## LETTERS TO THE EDITOR, J. Pharm. Pharmacol., 1965, 17, 759

Some pharmacological studies with 14-cinnamoyloxycodeinone

SIR,-In a recent communication to the British Pharmaceutical Conference (Buckett, 1964), 14-cinnamoyloxycodeinone was shown to be the most potent of a series of esters of 14-hydroxycodeinone. I now report a comparison of its pharmacological properties with those of morphine.

TABLE 1. THE ACUTE TOXICITY OF 14-CINNAMOYLOXYCODEINONE AND MORPHINE IN MICE

Route	Morphine LD50	14-Cinnamoyloxycodeinone LD50	Ratio (Morphine = $1.0$ )
Subcutaneous	. 199 (189–210)	31 (24-39)	6·4
	. 330 (280–390)	530 (44-636)	0·62
	. 745 (610–895)	1100 (900-1350)	0·68

The LD50 values are expressed in mg/kg in terms of base. Limits of error (P, 0.95) are given in parentheses.

Table 1 shows the acute toxicity of 14-cinnamoyloxycodeinone in mice. The intravenous and subcutaneous values for morphine are similar to those determined by Randall & Lehmann (1950). There is a wide separation between LD50 values by intravenous and by other routes for 14-cinnamoyloxycodeinone but not for morphine. This may be due in part to the high lipid solubility of the ester facilitating rapid penetration into the central nervous system. In all instances, death was preceded by catalepsy and respiratory depression.

The analgesic potencies of 14-cinnamoyloxycodeinone relative to morphine in different tests are presented in Table 2. The compound is a potent analgesic

TABLE 2. THE ANALGESIC POTENCY OF 14-CINNAMOYLOXYCODEINONE IN RATS AND MICE

			Е	Potency ratio		
Analgesic test	Species	Route	Morphine	14-Cinnamoyloxycodeinone		
Tail pressure* Tail pressure Hot plate† Tail clip‡	Rat Rat Mouse Mouse	s.c. Oral s.c. s.c.	$\begin{array}{c} 1.45 \ (1\cdot1-1\cdot9) \\ 5.76 \ (4\cdot4-7\cdot6) \\ 4\cdot0 \ (3\cdot3-4\cdot7) \\ 6\cdot55 \ (4\cdot8-8\cdot9) \end{array}$	0.023 (0.017–0.03) 0.036 (0.027–0.048) 0.059 (0.048–0.073) 0.037 (0.024–0.059)	64 (43–94) 160 (109–236) 68 (51–87) 177 (101–310)	

All values are based on measurement at times of maximum analgesic effect and are given in terms of base. Limits of error (P, 0.95) are given in parentheses. \* Buckett, Farquharson & Haining (1964); † Eddy & Leimbach (1953); ‡ Bianchi & Franceschini (1954).

and a comparison of subcutaneous and oral ED50 values shows it to be absorbed from the gastrointestinal tract. The onset (10 min) and duration (30 min) of analgesia after 14-cinnamoyloxycodeinone in mice were shorter than after equiactive doses of morphine, where the onset and duration were 20 and 90 min respectively. The compound was similarly potent in mice subjected to either a mechanical (tail clip) or a thermal stimulus (hot plate) and the analgesia produced by 14-cinnamoyloxycodeinone was more intense and depressant than that seen after morphine. This feature is generally associated with molecules in which a ketone group replaces the phenolic hydroxyl (Braenden, Eddy & Halbach, 1955).

At high doses morphine or 14-cinnamoyloxycodeinone increased the spontaneous activity of mice in a photocell box (Dews, 1953), the new compound being 100 times as potent as morphine subcutaneously. A similar ratio of activity was found for rectal hypothermia in mice after subcutaneous administration; but with a test for gastrointestinal motility in mice (Buckett, Farquharson & Haining, 1964), 14-cinnamoyloxycodeinone had 240 times the

## LETTERS TO THE EDITOR, J. Pharm. Pharmacol., 1965, 17, 760

potency of morphine. In an adaptation of a clinical method for assessment of respiratory depression (Campbell, Lister & McNicol, 1964) for anaesthetised dogs, 14-cinnamoyloxycodeinone was found to have 106 times the potency of morphine using the reduction of minute volume under 95% oxygen and 5% carbon dioxide and 90 times when the percentage change in pCO<sub>2</sub> under O<sub>2</sub> breathing was measured. The results of other comparative studies are given in Table 3. This evidence shows that 14-cinnamoyloxycodeinone differed from morphine in its ability to produce catalepsy at doses close to analgesic doses.

TABLE 3. THE RELATIVE POTENCY OF 14-CINNAMOYLOXYCODEINONE IN VARIOUS PHARMACOLOGICAL TESTS IN MICE

			ED50 mg/kg		
Test		Route	Morphine	14-Cinnamoyl oxycodeinone	Potency ratio (Morphine = $1.0$ )
Hind limb catalepsy		i.v.	> 10	0.066	>150
Grip on 45° plane Pentobarbitone (25 mg/kg i.p.)		i.v.	> 10	0·051–0·089) <0·02	>500
potentiation		s.c.	12·8 (11·2-14·8)	0·24 (0·20-0·28)	53
Anti-i.v. leptazol infusion		s.c.	>100	0.68	>147
Chimney*		s.c.	9·5 (5·9–15·2)	0.07 (0.055-0.09)	135
Lenticular opacity <sup>†</sup>	••	s.c.	32·6 (27–40)	0·45 (0·31–0·64)	72
"Straub index":		i.v.	Index 7.95 500		
(LD50/ED50 Straub tail)					

All values are expressed in terms of base. Limits of error (P, 0.95) are given in parentheses. \* Boissier, Tardy & Diverres (1960); † Weinstock (1961); ‡ Shemano & Wendel (1964).

In addition the ability of the animals to remain on an inclined plane was lost. Anticonvulsant activity and barbiturate potentiation were exhibited only at high dosage and in common with all narcotic drugs lenticular opacity was observed.

The finding that the "Straub index" far exceeded that for any drug investigated by Shemano & Wendel (1964) suggested that 14-cinnamovloxycodeinone would have a high capacity to produce physical dependence.

Edinburgh Pharmaceutical Industries Ltd., Wheatfield Road, Edinburgh 11.

W. R. BUCKETT\*

September 30, 1965

\* Present address: Organon Laboratories Ltd., Newhouse, Lanarkshire, Scotland.

## References

Bianchi, C. & Franceschini, J. (1954). Brit. J. Pharmacol., 9, 360-366. Boissier, J. R., Tardy, J. & Diverres, J. C. (1960). Med. Exp. (Basel), 3, 81-84. Braenden, O. J., Eddy, N. B. & Halbach, H. (1955). Bull. Wld. Hith. Org., 13, 937-998.

Buckett, W. R. (1964). J. Pharm. Pharmacol., 16, 68T-71T.

Buckett, W. R., Farquharson, M. E. & Haining, C. G. (1964). J. Pharm. Pharmacol., 16, 174-182.

Campbell, D., Lister, R. E. & McNicol, G. W. (1964). Clin. Pharmacol. Therap. 5, 193-200.

Dews, P. B. (1953). Brit. J. Pharmacol., 8, 46–48. Eddy, N. B. & Leimbach, D. (1953). J. Pharmacol., 107, 385–393. Randall, L. O. & Lehmann, G. (1950). Ibid., 99, 163–170. Shemano, I. & Wendel, H. (1964). Toxicol. Appl. Pharmacol., 6, 334–339.

Weinstock, M. (1961). Brit. J. Pharmacol., 17, 433-441.