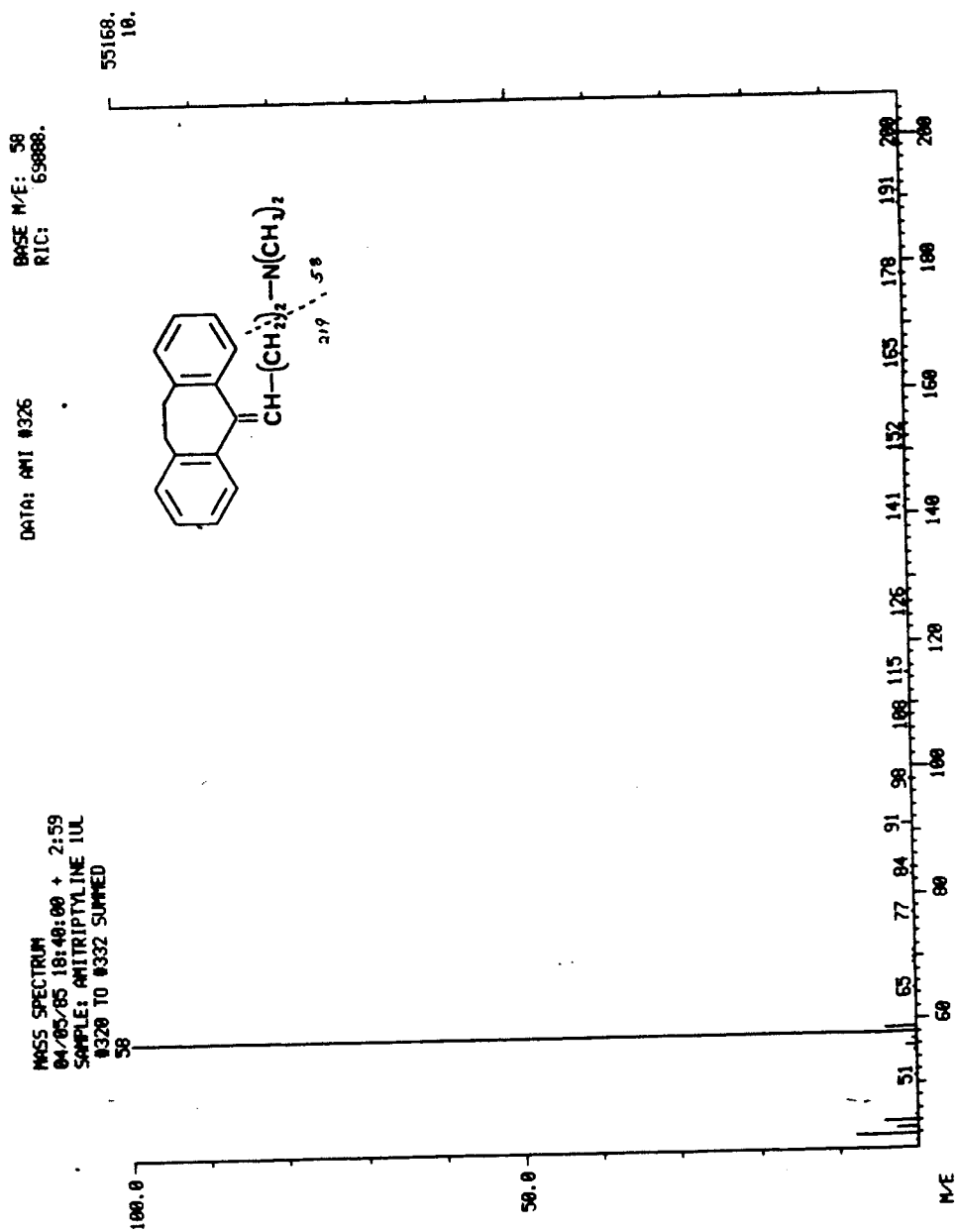


Figure 9. EI Mass Spectrum and Molecular Fragmentation of AMI.

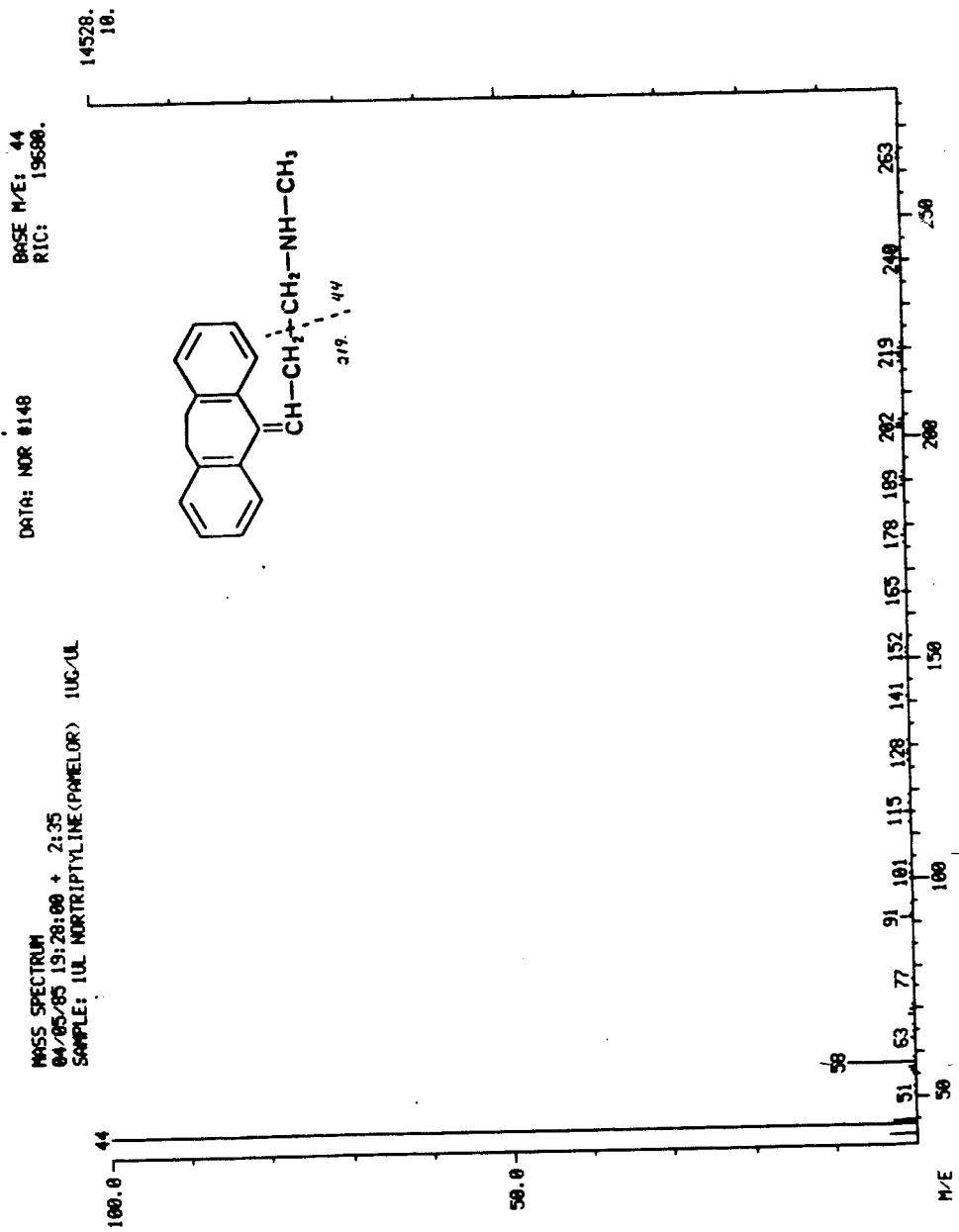


Figure 10. EI Mass Spectrum and Molecular Fragmentation of NOR.

REPRODUCTION DE MOUL

REPRODUCTION DE MOUL

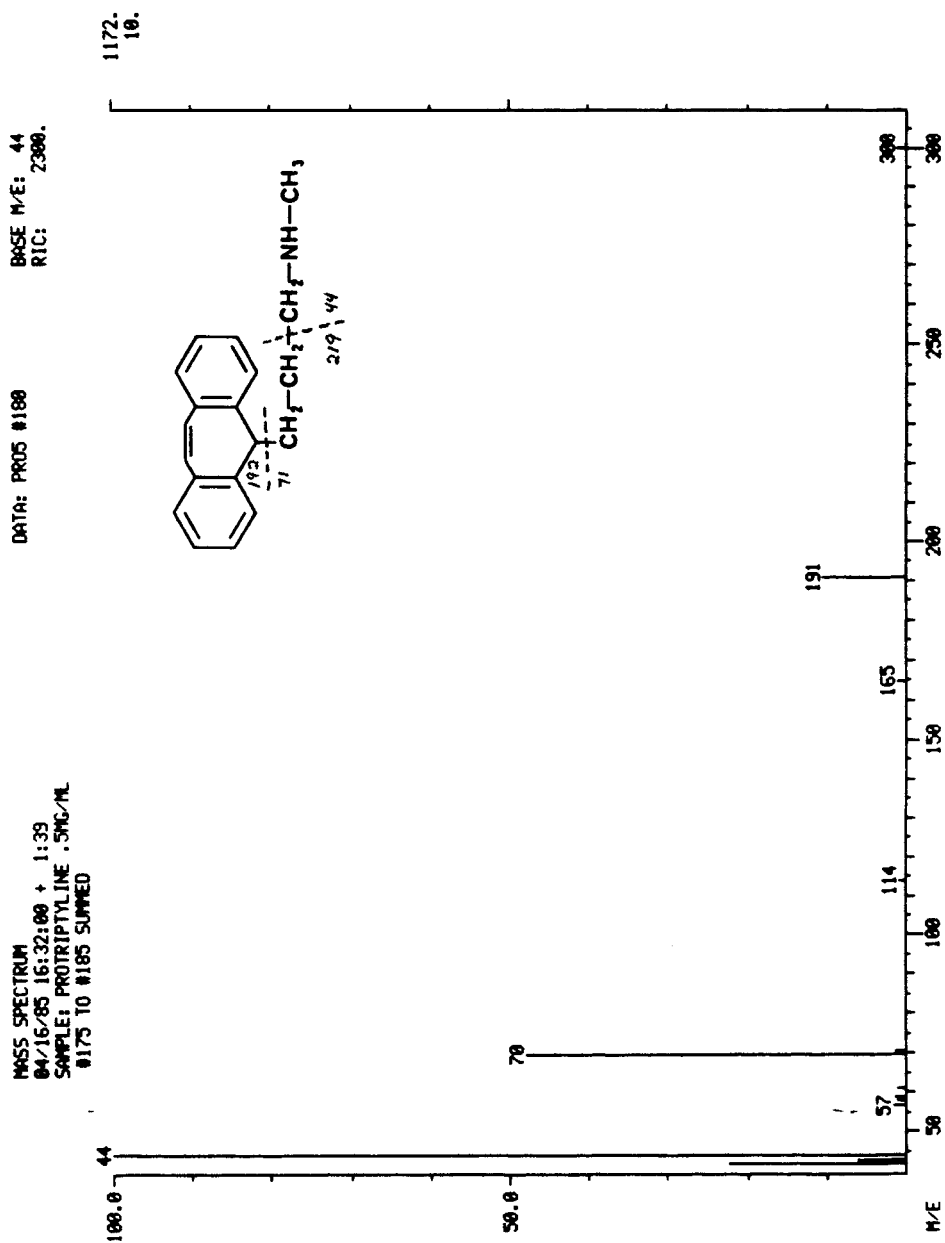


Figure 11. EI Mass Spectrum and Molecular Fragmentation of PRO.

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Chemical Ionization

In an attempt to improve the **sensitivity** of the individual **drugs, they** were analyzed by chemical ionization (CI) utilizing methane as the reagent gas as **was** done by Jenkins and **Friedel** (34). To determine the methane pressure to be **used**, mass spectra were obtained for **the** methane alone. This **was** done by varying the methane pressure by 0.1 torr increments **from 0.0 torr to 1.0 torr** (instrument **manufacturer's recommended** reagent gas range), and the results can be seen in Figure 12. It was by this means that

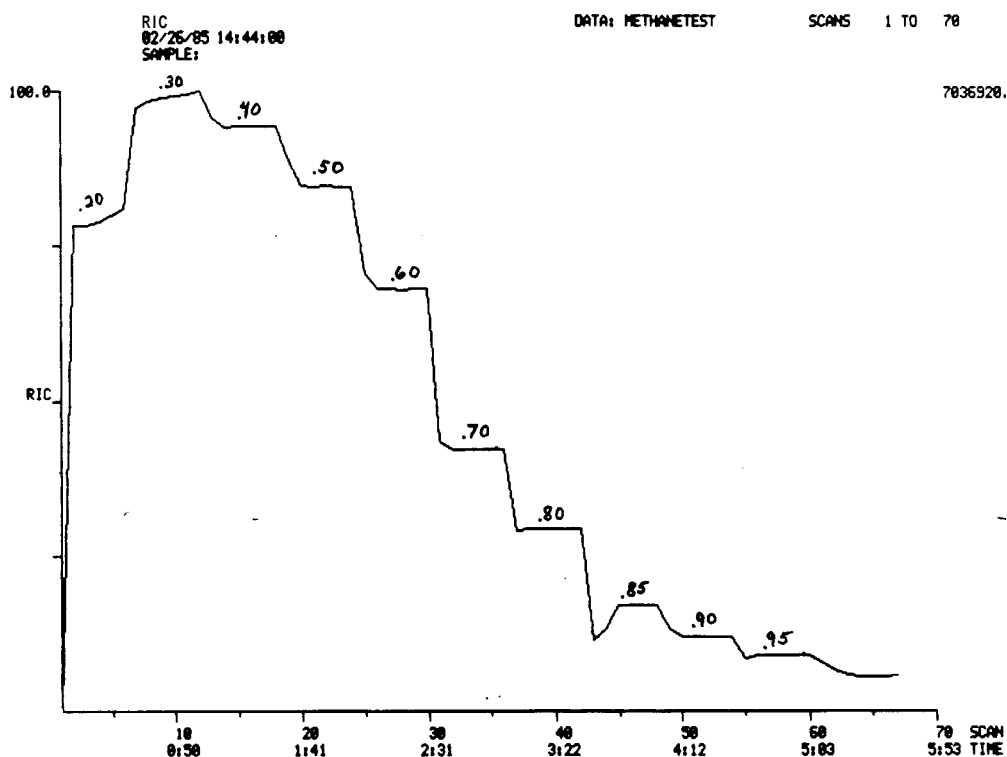


Figure 12. The total ion intensity of methane (the reagent gas). The pressure in torr is indicated at each level.

it was determined that the **maximum** concentration of the reactive **CH₃⁺ ions** occurs at **0.4 torr** and, therefore, this **is** the optimum methane operating **pressure**. The following changes in the GC parameters were made in order to get the desired **sensitivity** and peak **sharpness**.

1. INITIAL TEMP. = 150 deg.
2. RAMP RATE = 10.0 deg/min.
3. SPLIT/SWEEP VALVE = 60 sec.
4. FIL. /MULT. OFF TIME = 90 sec.
5. SCAN FROM 150 TO 350 AMU IN 1.0 sec.

The **split/sweep** valve time **is** the amount of time that the valve is initially **closed** to allow all of the **sample** to get onto the column. **The results** are noted below in Table 4 and as can be **seen** there was a **vast** improvement in the relative **intensities** and **sensitivity** of **all** three drugs. The

TABLE 4

DATA FOR CI OF INDIVIDUAL DRUG STANDARDS

DRUGS	Retention time (min:sec)	Intensity (units)	Sensitivity (ng)
AMI	5:44	14944	10
NOR	5:53	11264	20
PRO	6:19	16480	30

DEGREE	(INPUT) REFERENCE TIME	(OUTPUT) INFORMATION	(UNIT) GENERATION
PHD	6-75	70-100	30
MOE	6-123	77-107	30
WMI	6-141	78-111	10

DAILY LOG OF OPERATIONAL DATA

LOGS

Information and analysis of the logs are as follows: The logs are maintained on a daily basis and are used to monitor the performance of the system. The logs are used to identify any problems that may occur and to take corrective action as needed. The logs are also used to generate reports and to provide a historical record of the system's operation.

- 1. Daily log of system performance
- 2. Daily log of system configuration
- 3. Daily log of system errors
- 4. Daily log of system maintenance
- 5. Daily log of system security

The logs are maintained on a daily basis and are used to monitor the performance of the system. The logs are used to identify any problems that may occur and to take corrective action as needed. The logs are also used to generate reports and to provide a historical record of the system's operation.

intensities for NOR and PRO, because of the broadness of their peaks, reflect the **areas** under the peaks. It **must** be remembered that the intensity referred to here **is** a relative term and will vary depending on the **manual** tune **settings** and other instrument conditions. The **chemical ionization mass** spectra of **AMI**, NOR and PRO are seen below in Figuree 13-15. It should be noted that the ratio of **MH⁺** to **M⁺** is approximately 10 to 1. This agrees with statements made by the manufacturer on CI results. The **(M + C₂H₅)⁺** ions and **(M + C₃H₇)⁺** ions are seen in the **mass** spectra, but **(M + CH₃)⁺** ions are not detected by this MS technique. This is because nearly all of the **CH₃⁺** that reacts with **M** forms **MH⁺** and **CH₄**, as in reaction 5. It is this **MH⁺** ion that remultr in the **base** peak in each of the **cases**. At this methane **pressure some** fragmentation of the drug molecule occure. This results in the detection of many characteristic **mass** peaks that can be umed to confirm the identification of the analyzed drugs. So under **these** conditions, there are three criteria for identifying a ruspected drug **(1)** retention tine, **(2)** the rolecular weight of the compound am obtained **from** the mass of the **MH⁺** ion, and **(3)** the nolecular fragmentation pattern.

A standard drug mixture of **AMI**, NOR and PRO, each with a concentration of 250 **ng/μL**, was analyzed using the **same** GC parameters an noted above. Since the **split/sweep** valve off-time **is 60 sec** the injection is splitlers and the **vast** majority of the **sample** reaches the column.

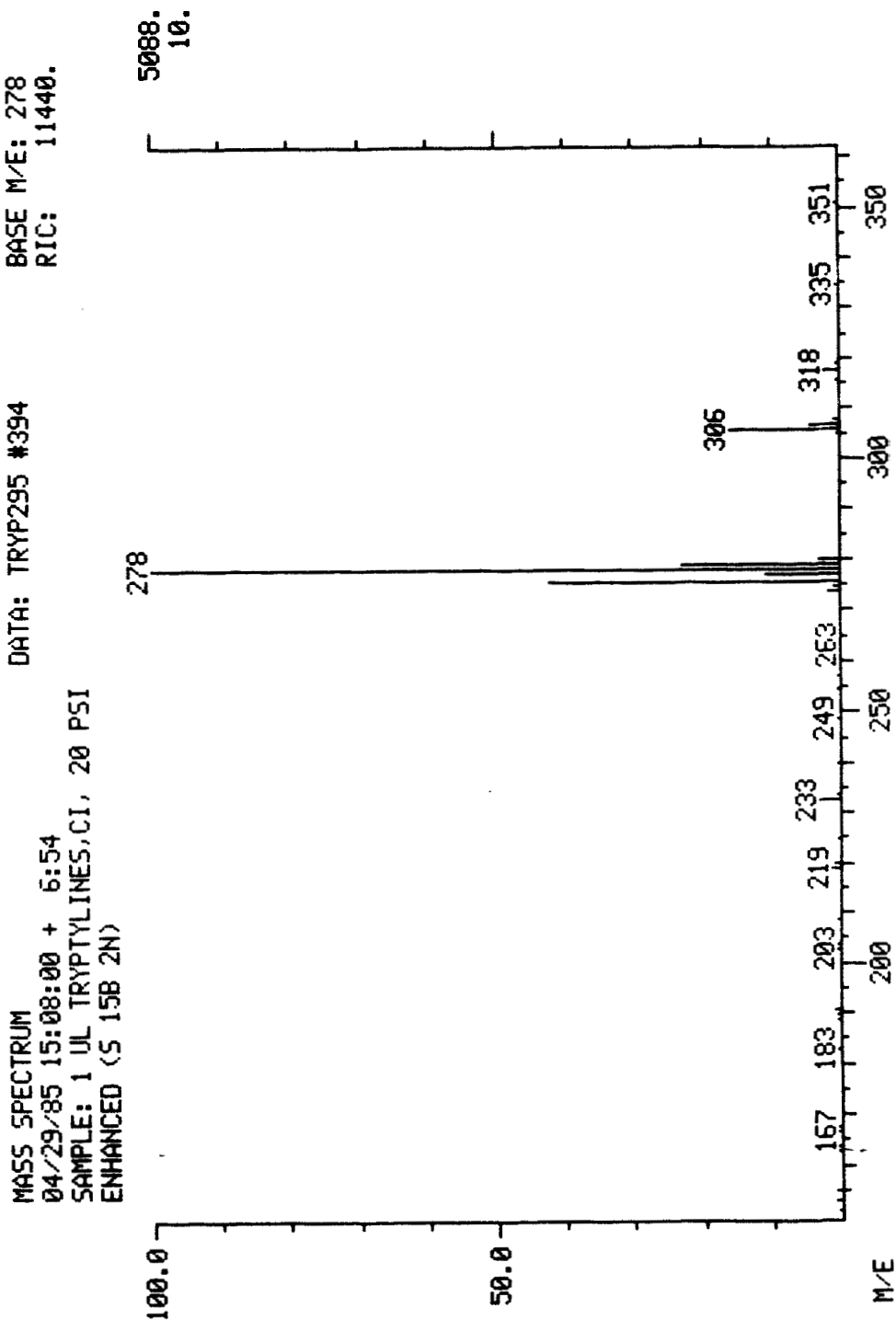


Figure 13. Chemical Ionization Mass Spectrum of AMI.

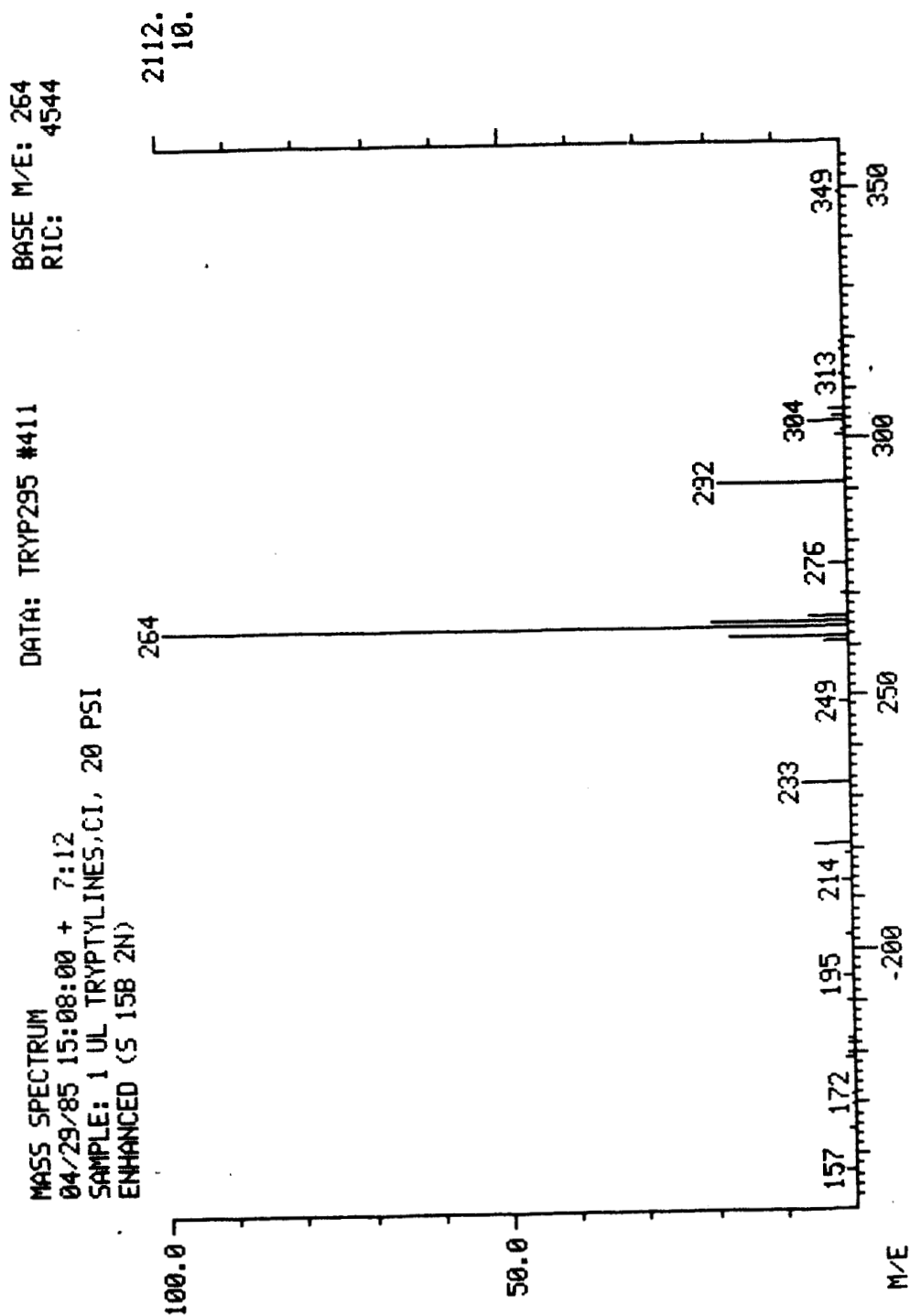


Figure 14. Chemical Ionization Mass Spectrum of NOR.

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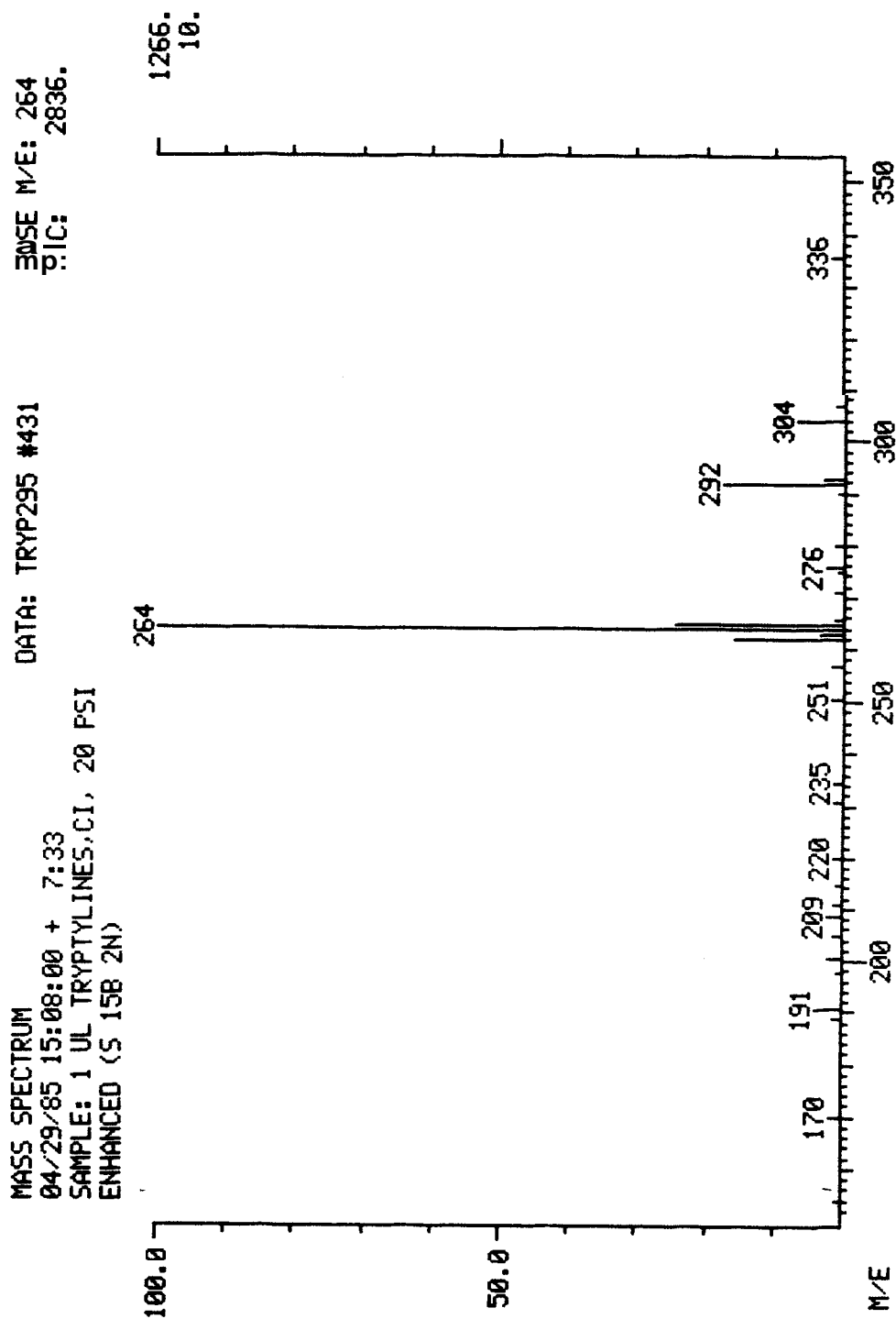


Figure 15. Chemical Ionization Mass Spectrum of PRO.

Второе издание переиздано в 1991 году

The RIC for one of the samplings is **seen** in Figure 16, and it shows excellent **resolution, intensity, and sensitivity**. The statistical information for **this** analysis is seen in Table 5. It should also be noted that the **intensities** in

TABLE 5

Data for Chemical Ionization of Drug **Mixture**

Drug	RT	Intensity(Ht/A)	Response Factor*
AMI	6:56	44032/176496	0.85
NOR	7:13	23872/151524	1.00
PRO	7:36	18784/ 57925	2.60

* The peak area intensity value **was** used to **calculated** the **response** factor

Table 5 are expressed in terms of peak height (**Ht**) and peak **area** (**A**). The **response** factors (**Rf**) seen in Table 5 are used in the quantitation of the drugs in an actual analysis. The **response** factor value **is determined** by comparing the instrument's **ability** to detect various **substances** of **equal** or known concentrations (**as** in this **study**). The **response** factor is calculated from the intensity readings of the various drugs compared to a reference. In this study, I used NOR as **the** drug of reference to calculate the response factors.

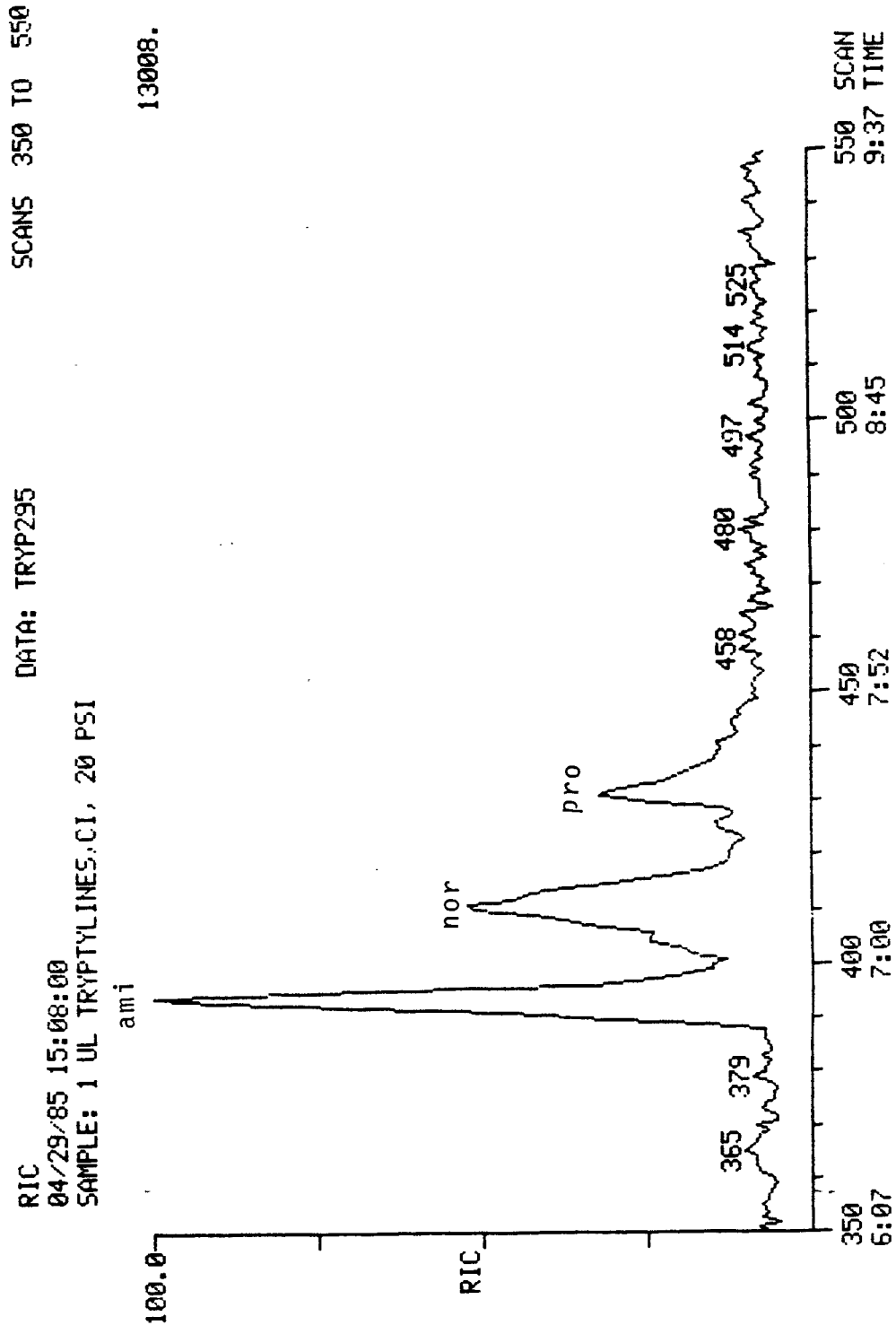


Figure 16. The RIC of 250 ng of each of the three drug standards analyzed in the programmed temperature mode.-

$$\text{NOR I} / \text{AMI I} = \text{AMI Rf} \quad (7)$$

$$151524 / 176496 = 0.89 \quad (8)$$

A response factor would have to be calculated for all substances to be analyzed. The concentration of unknown drugs would be determined using the following equation

$$(I_{\text{UNK}} \times \text{Rf} \times \text{Conc. I}_{\text{std}}) / I_{\text{std}} = \text{Conc. UNK} \quad (9)$$

As was noted above, intensity is a relative determination and can vary considerably, but this variation had little effect on calculating the response factors as seen in Table 5. Because of the broadness of the peaks and the large difference in peak height and peak area, I felt a more accurate response factor would be obtained by using peak area rather than peak height.

Isothermal Conditions

If a procedure is to find clinical application, it should be as simple and easy to perform as possible. The programmed temperature mode is very useful in analyzing complex mixtures and resulted in more than adequate separation of the drugs. But in clinical laboratories, a majority of their work involves therapeutic drug monitoring. In this case, we are not working with a complex mixture. Therefore, I have explored the possibilities of an isothermal procedure. The isothermal procedures are simpler and faster since the column does not need to reequilibrate its temperature (cool down to the initial temperature)

before the next analysis. During this portion of the **study** only the initial and final temperature **settings** were varied but kept equal to each other. The **same** standard drug mixture was run through a series of CI **analyses** to find the optimum **isothermal** operating temperature. The RIC and the **optimum** temperature and other GC conditions are seen in Figures 17 and 18, respectively. The RIC shows good resolution and sensitivity for the relatively short retention times in comparison to the programmed mode. All three **drugs** were injected onto a **200°C** column and due to **similarities** in molecular weight and structure the result is three rather uniform peaks. This caused a **substantial** change in the response factors compared to earlier programmed temperature data. A tabular listing of the results of this isothermal analysis is **seen** in Table 6. **The response** factors in this case were calculated using the peak height **because** of a difficulty in determining peak area due to peak **overlap**, although all peaks did appear uniform.

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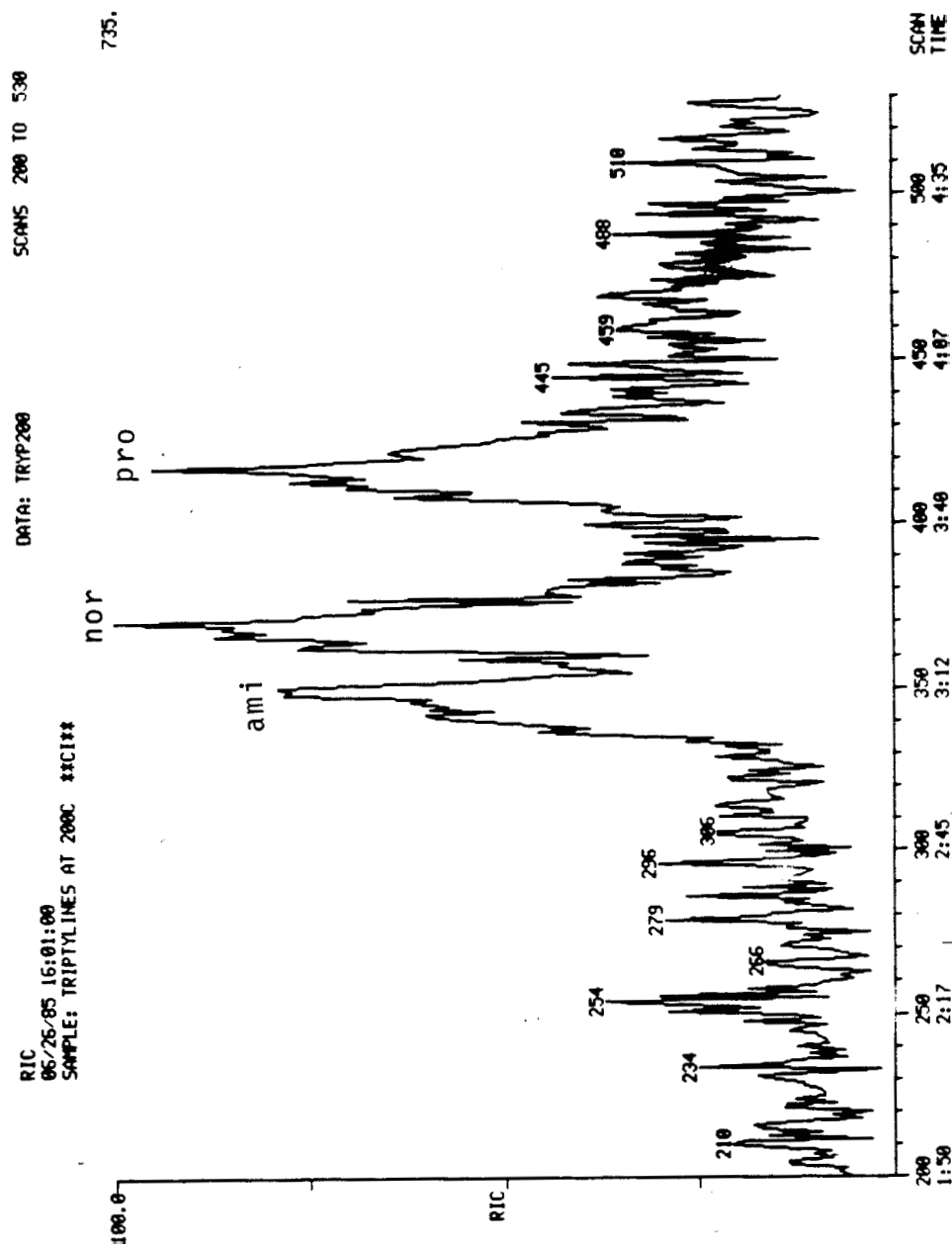


Figure 17. The RIC for the isothermal CI of the drug mixture analyzed at 200°C.

GC PARAMETERS:

250 deg. = Injector Temp.
200 deg. = Initial Temp.
200 deg. = Final Temp.
1 min. = Initial Time
0.0 D/H = Ramp Rate (**deg/min**)
10 min. = Final time
250 deg. = Separator Temp.
80 deg. = Manifold Temp.

INJECTOR **MODE:** CAPILARY

60 sec. = **Split/Sweep** Valve Closed Time
90 sec. = **Filament/Multiplier** Off Time
SCAN **FROM 150 AMU TO 350 AMU IN 0.5 sec.**
ETHANE PRESSURE: **0.40 torr (used in CI)**

Figure 18. Typical computer printout of GC conditions for isothermal analysis.

TABLE 6

Data for **200°C** Isothermal Analysis of the Drug **Mixture^a**

Drug	RT	Intensity	RF
AMI	4:29	771	1.13
NOR	4:43	870	1.00
PRO	5:23	631	1.38

^aThe GC/MS conditions for isothermal analysis are seen in figure 18.

GC/MS Variable Parameters

Many researchers in reporting clinical procedures merely state the conditions at which the analysis is performed. At this time I will show the effect of varying many of the GC/MS parameters. This is done in order to give a better understanding of the overall GC/MS operation. This will show that adjusting many of the variables will result in a considerable change in the RIC. The first variable to be considered is the column temperature. It can be varied from 25°C to 300°C. The compromise is between the analysis time, intensity, and resolution. As temperature is increased the analysis time and the resolution will decrease. The sensitivity will increase with temperature and will plateau at the optimum temperature. As this temperature is exceeded, sensitivity and resolution will decrease as peaks begin to overlap. Table 7 shows the retention time (RT) and the intensity (I) for the three drug standards at column temperatures from 190°C to 220°C while all other parameters were held constant. Table 8 shows the relative retention time (RRT) and the intensity (I) of the three standards at varying column temperatures. This was accomplished by using the information from Table 7. The RRT is a means of standardizing retention times from numerous chromatograms. The RRT is determined by establishing one of the drugs as the standard or reference drug and its RRT is 1.00. All of the other drugs RRT are determined by

TABLE 7

The Retention **Times (RT)** and Intenritier **(I)** of the Drug Standards at Various **Isothermal** Temperature8

COLUMN TEMP.	AMI(RT/I)	NOR(RT/I)	PRO(RT/I)
190	4:55/1830	5:15/347	5:57/223
200	3:11/1898	3:23/2037	3:49/3561
210	2:17/1898	2:26/4244	2:44/1868
220	1:58/1180	2:02/1500	2:12/1650

TABLE 8

The Relative Retention Timer **(RRT)** and **Intensities (I)** of the Drug Standardr at Various Isothermal Temperatures

COLUMN TEHP.	AMI(RRT/I)	NOR(RRT/I)	PRO(RRT/I)
190	1.00/1830	1.13/347	1.22/223
200	1.00/1898	1.04/2037	1.12/3561
210	1.00/1898	1.04/4244	1.12/1868
220	1.00/1180	1.27/1500	1.34/1650

establishing a ratio between then and the reference drug. Analyses at temperatures less than 190°C reeulted in extremely long RT and **decreased** intensity and **sensitivty** due to peak broadening. Analyses at **temperatures** greater than 220°C resulted in a complete loss of resolution because all three **drugs** appear as one large **peak** with an **extrenely**

1. The purpose of this document is to provide a comprehensive overview of the project's objectives, scope, and deliverables. This document will serve as a reference for all stakeholders involved in the project.

2. The project is designed to address the current challenges faced by the organization and to implement a solution that meets the needs of our customers. The project will be completed within a defined timeline and budget.

3. The project team consists of experienced professionals who are committed to delivering high-quality results. We will maintain regular communication and provide transparent reporting throughout the project lifecycle.

4. The project's success is measured by the achievement of its key performance indicators (KPIs). We will track progress and adjust our strategy as needed to ensure the project stays on track.

Item	Description	Start Date	End Date
001	Project Initiation	2023-01-01	2023-01-15
002	Requirement Gathering	2023-01-16	2023-02-15
003	System Design	2023-02-16	2023-03-31
004	Development	2023-04-01	2023-06-30
005	Testing & Deployment	2023-07-01	2023-08-31

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APPENDIX

Item	Description	Start Date	End Date
001	Project Charter	2023-01-01	2023-01-15
002	Business Case	2023-01-16	2023-02-15
003	Project Plan	2023-02-16	2023-03-31
004	Stakeholder Register	2023-04-01	2023-06-30
005	Communication Plan	2023-07-01	2023-08-31

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APPENDIX

short retention **time**. The drugs could be distinguished only through computer enhancement by scanning for individual characteristic masses.

This same effect is seen in the programmed temperature analyses when the column temperatures (initial and final) and the **ramp rate are** varied. It therefore appears that the degree of **sensitivity** and the resolution attained **is** directly related to the retention time which is controlled by the column temperature. Table 9 shows a comparison of the retention time (**RT**) and the intensities (**I**) of the drug **standards** to the operating ramp rate in degrees per minute (**D/M**).

TABLE 9

The Retention times and Intensities of the Drug Standards at Various Ramp Rates^a

Ramp Rate(D/M)	AMI(RT/I)	NOR(RT/I)	PRO(RT/I)
5	9:33/21180	9:49/9316	9:57/7252
10	6:54/57228	7:12/49799	7:33/22466
15	5:36/43846	5:43/32458	6:00/10334
20	4:58/8768	---/---^b	---/---^b

^a All analyses were performed according to the conditions seen in Figure 8, except for ramp rate.

^b NOR and PRO appear as one peak at 5:02

The next parameter requiring investigation was the helium head pressure. This pressure can typically vary from 5 to 30 psi (pounds per square inch). The more common terminology for carrier gas (helium) measurements is flow rate. This was measured at pressures of 5 and 10 psi and resulted in helium flow rates of 1.0 and 2.0 mL/min. Table 10 shows the effect of helium pressure on the drug's retention time while all other parameters remain constant. The RICS of this series of analyser showed again that there is a direct correlation between intensity and retention time. The lower pressures resulted in long retention times and poor intensity due to very broad peaks that at times were nearly lost in the background noise, whereas the higher pressures resulted in shorter retention times, greater intensities and excellent sensitivity. It must be

TABLE 10

The Retention Times of Drug Standards at Various Helium Pressures (psi)*

HELIUM PRESSURE (psi)	RETENTION TIME (min:sec)		
	AMI	NOR	PRO
10	11:02	11:30	12:05
20	9:33	9:49	9:57
30	8:33	8:45	9:25

*All analyser were at 5 deg/min ramp rate.

UNITED STATES DEPARTMENT OF JUSTICE

TO: SAC, NEW YORK (100-100000)

FROM: SAC, NEW YORK (100-100000)

SUBJECT: [REDACTED]

RE: [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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[REDACTED]

remembered that varying this and other parameters that affect retention times may result in loss of resolution due to overlapping of RIC peaks.

As noted earlier the **MS** has the ability to scan for ions with a mass-to-charge ratio **from 1 to 800**. In this study scanning was typically from **150 to 350 amu** in **0.5 to 1.0 sec**. The Finnigan **model 1020B** can **also** scan for a number of selected ion **masses** in a time **frame** of **0.030 to 1.000 sec** for each **mass** or mass range while the total scan may take **0.50 to 4.00 sec**. The instrument will then reset **itself** and begin scanning again. This concept is termed selected ion monitoring (**SIM**). The advantage of this is two-fold; the background is decreased because fewer **masses** are being scanned so fewer interfering ions are detected, and the selected **masses** are scanned for a longer period of time than in previously noted ranges resulting in **more** ions of a specific **mass** detected and higher intensity readings. **These** advantages **result** in an overall increase in detection **sensitivity**.

The effective **use** of CI and SIM are **dependent** upon the ability of the reagent **gas** to react with the parent molecules to be studied. This ability is reflected in the conversion rate of **M⁺** to **MH⁺** and the effectiveness is measured by the **MH⁺** to **M⁺** ratio. As noted earlier in Chapter V, methane is the reagent gas in this study and its **optimum** pressure was determined through independent **methane**

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studies. The experimental proof of that optimum pressure was demonstrated through a series of analyses of the drug standards at various methane pressures. This was experimentally demonstrated through analyses of **AMI** in which the methane pressure was varied at 0.1 torr increments while monitoring the relative percentage of **MH+** formed compared to the total amount of ions detected. Table 11 shows the results of this series of analyses.

TABLE 11

Comparison of Methane pressures and the Relative amount of the **UH+** formed during **AMI** analyses

Methane Pressure (torr)	Rel. % of MH+
0.20	11.93
0.30	18.10
0.40	12.00
0.50	9.71

This pressure is measured in the ion source of the **MS** and it varies depending on the type of solvent and the sample size, but mainly on the flow rate of reagent gas entering the ion source.

analysis:

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weight percentage in the type of element and the weight of the
type element is measured to the iron core of the iron and to

0.20	0.17
0.40	0.30
0.60	0.40
0.80	0.50

Weight Element (100) Part of 100

of the iron, formed during the analysis
Comparison of Weight Element and the Part of 100

TABLE II

results of this series of analysis:

to the total amount of iron present, the iron core of the
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Clinical Comparison of Study

In this study it was determined that sensitivity of the developed procedures ranged from 10 to 30 ng. It must be remembered that this is the actual amount of the drug injected onto the column. In many of the clinical procedures the following steps are followed

1. 1-3 mL of serum from patient is required.
2. 100-200 ng of internal standard is added.
3. A basic buffer is added to attain pH 9-11.
4. Extracting solution (such as hexane/alcohol) is added.
5. 70-99% of drug is extracted into organic phase.
6. Organic phase is drawn off and evaporated to dryness.
7. 5-100 µL of pure hexane is added to reconstitute residue.
8. 1-3 µL concentrated drug in hexane solution is injected.

The critical steps in concentrating the drug samples are steps 6 and 7. The above noted method is similar to the procedure developed by Rovei et al (30). Thus, the serum AMI concentration of 100 ng/mL would result in the injection of 30-40 ng of AMI being injected into the column. This is well within the sensitivity range of the above developed GC/MS procedure. The mathematical explanation of this is as follows:

$$100 \text{ ng/mL} \times 2 \text{ mL} = 200 \text{ ng}$$

(10)

100 mg/ml of 100 mg/ml

Results:

As the concentration of the substrate increases, the rate of reaction also increases. The results show that the rate of reaction is directly proportional to the concentration of the substrate. The reaction is first order with respect to the substrate.

1. 100 mg of concentrated sulphuric acid in excess solution is used.
2. 2-100 ml of 10% solution of barium chloride is added to the mixture.
3. The mixture is allowed to stand for 5 minutes.
4. 10-100 ml of 10% solution of barium chloride is added.
5. The mixture is allowed to stand for 5 minutes.
6. 10-100 ml of 10% solution of barium chloride is added.
7. 10-100 ml of 10% solution of barium chloride is added.

The following steps are followed:

The reaction is carried out in a series of steps. The results show that the rate of reaction is directly proportional to the concentration of the substrate. The reaction is first order with respect to the substrate.

$$200 \text{ ng} / 20 \text{ } \mu\text{L} = 10 \text{ ng} / \mu\text{L}$$

(11)

Equation 10 shows that 2 mL of serum from this patient would contain 200 ng of AMI. The drug is completely extracted into an organic solvent and then this solvent is evaporated at 60°C under a stream of nitrogen gas. According to this procedure the residua is reconstituted with 20 μL of hexane. Therefore, as shown by equation 11 the 200 ng of AMI is now found in 20 μL or 10 ng/ μL of hexane. Then 3-4 μL of this mixture or 30-40 ng of AMI is injected into the GC.

Some of the newer procedures such as that developed by Chinn et al (32) have eliminated the drying and concentrating steps. In this procedure the drug is extracted into 200 μL of a toluene/hexane/alcohol mixture and then 6 μL is injected onto column. According to this extraction procedure a rerun AMI concentration of 120-250 ng/mL would result in the injection of 7.2 to 15.0 ng of AMI onto the column.

CHAPTER VI

CONCLUSION

As noted earlier, there have been numerous procedures developed for the separation, identification and quantitation of numerous tricyclic antidepressants including amitriptyline, nortriptyline and protriptyline. These procedures have included spectrometric methods, radioimmunoassays, thin-layer chromatography, enzyme-labelled immunoassays, and most recently high pressure liquid chromatography (HPLC) and gas chromatography (GC). The latter method, GC, has become the most widely accepted methods for drug studies. Through the years many types of detectors have been used with gas chromatographs such as ultraviolet detectors, nitrogen-phosphorous sensitive detectors and mass spectrometers. It is the combination of gas chromatograph/ mass spectrometer (GC/MS) that has resulted in a highly sensitive and highly specific instrument capable of detecting and identifying picogram quantities of drugs.

In spite of all the research accomplished, there was a limited amount of work done using fused silica capillary columns combined with GC/MS. This was especially true for capillary columns with the SE-54 stationary phase, since no research work was found that used this particular stationary

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1880-1890

phase with GC/MS. There is also a very small amount of work involved with studying the capabilities and the limitations of capillary GC/MS. In this study, procedures and GC/MS parameters for both programmed or ramping temperature and isothermal nodes were investigated. The programmed temperature procedure could supply excellent separation of a complex drug mixture and could be very useful in identifying an unknown drug. The isothermal procedure would provide more than adequate separation and more reliable response factors for the quantitation of drugs as in the case of therapeutic drug monitoring. In this case the use of electron ionization appeared less effective due to a lower sensitivity and specificity, whereas chemical ionization utilizing methane as the reagent gas resulted in significant increases in sensitivity and specificity. The specificity increased because the molecular weight of the parent molecule can easily be determined and the presence of additional fragmentation resulted in identifying many characteristic mass peaks.

It was the purpose of this study not only to develop a procedure of optimum conditions but also to report the effect of varying the conditions. The following is a list of the optimum GC/MS conditions for the programmed temperature node and the isothermal node. The isothermal mode conditions are in parentheses if they are different than the programmed mode.

GC PARAMETERS:

250 deg. = Injector Temp.
150 deg. = Initial Temp. (200 deg.)
220 deg. = Final Temp. (200 deg.)
1 min. = Initial Time
10.0 D/M = Ramp Rate deg/min (0.0 D/M)
10 min. = Final time
260 deg. = Separator Temp.
80 deg. = Manifold Temp.

INJECTOR MODE: CAPILLARY

60 sec. = Split/Sweep Valve Closed Time
90 sec. = Filament/Multiplier Off Time
SCAN FROM 150 AMU TO 350 AMU IN 0.5 sec.
METHANE PRESSURE: 0.40 torr (used in CI)
HELIUM PRESSURE: 20 psi

Figure 19. The typical computer printout of the optimum GC/MS programmed temperature mode conditions. The optimum isothermal conditions, if different, are noted parenthetically.

In investigating many of the adjustable parameters the key factor in separating a drug mixture appears to be the retention time. This is affected by several variables such as column temperature (isothermal or programmed modes), carrier gas flow rate and column diameter and length. It must be remembered that an adjustment of any parameter may

result in a compromise in resolution, retention time, or sensitivity of a procedure's results.

One of the factors that was not investigated and could have a definite effect on the procedure is the stationary phase coating of the capillary column. The SE-54 coating used in this study is slightly polar and may tend to cause the tailing and broadened peaks evident in some of the RICs, whereas a less polar column coating, such as SE-30 or OV-101 that contain polydimethylsiloxane polymers, may be more effective due to the slightly polar characteristics of these drugs. There are also some columns available with slightly larger inside diameters or film thickness. These various column characteristics may result in sharper peaks without the tailing but some of the resolving power of the SE-54 coating would be lost.

Another factor that could be investigated is the reagent gas. Methane was used in this study, but as suggested by Chinn et al (32), by using a methane-ammonia mixture as the reagent gas a larger percentage of the MH^+ ions were produced. This is because a more stable MH^+ ion is formed, less fragmentation of the parent molecule occurs, and fewer secondary reactions occur. This could result in better sensitivity when analyses are performed by chemical-ionization selected-ion monitoring.

REFERENCES

1. Van Brunt, N. Ther. Drug Monit., 1983, 5, 11-37.
2. Asperheir, M. K. Pharmacologic Basis of Patient Care. 5th ed. Philadelphia, PA.: W. B. Saunders Co., 1982.
3. Melnon, K. L.; Horrmlli, H. F. Clinical Pharmacology. 2nd ed. New York: MacMillan Publishing Co., 1978.
4. Baer, D. W. Medical Laboratory Observer, August 1985, 17, 12-13.
5. Physicians' Desk Reference, 39th ed., Edited by Edward R. Barnhart. Oradell, N. J.: Medical Economics Co., 1986.
6. Woody, J. P.; Tait, A. C.; Todrick, A. Br. J. Psychiat., 1967, 113, 183-193.
7. Kaul, P. N.; Whitfield, L. R.; Clark, M. L. J. Pharm. Sci. 1978, 67, 60-62.
8. Fenimore, D. C.; Meyer, C. J.; Davis, C. U.; Hsu, F.; Zlatkis, A. J. Chromatogr., 1977, 142, 399-489.
9. Haefelfinger, P. J. Chromatogr., 1978, 145, 445-451.
10. Knox, J. H.; Jurand, J. J. Chromatogr., 1975, 103, 311-326.
11. Spector, S.; Spector, N. L.; Alneida, M. P. Psychopharmacol. Commun. 1975, 1, 421.
12. Scoggins, B.; Haguire, K. P.; Norman, T. R.; Burrow*, G. B. Clin. Chem., 1980, 26, 13.
13. Emergency Toxicology Assays: Syva EMIT Handbooks, Syva Co., Palo Alto, CA., 1983.
14. James, A. T.; Martin, A. J. J. Biochem., 1952, 50, 679.
15. Chatteraj, S. C. "Gas chromatography in Fundamental of Clinical Chemistry, Edited by Norbert Tietz, Philadelphia, PA.: W. B. Saunders Co., 1976.

- 12) ВНЕШНЕПЛАТОНОВЫЙ ПЕРИОД (1871-1878 гг.)
- 13) ВНЕШНЕПЛАТОНОВЫЙ ПЕРИОД (1879-1886 гг.)
- 14) ВНЕШНЕПЛАТОНОВЫЙ ПЕРИОД (1887-1894 гг.)
- 15) ВНЕШНЕПЛАТОНОВЫЙ ПЕРИОД (1895-1902 гг.)
- 16) ВНЕШНЕПЛАТОНОВЫЙ ПЕРИОД (1903-1910 гг.)
- 17) ВНЕШНЕПЛАТОНОВЫЙ ПЕРИОД (1911-1918 гг.)
- 18) ВНЕШНЕПЛАТОНОВЫЙ ПЕРИОД (1919-1926 гг.)
- 19) ВНЕШНЕПЛАТОНОВЫЙ ПЕРИОД (1927-1934 гг.)
- 20) ВНЕШНЕПЛАТОНОВЫЙ ПЕРИОД (1935-1942 гг.)
- 21) ВНЕШНЕПЛАТОНОВЫЙ ПЕРИОД (1943-1950 гг.)
- 22) ВНЕШНЕПЛАТОНОВЫЙ ПЕРИОД (1951-1958 гг.)
- 23) ВНЕШНЕПЛАТОНОВЫЙ ПЕРИОД (1959-1966 гг.)
- 24) ВНЕШНЕПЛАТОНОВЫЙ ПЕРИОД (1967-1974 гг.)
- 25) ВНЕШНЕПЛАТОНОВЫЙ ПЕРИОД (1975-1982 гг.)
- 26) ВНЕШНЕПЛАТОНОВЫЙ ПЕРИОД (1983-1990 гг.)
- 27) ВНЕШНЕПЛАТОНОВЫЙ ПЕРИОД (1991-1998 гг.)
- 28) ВНЕШНЕПЛАТОНОВЫЙ ПЕРИОД (1999-2006 гг.)
- 29) ВНЕШНЕПЛАТОНОВЫЙ ПЕРИОД (2007-2014 гг.)
- 30) ВНЕШНЕПЛАТОНОВЫЙ ПЕРИОД (2015-2022 гг.)

REFERENCES (Continued)

16. Megabore Handbook, J & W Scientific, Inc., Rancho Cordova, CA., 1985.
17. Braithwaite, R. A.; Whatley, J. A. J. Chromatogr., 1970, 49, 383-387.
18. Hammer, C. G. Anal. Chem., 1979, 48, 1708-1711.
19. Hucker, H. B.; Stauffer, S. C. J. Pharm. Sci., 1974, 63, 296-297.
20. Biggs, J. T.; Holland, W. H.; Chang, S.; Hipps, P. P.; Shrrnan, W. R. J. Pharm. Sci., 1976, 65, 261-268.
21. Bredeesen, J. E.; Ellingsen, O. F. J. Chronatoar., 1981, 204, 361-367.
22. Corona, G. L.; Bonferoni, B.; Frattini, P.; Cucchi, M. L.; Santagortino, G. J. Chronatoar., 1983, 277, 347-351.
23. Jones, D. R.; Lukey, B. J.; Hurrt, H. E.; J. Chromatogr., 1983, 278, 291-299.
24. Plotczyk, L. L. J. Chronatour., 1982, 240, 349-360.
25. Bonderron, V.; Johansson, I. M. J. Chronatoar., 1986, 377, 379-383.
26. Holmes, J. C.; Morrell, F. A. Appl. Spectrosc., 1957, 11, 86.
27. Andresen, B. D.; Wise, B. L.; Ng, K. J.; Wise, G. A. J. Med. Tech., 1985, 2, 245-250.
28. Holland, J. F.; Enkr, C. G.; Allison, J.; Stults, J. T.; Pinkston, J. D.; Newcome, B.; Watron, J. T. Anal. Chem. 1983, 55, 997A-1012A.
29. Mills III, T.; Price, W. N.; Price, P. T.; Roberson, J. C. Instrumental Data for Drug Analysis, Vol. I., Elsevier Co., New York, 1982.
30. Rovai, V.; Sanjuan, N.; Hrdina, P. D. J. Chromatogr., 1980, 182, 349-357.
31. Gupta, R. N.; Stefanic, M.; Eng, F. Clin. Biochem., 1983, 16, 94-97.

REFERENCES (Continued)

32. Chinn, D. M.; Jennison, T. A.; Crouch, D. J.; Peat, M. A.; Thatcher, G. W. Clin. Chem., 1980, 26, 1201-1204.
33. Vinet, B. Clin. Chem., 1983, 29, 452-455.
34. Jenkins, R. G.; Friedel, R. O. J. Pharm. Sci., 1978, 67, 17-23.

