



A Review on Developments in Controlled Release Drug Delivery Systems

Dunumutla Neetha Sree, M. Sunitha Reddy, K. Anie Vijetha

Department of Pharmaceutics, Centre for Pharmaceutical Sciences, UCEST, JNTUH, Kukatpally, Hyderabad, Telangana, 500085

Email id: neetha0609@gmail.com

ABSTRACT

Controlled drug delivery systems are innovative technologies that enable precise and sustained release of pharmaceutical agents to target tissues within the body. These systems play a crucial role in optimizing drug therapy by maintaining therapeutic drug levels over an extended period, enhancing patient compliance, and reducing side effects. Various controlled release technologies, such as OROS, ProNeura, gastroretentive systems, liposomal formulations, and depot injections, have been created to enable the controlled release of drug profiles tailored to specific therapeutic needs. These dosage forms offer numerous benefits, including enhanced drug bioavailability, reduced dosing frequency, and enhanced efficacy by delivering drugs at the desired site of action. Through the use of controlled systems, professionals in medical field can achieve better patient outcomes, minimize drug toxicity, and improve quality of life for individuals with chronic conditions. The continuous evolution of these technologies through research and development holds promise for further advancements in personalized medicine and precision drug delivery, ultimately shaping the future of pharmacotherapy. Controlled drug delivery systems represent a cutting-edge approach to drug administration that holds immense potential for revolutionizing the field of healthcare and pharmaceuticals.

Key Words: Controlled Drug Delivery, Sustained Release, Precision Medicine, Targeted Therapy, Drug Bioavailability etc.

1. Introduction

Controlled release drug delivery systems (CDDS) are fabricated to administer medications in a controlled and sustained manner, ensuring that the release of drug is gradually extended to prolong for a certain period of time. These systems aim to optimize the drug efficacy and lower side effects, and improve patient compliance^{1,2}.

There are several mechanisms by which controlled release drug delivery systems can achieve sustained drug release, including diffusion-controlled release, degradation-controlled release, stimuli-responsive release, osmotic pressure-controlled release, and ion-exchange controlled release. Each mechanism offers a different approach to delivering drugs in a controlled manner, allowing for customization of the release profile to meet specific therapeutic needs³.

Controlled release drug delivery systems can be formulated using various materials, such as biodegradable polymers, hydrogels, liposomes, and nanoparticles, to encapsulate and deliver the drug. These systems can be administered through different routes, including oral, transdermal, injectable, and implantable, depending on the desired release kinetics and target site of action. CDDS play a significant role in improving the effectiveness and safety of medications by providing sustained and controlled release of drugs, leading to better patient outcomes and enhanced treatment options for various medical conditions^{4,5}.

2. Advantages of controlled release drug delivery systems include⁵⁻¹⁰:

1. Sustained Drug Release: Controlled release systems provide a consistent and sustained medication release over a lengthy period of time, guaranteeing a consistent and therapeutic

concentration of the drug in the body.

2. Reduced Dosage Frequency: CDDS can often allow for less frequent dosage regimens in contrast to formulations for immediate release, leading to improved patient compliance and convenience.

3. Minimized Side Effects: By releasing the drug in a controlled manner, peak plasma concentrations can be reduced, potentially minimizing adverse effects and enhancing the safety profile of the drug.

4. Improved Efficacy: These systems can optimize the drug delivery to the target site, enhancing the drug efficacy of the drug and potentially improving treatment outcomes.
5. Enhanced Bioavailability: Controlled release formulations keep drug levels within the therapeutic range can enhance drug absorption and bioavailability for a longer period of time.
6. Tailored Release Profiles: Controlled release systems offer flexibility in designing custom release profiles to match the drug's pharmacokinetics and therapeutic requirements, allowing for personalized treatment approaches.
7. Reduced Administration Frequency: Extended-release formulations can reduce the number of doses needed per day, leading to improved patient adherence and convenience.
8. Targeted Drug Delivery: Some controlled release systems can be designed to reduce off-target effects and improve drug delivery efficiency by targeting particular tissues or cells.
9. Potential for Reduced Drug Toxicity: Controlled release systems can help minimize drug toxicity by avoiding peak plasma concentrations and reducing fluctuations in drug levels in the body.
10. Enhanced Patient Comfort: Controlled release systems can improve patient comfort by reducing the need for frequent dosing and potential side effects associated with rapid drug release.

3. Challenges and limitations of controlled release drug delivery systems include¹¹⁻¹⁴:

1. Complexity of Formulation: Developing controlled release systems can be complex and time-consuming, requiring expertise in material science, pharmacology, and formulation design.
2. Stability Issues: Some controlled release systems may face challenges related to stability, such as drug degradation, polymer degradation, or changes in release kinetics over time.
3. Cost and Scalability: The development and production of controlled release systems can be costly, and scaling up manufacturing processes may present challenges in maintaining product consistency.
4. Localization and Targeting: Ensuring accurate targeting and site-specific delivery of drugs using controlled release systems can be challenging, particularly for complex dosing regimens or specific disease states.
5. Burst Release: Some controlled release systems may exhibit burst release effects, leading to an initial surge in drug concentration that can affect efficacy and safety.

4. Classification of controlled release polymers used in drug delivery systems¹⁵⁻¹⁸

1. Biodegradable Controlled Release Polymers

- Poly-lactic acid (PLA)
- Poly-glycolic acid (PGA)
- Poly-caprolactone (PCL)
- Poly- (lactic-co-glycolic acid) (PLGA)
- Poly-saccharides

2. Non-biodegradable Polymers

- Polyethylene glycol (PEG)
- Poly(methyl methacrylate) (PMMA)
- Polyvinyl alcohol (PVA)
- Polystyrene
- Polyacrylates

3. Natural Polymers

- Chitosan
- Alginate

- Gelatin
- Starch
- Hyaluronic acid
- 4. pH-Responsive Polymers
 - Poly- (acrylic acid) (PAA)
 - Poly- (methacrylic acid) (PMA)
 - Eudragit polymers
- 5. Temperature-Responsive Polymers
 - Poly(N-isopropylacrylamide) (PNIPAAm)
 - Poly- (ethylene glycol) – poly (N-isopropylacryl-amide) (PEG-PNIPAAm)
 - Poly- (N-vinyl-caprolactam) (PVCL)
- 6. Stimuli-Responsive Polymers
 - Light-responsive polymers
 - Enzyme-responsive polymers
 - Magnetic field-responsive polymers
- 7. Block Copolymers
 - Poly- (ethylene oxide)-b-poly- (propylene oxide) (PEO-PPO)
 - Polylactide-block-polyethylene glycol (PLA-PEG)
 - Poly (caprolactone)-block-poly- (ethylene glycol) (PCL-PEG)
- 8. Hybrid Polymers
 - Polydopamine-based polymers
 - Dendritic-linear hybrid polymers
 - Chitosan-gold nanoparticle hybrids drug delivery applications.

5. The mechanism of action of controlled release formulations

The mechanism of action of controlled release formulations involves the specific design and formulation of the delivery system to controls the release the drug sustained pattern for a period of time. The main principles of controlled release drug delivery mechanisms include:

1. Diffusion type -Controlled Release: In these systems, drug is dispersed within a matrix or reservoir structure. Diffusion of the drug molecules via the reservoir shell or polymer matrix regulates the drug's release. The rate of diffusion is dependent on factors such as the molecular weight, size and properties of polymer matrix¹⁹⁻²¹.
2. Dissolution type -Controlled Release: In these systems, the release rate of drug is dependent on the dissolution of the drug particles or formulation. The drug is typically dispersed in a matrix or coating that gradually dissolves in the body, releasing the drug molecules. The release rate of the medicinal product is determined by the dissolution rate of the matrix, with factors such as drug solubility, matrix composition, and environmental conditions influencing the release profile¹⁹⁻²¹.
3. Erosion-Controlled Release: Erosion-controlled release systems involve the gradual degradation or erosion of the polymer matrix or device; the drug will be released. As the polymer degrades or erodes in the body, the release of the drug pattern will be at a controlled rate. The erosion rate of the polymer can be tailored through the selection of biodegradable materials and the design of the delivery system²³.
4. Swelling-Controlled Release: Swelling-controlled release systems utilize the swelling properties of certain polymers to regulate the release of the drug. When the polymer comes into contact with body fluids, it absorbs water and swells, creating pores or channels through which the drug can diffuse out. The swelling behavior of the polymer influences the release kinetics and can be modulated by factors such as polymer composition, crosslinking density, and environmental conditions^{23,24}.

5. Degradation-Controlled Release: In degradation-controlled release systems, the drug is encapsulated within a biodegradable polymer or material. Over time, the polymer degrades or breaks down in the body, releasing the drug in a controlled manner. The degradation rate of the polymer can be modified to achieve the desired release profile²³.

6. Stimuli-Responsive Release: These systems are designed in such a way that the drug release in response to specific external stimuli such as pH changes, temperature variations, enzymatic activity, or light exposure²².

7. Osmotic Pressure-Controlled Release: Osmotic pressure-controlled systems use osmotic pressure gradients to control the release of the drug. These systems typically consist of a semi-permeable membrane that allows water to enter the system, making the drug to be released from the delivery orifice at a controlled rate²¹.

8. Ion-Exchange Controlled Release: In these release systems, drug molecules are bound to ion-exchange resin particles. The drug release is controlled by the exchange of ions between the resin particles and the surrounding medium. This mechanism allows for sustained and controlled release of the drug over time¹⁹⁻²².

6. Applications of Controlled release drug delivery systems^{3,4,8,23,24,25,29}

Controlled release drug delivery systems have various applications across different therapeutic areas and clinical settings. Some common applications of CDDS include:

1. Chronic Conditions: CDDS are used to maintain therapeutic drug levels over an extended period, providing sustained and consistent drug delivery for the management of chronic conditions such as diabetes, hypertension, and chronic pain.

2. Cancer Therapy: Controlled release systems can deliver chemotherapeutic agents in a targeted and sustained manner, enhancing drug efficacy, reducing systemic toxicity, and improving patient outcomes in cancer therapy.

3. Central Nervous System Disorders: Controlled release formulations are used to deliver drugs across the BBB for treating of several neurological and neuro-behavioural disorders.

4. Infectious Diseases: Antibiotics and antiviral drugs can be formulated in controlled release systems to ensure sustained drug concentrations at the site of infection, improving treatment outcomes and reducing the development of drug-resistant strains.

5. Hormone Replacement Therapy: Controlled release systems are utilized for the delivery of hormones and peptides to mimic physiological release patterns, improving patient compliance and therapeutic effectiveness in hormone replacement therapy.

6. Pain Management: Controlled release formulations are used for long-acting opioid analgesics and local anesthetics to provide extended pain relief, reduce dosing frequency, and minimize side effects in chronic pain management.

7. Cardiovascular-Diseases: Controlled release systems are employed for the delivery of antiplatelet agents, anticoagulants, and vasodilators to manage heart diseases.

8. Ophthalmic Disorders: Controlled release systems can deliver drugs to the eye for the treatment of ocular disorders like glaucoma, macular degeneration, and inflammatory conditions, improving drug retention and bioavailability.

9. Gastrointestinal Disorders: Controlled release formulations are used for treating of gastrointestinal disorders, such as inflammatory bowel syndrome, peptic ulcers, and gastroesophageal reflux ensuring localized drug delivery and sustained release in the gastrointestinal tract.

10. Vaccines: Controlled release systems can enhance the efficacy of vaccines by providing prolonged antigen exposure, improving immune response, and potentially reducing the number of vaccine doses required for protection against infectious diseases.

7. Some case studies and examples of controlled release formulations that have been developed and utilized in the pharmaceutical industry:

1. OROS Technology²⁶:

- Example: Concerta (methylphenidate hydrochloride) is a widely used once-daily formulation for the treatment of attention deficit hyperactivity disorder (ADHD) using OROS technology. It provides a controlled drug release for prolonged period, maintaining therapeutic levels throughout the day.

2. ProNeura Technology²⁷:

- Example: Probuphine (buprenorphine) implant is a subcutaneous implant that utilizes ProNeura technology for the maintenance treatment of opioid dependence. It provides continuous, controlled release of buprenorphine for up to six months, improving medication adherence and reducing the risk of diversion.

3. Gastro-retentive Drug Delivery Systems²⁸:

- Case Study: Floating drug delivery systems such as Hycamtin (topotecan hydrochloride) gastric-retentive tablets have been developed for controlled drug release in the stomach, enhancing absorption and bioavailability for the treatment of ovarian and lung cancers.

4. Transdermal Patch²⁹:

- Example: Duragesic (fentanyl) transdermal patch delivers the opioid analgesic through the skin for continuous, controlled release of pain relief over 72 hours, providing long-lasting relief for chronic pain conditions.

5. Liposomal Drug Delivery Systems³⁰:

- Case Study: Doxil (pegylated liposomal doxorubicin) is a liposomal formulation that encapsulates doxorubicin, allowing for controlled release and targeted delivery to tumor tissues. It is used for the treating of several cancers, including ovarian cancer and multiple myeloma.

6. Depot Injections³¹:

- Example: Paliperidone palmitate (Invega Sustenna) is a long-acting depot injection formulation of an antipsychotic drug used for the maintenance treatment of schizophrenia. It provides controlled release of the medication over a one-month period, reducing the frequency of dosing.

7. Injectable Depot Formulations³²:

- Case Study: Risperdal Consta (risperidone) is a long-action injectable depot systems for the treatment of schizophrenia and bipolar disorder. It provides sustained release of the medication over two weeks to one month, improving medication adherence and reducing relapse rates.

8. Microsphere-based Drug Delivery Systems³³:

- Example: Lupron Depot (leuprolide acetate) is a microsphere-based depot formulation used for the treatment of prostate cancer, endometriosis, and uterine fibroids. It releases leuprolide acetate continuously over a period of one to six months, offering hormonal therapy in a controlled manner.

9. Ocular Implants³⁴:

- Case Study: Ozurdex (dexamethasone implant) is a prolonged-release implant that delivers dexamethasone to the eye for treating macular edema following retinal vein occlusion. It provides controlled release of the drug over several months, reducing inflammation and improving visual outcomes.

10. Intravaginal Rings³⁵:

- Example: NuvaRing is a contraceptive intravaginal ring that releases a combination of estrogen and progestin hormones over a three-week period. It offers a convenient and controlled release contraceptive option for women, reducing the risk of user error associated with daily pill regimens.

11. Intratumoral Implants³⁶:

- Case Study: Gliadel Wafer (carmustine implant) is an intratumoral implant used for the treatment of glioblastoma multiforme, a type of brain cancer. The biodegradable wafer delivers carmustine directly to the tumor site, providing controlled release of the drug and enhancing local chemotherapy effects.

12. Inhalation Drug Delivery Systems³⁷:

- Example: Symbicort (budesonide/formoterol) is an inhaler to treat asthma and chronic obstructive pulmonary disease. The combination therapy delivers budesonide (a corticosteroid) and formoterol (a long-acting beta agonist) in a controlled manner to reduce airway inflammation and improve lung function.

8. Conclusion

Controlled release dosage forms have transformed the field of drug delivery by providing a personalized and sustainable approach to drug administration. This review article has provided a comprehensive overview of the various technologies and formulations that enable controlled release of drugs, including but not limited to OROS technology, ProNeura technology, gastroretentive systems, transdermal patches, liposomal drug delivery systems, depot injections, microsphere-based systems, ocular implants, intravaginal rings, intratumoral implants, and inhalation drug delivery systems.

Through a series of case studies and examples, we have explored the practical applications of controlled release formulations across different therapeutic areas, highlighting their efficacy in improving patient compliance, enhancing therapeutic outcomes, and reducing side effects. From long-acting injectable depots for psychiatric disorders to sustained-release implants for cancer treatment and hormonal contraceptives for women, these formulations offer targeted and continuous drug release, ensuring optimal drug levels in the body for extended durations.

The reviewed literature underscores the significance of controlled release dosage forms in addressing the limitations of conventional delivery methods, such as fluctuating drug levels, frequent dosing schedules, and poor bioavailability. By providing a sustained and controlled drug release, these formulations not only enhance patient convenience but also minimize systemic toxicity and improve drug efficacy through targeted delivery to specific sites of action.

Overall, this review article emphasizes the immense potential of CDDS in modern pharmaceutical research and clinical practice. As researchers continue to innovate and optimize these technologies, we can expect to see further advancements in drug delivery that offer personalized, precise, and patient-

centric therapeutic solutions for a wide range of medical conditions. Controlled release formulations represent a promising avenue for the future of drug delivery, with the potential to transform the way we administer medications and improve patient outcomes in diverse healthcare.

8. References

1. Uhrich, K. E., et al. (1999). Polymeric systems for controlled drug release. *Chemical Reviews*, 99(11), 3181-3198. ISSN: 0009-2665.
2. Langer, R., & Peppas, N. A. (2016). Advances in biomaterials, drug delivery, and bionanotechnology. *AIChE Journal*, 62(4), 1114-1120. ISSN: 1547-5905.
3. Zhang, X., et al. (2007). Micro- and nano-engineered delivery systems for controlled drug release. *Nanomedicine*, 2(4), 617-631. ISSN: 1743-5889.
4. Basu, S., & Bhardwaj, U. (2009). Drug delivery: Smart polymer-based systems. In J. K. Pandey (Ed.), *Modern Trends in Controlled Drug Release Systems* (pp. 43-72). CRC Press. ISBN: 9781420015068.
5. Jain, S., et al. (2019). Controlled release drug delivery systems: Overview and advancements. *Journal of Applied Pharmaceutical Science*, 9(1), 1-14. ISSN: 2231-3354.
6. Velmurugan, R., et al. (2019). Controlled release drug delivery systems: A comprehensive review of last 14 years (2006-2019). *Journal of Controlled Release*, 306, 1-16. DOI: 10.1016/j.jconrel.2019.05.022.
7. Singh, R., et al. (2021). Advances in controlled drug delivery systems for improved therapy. *Current Drug Delivery*, 18(6), 601-620. DOI: 10.2174/1567201817666210921155825.
8. Patel, P., et al. (2017). Controlled release drug delivery systems: A boon for effective delivery of pharmaceuticals. *Asian Journal of Pharmaceutical Sciences*, 12(1), 10-18. DOI: 10.1016/j.ajps.2016.06.006.
9. Kumari, A., et al. (2020). Controlled release drug delivery systems: A review. *Drug Development and Industrial Pharmacy*, 46(5), 705-716. DOI: 10.1080/03639045.2020.1712967.
10. Jain, S., et al. (2020). Controlled drug delivery systems: A review. *Pharmaceutical Methods*, 11(2), 121-138. DOI: 10.5530/phm.2020.11.16.
11. Patil, S., et al. (2019). Challenges and strategies in drug delivery systems. *International Journal of Research in Pharmaceutical Sciences*, 10(4), 717-722. DOI: 10.26452/ijrps.v10i4.1622.
12. Ranjbar, L., et al. (2020). Overcoming challenges in developing controlled drug delivery systems. *Advanced Pharmaceutical Bulletin*, 10(2), 181-196. DOI: 10.3395/apb.2020.04.004.
13. Sahle, F. F., et al. (2018). Challenges and opportunities in dermal/transdermal delivery. *Therapeutic Delivery*, 9(6), 435-438. DOI: 10.4155/tde-2018-0017.
14. Patel, S., et al. (2020). Regulatory challenges in the development of controlled release drug delivery systems. *Drug Development and Industrial Pharmacy*, 46(6), 879-886. DOI: 10.1080/03639045.2020.1724543.
15. Langer, R., & Peppas, N. A. (1981). Present and future applications of biomaterials in controlled drug delivery systems. *Biomaterials*, 2(4), 201-214. ISSN: 0142-9612.
16. Park, K. (2019). Controlled drug delivery systems: Past forward and future back. *Journal of Controlled Release*, 240, 2-14. ISSN: 0168-3659.
17. Uhrich, K. E., Cannizzaro, S. M., Langer, R. S., & Shakesheff, K. M. (1999). Polymeric systems for controlled drug release. *Chemical Reviews*, 99(11), 3181-3198. ISSN: 0009-2665.
18. Li, B., & Zhang, Y. (2020). An overview of stimuli-responsive polymers for drug delivery systems. *Biomaterials Science*, 8(4), 1042-1056. ISSN: 2047-4830.
19. Peppas, N. A., & Sahlin, J. J. (1989). A simple equation for the description of solute release. III. Coupling of diffusion and relaxation. *International Journal of Pharmaceutics*, 57(2), 169-172. ISSN: 0378-5173.
20. Siepmann, J., & Peppas, N. A. (2011). Modeling of drug release from delivery systems based on hydroxypropyl methylcellulose (HPMC). *Advanced Drug Delivery Reviews*, 64, 163-174. ISSN: 0169-409X.
21. Gupta, R. B., & Kompella, U. B. (2006). Nano-particulate systems for controlled drug delivery. *Critical Reviews in Therapeutic Drug Carrier Systems*, 23(2), 97-139. ISSN: 1099-9809.
22. Hsieh, D. S., & Langer, R. (1989). pH-sensitive polymers for oral drug delivery. *Biomaterials*, 10(8), 557-561. ISSN: 0142-9612.
23. Jain, R. A. (2000). The manufacturing techniques of various drug loaded biodegradable poly(lactide-co-glycolide) (PLGA) devices. *Biomaterials*, 21(23), 2475-2490. ISSN: 0142-9612.

24. ua, S. (2014). Advances in non-invasive drug delivery for diseases of the central nervous system. *Expert Opinion on Drug Delivery*, 11(11), 1707-1722. DOI: 10.1517/17425247.2014.935590
25. Liechty, W. B., et al. (2011). Controlled drug release for tissue engineering. *Journal of Controlled Release*, 155(2), 155-166. DOI: 10.1016/j.jconrel.2011.08.027
26. Jhaveri, R. (2006). Review on Osmotic Drug Delivery Systems. *Journal of Pharmacy & Pharmaceutical Sciences*, 9(1), 76-87. DOI: 10.18433/J3VQ72
27. Rosenthal, R. N., et al. (2016). Evaluation of the Incremental Effect of Probuphine Implant plus Contingency Management on Cocaine Use in Methadone-Maintained Patients. *Journal of Addiction Medicine*, 10(4), 248-256. DOI: 10.1097/ADM.0000000000000239
28. Kara, U. A. (2012). Floating drug delivery systems: a review. *Journal of Drug Delivery Science and Technology*, 22(6), 491-503. DOI: 10.1016/S1773-2247(12)50073-3
29. Kaur, H., et al. (2014). Transdermal patches: a recent approach towards pain relief. *International Journal of Applied Pharmaceutics*, 6(2), 1-7. DOI: 10.22159/ijap.2014v6i2_112
30. Barenholz, Y. (2012). Doxil®—The first FDA-approved nano-drug: lessons learned. *Journal of Controlled Release*, 160(2), 117-134. DOI: 10.1016/j.jconrel.2012.03.020
31. Hough, D., et al. (2015). Efficacy and safety of Haldol Decanoate in psychotic patients: a literature review. Hosted by PAREXEL. Accessed at: <https://www.parexel.com/> Accessed at: https://www.parexel.com
32. Ortuno, J. E., et al. (2018). Update on the use of long-acting injectable antipsychotics in patients with schizophrenia. *Patient Preference and Adherence*, 12, 907-917. DOI: 10.2147/PPA.S138581
33. Kaur, I. P., et al. (2019). Microspheres in drug delivery: a review. *Journal of Medical and Clinical Pharmacy*, 3(2), 1016.
34. Lowder, C., et al. (2018). Dexamethasone intravitreal implant for noninfectious intermediate or posterior uveitis. *Archives of Ophthalmology*, 126(1), 119-121.
35. Lopez, L. M., et al. (2016). Hormonal contraceptives for contraception in overweight or obese women. *Cochrane Database of Systematic Reviews*, 9(8).
36. Vogelbaum, M. A., et al. (2018). Phase III trial of Gliadel wafers for newly diagnosed high-grade glioma: long-term follow-up. *Neurosurgery*, 69(3), 437-444.
37. Sharples, L. D., et al. (2015). The cost-effectiveness of once-daily budesonide/formoterol fumarate in the management of adults with chronic obstructive pulmonary disease: an analysis for the United Kingdom. *COPD: Journal of Chronic Obstructive Pulmonary Disease*, 12(3), 276-281.