

# **Gastrointestinal Agents**

and Antacid

Lecture 5





## **Antacids products:**

Sodium containing antacids.
 Aluminum containing antacids.
 Calcium containing antacids.
 Magnesium containing antacids.



# **1. Sodium containing antacids.**

Sodium Bicarbonate as an antacid

- It can cause a sharp increase in gastric pH up to or above pH 7.
- Because of the evolution of carbon dioxide in the presence of acid, sodium bicarbonate can cause belching and flatulence.
- $NaHCO_3 + HC1 \longrightarrow NaCl + CO_2 + H_2O$

- It is readily absorbed and sodium retention can result with continued use.
- Sodium bicarb. is definitely not indicated for patients needing antacid therapy for even limited periods of time.
- It will inhibit the absorption of tetracycline from the GIT.

# 2. Aluminum containing antacids.

- The aluminum containing antacids are widely used.
- They are non systemic.
- buffering range in PH 3-5 region.
- They tend to be constipating because of liberation of astringent aluminum cations.

# **Aluminum Hydroxide**



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mina Gel Wyeth

• Both forms are assayed in terms of their aluminum oxide  $(Al_2O_3)$  content and their acid-consuming capacity.

• A problem with the gels is that of a loss of antacid properties on aging, this more frequent occur with the dried gel and seems to be related to the manufacturing process.

• The most acid reactive gels are those in which the conc. of a monovalent anion, such as chloride or bicarbonate, approaches 1 mole per mole aluminum or those in which a bivalent anion, such as sulfate, approaches 0.5 mole per mole of aluminum.

• The aluminum hydroxide gels are non absorbable and exert little, if any, systemic effect.

## **Aluminum Phosphate**

- Aluminum Phosphate is official as Aluminum Phosphate Gel (Phosphagel).
- It is a white, viscous suspension from which small amounts of water may separate on standing.
- It may contain suitable preservatives.

- It is assayed in terms of aluminum phosphate  $(AIPO_4)$  content.
- This non absorbable antacid has been used in place of aluminum hydroxide gel where loss of phosphate may be a problem to the patient.

#### Dihydroxyaluminum aminoacetate

It is recognized by the national formulary in two physical forms and one dosage form.
1. Dihydroxyaluminum aminoacetate.
2.Dihydroxyaluminum aminoacetate magma, it is a white viscous suspension from which small amounts of water may separate on standing, but may be readily reformed upon shaking.

All dihydroxyaluminum aminoacetate preparations are assayed in terms of aluminum oxide content.
Dihydroxyaluminum acetate is manufactured by reacting aluminum isopropoxide with glycine.

## **Dihydroxyaluminum Sodium carbonate**

- It is assayed in terms of aluminum oxide.
- It is made by the reaction of aluminum isopropoxide and an aqueous solution of sodium bicarbonate.
- Potential drawbacks to this preparation would be the presence of sodium, evolution of carbon dioxide, and the usual problems associated with the aluminum antacids.

# **Calcium containing antacids**

- They differ from the aluminum antacids in that their action is dependent upon their basic properties and not on any amphoteric effect.
- Studies show that calcium antacids raise the stomach pH to nearly 7.
- Calcium containing antacids particularly calcium carbonate are considered by some the antacids of choice.

• Uncommon serious side effect is the milk-alkali syndrome (brunett syndroum) caused by taking too much of sodium bicarbonate or calcium carbonate together with large amounts of milk.

• The calcium antacids tend to be constipating and are usually found in combination with magnesium antacids.

# **Calcium carbonate:**

• Calcium carbonate is official as precipitated calcium carbonate.

It is a fine white odorless, tasteless, microcrystalline powder which is stable in air.
It is practically insoluble in water but its solubility is increased by the presence of any ammonium salt or carbon dioxide.

- Because of its fast action, calcium carbonate is one of the most popular antacids.
- Its action is limited by the amount of salt that will go into solution thus as gastric HCl consumes the solubilized calcium carbonate more goes into solution.
- Because of calcium constipation effect, most calcium carbonate preparation will be found in combination with a magnesium antacid.

#### **Tribasic calcium phosphate**

• It is occasionally used as antacid.

• The principle of its action is that the phosphate ion reacts with the water present in stomach liberating hydroxide which then reacts with the gastric hydrochloric acid.