



喷雾剂临床应用及质量控制研究进展

张鹰楠, 许子艺, 卢光照, 鲁莹, 张翮

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喷雾剂临床应用及质量控制研究进展

张鹰楠, 许子艺, 卢光照, 鲁莹, 张翀 (海军军医大学药理学系药剂学教研室, 上海 200433)

[摘要] 喷雾剂因其起效迅速、安全便利等优势而逐渐受到人们的重视并得到广泛应用。皮肤科、呼吸道疾病治疗、创面修复以及中枢神经系统靶向药物递送已成为喷雾剂研究和应用的重点领域。随着新型药物的发展及现代制剂学研究的深入, 喷雾剂研发思路更趋多样, 应用场景日渐广泛。本文综述喷雾剂临床应用现状及最新研究进展, 对其质量控制参数进行简要介绍, 以期对喷雾剂的研究提供借鉴。

[关键词] 喷雾剂; 临床应用; 质量控制

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Research progress on clinical application and quality control of sprays

ZHANG Yingnan, XU Ziyi, LU Guangzhao, LU Ying, ZHANG He (Department of Pharmaceutics, School of Pharmacy, Naval Medical University, Shanghai 200433, China)

[Abstract] Sprays have gained significant attention and widespread use due to their numerous advantages, including rapid action, safety, and convenience. They are widely used in various fields such as dermatology, respiratory disease treatment, wound repair, and central nervous system targeted drug delivery. With the in-depth research of new drugs and modern pharmaceutics, the development ideas of sprays are more diverse, and the application scenarios are increasingly extensive. In this review the clinical application status of sprays and the latest research progress were summarized. Then the quality control parameters were briefly introduced, which provided reference for the research and development of sprays.

[Key words] spray; clinical application; quality control

喷雾剂是指将药物与适宜辅料配制成混悬液、溶液或乳液并装载于特定装置的一种制剂形式, 使用时借助手动泵压力、高压气体、超声振动等方法使药液呈雾状喷出, 既有雾化给药的特点, 又避免使用抛射剂。喷雾剂给药方便、均匀度好、吸收快、起效迅速, 可实现药物高效均一递送, 在局部和全身给药以及治疗呼吸道疾病方面具有很好的优势, 常作为皮肤、呼吸道给药的优选方案。此外, 近些年喷雾剂的发展也为慢性创面修复、中枢神经系统药物递送、新型传染病防治等难题提供了新思路。喷雾剂的质量控制研究, 首先需与其液体形态的特性相结合, 评估药液本身的性质; 另外也需考察与容器性能相关的参数, 包括液滴粒径分布、喷雾模式、羽流几何等, 确保喷雾剂质量符合要求。本文综述了喷雾剂目前在临床的应用情况以及发展新趋势, 并介绍了喷雾剂质量控制关键参数, 旨在为喷雾剂的研发提供思路与借鉴。

1 喷雾剂的临床应用

喷雾剂在临床应用上具备独特的优点, 首先可直接作用于病变部位, 局部浓度高, 药效迅速; 其次可避免肝脏首关效应, 提高药物生物利用度; 另外喷雾剂具备靶向给药的特点, 可依托“鼻-脑通路”治疗中枢系统疾病。同时与其他制剂形式相比, 喷雾剂便携高效、无创安全等优势在临床具有极大的应用及研发前景。

1.1 经呼吸道给药治疗呼吸系统疾病

喷雾剂在呼吸道疾病治疗中占据优势, 其药物能直接到达作用部位, 局部浓度高, 靶向性强, 具有方便、安全、高效等特点。喷雾剂经呼吸道给药主要包括药液雾化及呼吸道沉积两个过程, 药物溶液在经过喷雾泵后雾化形成液滴状, 流速增加至 $15 \sim 20 \text{ m/s}^{[1]}$; 喷射的液滴随气流进入呼吸道, 并沉积至鼻黏膜、口咽部或肺部。

对于鼻腔喷雾而言, 喷雾装置产生的雾滴沉积在鼻腔部, 不沉积至下呼吸道或者肺部^[2]。故在呼吸系统疾病治疗中, 鼻腔喷雾主要应用于鼻炎的治疗。药物成分主要为类固醇激素(例如布地奈德、

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[作者简介] 张鹰楠, 硕士研究生, Email: 394354276@qq.com

[通信作者] 张翀, 副教授, 硕士生导师, 研究方向: 新型药物递送系统研究, Email: wvzh22@126.com

糠酸莫米松等)以及抗组胺类药物(例如盐酸氮卓斯汀)。特别对于类固醇激素治疗而言,喷雾剂鼻腔给药在缓解症状、改善通气的时候,可以减少激素全身吸收,提高激素使用的安全性^[3]。

对于口咽部沉积而言,喷雾剂主要应用于咽炎、扁桃体炎、手足口病、疱疹性咽峡炎的治疗。王凯等^[4]研究发现,重组人干扰素 α -2b喷雾剂联合热毒宁治疗小儿手足口病,患儿临床症状改善明显,炎症因子水平下降,治疗效果显著。陈建军等^[5]对冰连清咽喷雾剂治疗咽炎进行多中心随机对照研究,发现治疗后患者咽部肿痛等不适得到改善,且患者依从性高,不良反应小;李红等^[6]对132例疱疹性咽峡炎患儿进行临床研究,发现喜炎平注射液及开喉剑喷雾剂联合治疗效果显著优于仅喜炎平注射液组,联合治疗组咽痛消失时间、发热消失时间及疱疹消退时间均明显缩短。

对于肺部沉积而言,喷雾剂可以利用装置使液体雾化并以气溶胶形式经口吸入,实现药物靶向递送,降低给药剂量,减少全身给药带来的毒副作用。目前FDA批准上市的吸入式喷雾剂主要用于慢性阻塞性肺疾病的治疗,包括异丙托胺-沙丁胺醇吸入喷雾剂(商品名:Combivent Respimat)、洛达特罗吸入喷雾剂(商品名:Striverdi Respimat)、噻托溴铵吸入喷雾剂(商品名:Spiriva Respimat)和噻托溴铵-洛达特罗吸入喷雾剂(商品名:Stioloto Respimat)^[7]。

此外,喷雾剂在呼吸道传染病治疗方面亦有应用^[8,9]。Hassan等^[10]研究发现,COVID-19鼻喷疫苗能够有效防止上呼吸道和下呼吸道的SARS-CoV-2感染,促进全身免疫反应;夏宁邵等研制的鼻喷新冠疫苗经免疫机制及临床研究^[11,12],目前已获批上市,通过鼻腔喷雾方式接种,能够有效在呼吸道形成预防新冠病毒入侵的第一线免疫屏障。

1.2 经呼吸道给药达全身治疗

呼吸道黏膜分布大量的血管网络,能够迅速吸

收药物成分并将其输送到全身循环系统中。与口服给药相比,呼吸道黏膜给药可以避免胃肠道不良反应,绕过肝脏首关效应,提高药物的生物利用度。Li等^[13]在药代动力学实验中发现,甲氧氯普胺鼻喷雾剂血药浓度达峰时间明显短于口服片剂;生物利用度为62.3%,远高于口服片剂。

喷雾剂用作全身治疗中,激素替代治疗是重要的应用领域。例如,雌二醇鼻腔喷雾剂作为女性更年期症状治疗药物,临床研究表明其与口服制剂等效^[14]。此外,喷雾剂在生物大分子如蛋白、多肽类中亦有应用。例如GnRH类似物布舍瑞林喷雾剂(商品名:Suprecur)、那法瑞林喷雾剂(商品名:Synarel)等。随着研发进展,一些激素替代治疗药物在适应证、临床应用上有新的拓展。例如,醋酸去氨加压素鼻喷雾剂可用于治疗成人夜尿症^[15],在对50名夜尿患者的随机双盲实验中发现,治疗组夜尿次数明显减少,生活质量显著改善^[16];Roy等^[17]在临床研究发现,鲑鱼降钙素鼻腔喷雾剂可减轻下颌骨折手术后疼痛,促进骨折断端愈合。

1.3 经皮给药

由于皮肤角质层屏障作用的存在,喷雾剂经皮给药后主要作用于局部,常应用于皮肤科疾病治疗。表1为FDA近年批准上市在售的经皮给药喷雾剂列表,主要为治疗湿疹、皮炎的类固醇药物以及治疗皮肤真菌感染的抗真菌药物。此外,喷雾剂经皮给药后也可吸收进入体循环产生药效,例如,血管收缩药雌二醇透皮喷雾剂(商品名:Evamist),用于治疗绝经期更年期血管舒缩等症状,经皮喷雾给药后,血液中雌二醇浓度迅速达到绝经前水平^[18];Fraser等^[19]对6名健康女性使用孕激素喷雾(商品名:Nestorone)后体内激素水平进行检测,结果表明,多剂量给药后受试者血中孕激素平均水平为391 pmol/L,可有效抑制排卵;Zech等^[20]研发了一款青蒿素喷雾,动物实验证明可有效预防脑型疟疾发生,可作为疟疾透皮治疗的候选药物。

表1 FDA近年批准上市在售的皮肤外用类喷雾剂列表

分类	商品名	有效成分	首次批准日期	适应证
皮质类固醇药物	Triamcinolone Acetonide	曲安奈德	2015/04/13	局限性瘙痒症、神经性皮炎、接触性皮炎、脂溢性皮炎以及慢性湿疹等
	Clobetasol Propionate	丙酸氯倍他索	2019/10/02	
	Desoximetasone	去羟米松	2018/03/16	
	Sernivo	丙酸倍他米松	2016/02/05	
抗真菌类药物	Lamisil At	盐酸特比萘芬	2000/03/17	皮肤科真菌感染治疗
性激素药物	Evamist	雌二醇	2007/07/27	治疗因绝经期雌二醇下降引起的血管舒缩性症状

近年来,随着新材料、新技术应用发展,经皮喷雾剂应用范畴开始向外伤创面修复拓展,常见的有水凝胶或细胞悬浮液喷雾^[21-24]。其中,水凝胶皮肤喷雾作用机理是喷涂于伤口上形成薄层保护膜,防止伤口感染,促进创面愈合。例如, Jin 等^[25]利用壳聚糖和 PDLLA-PEG-PDLLA 制备水凝胶喷雾,实现有效止血抑菌,加速伤口愈合; Tavakoli 等^[26]以角叉菜胶-聚多巴胺(Kappa-carrageenan-polydopamine)为载体,包载氧化锌纳米颗粒及 L-谷氨酸,制备针对糖尿病慢性创面治疗的新型喷雾敷料,具有优异的修复、抗菌、凝血能力; Liu 等^[27]利用热敏水凝胶(PF127)与锌修饰二甲双胍结合,开发一款伤口黏合喷雾剂(ZnMet-PF127),实验证明其在促进皮肤伤口愈合方面比单独使用 ZnCl₂ 或二甲双胍效果更好,并可有效抑菌,是皮肤创伤修复的新选择。而细胞悬浮液喷雾在皮肤创面修复治疗的研究也是近些年的热点。与传统细胞移植相比较,细胞喷雾移植所需供体部位创伤更小,可减少愈合时间,最大程度减少并发症的发生^[28, 29];且喷雾移植可以确保细胞均匀喷洒,更适用于大型创面或关节处伤口的修复^[22]。

1.4 经鼻-脑通路治疗中枢神经系统疾病

近年来,中枢神经类疾病发病率逐年上升^[30, 31]。在中枢神经系统疾病治疗过程中,98%的小分子药物以及几乎所有的大分子药物无法通过血脑屏障进入大脑,故如何使药物分子通过血脑屏障递送至病变位置,是必须解决的关键问题^[32, 33]。

“鼻-脑通路”是指药物分子由鼻腔进入脑部的途径,主要包括嗅觉神经通路、嗅黏膜上皮通道及三叉神经通路等^[34-36]。对比其他给药方式,鼻腔给药能够绕过血脑屏障将药物直接递送到脑部,避免肝脏首关效应,并且实现药物无创递送,提高患者依从性^[37, 38]。基于“鼻-脑途径”研究基础, Dietrich 等^[39]发现芬太尼鼻喷雾剂比口服吗啡或芬太尼镇痛效果更佳并且可以有效缩短镇痛起效时间; Bouw 等^[40]在临床药动学及药效学研究发现,咪达唑仑鼻喷雾剂可以快速、持续起效; Katz 等^[41]评估了艾氯胺酮鼻喷雾联合口服药物治疗难治性抑郁症风险的获益概况,发现联合使用艾氯胺酮鼻喷雾可更快起效、缓解症状,提示中重度难治性抑郁患者可使用艾氯胺酮鼻喷雾进行诱导及维持治疗。

临床应用方面, FDA 目前批准上市在售的中枢神经类药物鼻喷雾剂,主要集中于镇静催眠药物(咪达唑仑、地西泮等)以及偏头痛的治疗(佐米曲普坦、舒马曲坦、降钙素基因相关肽受体拮抗剂)

等方面,关于脑缺血、脑损伤等神经急危重症的应用目前正处于研究阶段。例如, Wen 等^[42]制备川芎嗪-冰片脂质体喷雾剂,减少大鼠脑缺血再灌注损伤; Wingrove 等^[43]利用磁共振对鼻腔喷雾递送胰岛素进行研究,实验发现给药后脑内胰岛素受体密集区域(双侧杏仁核)血流量明显减少,表明经鼻-脑通路喷雾递送胰岛素有效,为胰岛素治疗脑缺血、脑损伤等疾病提供了思路^[44]。

2 喷雾剂质量控制研究新进展

喷雾剂是由药物溶液及输送装置组成的闭合系统,这使得喷雾剂质量控制标准更为复杂。喷雾剂的质量控制一方面要结合原料药物及制备工艺,对药液本身性质进行研究;另一方面,需对喷雾剂喷雾性能进行考察,保证药物递送稳定均一^[45]。2020年版《中国药典》明确规定了喷雾剂各项质量标准项目,其中包括每喷喷量、每喷主药含量、递送剂量均一性等,是反映药物递送稳定性及均一度的重要指标。此外,对于鼻腔喷雾剂而言,喷雾模式、羽流几何、液滴分布粒径等指标影响喷雾剂进入呼吸道后沉积部位,可作为可靠的质量控制标准^[46, 47]。

2.1 喷雾模式和羽流几何

喷雾模式是指在特定距离上对喷雾液滴分布水平横截面进行分析^[48],主要观察指标是椭圆度及面积。羽流几何是自喷雾起始点对喷雾垂直(锥形)横断面上羽流角度和宽度进行分析。

对于鼻腔递送给药而言,喷雾模式与羽流几何是影响喷雾鼻后沉积的重要因素,常作为喷雾剂质量表征参数。其中羽流角度影响最为显著^[49, 50],羽流角度小(成人<30°,儿童<20°),药液能更好穿过鼻腔前、中庭,沉积在鼻甲区域^[51, 52];羽流角度越大,药液更容易沉积于鼻腔前侧。而对于喷雾模式的考察可以体现喷雾的均匀度。喷雾模式中的椭圆度为喷雾轮廓内最长轴 D_{max} 与最短轴 D_{min} 的比值,数值越接近于1,羽流形状越接近圆形,喷洒均匀度更好,药物吸收更佳。

研究发现^[53],喷雾模式和羽流几何主要受液体黏度、喷雾泵孔口直径等多方面因素影响。其中,喷雾泵孔口直径是影响喷雾面积的最显著因素,喷雾泵孔口直径越大,喷雾面积越大。处方因素中溶液黏度对喷雾模式及羽流几何有确切影响,溶液黏度越高,喷雾面积越小^[54, 55]。

2.2 液滴粒径分布

液滴粒径分布是喷雾剂另一项重要考量指标。目前常利用激光衍射法对喷雾剂液滴粒径进

行测定分析^[56]。随着拉曼光谱识别技术的运用,可将检测液滴与拉曼光谱数据库进行比对,以区分主药与各辅料成分颗粒^[57];并可与自动化成像技术联用,缩短检测分析时间,减少主观因素影响。一般将喷雾每次泵出分为3个时期,各时期液滴粒径特点见表2。

表2 单次触发喷雾不同阶段液滴粒径特点

时期分段	特点
形成期	液体自喷雾泵口流过,压力较低,流速较低,液滴粒径较大
稳定期	压力和流速逐渐增加,进入平台期,液滴粒径较小且稳定
消退期	压力和流速降低,雾化不稳定,液滴粒径大小不一,可出现大粒径液滴

液滴粒径是决定喷雾剂黏膜覆盖面积及药物吸收效率的重要因素,喷雾液滴粒径越小,药液与黏膜接触面积越大,药物吸收效率越高^[58]。对于鼻腔喷雾给药而言,液滴粒径分布与药液沉积范围密切相关,液滴粒径越大,鼻腔前部药液沉积率更大。故对于制剂研发,需合理控制液滴粒径分布以改善药物沉积效率,确保高效递送。

在对液滴粒径分布的研究过程中,其大小受药液黏度、喷雾泵孔口尺寸、推动压力^[47]等多因素影响。其中黏度为最显著影响因素,药液黏度越小,喷雾液滴粒径越小,雾化越充分。同时,有研究指出^[58],在推动压力较低条件下,喷雾剂液滴粒径较大,提示儿童使用喷雾剂时存在雾化不足的可能。

3 结语与展望

喷雾剂作为一种具备无创性、便利性和精准高效等优点的剂型,具有广泛的研发和市场应用前景,特别是在皮肤疾病、外伤创面修复、呼吸道疾病治疗以及利用鼻-脑循环递给药等领域具备其他剂型无法比拟的优势。随着新型药物研发及制剂研究深入,喷雾剂应用场景将进一步拓展,特别是在急危重症救治、慢性难愈性创面、神经系统疾病靶向治疗等领域拥有广阔前景。与此同时,由于喷雾剂是药品和器材的组合,其质量控制标准较其他制剂更为复杂,研究工作者需不断完善其质量控制体系,以制定出精准高效的评价方案,确保产品的质量和安全性。

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