

# **Opioid Analgesics**

## **part 1**

**Dr. Mai Ramadan**

# Introduction

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**Analgesics:** Drugs which selectively relieve pain by acting in the CNS or on peripheral pain mechanisms, without significantly altering the consciousness – Opioids and NSAIDs

**Opiates:** Drugs derived from opium – Natural or semi-synthetic

**Opioids:** Any drug which binds to the opioid receptors (Pharmacologically related) in the CNS and antagonized by Naloxone

**Narcotics:** Drugs derived from opium or opium like compounds, with potent analgesic effects associated with significant alteration of mood and behavior, and with the potential for dependence and tolerance following repeated administration.

# Introduction

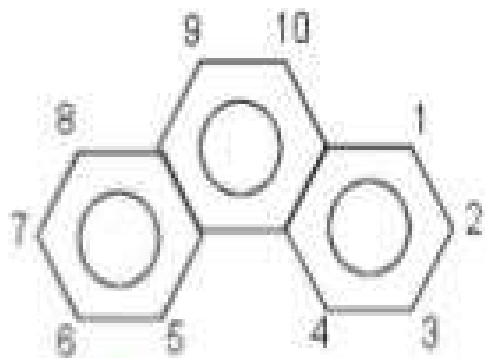
## Effects of opioid receptor stimulation

	$\mu$ receptor	$\kappa$ receptor	$\delta$ receptor
Q Location	$\mu 1$ - supraspinal $\mu 2$ - spinal	$\kappa 1$ - spinal $\kappa 3$ -supraspinal	Spinal supraspinal
Effects	Analgesia Respiratory depression Sedation Euphoria Miosis Physical dependence Loss of GI motility	Spinal analgesia Q Dysphoria Sedation Psychomimetic Physical dependence (nalorphine type)	Spinal analgesia Affective behaviour (Supraspinal) Respiratory depression Reduced GI motility
Agonists	Morphine, Codeine, Fentanyl and pentazocine weakly	Pentazocine	

# Introduction

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**Opium contains alkaloids**

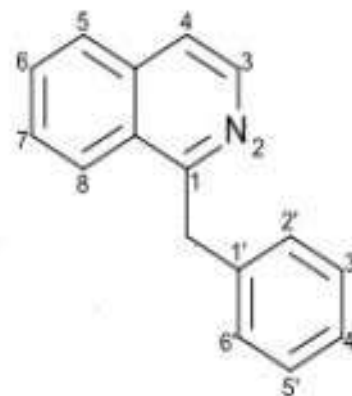


## **OPIUM PHENANTHRENE**

Morphine 9-14%

Codeine 0.5-2%

Thebaine 0.2-1%



## **BENZYLISOQUINOLINE**

Papaverine 0.8-1%

Noscapine 3-10%

Narcine 0.2-0.4%

# Introduction

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**Opium:** A dark brown, resinous material obtained from poppy (*Papaver somniferum*) Capsules



# Classification of opioid: Source

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## Natural opioid

### Opium Alkaloids:

Morphine and Codeine

### Endogenous opioid peptide

Endorphins, Enkephalins, Dynorphins

### Semi-synthetic:

Diacetylmorphine (Heroin), oxycodone, oxymorphone

# Classification of opioid: Source

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## **Synthetic Opioids:**

### **Phenylpiperidines:**

- Pethidine (Mepiridine), Loperamide
- Fentanyl and its congeners – sufentanil, remifentanil and alfentanil

### **Diphenylheptane**

Methadone, Propoxyphene and Dextropropoxyphene

### **Benzomorphans:**

Pentazocine

### **Morphinan and congeners:**

Levorphanol and Butorphanol

# Classification of opioid: Chemical structure

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**Phenanthrene:** Morphine

**Benzomorphan:** Pentazocine

**Phenylpiperidine:** Fentanyl

**Diphenylheptane:** Methadone

**Phenylpropylamine:** Tramadol



# Classification of opioid: Pharmacological action

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**Pure Agonist:** has affinity for binding plus efficacy

**Pure Antagonist:** has affinity for binding but no efficacy; blocks action of endogenous and exogenous ligands

**Mixed Agonist-Antagonist:** produces an agonist effect at one receptor and an antagonist effect at another

**Partial Agonist:** has affinity for binding but low efficacy

# Classification of opioid: Pharmacological action

## Classification of Opioids:

DRUGS	MU	KAPPA
<b><i>Pure Agonists</i></b> Morphine, codeine, meperidine, fentanyl , remifentanyl, propoxyphene , hydrocodone , oxycodone	Agonist	Agonist
<b><i>Agonist-Antagonist</i></b> Nalbuphine, butorphanol, Buprenorphine	Antagonist	Agonist
<b><i>Pure Antagonists</i></b> Naloxone, Naltrexone	Antagonist	Antagonist
<b><i>Partial Agonists</i></b> Pentazocine	Partial Agonist/weak antagonist	Agonist

# Morphine

Opium - History • Friedrich Wilhelm Serturmer – A German Pharmacist – Isolated Morphine in 1803 and named it after the Greek god of Dreams “**MORPHEUS**”

Because morphine was poorly absorbed orally, it was little used in medicine until the hypodermic syringe was invented in 1853.



**Morphine is agonist of all opioid receptors but affinity is higher for mu**

## Morphine

### Pharmacology Mnemonics

M	• Miosis (pin point pupil)
O	• Orthostatic hypotension
R	• Respiratory depression
P	• Physical dependency
H	• Histamine release
I	• Increased ICP
N	• Nausea
E	• Euphoria
S	• Sedation

# Morphine: Chemical structure

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A rigid pentacyclic structure consisting of: Benzene ring (A), Two partially unsaturated cyclohexane rings (B and C), Piperidine ring (D), Tetrahydrofuran ring (E)

Rings A, B and C are the phenanthrene ring system.

Two hydroxyl functional groups: a C3-phenolic OH and a C6-alcoholic OH

An ether linkage between C4 and C5

Unsaturation between C7 and C8,

A basic, 3<sup>o</sup>-amine function at position 17

5 centers of chirality (5(R), 6(S), 9(R), 13(S), and 14 (R).)

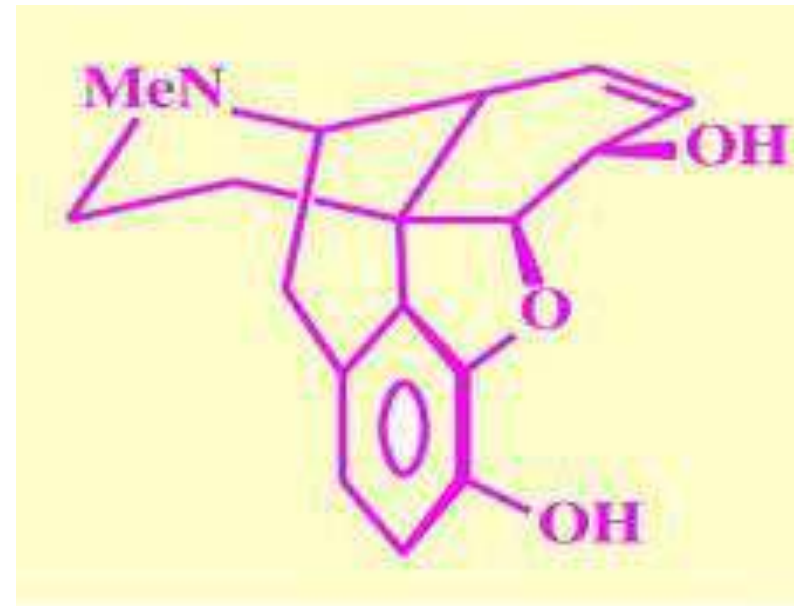
# Morphine: Stereochemistry



Morphine optical isomers 32 theoretical, in fact only 8 [C6, C14 have epimerization possibility].

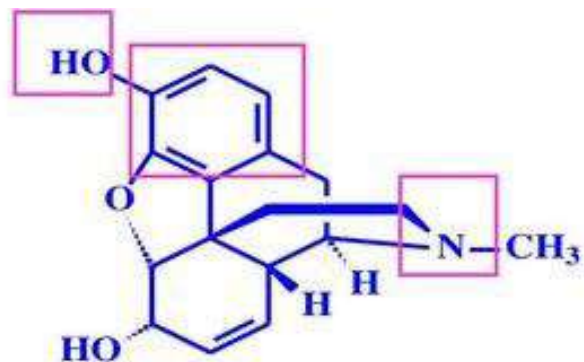
Conformation of morphine is a “T” shape with A, B, and E rings forming the vertical portion, and C and D ring forming the top.

Ring C Boat, Ring D Sessel conformation. Alcoholic OH is equatorial

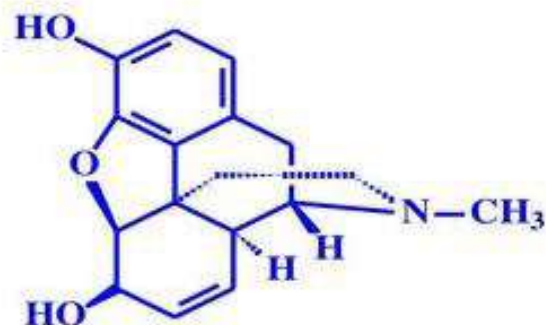


# Morphine: Stereochemistry

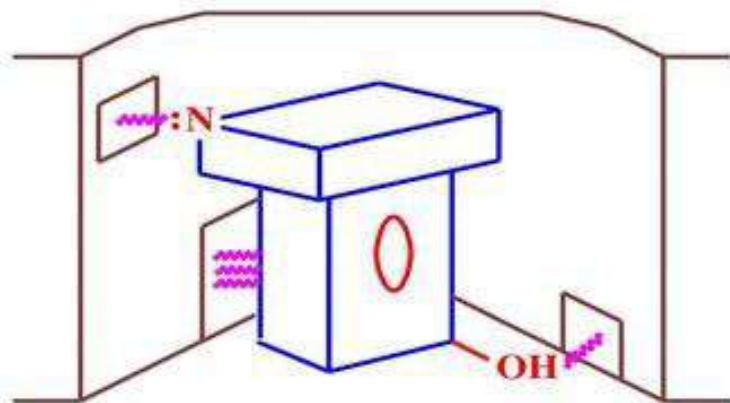
Morphine is levorotatory with specific rotation  $-131^\circ$



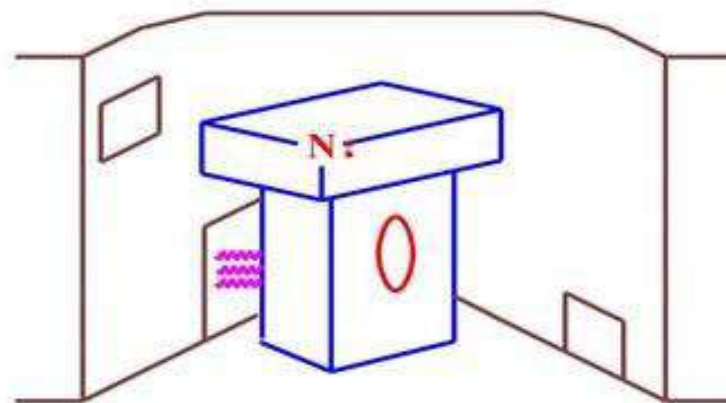
**"Natural" Morphine**



**"Unnatural" Morphine (the mirror image)  
No analgesic activity**



**3 receptor interactions**



**1 receptor interaction  
(OH hidden in diagram)**

# Morphine: Properties

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Morphine:

**Amphoteric** Base (tert- amine), acidic (phenolic OH)

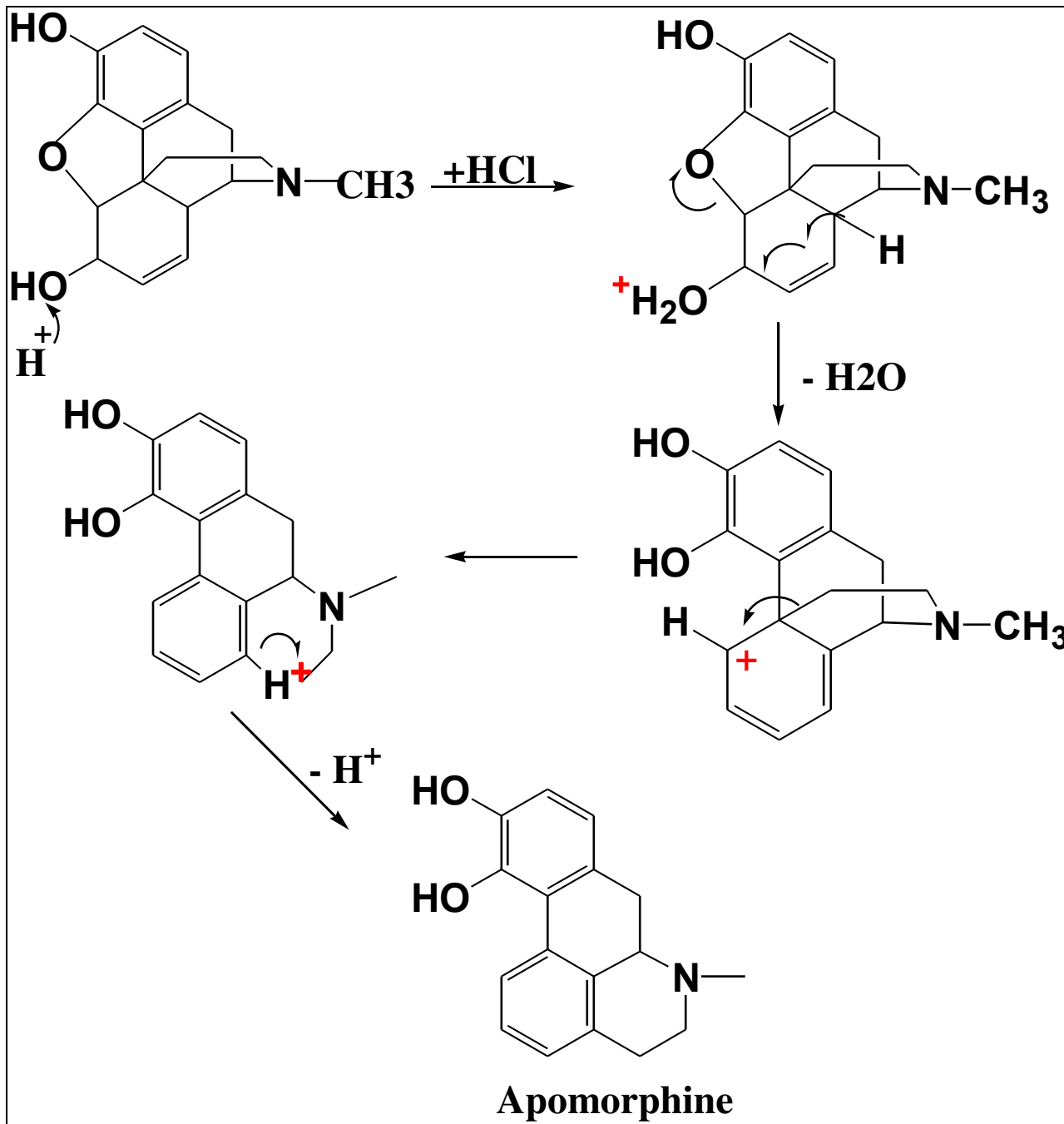
Isoelectric point at pH: 9.1

Slightly soluble in ether, chloroform, ethylacetate, soluble in alcohol and basic solution

Salts: Hydrochloride and sulfate

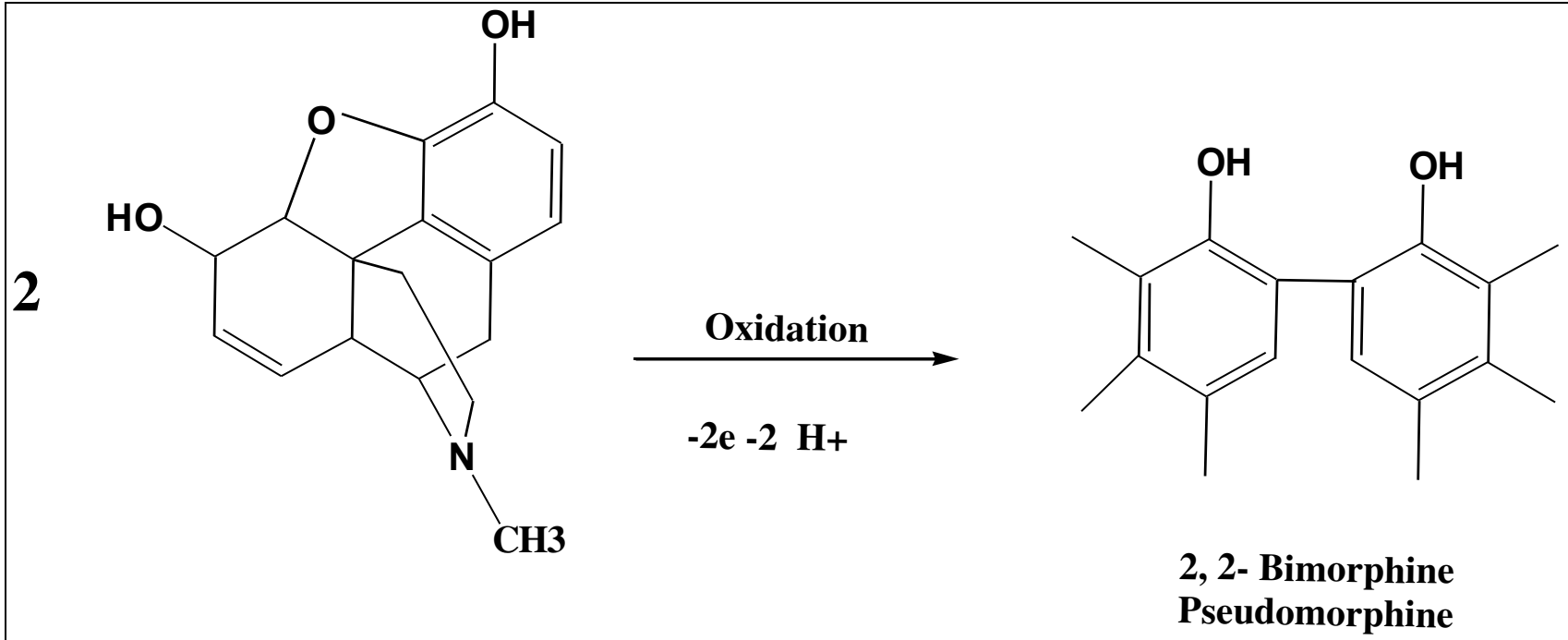
Stability: Heating with mineral acids: morphine  $\longrightarrow$  **apomorphine**

Oxidation liability  $\longrightarrow$  pseudomorphine





## Oxidation of morphine:



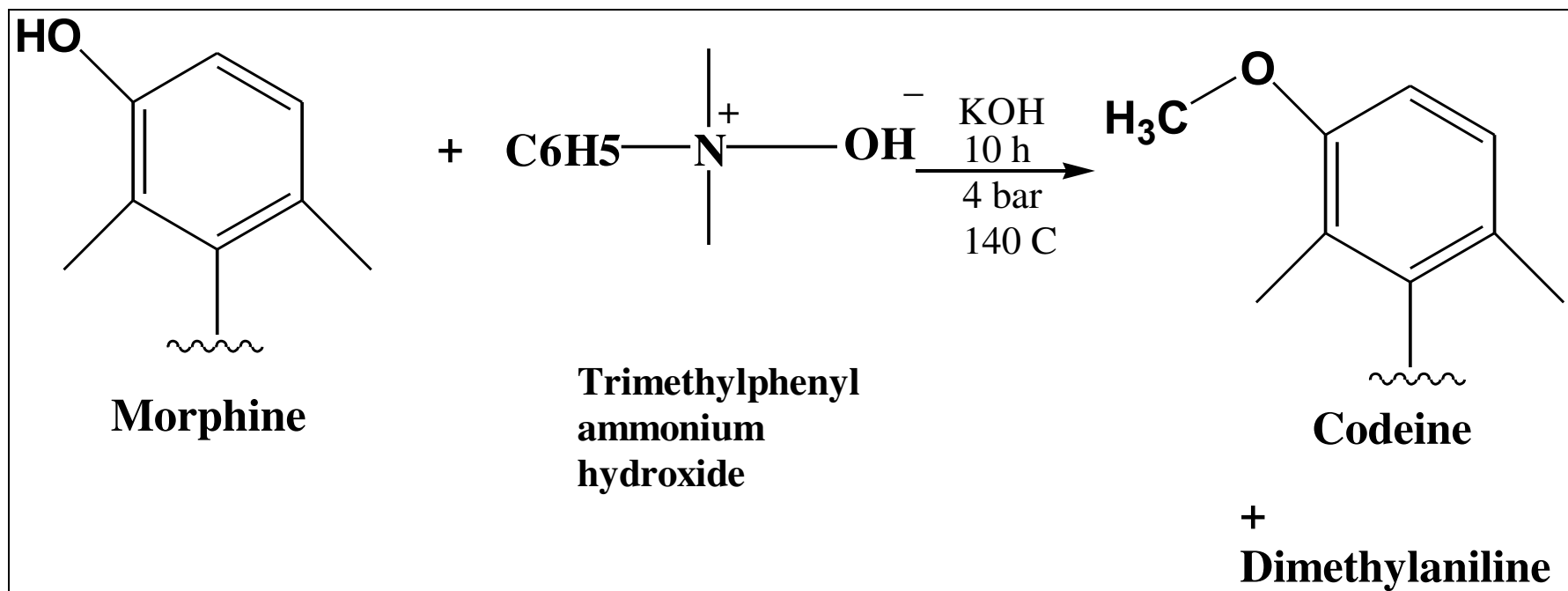
# Morphine: Properties

Morphine:

Source mainly is opium, synthesis less efficient

**Note: Specific condition are required, affinity for 3°- N amine**

**Codeine synthesis:**



# Morphine: Pharmacokinetic

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Morphine: orally absorption is slow

Morphine is extensively metabolized by the gut wall & the liver.  
(First pass effect, **bioavailability 20-40%**)

## **Metabolism:**

Morphine 3 glucuronide (M3G) (60%) – inactive

Morphine-6- glucuronide (M6G)(10%) - analgesic

Sulphate conjugates (3%).

# Morphine: Pharmacokinetic

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Morphine freely cross the placenta, slowly cross BBB

M6G is normally excreted in urine. M6G accumulates in renal failure & accounts for significantly **increased analgesic effect of morphine\***.

**Neonates** are more sensitive than adults to morphine due to reduced hepatic conjugating capacity.

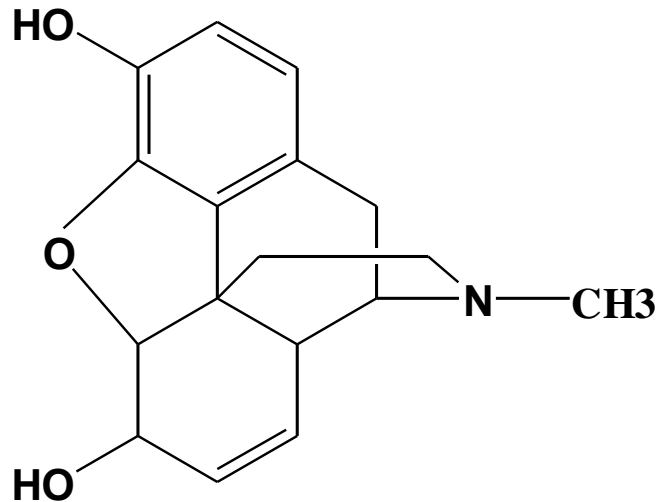
In the **elderly**, owing to reduced volume of distribution, peak plasma level of morphine is higher compared to younger patient.

Duration of action 3-6 h

Doses: PO, IM, IV, Rectal

**For equivalent analgesic effect, the oral dose must be 3 times the intravenous (IV) dose**

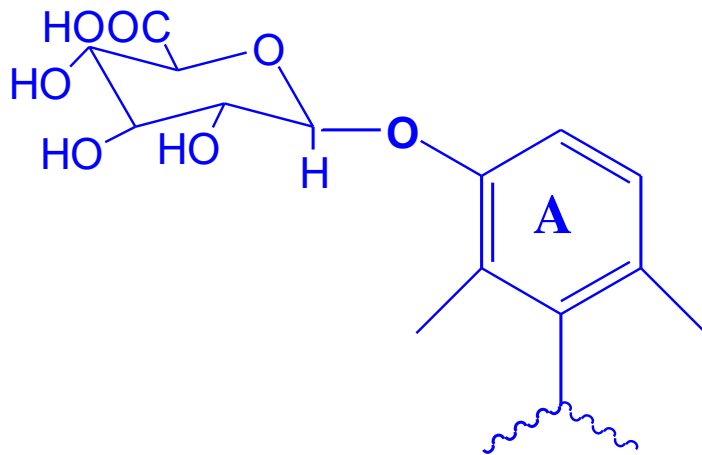
# Morphine: Metabolism



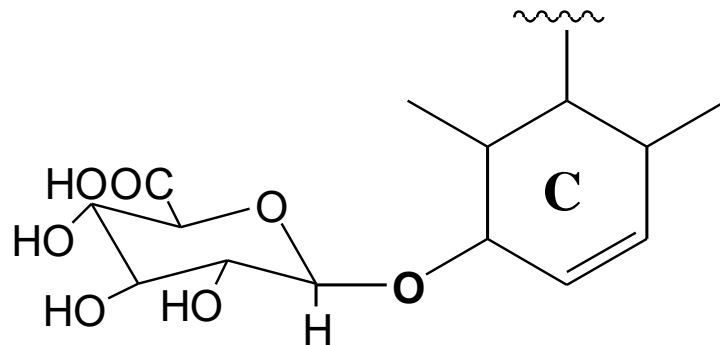
UDP-Glucuronyl transferase

+ UDP glucuronic acid

**α-linkage at C1**



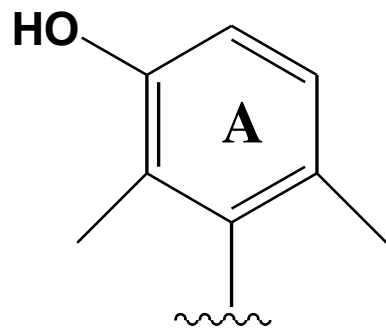
**Morphine -3-O- glucuronide**  
**No analgesic activity**



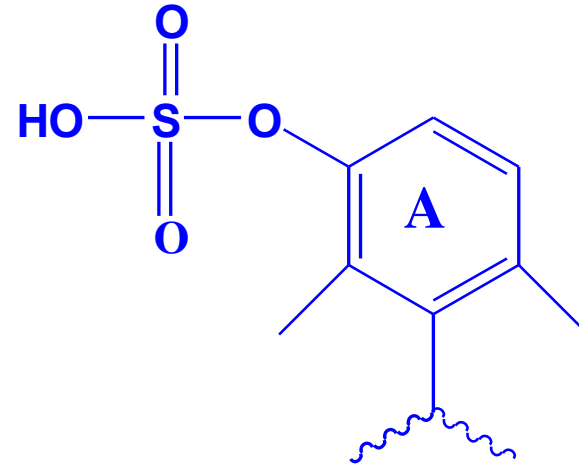
**Morphine -6-O-glucuronide**  
**Analgesic activity**

**β-linkage at C1 in conjugate**

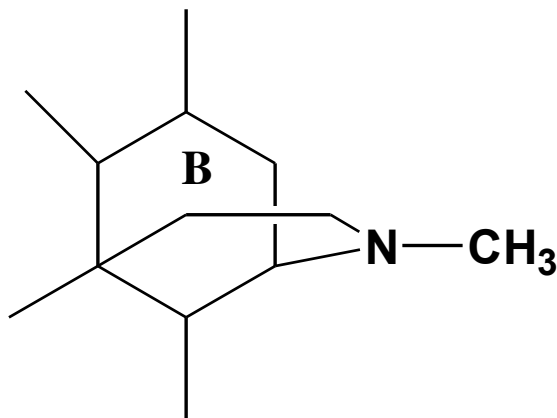
# Morphine: Metabolism



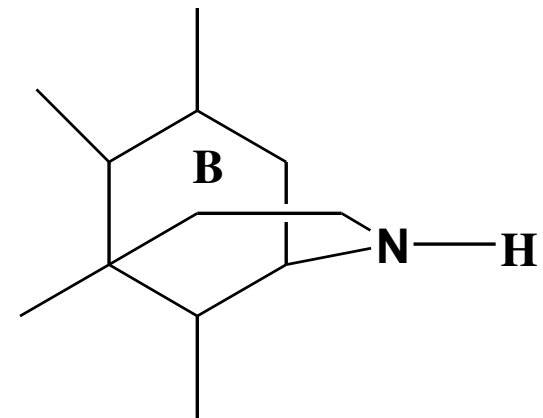
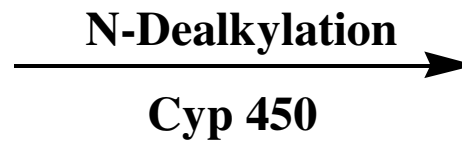
Morphine



**3-O-Sulfate conjugate**  
**Note 6-O-sulfate conj is active**



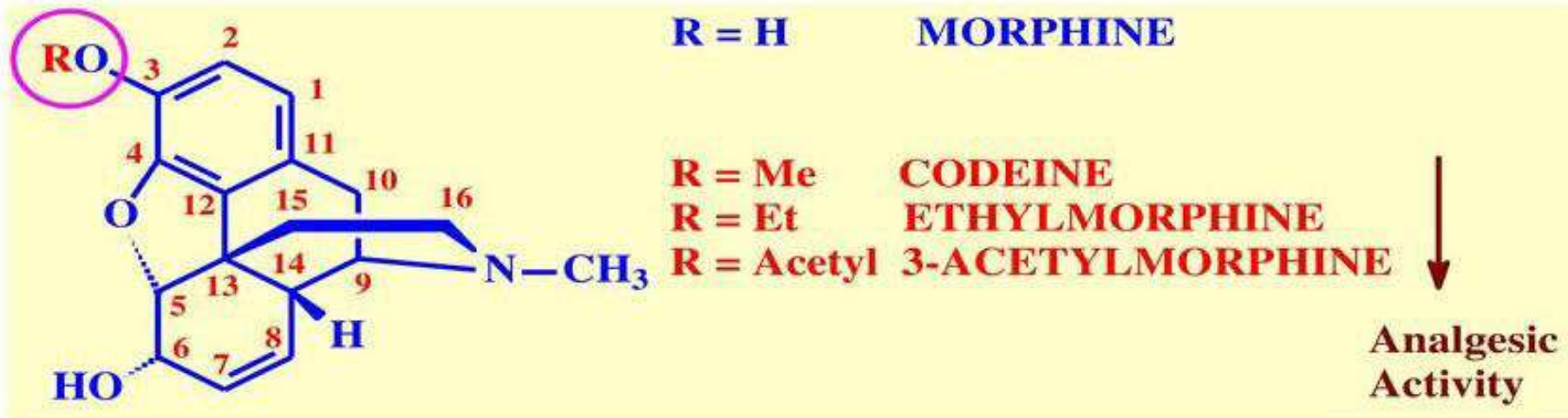
Morphine



Normorphine

# SAR and structural modifications

**Phenolic OH is essential for analgesic activity**



**Morphine: Mu, Kappa, Delta Agonist**

**Codeine (Mu (w), Delta (w))**

Methylating phenolic OH (Codeine) decreases analgesic effect.  
Codeine is 0.1 percent as active as morphine

# SAR and structural modifications

Alcoholic OH is Not Essential for analgesic activity



R		Analgesia wrt morphine
Me	Heterocodeine	5x
Et	6-Ethylmorphine	greater
Acetyl	6-Acetylmorphine	4x

Increasing lipophilicity of compounds increase analgesic effect  
6-O-Sulfate and 6-O-glucuronide are more potent than morphine



# SAR and structural modifications

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## Alcoholic and phenolic OH : Heroin

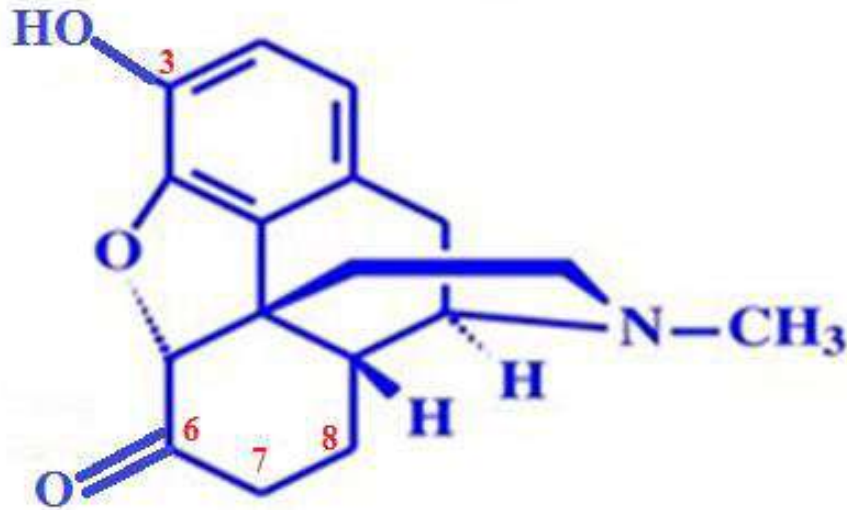


3,6-Diacetylmorphine Heroin increase analgesic action. Heroin pass BBB quicker than morphine. By esterase enzyme in brain 3-acetylmorphine (inactive), and 6-acetylmorphine which is 2 to 3 times more potent at  $\mu$ -receptor than morphine  
Fast onset and intense euphoric action

# SAR and structural modifications

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## Alcoholic OH and double bond at 7,8



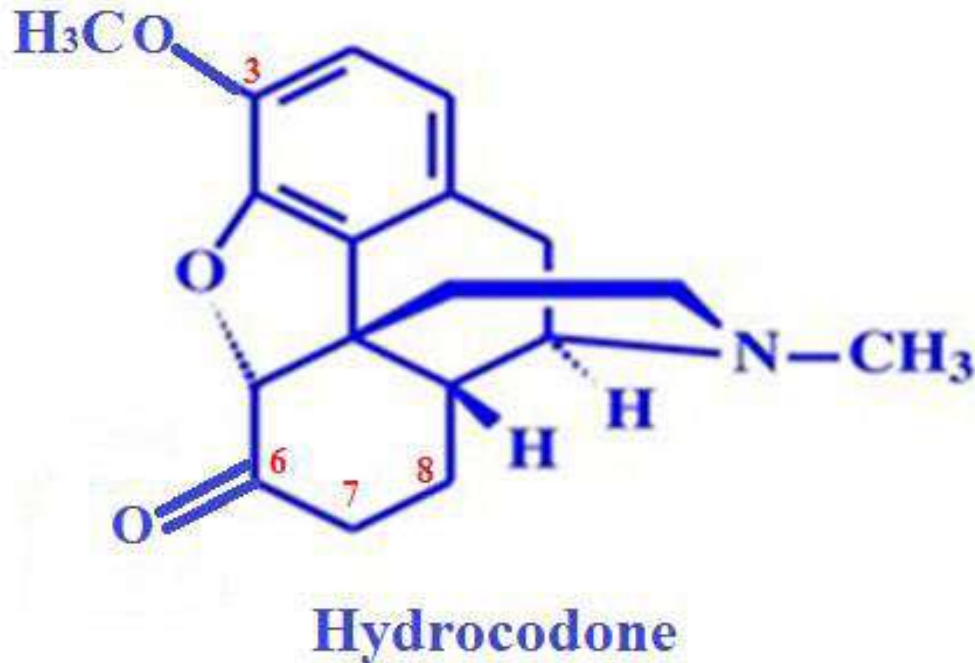
Hydromorphone

Alcoholic OH at 6 is not essential, double bond is not essential  
Modification OH to ketone and saturation of double bond at 7,8  
increase activity (**approximately 5 times as potent as morphine**).

# SAR and structural modifications

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## Alcoholic OH and double bond at 7,8



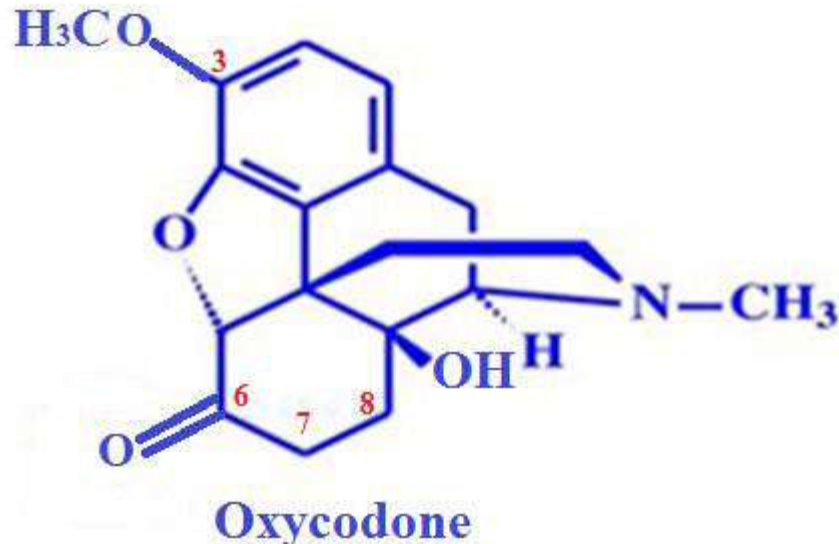
Hydrocodone is the 3 methoxy version of hydromorphone. The loss of the 3-OH group yields a compound that is approximately 4 to 5 times less potent than hydromorphone, thus about equal to morphine.

# SAR and structural modifications

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Replace Alcoholic OH at 6 with H and reduction of double bond at 7, 8 increases activity

**Replace H at 14 with  $\beta$ -OH**



14 beta-hydroxyl version of hydrocodone

Oxycodone greater potency (1.5 times orally) than hydrocodone

# SAR and structural modifications

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Replace H at 14 with  $\beta$ -OH



14 beta-hydroxyl version of hydromorphone

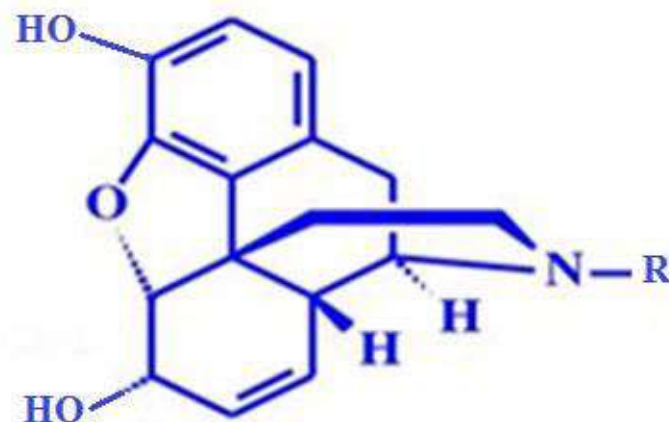
Oral bioavailability of oxymorphone is lower than that of hydromorphone (less potent)

Injectable Oxymorphone is more potent than hydromorphone

# SAR and structural modifications

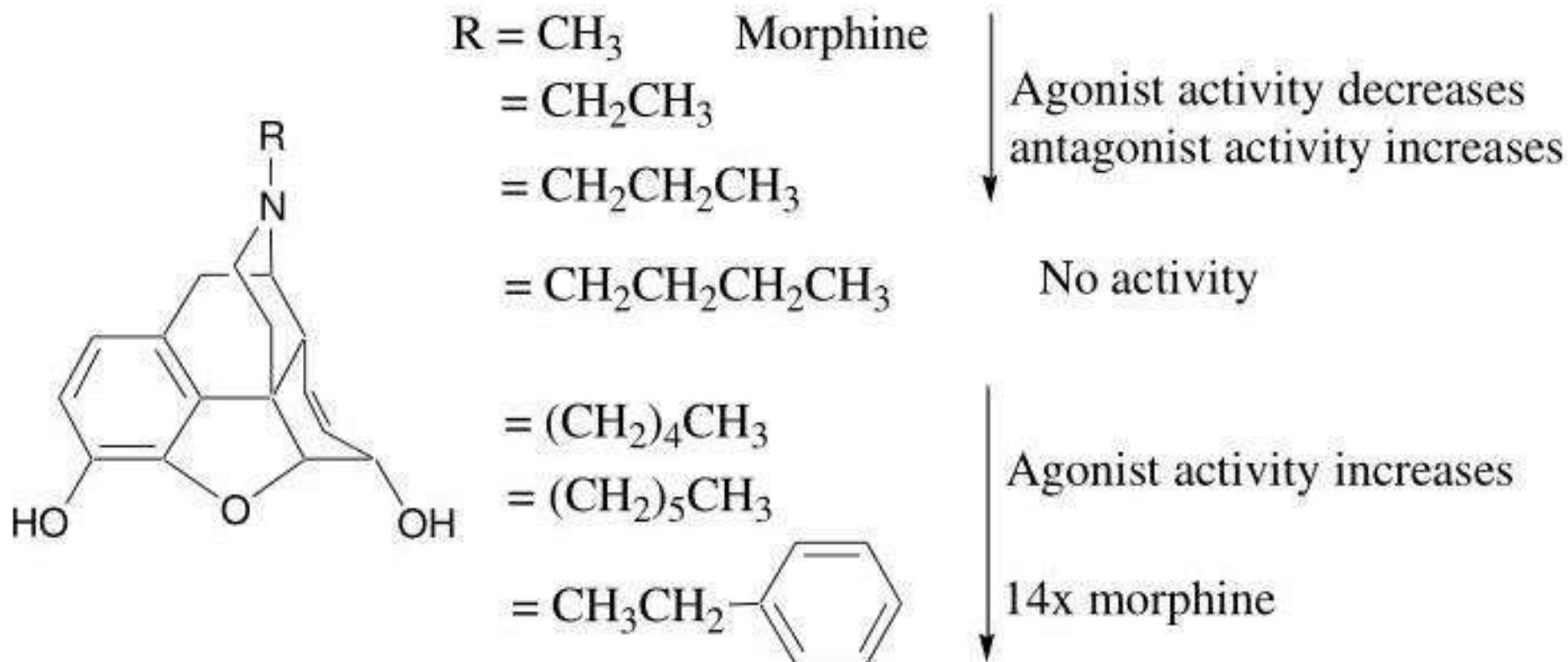
## Nitrogen is essential for activity

- ❑ Replace NR by CHR the compound is inactive
- ❑ Normorphine is polar and cross BBB more slowly
- ❑ Ionized compound can not cross BBB
- ❑ As the alkyl group is increased in size from a methyl to a butyl group, the activity drops to zero.
- ❑ When substituent at N R is pentyl or hexyl the activity recovers slightly.



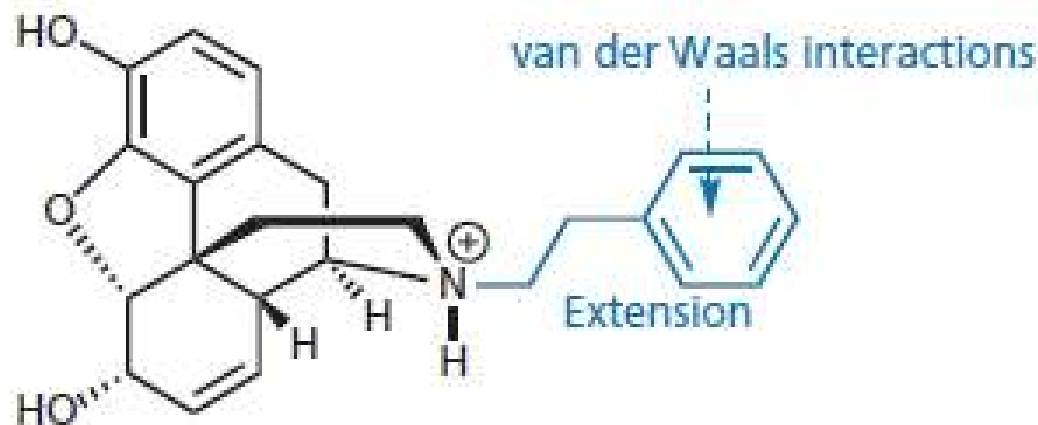
NR	CHR		inactive
NR	NH	Normorphine	25% active
NR	$\text{N}^+\text{CH}_3$		inactive
NR	$\text{N}^+\text{Me}_2$		inactive

# SAR and structural modifications



# SAR and structural modifications

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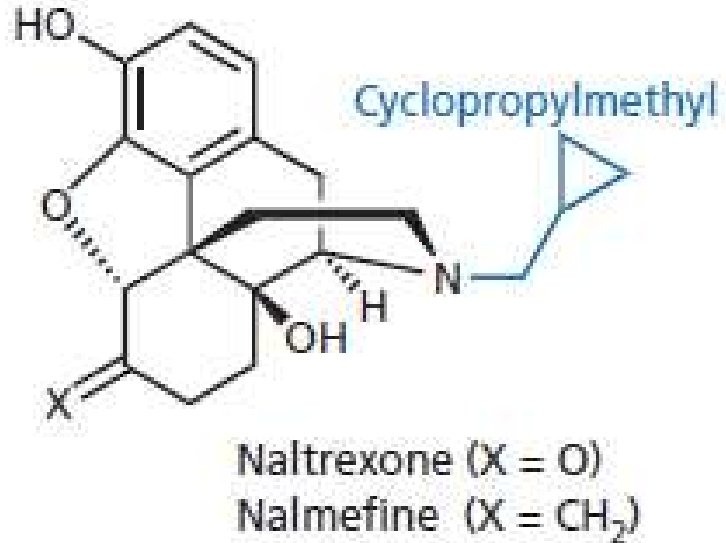
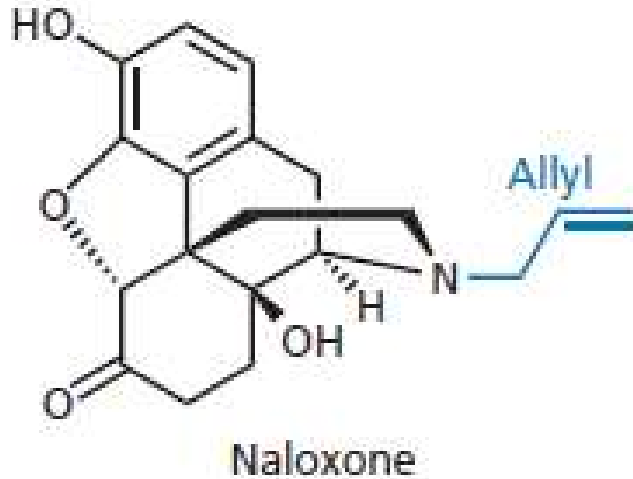
*N*-Phenethylmorphine  
(14 × activity of morphine)

- ❑ Larger substituent at N return agonist [phenylethyl] 10X more potent as mu agonist than CH<sub>3</sub>



# SAR and structural modifications

## Nitrogen is essential for activity

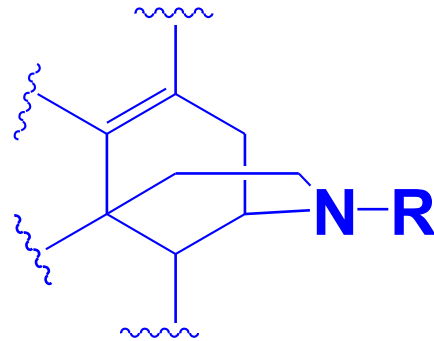


- Unsaturated or carbocyclic substituents (3C) produces pure antagonist
- Naltrexone is eight times more active than naloxone as an antagonist.
- Nalmefine binds more strongly to opioid receptor than naltrexone.

# SAR and structural modifications

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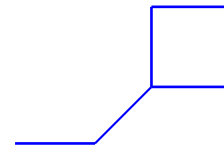
R at N



**R: Dimethylallyl**



**R: Cyclobutylmethyl**



Antagonism at Mu receptor decreases and agonism increases at kappa receptor

**Mixed agonist antagonist**

# SAR and structural modifications

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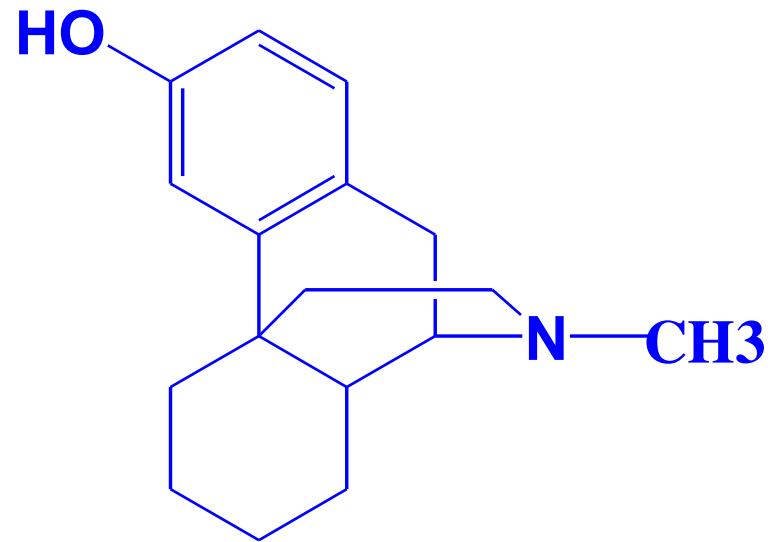
## Removal of C4-C5 ether link increases activity

Removal of ether link at C4-C5 produce **morphinans**

Ether link is not essential

Only levo (-) isomers possess opioid activity.

Levorphanol is **7.5 times** more potent than morphine

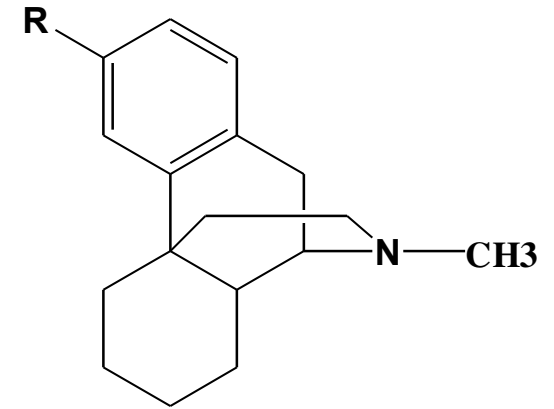


**Levorphanol**

# SAR and structural modifications

Dextromethorphan is antitussive.

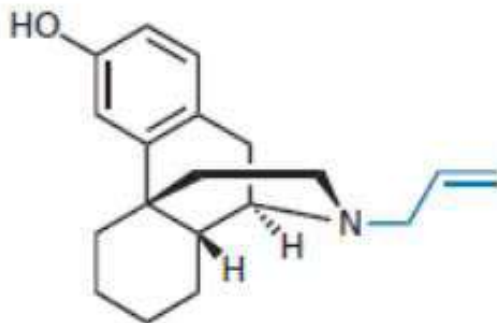
Morphinans are more potent and longer-acting than their morphine counterparts, but they also have higher toxicity and comparable dependence characteristics



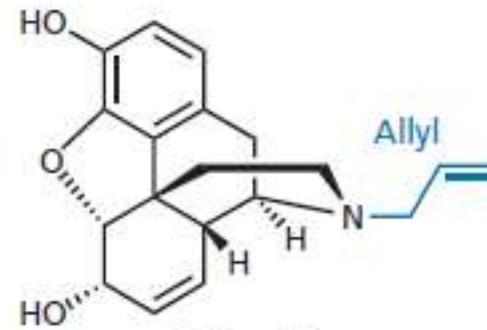
R: OH Levorphanol

R: OCH3 Dextromethorphan

## Morphinan derivatives



Levallorphan  
(Antagonist 5 × more potent than nalorphine)



Nalorphine

Nalorphine is **antagonist at  $\mu$ -receptor**

Analgesic effect **agonist  $\kappa$ -receptor**

# SAR and structural modifications

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## Changes on Morphine that increase analgesic activity

C6 - OH to OAc

C3 and C6 - OH to OAc

C6 - OH to O-Sulfate or O-glucuronide

C6 - OH to =O and C7-C8 single bond

C6 - OH to H and C7-C8 single bond

C14 - H to  $\beta$ OH

N - CH<sub>3</sub> to CH<sub>2</sub>CH<sub>2</sub>Ph


N - CH<sub>3</sub> to CH<sub>2</sub>CH<sub>2</sub>furan

N - CH<sub>3</sub> to CH<sub>2</sub>C=OPh

Removal of C4-C5 ether link

## Changes on Morphine that produce antagonists

N - CH<sub>3</sub> to CH<sub>2</sub>CH=CH<sub>2</sub>

N - CH<sub>3</sub> to CH<sub>2</sub> 

**Figure 24.6** • Summary of functional group changes on morphine structure.

# Opioid analgesics

## Part 2

**Dr. Mai Ramadan**

# 4,5- $\alpha$ - Epoxymorphinan derivative ( $\mu$ -agonist)

Opioid	Log D <sub>pH7.4</sub>	Oral bioavailability %
Codeine	0.82	
Hydrocodone	1.36	
Oxycodone	0.38	60-90
Morphine	0.48	
Hydromorphone	1.56	
Oxymorphone	0.32	10
<b>Levorphanol</b>	<b>1.76</b>	

**What is  $\text{Log } D_{\text{pH}7.4}$  ?????**

**What is 4,5- $\alpha$ - Epoxymorphinan derivative ????**

**Remember Levorphanol is morphinan derivative**



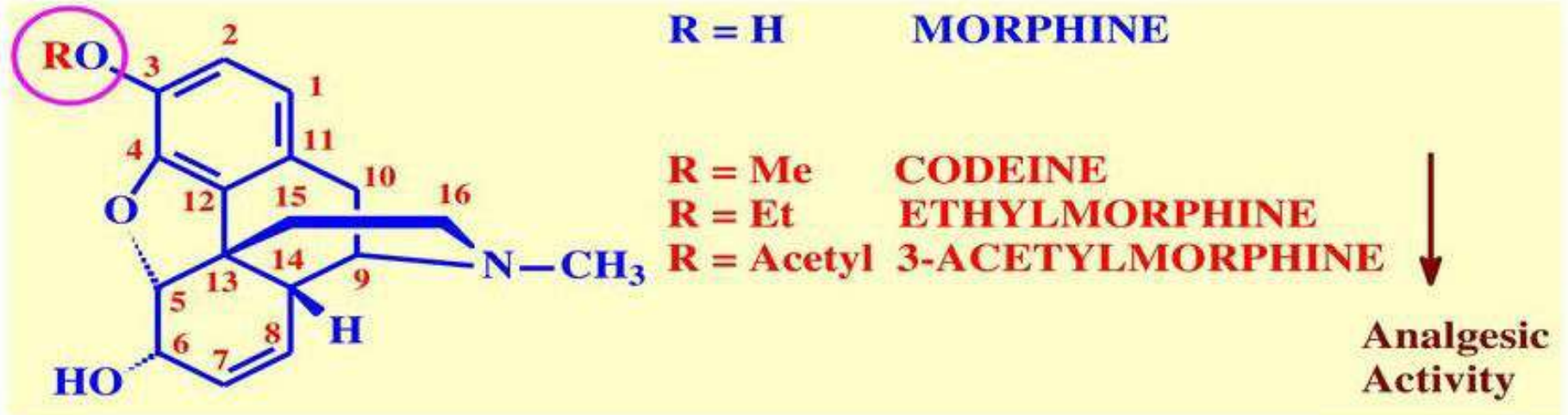
# Summary of SAR for 4,5- $\alpha$ epoxymorphinan

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## At Ring A:

- A free phenolic OH is **essential** for  $\mu$  receptor (analgesia) affinity, but as a polar group leads to poorer oral bioavailability (first pass glucuronidation) e.g. morphine
- Conversion of the 3-OH to ether 3-OR causes **decrease** in  $\mu$  receptor affinity and analgesic effect. Codeine is a prodrug for its analgesic effect. However, etherification increases antitussive effectiveness, Log D and bioavailability.
- Esterification of 3-OH **decreases** analgesic effect. It must be hydrolyzed at C3 to produce free OH and interact with receptor.

# Remember



**Morphine: Mu, Kappa, Delta Agonist**

**Codeine (Mu (w), Delta (w))**

# Summary of SAR for 4,5- $\alpha$ epoxymorphinan

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## At Ring A:

- Esterification at 3-OH and 6-OH

Heroin (Diacetyl morphine) has increased log D and enhanced penetration through BBB. The ester at C6 does not have to be removed for the receptor interaction. The C3 is more susceptible to hydrolysis as phenyl is an electron withdrawer . 6-Acetyl morphine is 2-3 folds more potent than morphine. It has intense euphoric make it popular for abuse.

Example: heroin

# Remember

## Heroin (Diacetyl morphine)



R: CH<sub>3</sub> CO-  
R: CH<sub>3</sub>CO-

# Summary of SAR for 4,5- $\alpha$ epoxymorphinan

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## At Ring C

- 6- $\alpha$ -OH is a polar and **not essential** for receptor interaction. Modify 6-OH to 6-OCH<sub>3</sub> **increases** lipophilicity and  $\mu$  receptor affinity (Analgesic effect). Example: Heterocodeine, a structural isomer of codeine, which is more potent than even morphine.
- Esterification of 6-OH increases lipophilicity and analgesic effect. Example 6-acetylmorphine is more potent than morphine.
- Removal of 6-OH and replacement with H increases lipophilicity and  $\mu$  receptor affinity. Activity increases 10 folds.
- Replacing hydroxyl with methyl or methylene increases  $\mu$  receptor affinity. Example: nalmefen

# Remember Alcoholic OH at 6

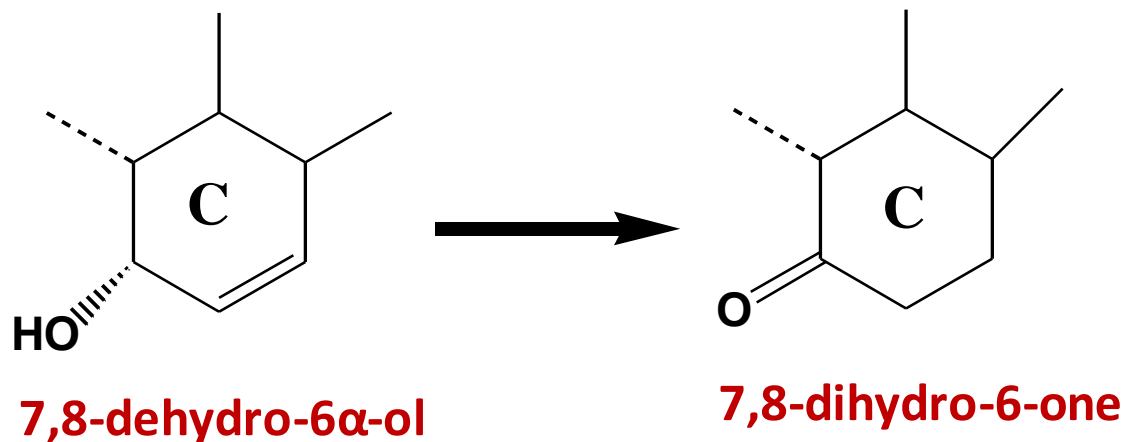


R		Analgesia wrt morphine
Me	Heterocodeine	5x
Et	6-Ethylmorphine	greater
Acetyl	6-Acetylmorphine	4x

# Summary of SAR for 4,5- $\alpha$ epoxymorphinan

## Ring C Modifications

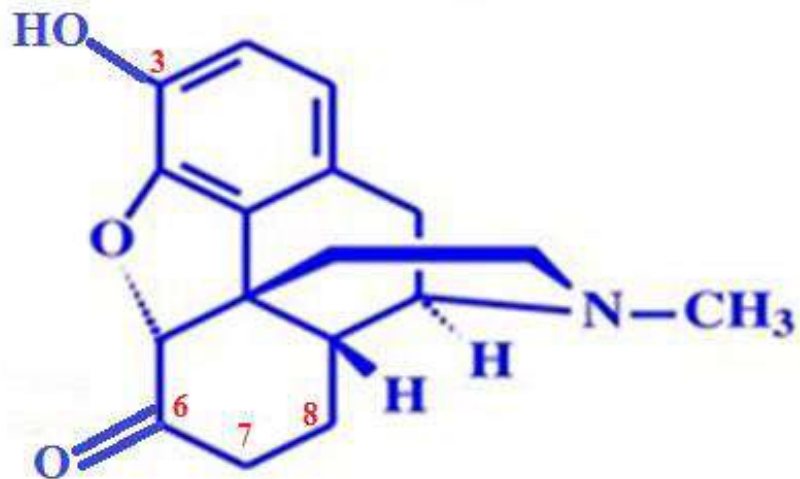
- Oxidation of 6-OH to keto group (Polar group, H-bond acceptor) decreases analgesic effect (1/3 effect)
- Changing natural 7,8-dehydro-6 $\alpha$ -ol to 7,8-dihydro-6-one results in **6 times** gain analgesic potency and increase Log D. e.g. Hydromorphone



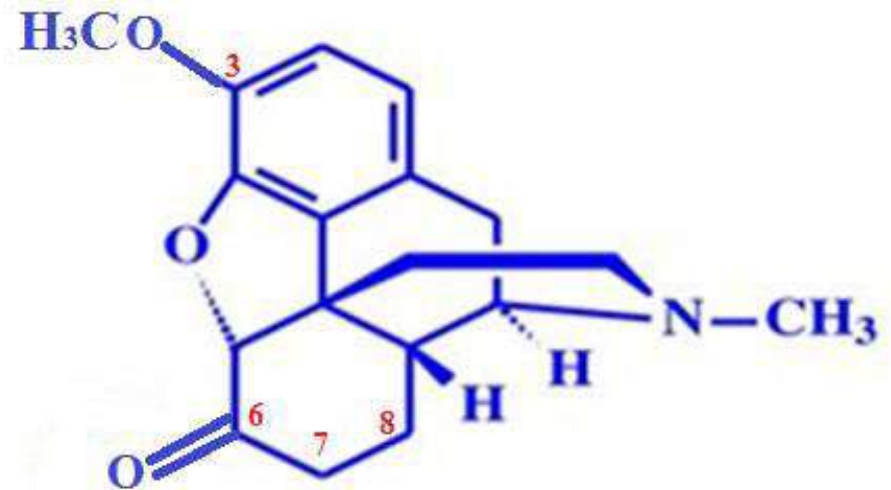
The C ring is more flexible (no double bond) and can take chair conformation and position keto group for high affinity binding. Examples: Hydromorphone, hydrocodone

# Remember

## Ring C: 7,8-dihydro-6-one



Hydromorphone



Hydrocodone

Log D at pH7.4 : 1.56

Log D at pH7.4 : 1.36



# Summary of SAR for 4,5- $\alpha$ epoxymorphinan

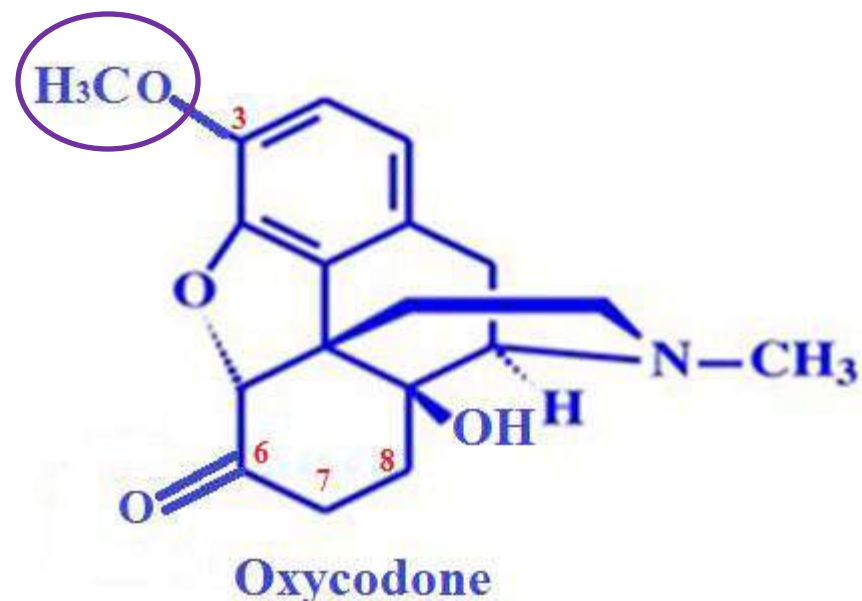
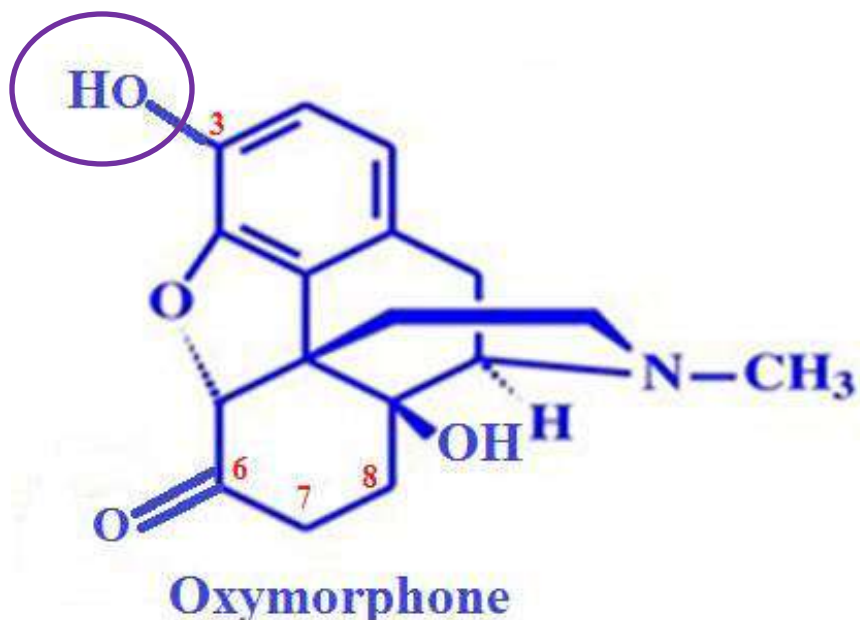
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## At C-14

- 14 $\beta$ -OH at C-14 decreases log D but enhances  $\mu$  receptor affinity. At  $\mu$  receptor, 14  $\beta$ -OH bonds very effectively with Tyr residue. At  $\kappa$  receptor the bonding residue is Glu.
- 14 $\beta$ -OH derivative are more potent (2-3 folds analgesia) and have decreased antitussive action.
- Oxycodone is more potent than hydrocodone

# Remember

Ring C: 7,8-dihydro-6-one & 14 $\beta$ -OH at C-14



Log D at pH7.4 : 0.32

Log D at pH7.4 : 0.38

# Remember

**Oxycodone is more potent than hydrocodone**



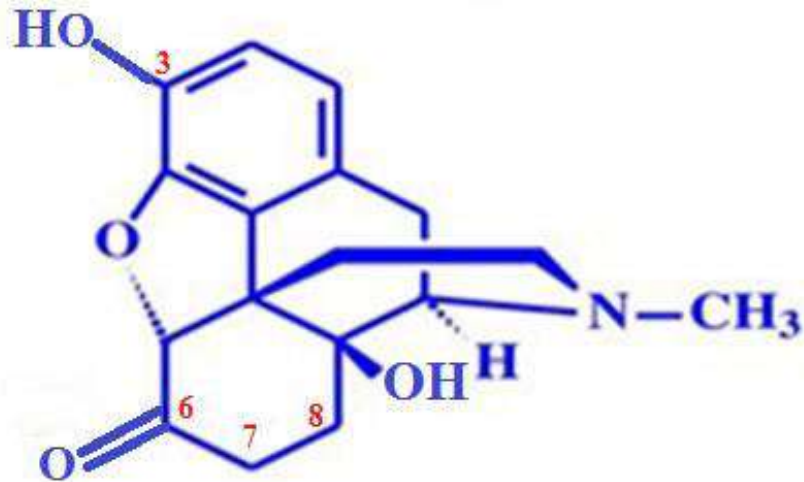
**Log D at pH7.4 : 0.38**



**Log D at pH7.4 : 1.36**

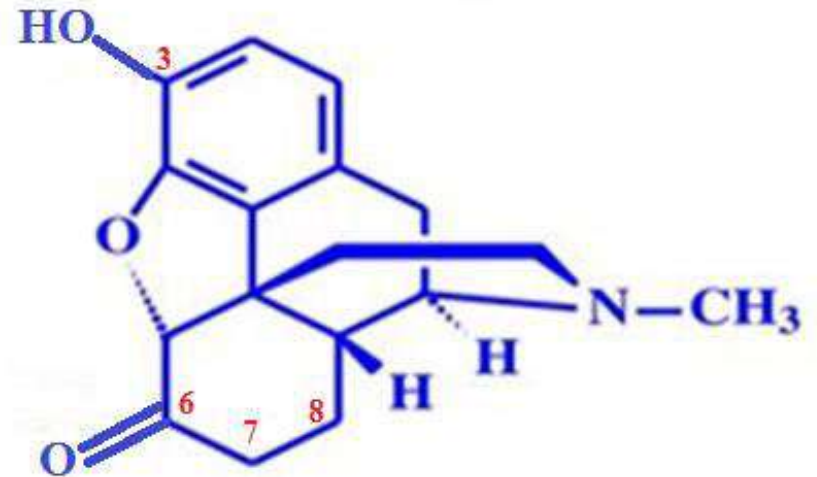
# Remember

**Oxymorphone is more potent than Hydromorphone injectable**



Oxymorphone

**Log D at pH7.4 : 0.32**



Hydromorphone

**Log D at pH7.4 : 1.56**

# Summary of SAR for 4,5- $\alpha$ epoxymorphinan

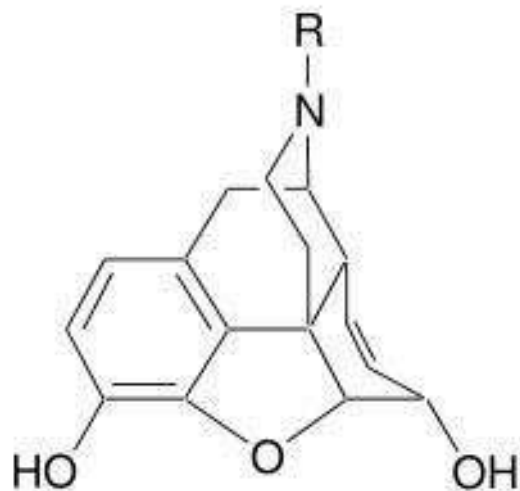
---

## At Ring D

- Tertiary amine is **essential** for activity. Replace –NR by –CHR results in loss of activity.
- Removal of N-methyl decreases lipophilicity and activity (Normorphine)
- Quaternerization decreases lipophilicity and loss of activity.
- When alkyl group (N-alkyl) increases in size (C2-5), decreases  $\mu$  receptor affinity through steric hindrance. When R is of 4C inactive
- When R is more than 5C, hexyl, aralkyl the potency is increased. R:(-CH<sub>2</sub>CH<sub>2</sub>Ph) the compound has 14X potency of morphine.

# Remember

Summarizing the Effects of altering chain length on N of morphine structure



R = CH<sub>3</sub>      Morphine


= CH<sub>2</sub>CH<sub>3</sub>

= CH<sub>2</sub>CH<sub>2</sub>CH<sub>3</sub>

= CH<sub>2</sub>CH<sub>2</sub>CH<sub>2</sub>CH<sub>3</sub>

= (CH<sub>2</sub>)<sub>4</sub>CH<sub>3</sub>

= (CH<sub>2</sub>)<sub>5</sub>CH<sub>3</sub>

= CH<sub>3</sub>CH<sub>2</sub>-

↓ Agonist activity decreases  
antagonist activity increases

No activity

↓ Agonist activity increases

↓ 14x morphine

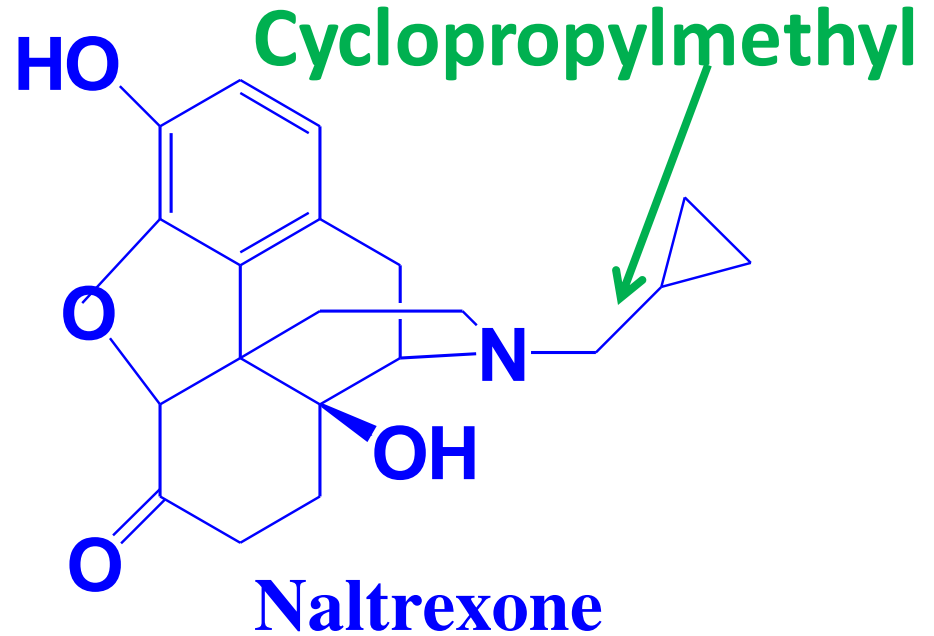
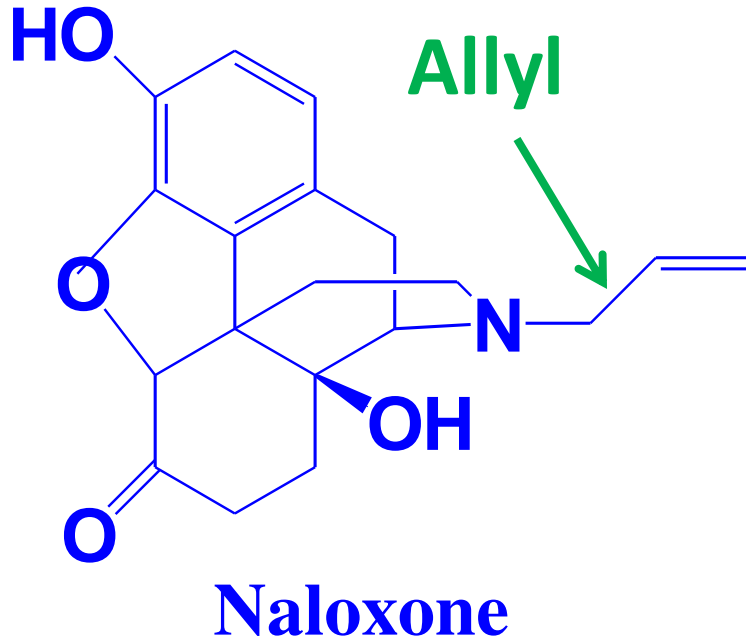
# Summary of SAR for 4,5- $\alpha$ epoxymorphinan

---

## At Ring D

- N-Alkyl substituent is branching, unsaturated or strained ring results in antagonism
- Optimal antagonism at  $\mu$  receptor when N-R is of 3C like allyl (Naloxone) and cyclopropylmethyl (Naltrexone)
- When N-R is cyclobutylmethyl or dimethylallyl the antagonism is weak .
- Removal of C15 ( breakage of ring D) decreases  $\mu$ -receptor affinity.

# Remember

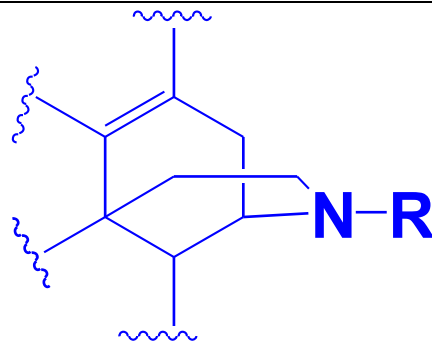


**Pure antagonist**

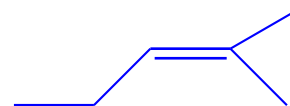


# Remember

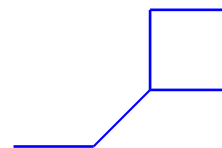
R at N



**R: Dimethylallyl**



**R: Cyclobutylmethyl**



Antagonism at Mu receptor decreases and agonism increases at kappa receptor

**Mixed agonist antagonist**

# Summary of SAR for 4,5- $\alpha$ Epoxymorphinan

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## At Ring E

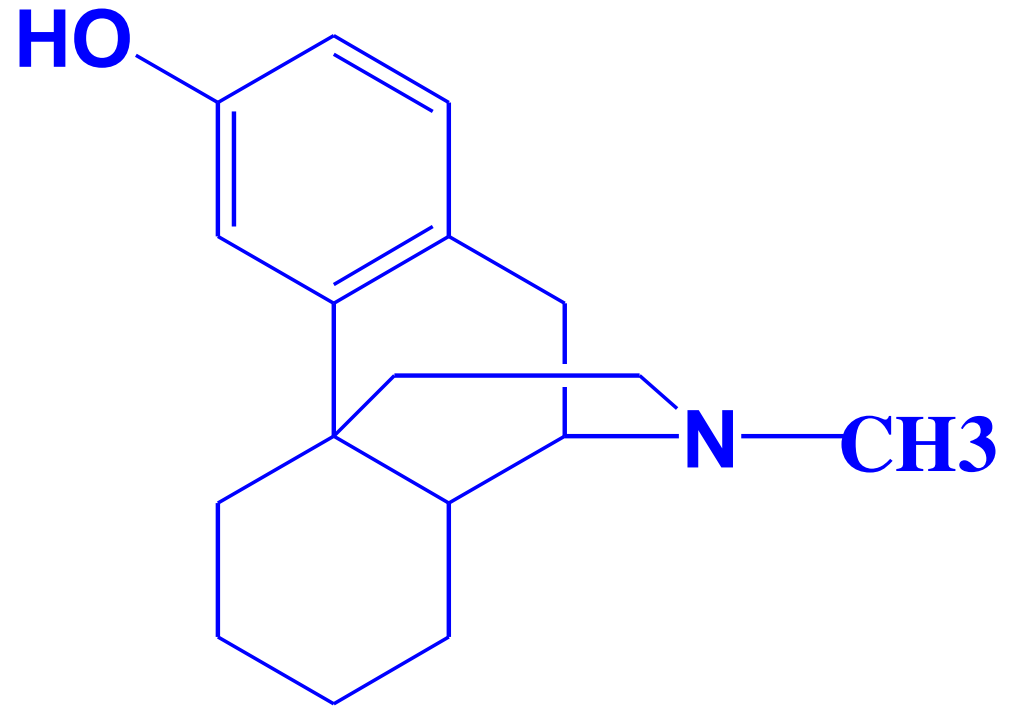
- 4,5 $\alpha$ -epoxy bond is **not essential** and does not affect  $\mu$  receptor affinity
  
- Removal of 4,5 $\alpha$ -epoxy (Removal of ring E, Tetracyclic opioid, Morphinan) increases Log D. In general, a morphinan is overall more potent than the corresponding 4,5- $\alpha$ -epoxymorphinan.

Example: Levorphanol is 7.5 times more potent than morphine

# Remember

Removal of ring E

Tetracyclic opioid



# Levorphanol

# **Opioid Analgesics**

## **Part 3**

**Dr. Mai Ramadan**

**Semi-synthetic opioid**

**Codeine, Heroin, Hydromorphone,**

**Hydrocodone, Oxymorphone,**

**Oxycodone**

# 4,5- $\alpha$ –Epoxymorphinan ( $\mu$ -agonist)

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## Codeine:

Natural opioid.

Source: opium, semisynthesis from morphine

Drug used as salts: sulfate, phosphate

Antitussive

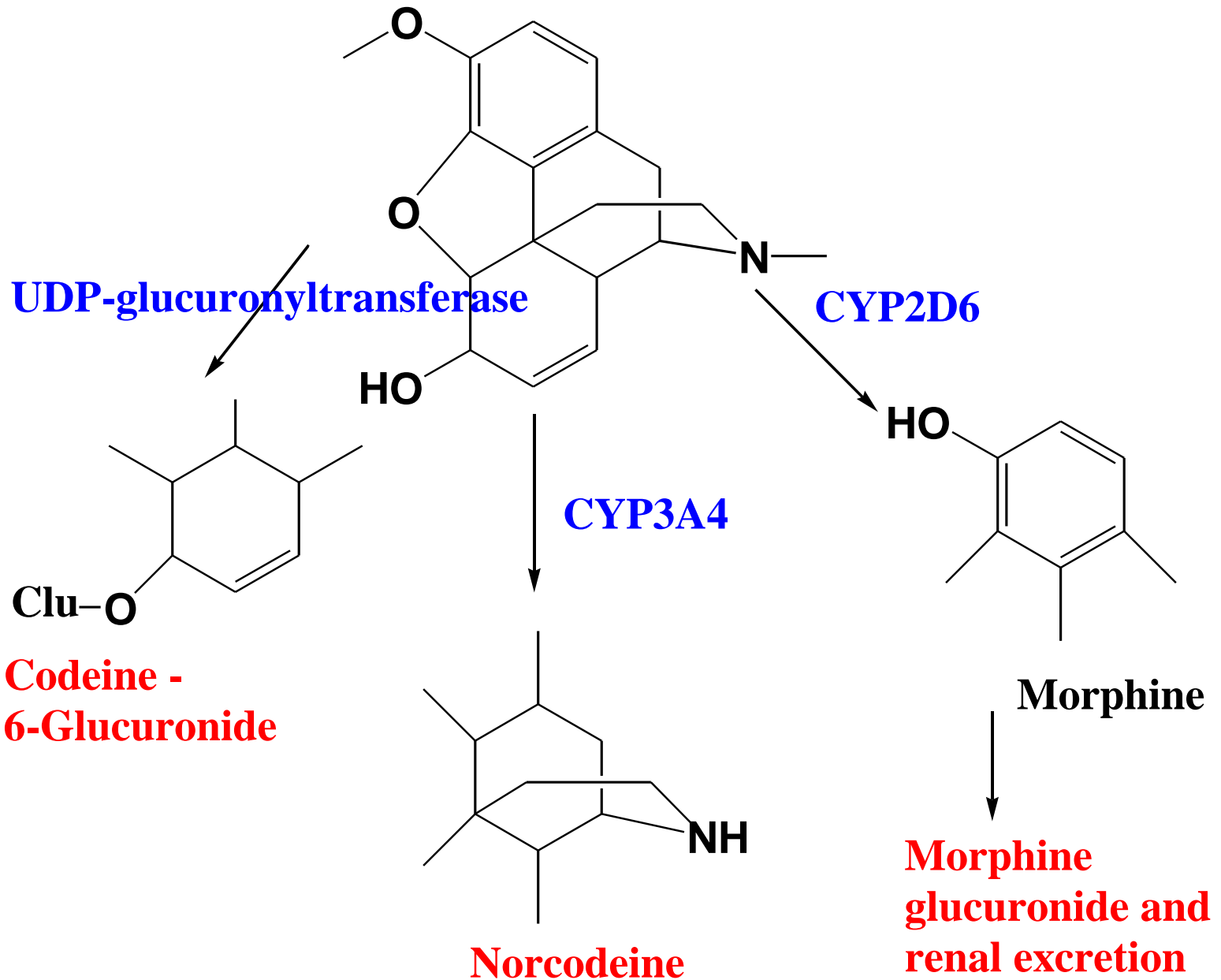
In combination with paracetamol and ibuprofen for moderate pain.

Ca 5% of codeine is metabolized to morphine via CYP2D6 (genetic polymorphism)

Codeine is a prodrug of morphine more lipophilic with better bioavailability.

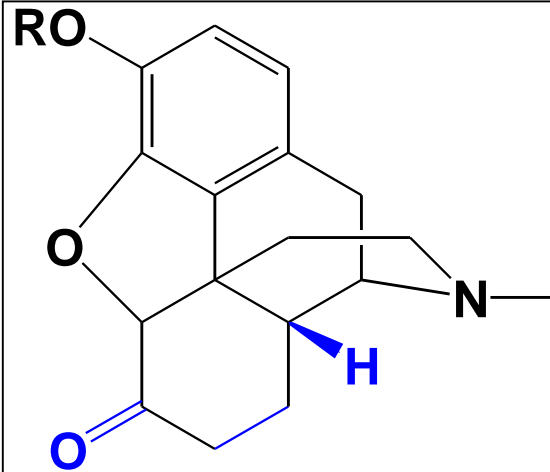
# 4,5- $\alpha$ - Epoxymorphinan

## Codeine



# 4,5 $\alpha$ -Epoxy morphinan

( $\mu$ -agonist)

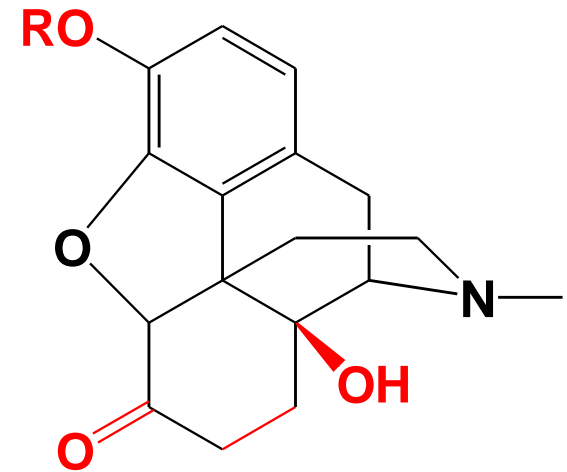


R: H

Hydromorphone

R: CH<sub>3</sub>

Hydrocodone

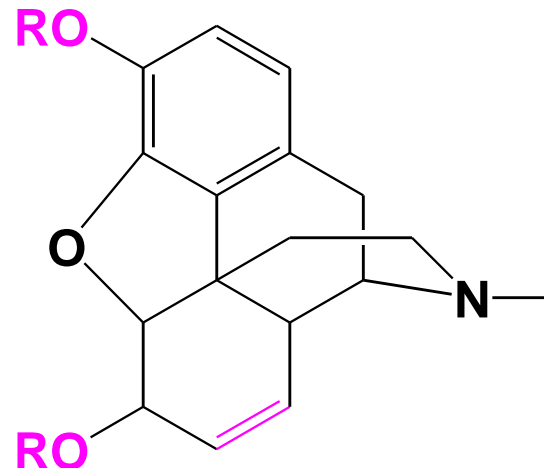


R: H

Oxycodone

R: CH<sub>3</sub>

Oxycodone



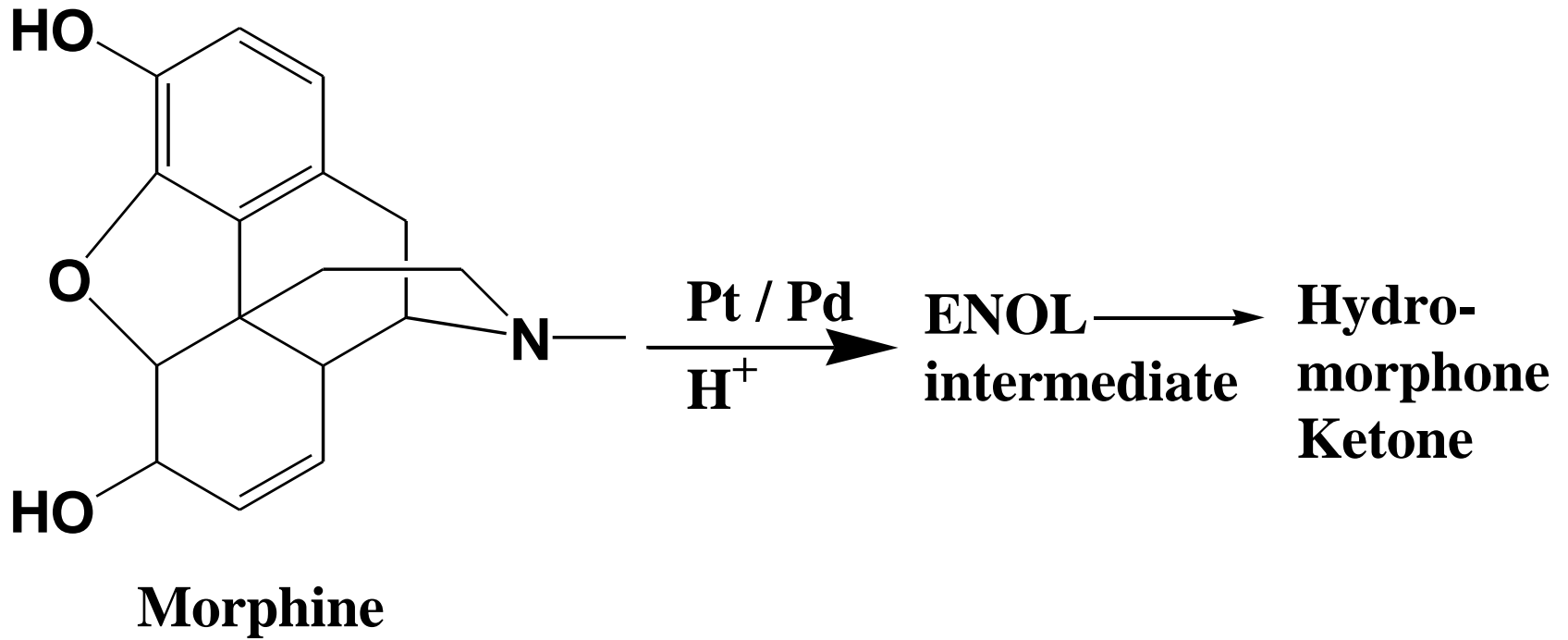
R: -COCH<sub>3</sub>

Heroin

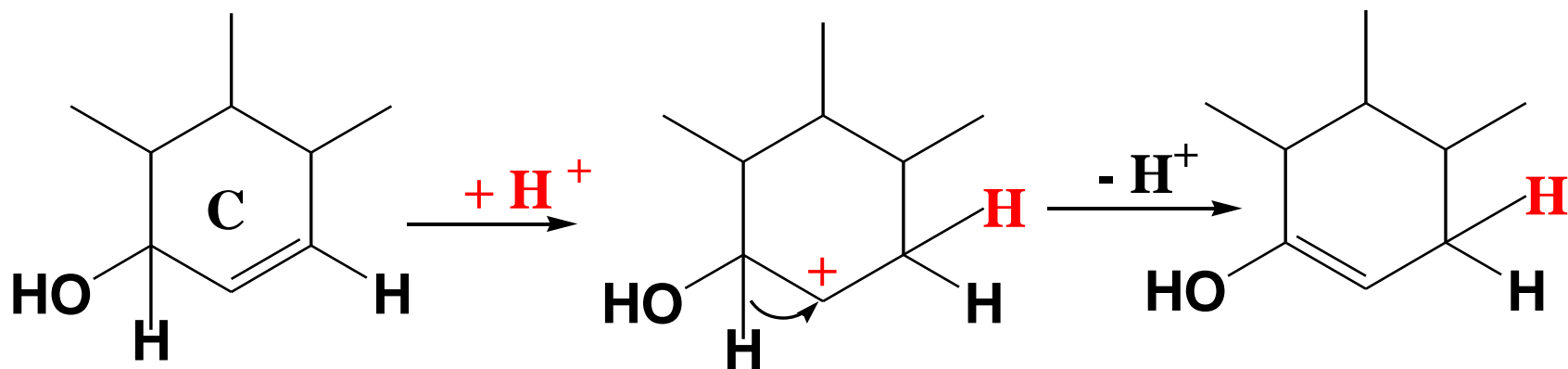


# Synthesis of Hydromorphone: Semisynthetic opioid

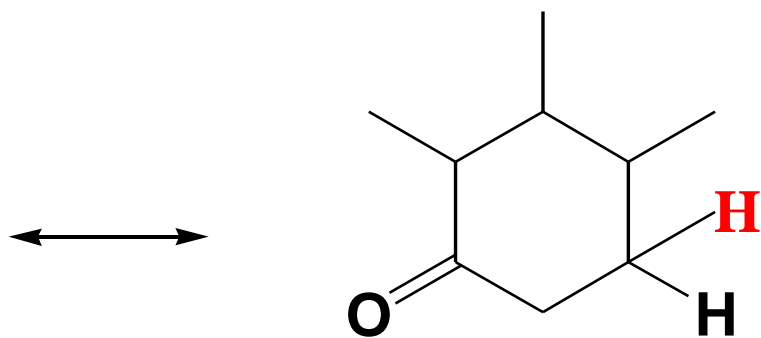
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# Synthesis of Hydromorphone: Semisynthetic opioid



**Morphine**



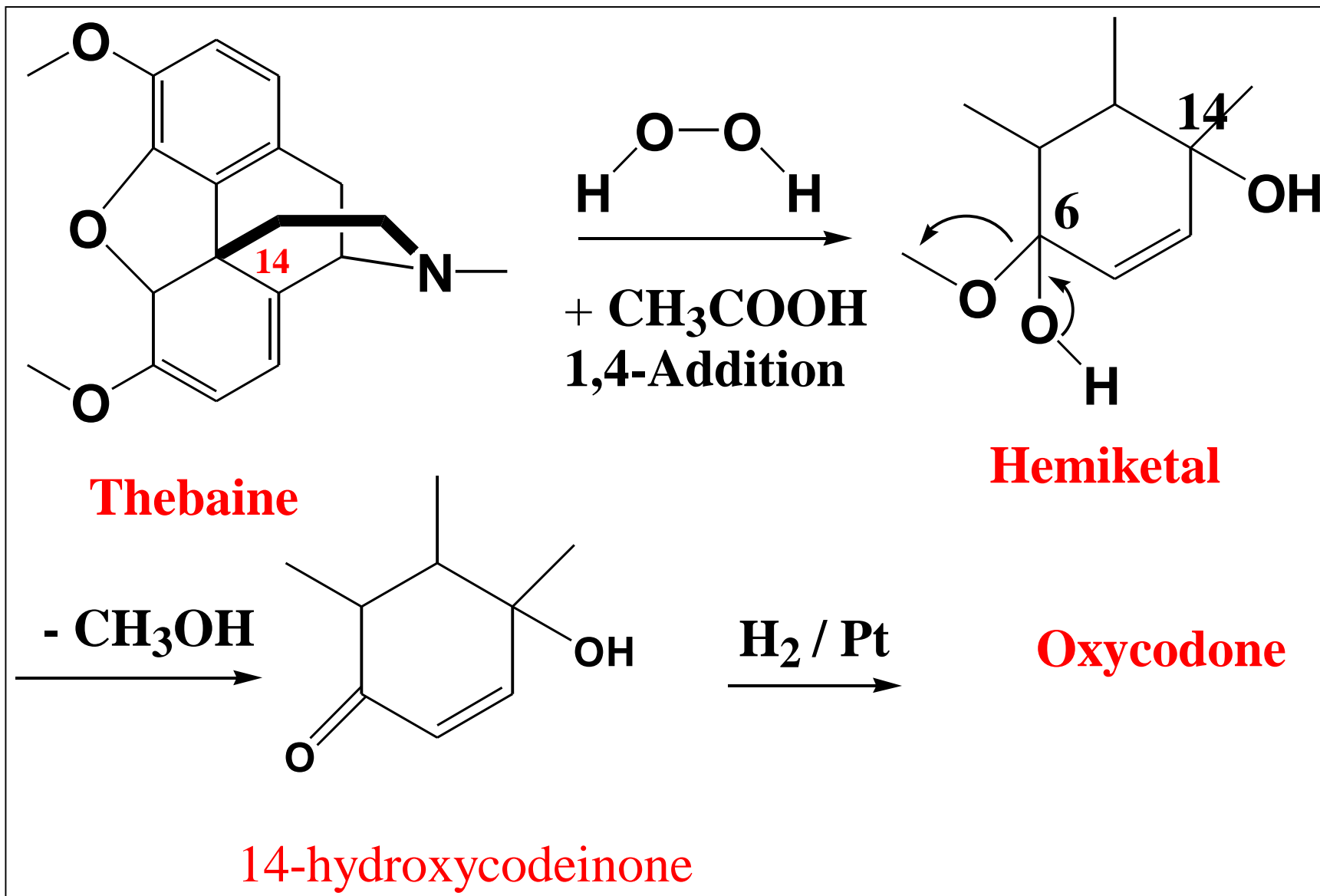
**Hydromorphone**

# Synthesis of Oxycodone: Semisynthetic opioid

---



# Synthesis of Oxycodone: Semisynthetic opioid



# Semisynthetic opioid: Heroin

Synthesized in 1898 by Bayer company in Germany as an alternate analgesic to morphine



The product named heroin because it made the test subjects, including some of the chemists, feel “heroic.” It is 2X potent than morphine

Heroin in **BP** (Monograph) as **Diamorphine HCl**

## Tests:

IR

UV

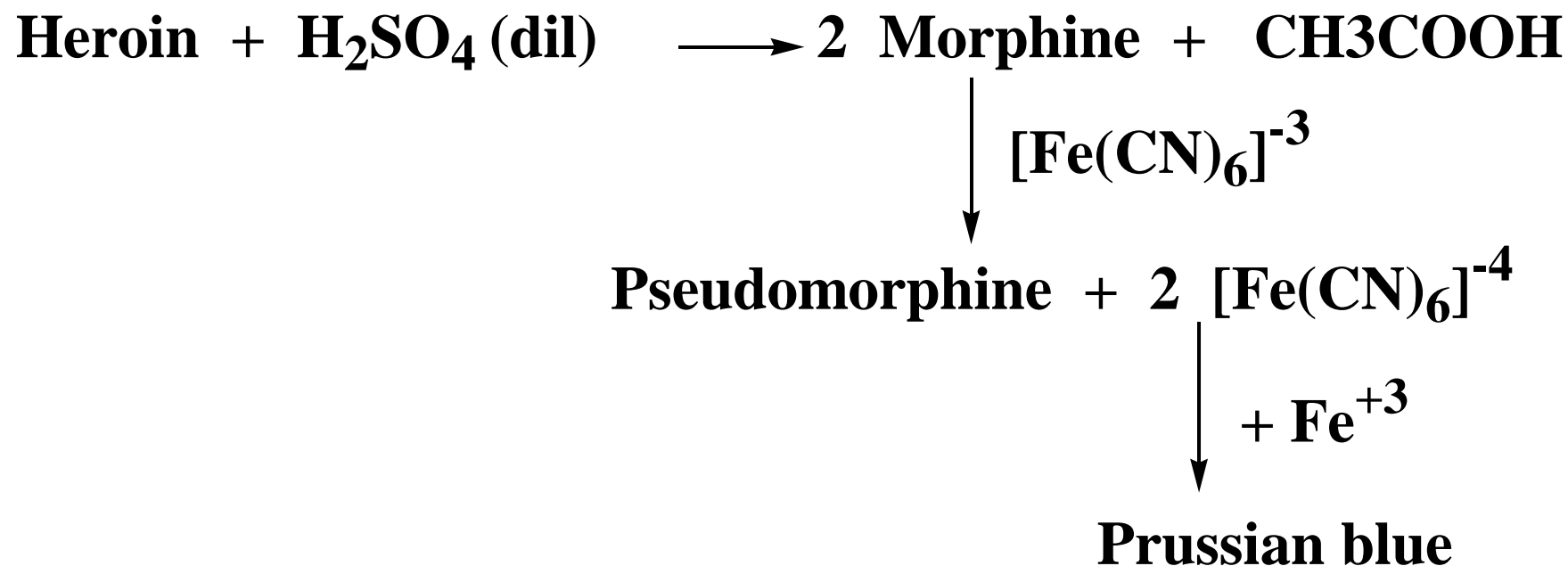
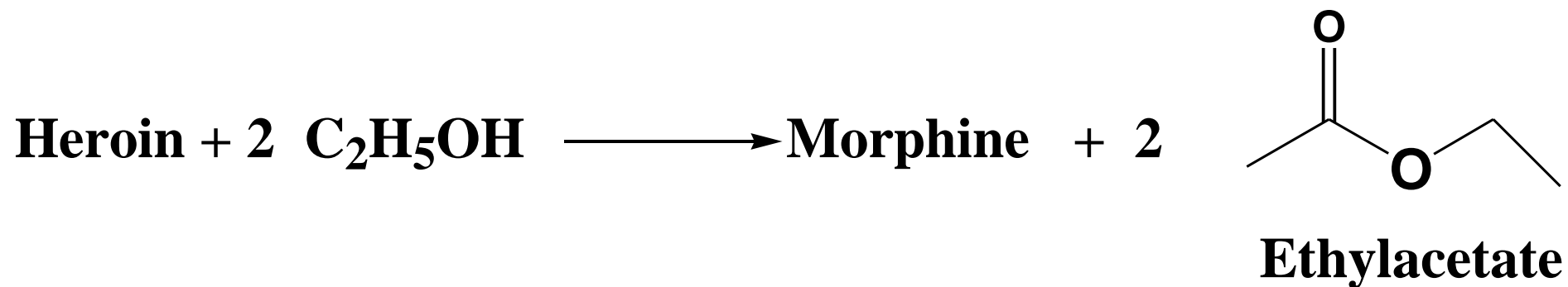


Pass through BBB quicker than morphine

In brain rapid metabolism to 3-acetylmorphine (inactive) and 6-Acetylmorphine (2X potent as morphine )

## Semisynthetic opioid: Heroin

What is characteristics between IR spectrum of morphine and heroin?



## Semisynthetic opioids

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### Hydromorphone vs Oxymorphone

Oxymorphone is 14- $\beta$ -hydroxy of hydromorphone, more potent (2-3 folds, **IV**) than hydromorphone.

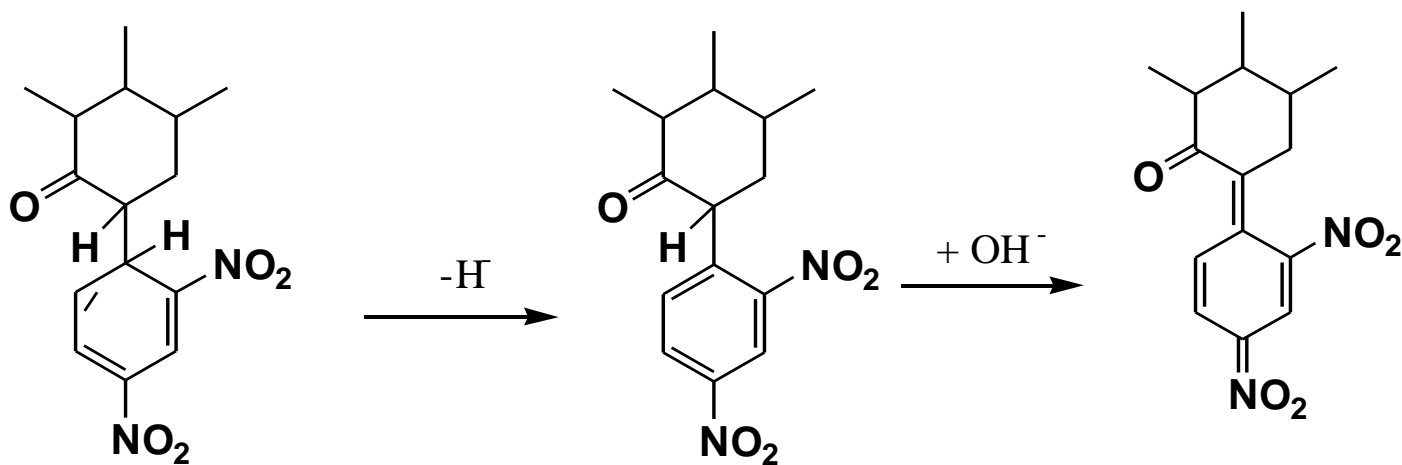
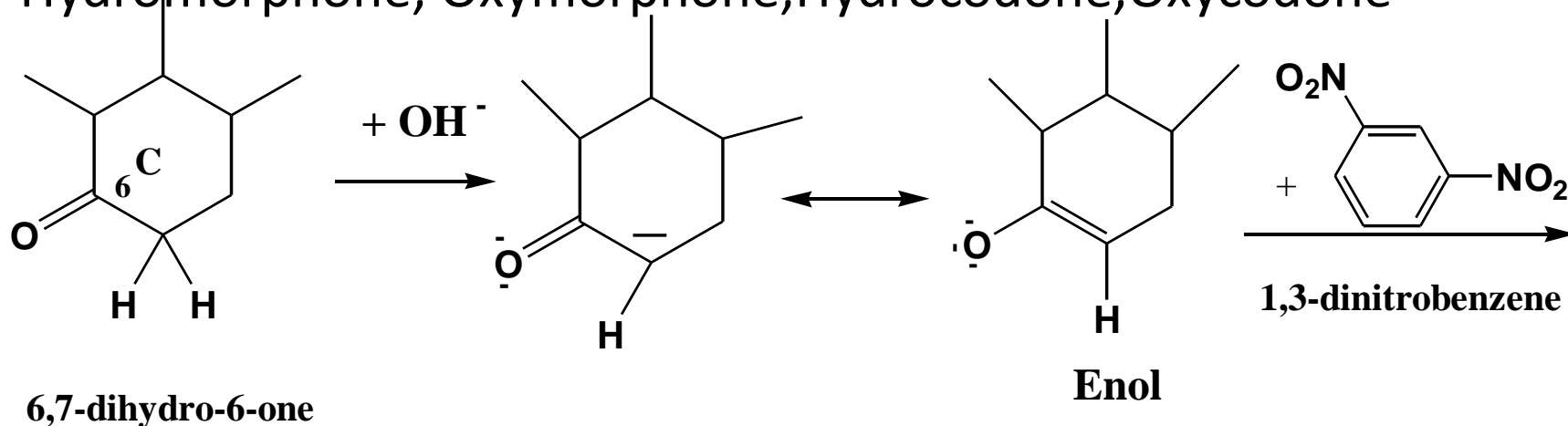
Oral bioavailability of oxymorphone (10%) is lower than that of hydromorphone (35%) because of decreased absorption (Log D) and increased first-pass metabolism

Oxycodone is the 14 beta-hydroxyl version of hydrocodone. This additional functional group gives oxycodone greater potency (1.5 times **orally**) than hydrocodone.

Codeine, hydrocodone, oxycodone are prodrugs must be demethylated to phenolic 3-OH by CYP2D6 for binding with opioid  $\mu$  receptor. They have enhanced bioavailability.

# Semisynthetic opioids: A common test for 6-keto derivatives

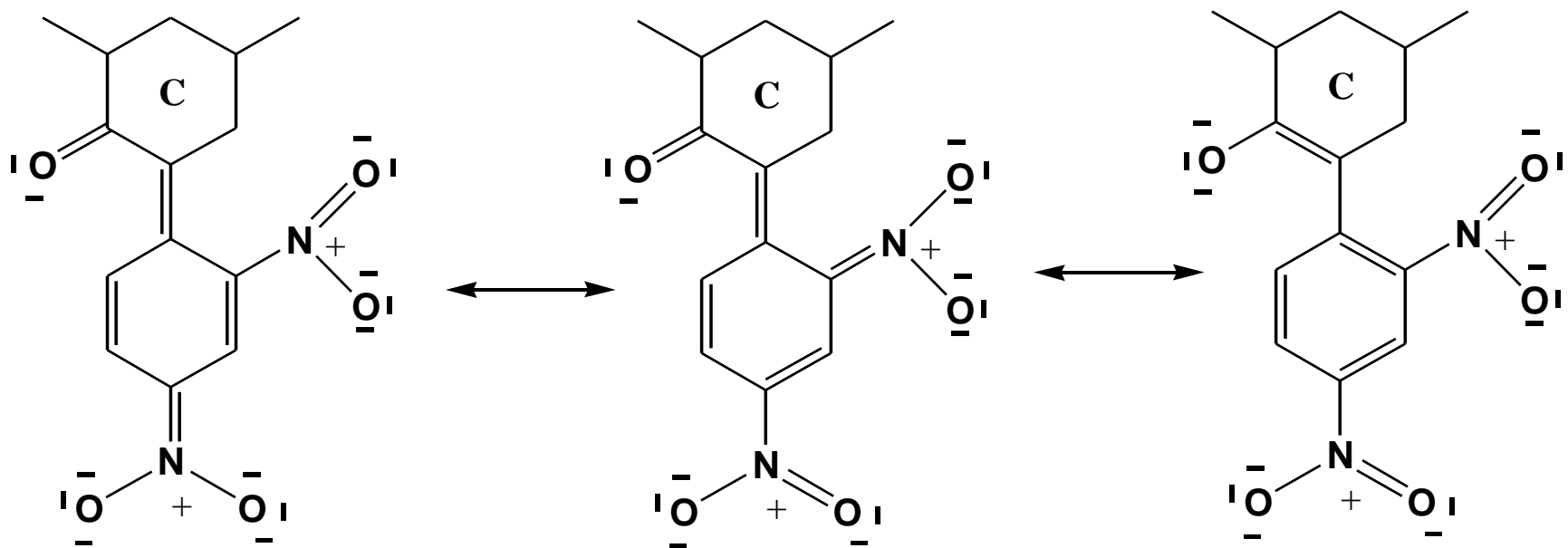
Hydromorphone, Oxymorphone, Hydrocodone, Oxycodone





## Semisynthetic opioids: A common test for 6-keto derivatives

Hydromorphone, Oxymorphone, Hydrocodone, Oxycodone



**Zimmerman product,  
colored compound**

# Opioid Analgesics

## Part 4

**Dr. Mai Ramadan**

**Synthetic opioid**

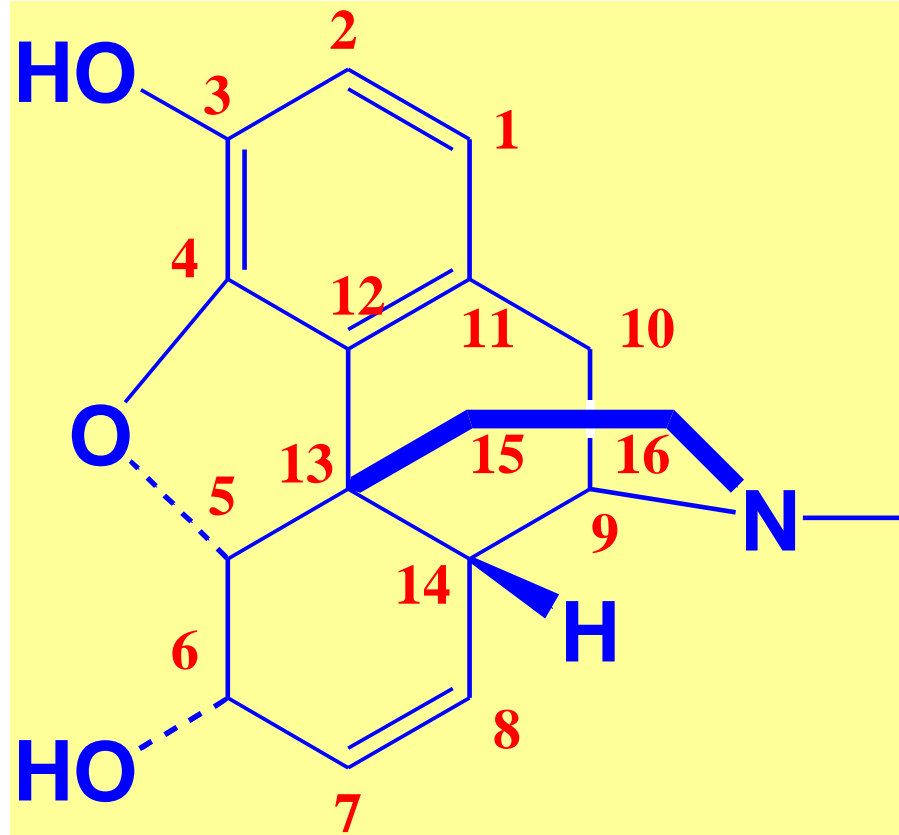
**Morphinan**

**Levorphanol**

**Butorphanol**

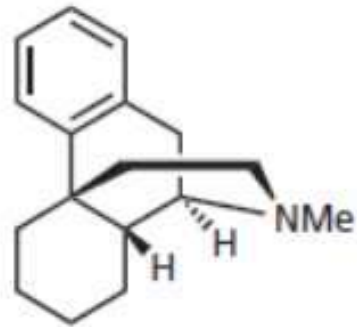
**levallorphan**

□ Remember all the time  
structure of morphine  
(5 ring system)

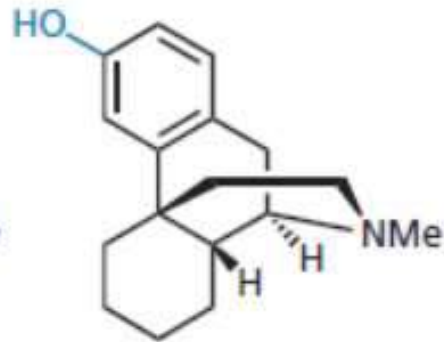


# Synthetic opioids: Morphinan

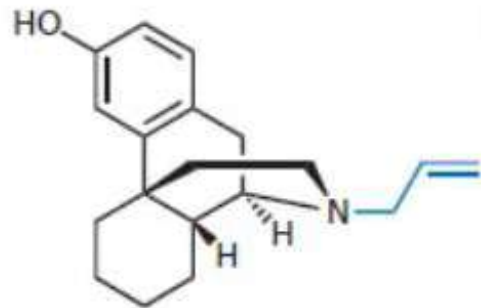
## SAR of morphinan Like 4,5- $\alpha$ -epoxymorphinan



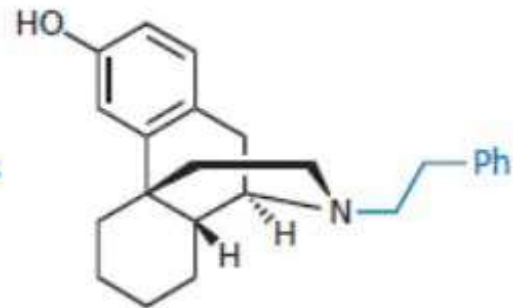
N-Methylmorphinan  
(20% activity of morphine)



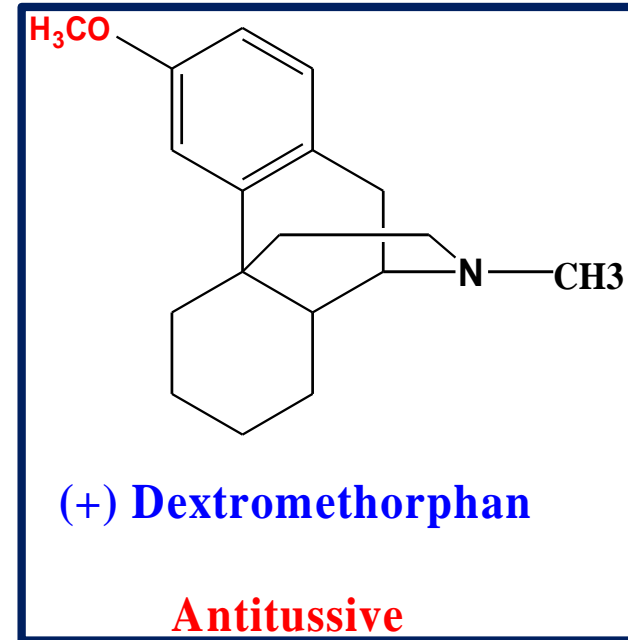
Levorphanol  
(5 x more potent than morphine)



Levallorphan  
(Antagonist 5 x more potent than nalorphine)



N-Phenethyllevorphanol  
(15 x more potent than morphine)



(+) Dextromethorphan

Antitussive

# Synthetic opioids: Morphinan

---

## ***N*-Methylmorphinan:**

Only 20% as active as morphine

## **Levorphanol:**

(Phenolic -OH) five times more active than morphine

## **Dextrorphan :**

Enantiomer of levorphanol insignificant analgesic activity

**N-Alkyl substituent:** CH<sub>3</sub> is optimal

adding an allyl substituent on the nitrogen gives antagonists.

Adding a phenethyl group to the nitrogen greatly increases potency.

## **14 hydroxyl group:**

Adding a 14-hydroxyl group increases affinity to  $\mu$  receptor

# Synthetic opioids: Morphinan

---

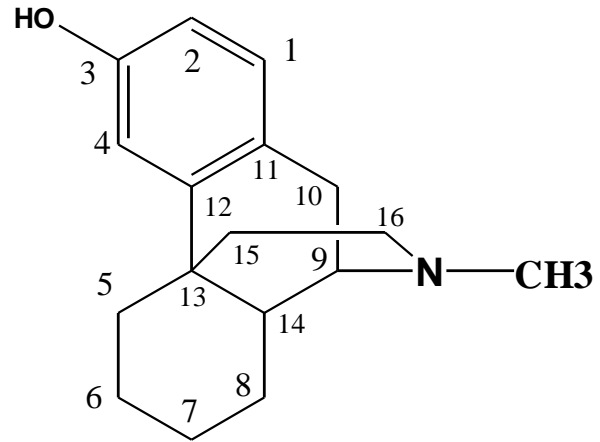
Morphinans are more potent and longer-acting than their morphine counterparts, but they also have higher toxicity and comparable dependence characteristics

Modifications carried out on the morphinans have the same structure–activity relationship (SAR) results as they do with morphine. This implies that morphine and morphinans are binding to the same receptors in the same way

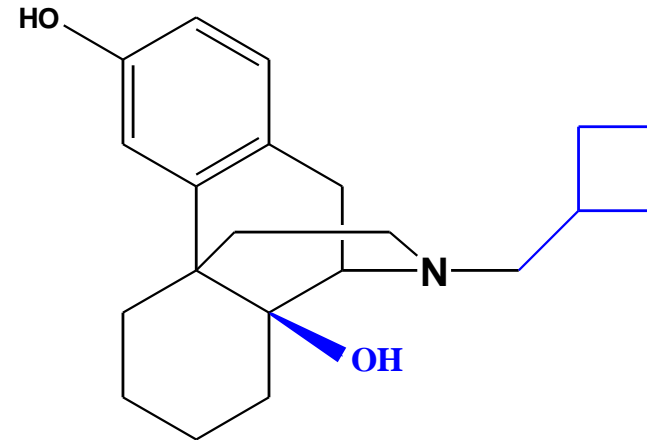
Morphinans are easier to synthesize as they are simpler molecules with fewer rings and chiral centers

# Synthetic opioids: Morphinan

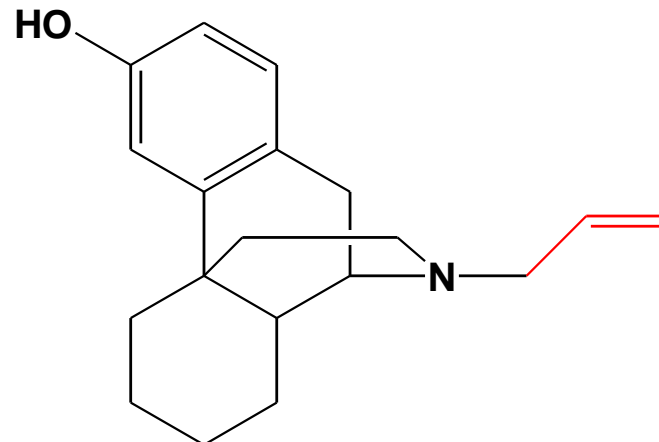
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**Levorphanol**  
**Agonist, levo-isomer**



**Butorphanol**  
**Mixed agonist antagonist**



**Levallorphan**  
**Antagonist**



## Synthetic opioids: Morphinan

---

### **Levorphanol:**

Levorphanol tartarate , Levorotary isomer, Tetracyclic opioid

Analgesic activity is 7.5 more potent than morphine

Log  $D_{pH7.4}$ : 1.76 (Loss of polar groups: Ring E, 6-OH)

More flexible molecule (loss of ring E, No double bond at C7,8)

Duration of action 6-8 h (twice that of morphine)

Renal excretion

## Synthetic opioids: Morphinan

---

### **Butorphanol: Mixed $\kappa$ -agonist, $\mu$ -antagonist**

High affinity for the  $\kappa$  -receptors is proposed to give butorphanol its analgesic properties and CNS side effects.

Little dependence liability

Limited respiratory depression

No oral dosage forms (first pass effect)

Nasal spray, and injection

**Synthetic opioids:**

**Benzomorphan**

**Pentazocine**

**Phenazocine**

**Bremazocine**

# Synthetic opioids: Benzomorphan

---

## Benzomorphan: Loss of ring E and C

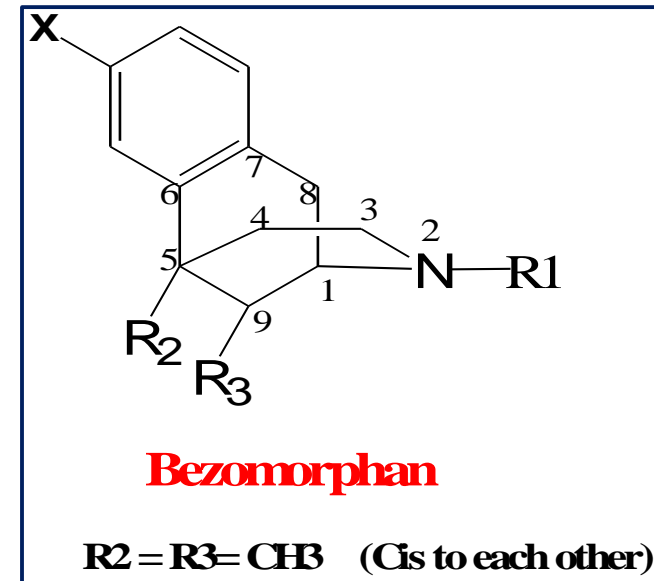
### Tricyclic opioid

**Metazocine:** The same analgesic activity as morphine

**Phenazocine**

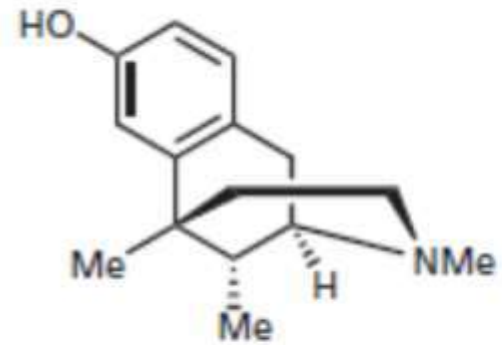
**Pentazocine**

**Bremazocine**

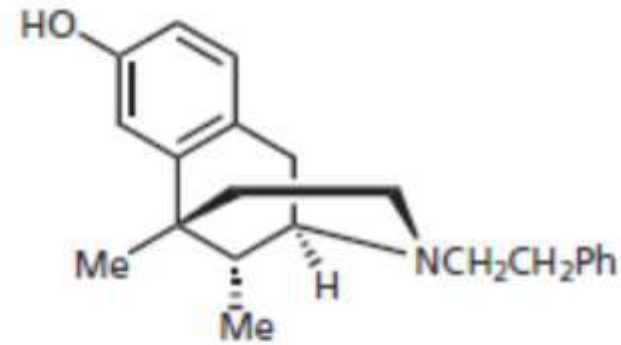


# Synthetic opioids: Benzomorphan

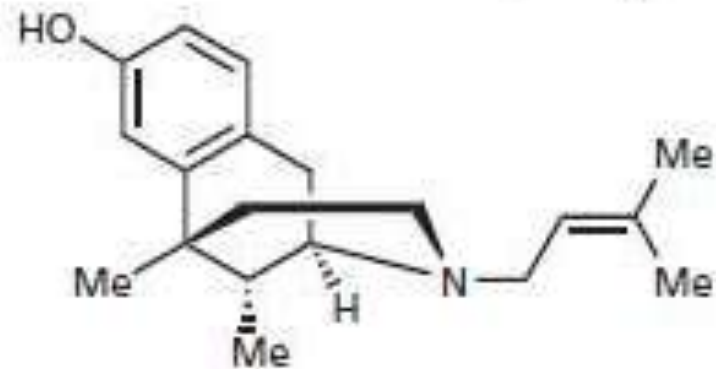
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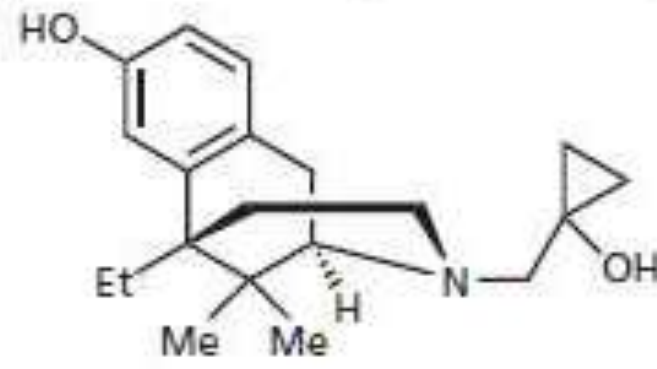
Metazocine  
(same potency as morphine)



Phenazocine  
(4 × more potent than morphine)



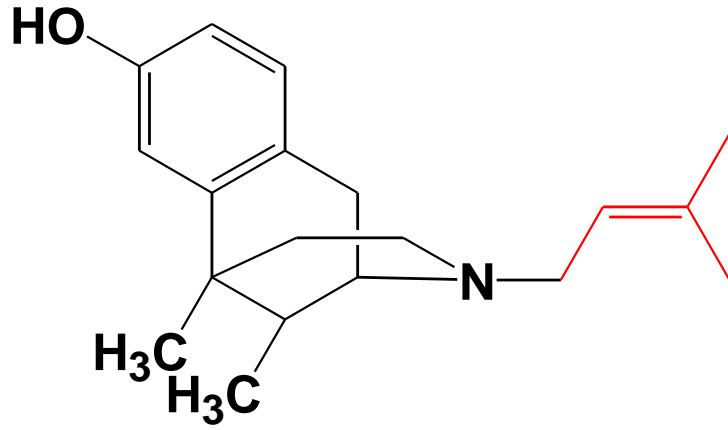
Pentazocine  
(33% activity of morphine, short duration,  
low addiction liability)



Bremazocine

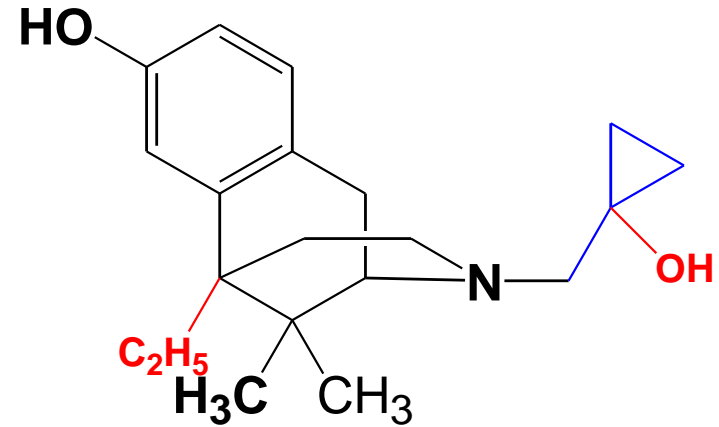
# Synthetic opioids: Benzomorphan

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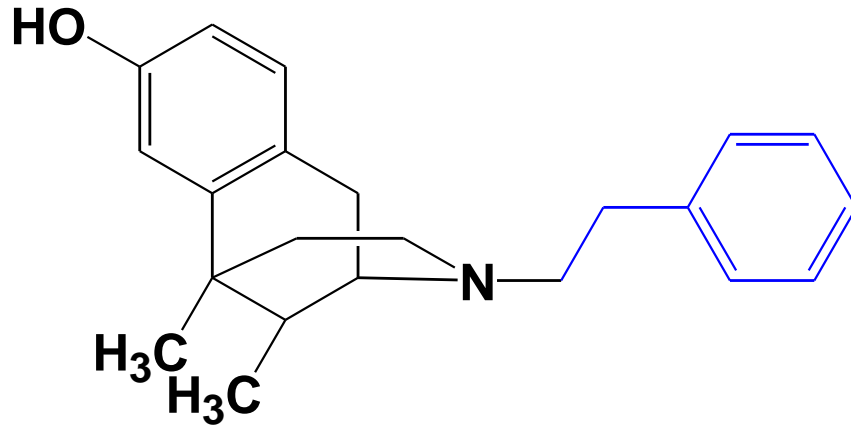


**Pentazocine**

**Mixed agonist antagonist**



**Bremazocine**  
**200X morphine**



**Phenazocine**

**Agonist 4X morphine**

## Synthetic opioids: Benzomorphan

---

### **Pentazocine: Mixed $\kappa$ -agonist, $\mu$ -antagonist**

N substituent Dimethylallyl produce a weak antagonist at  $\mu$  receptor, full agonist at  **$\kappa$ -receptor**

Only **levorotatory isomer** is analgesic (**where are chiral centers**)

Analgesic effect is 33% that of morphine.

Hallucinogenic and psychotomimetic side effects as a result of activating the  $\kappa$  receptor

**Phenazocine is not more used in USA, England**

# Synthetic opioids: Benzomorphan

---

## **Bremazocine:**

longer duration, has 200 times the activity of morphine

No addictive properties, and does not depress breathing

What is the benefit of the composition in Talwin NX tablet (Pentazocine 50-mg, naloxone 0.5 mg)?



# Synthetic opioids: Benzomorphan

---

- Rings C and E are not essential to analgesic activity
- Analgesia and addiction are not necessarily co-existent
- 6,7-benzomorphans are clinically useful compounds with reasonable analgesic activity, less addictive liability, and less tolerance
- Benzomorphans are simpler to synthesize than morphine and morphinans
- Benzomorphans bind to opioid receptors in the same manner as morphine and morphinans.

**☐ Synthetic opioids:**

**4-phenylpiperidine**

**Meperidine (Pethidine)**

**Ketobemidone**

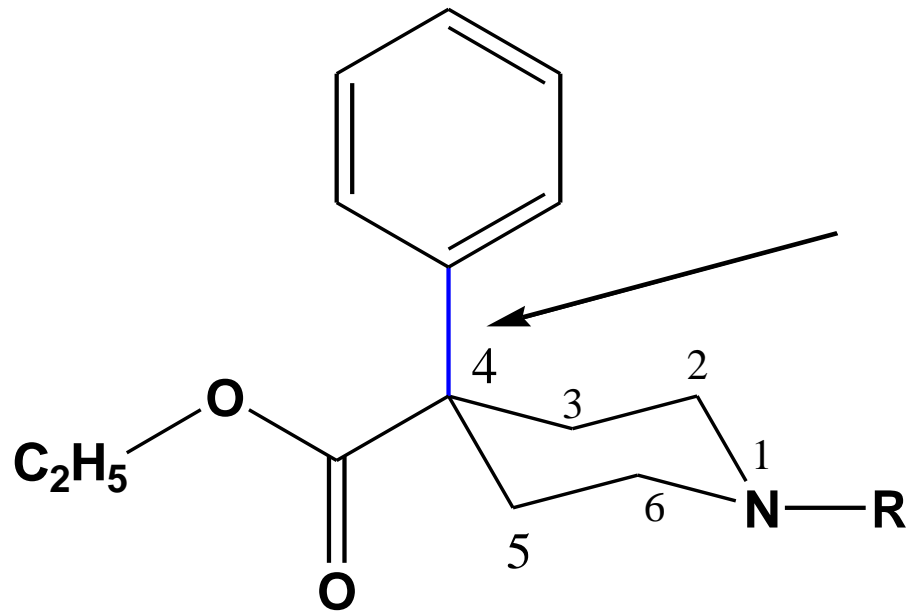
**Loperamide**

# Synthetic opioids: 4-Phenylpiperidine

---

**Meperidine (Pethidine): [loss of ring B,C, E]**

4-phenylpiperidine



**R: CH<sub>3</sub> Meperidine**

**Flexible Rotation around single bond**

**Aromatic ring can be equatorial to piperidine ring**

**In multicyclic opioid axial position restriction of rotation**

**No chiral centers**

**No phenolic OH**

## Synthetic opioids: 4-Phenylpiperidine

---

### **Meperidine (Pethidine):**

1/10 potency of morphine

Flexible Mu and kappa agonist

Poor oral bioavailability

Metabolism: Neurotoxic metabolite (Normeperidine, seizures)

Used in obstetrics (rapid onset and a shorter duration of action.)

Not more favored

# Synthetic opioids: 4-Phenylpiperidine

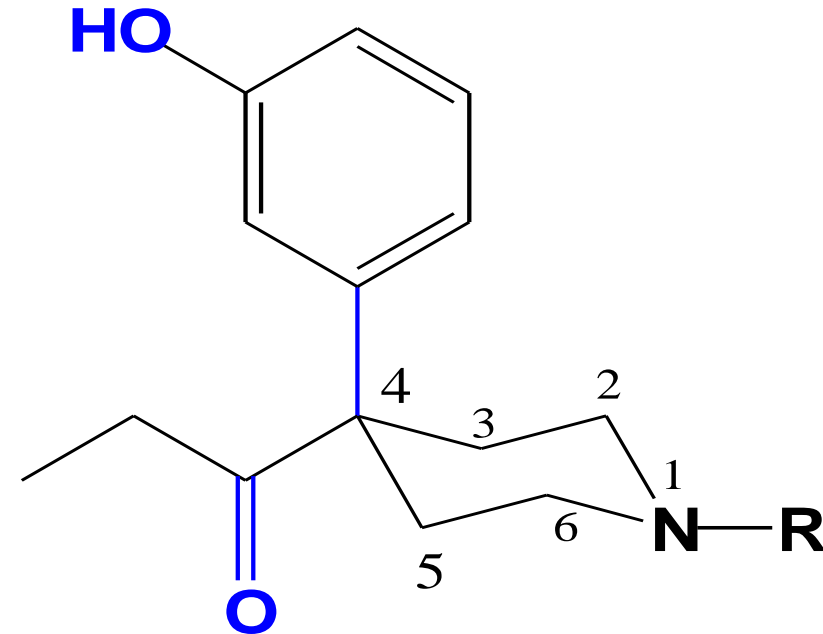
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## Ketobemidone:

Ketobemidone 6X activity of morphine

IV, Oral

It also has some NMDA-antagonist properties. This makes it useful for some types of pain that don't respond well to other opioids.



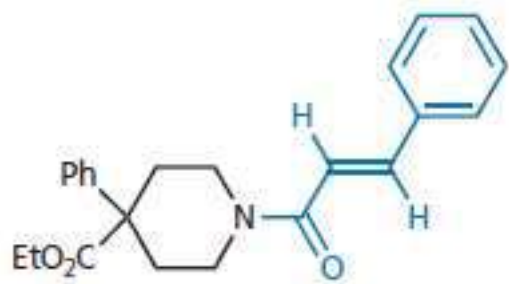
**R: CH<sub>3</sub>**

**Ketobemidone**

# Synthetic opioids: 4-Phenylpiperidine

---

**4-phenylpiperidine bind to opioid receptor in different mode than morphine**



*N*-Cinnamoyl analogue of pethidine  
30 × more potent than pethidine



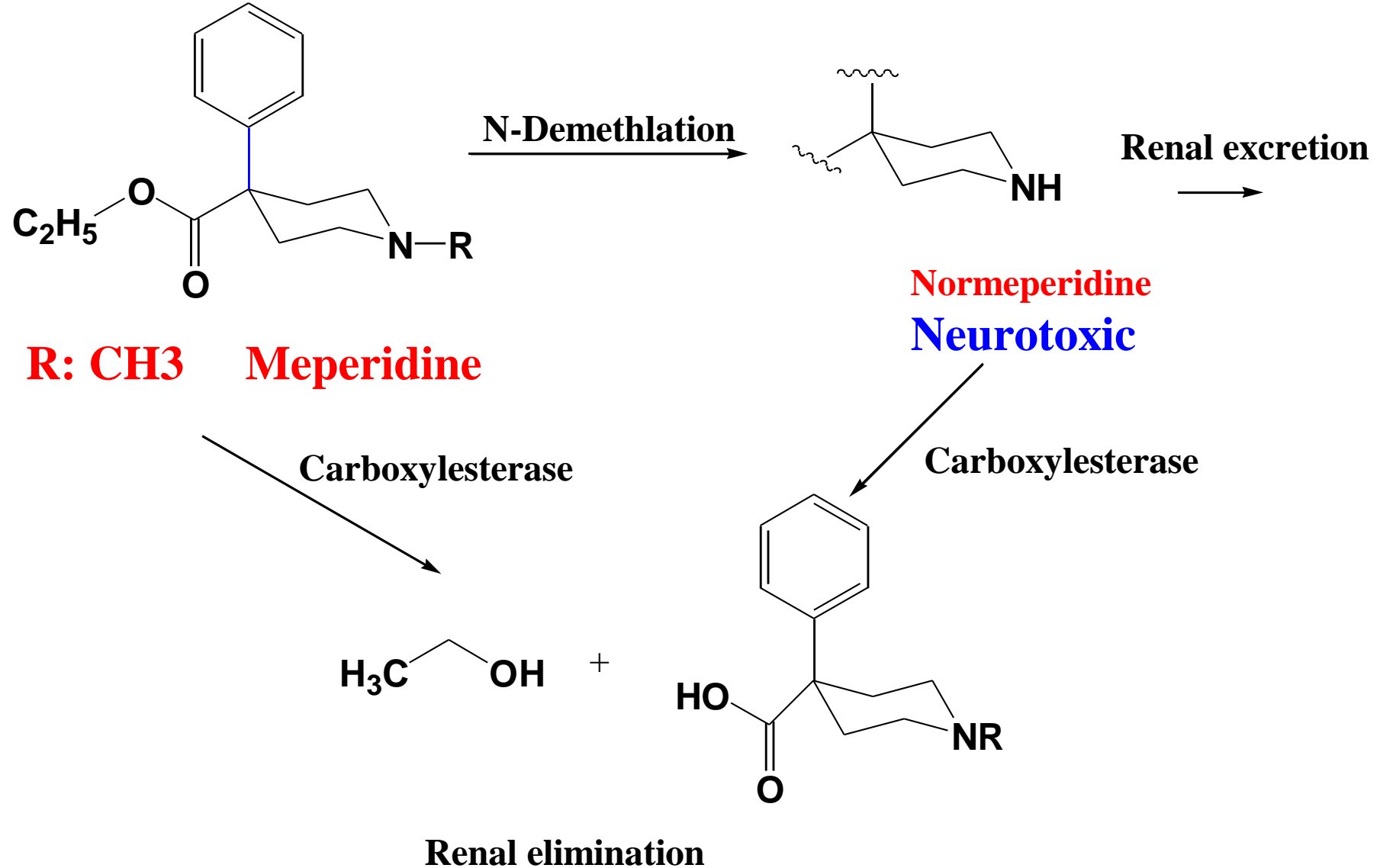
*N*-Cinnamoyl analogue of morphine  
Zero activity

Adding allyl or cyclopropyl groups does not give antagonists.

The replacement of the methyl group of pethidine with a cinnamic acid residue increases the activity 30-fold, whereas putting the same group on morphine eliminates activity.

# Synthetic opioids: 4-Phenylpiperidine

## Meperidine: Metabolism



# Synthetic opioids: 4-Phenylpiperidine

---

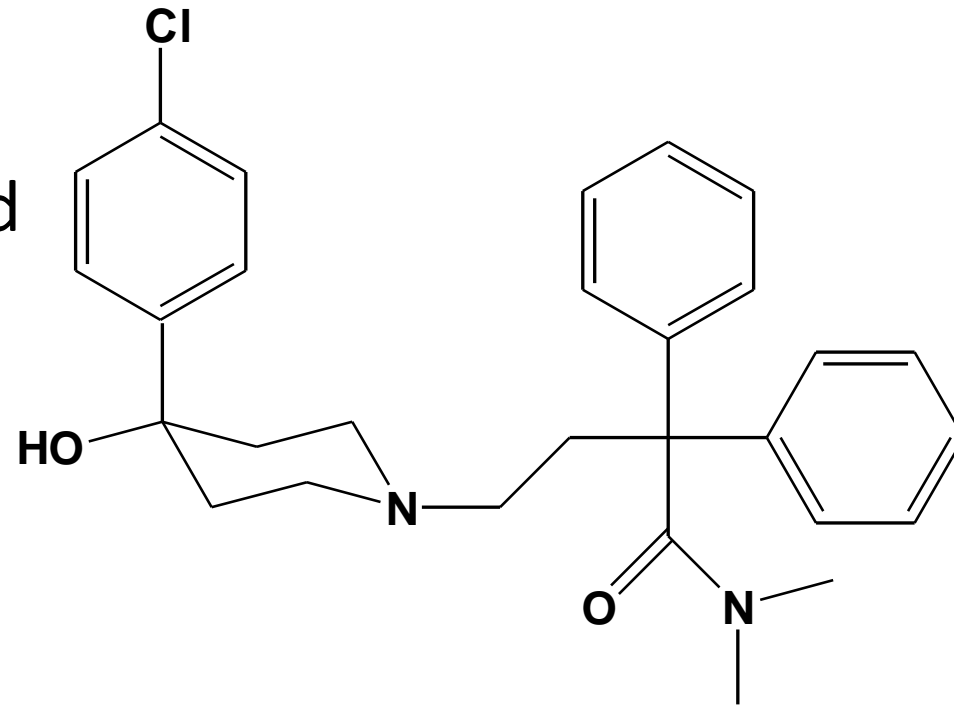
## Loperamide:

Lipophilic compound.  
Because of poor water solubility—little is absorbed from the intestines

**Antidiarrheal** (Local effect on peripheral  $\mu$  opioid in GIT)

Penetrate BBB but efflux by p-Gp.

No abuse liability



**Loperamide**

**Study the structure!!!!**

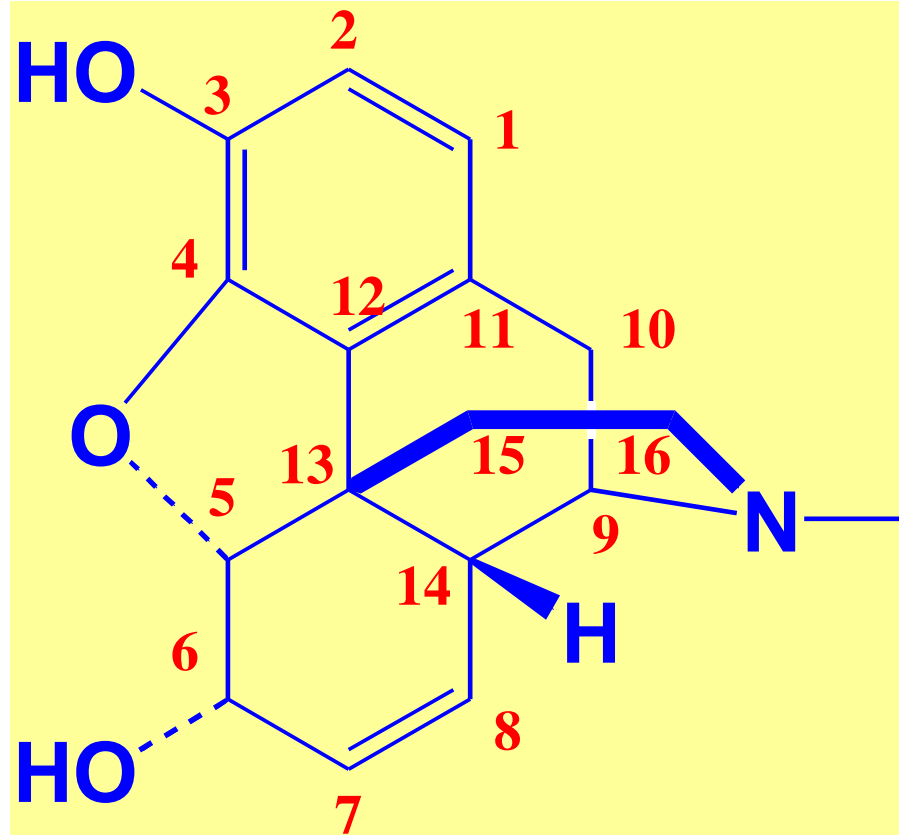


# Opioid Analgesics

## Part 5

**Dr. Mai Ramadan**

❑ Remember all the time  
structure of morphine  
(5 ring system)



Further simplification of  
morphine and opioid  
analgesic

**□ Synthetic opioids:**

**4-Anilidopiperidine**

**Fentanyl**

**Sufentanil**

**Alfentanil**

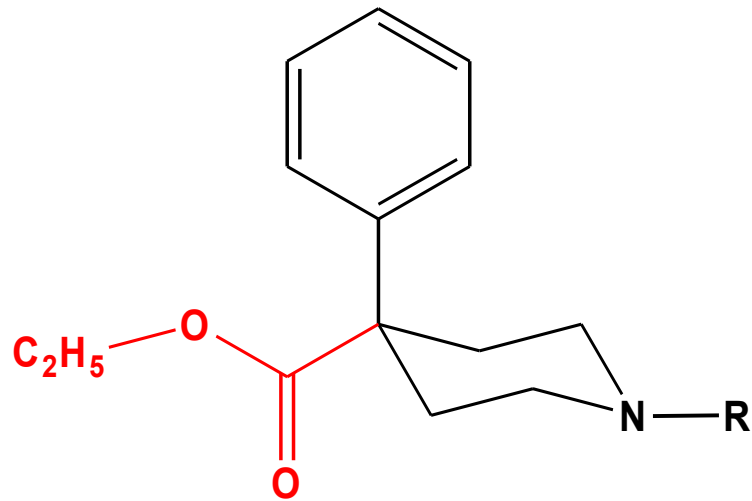
**Remifentanil**

# Synthetic opioids: 4-Anilidopiperidine

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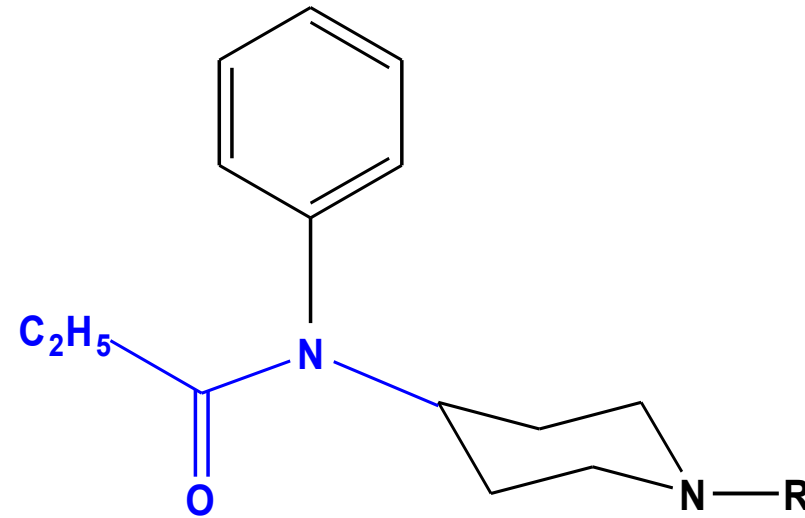
**Fentanyl: Loss of rings B,C, E**

**Lipophilic, No phenolic OH, Flexible, most potent  $\mu$ -receptor agonist**



**R: CH<sub>3</sub>**

**Meperidine**

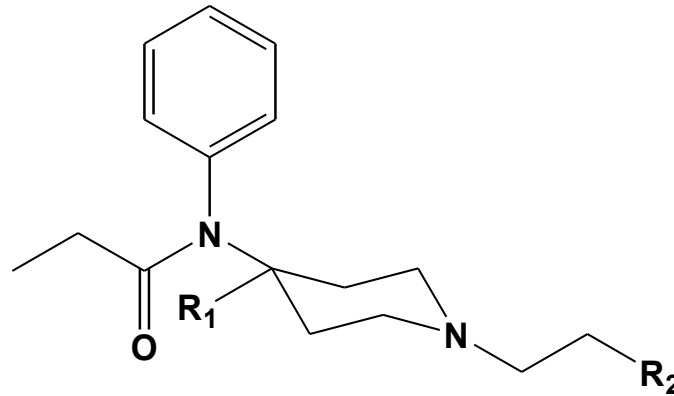


**R: -CH<sub>2</sub>CH<sub>2</sub>Ph**

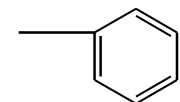
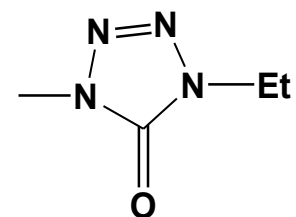
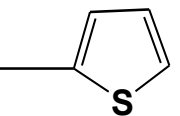
**Fentanyl**

**100 X activity of morphine**

# Synthetic opioids: 4-Anilidopiperidine



## 4-Anilidopiperidine derivatives

	R 1	R 2	R 1	R 2
Fentanyl	H		—CH <sub>2</sub> OCH <sub>3</sub>	
Sufentanil	—CH <sub>2</sub> OCH <sub>3</sub>		—CO <sub>2</sub> CH <sub>3</sub>	—CO <sub>2</sub> CH <sub>3</sub>

# Synthetic opioids: 4-Anilidopiperidine

---

**Fentanyl:**

**50-100X more potent than morphine**

Rapid onset [lipophilic, 5 min]

Short duration [metabolism]

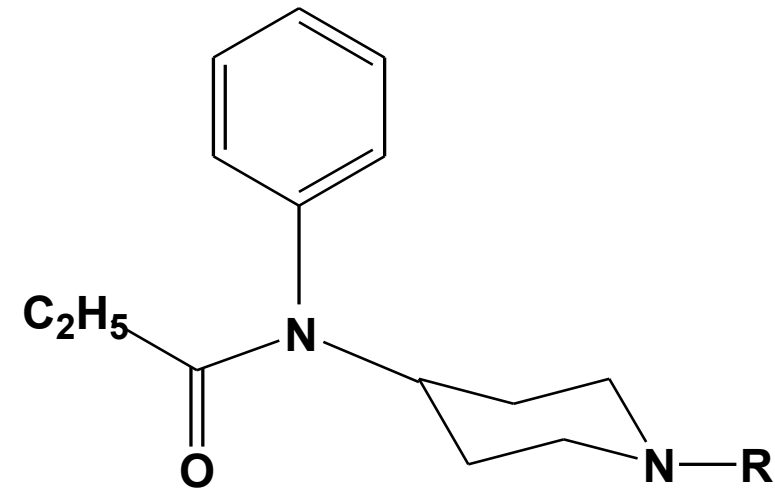
IV, sublingual, transdermal, buccal

Used as adjunct anesthetic

Lolipop for breakthrough pain in cancer patient, burns in children

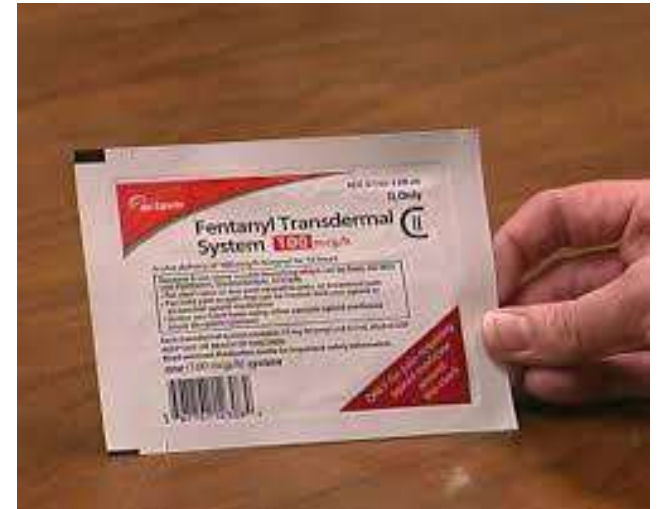
No histamine release when given IV.

**Side effect:** Sudden respiratory depression



**R: -CH<sub>2</sub>CH<sub>2</sub>Ph**

**Fentanyl**





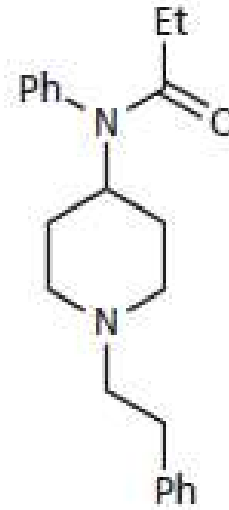
# Synthetic opioids: 4-Anilidopiperidine

## Sufentanil

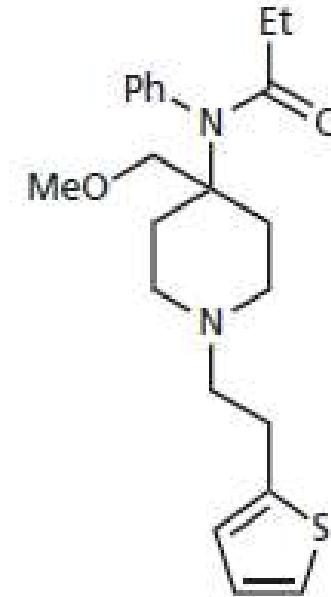
Sufentanil is 7 times more potent than fentanyl with an immediate onset of action and a similar recovery time compared with fentanyl.

Sufentanil: only injectable

An anesthetic adjunct.



Fentanyl



Sufentanil (Sufenta)

# Synthetic opioids: 4-Anilidopiperidine

---

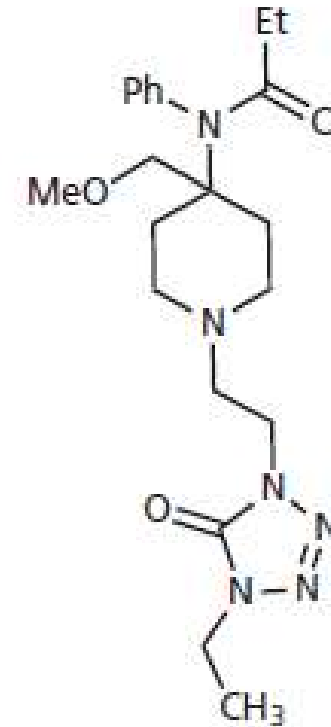
## Alfentanil

Less Potent (1/4 X fentanyl)

It has a quicker onset of action, a shorter duration of action

Better, safety profile for use as an anesthetic adjunct.

IV



Alfentanil (Alfenta)

**Piperidine amine has a pKa of 6.5 compared with fentanyl's pKa of 8.4.**

# Synthetic opioids: 4-Anilidopiperidine

---

## Remifentanyl

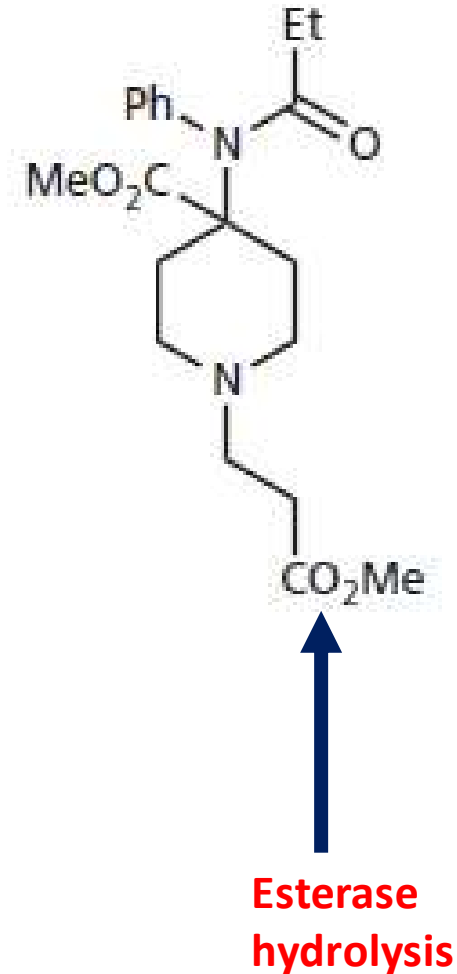
### Short acting analgesic

Ester group instead of aromatic ethyl substituent at piperidine

Ester is metabolized by esterases in the blood and tissue to a weakly active metabolite (1:300–1:1,000 the potency of remifentanyl)

Rapid distribution across BBB (1 minute).  
High Log P, pKa: 7.07

The ester hydrolysis leads to a quick recovery (5–10 minutes)



# Synthetic opioids: 4-Anilidopiperidine

---

Rings C, D, and E are not essential for analgesic activity

Piperidines retain side effects, such as addiction and depression of the respiratory center, because they are agonists at the  $\mu$  receptor

Piperidine analgesics are faster acting and have a shorter duration of action than morphine

The aromatic ring and basic nitrogen are essential to activity, but the phenol group is not

Piperidine analgesics appear to bind with analgesic receptors in a different manner to previous structural classes.

## ❑ Synthetic opioids:

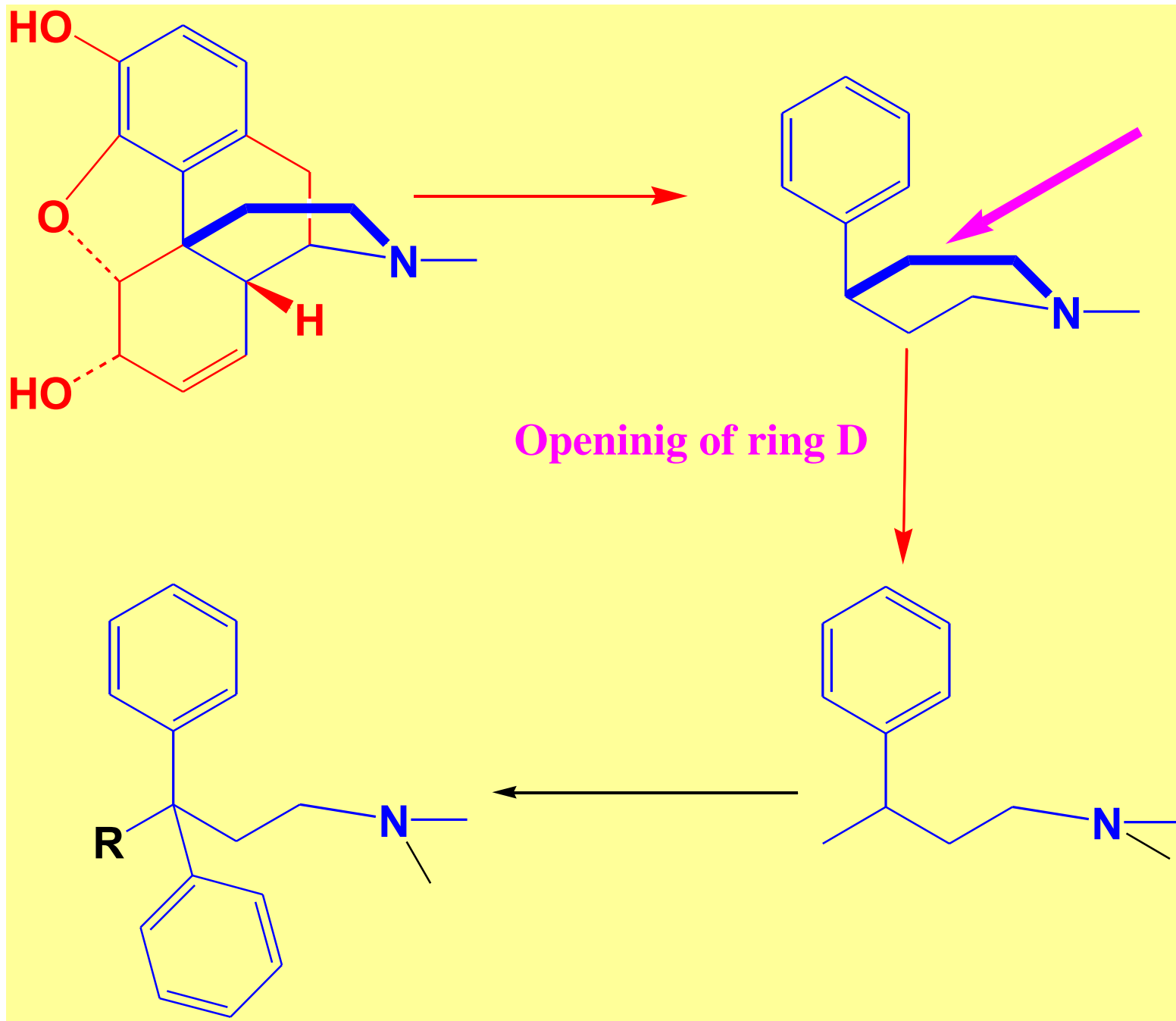
Diphenylheptane

Methadone

Levomethadone

LAAM

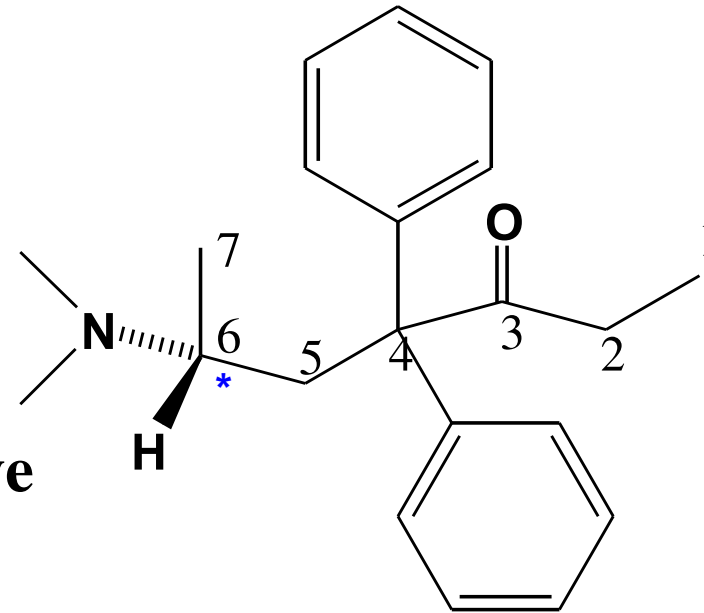
Dextropropoxyphene



# Synthetic opioid: Diphenylheptanes

Maintain ring A and open ring D

Open ring D of morphine → inactive compound



**levomethadone**

**Absolute configuration R**  
**Levorotatory**

Diphenyl groups essential for activity



Phenyl group in the correct position related to 3<sup>o</sup>-amine

## Synthetic opioid: Diphenylheptanes

---

There is a difference between  
R,S & (+) dextro, (-) levo

R,S is mentioned for Absolute configuration  
Configuration is determined by priority of groups  
attached to chiral carbon

(+) dextro, & (-) levo are mentioned for optical  
activity of chiral compound which is measured by  
polarimeter



# Synthetic opioid: Diphenylheptanes

---

Thus Levomethadone is R (-) methadone

```
graph TD; A[Thus Levomethadone is R (-) methadone] --> B[R: Configuration of chiral carbon]; A --> C[(-) it is levorotatory of plane polarized light of polarimeter];
```

R: Configuration of chiral carbon

(-) it is levorotatory of plane polarized light of polarimeter

## Synthetic opioid: Diphenylheptanes

---

Thus Levomethadone IS NOT Methadone



Pure Enantiomer  
R(-)-Methadone

Racemic mixture  
(±)-Methadone

Pure Enantiomer was chosen alone because it is the active enantiomer. It is only responsible for the effect ----- Thus S(+) methadone is considered as impurity.

# Synthetic opioid: Diphenylheptanes

---

Enantiomer responsible for activity is called  
Eutomer

Inactive enantiomer is called dystomer

Racemic mixture



Pure  
enantiomer



Chiral Switch

# Synthetic opioid: Diphenylheptanes

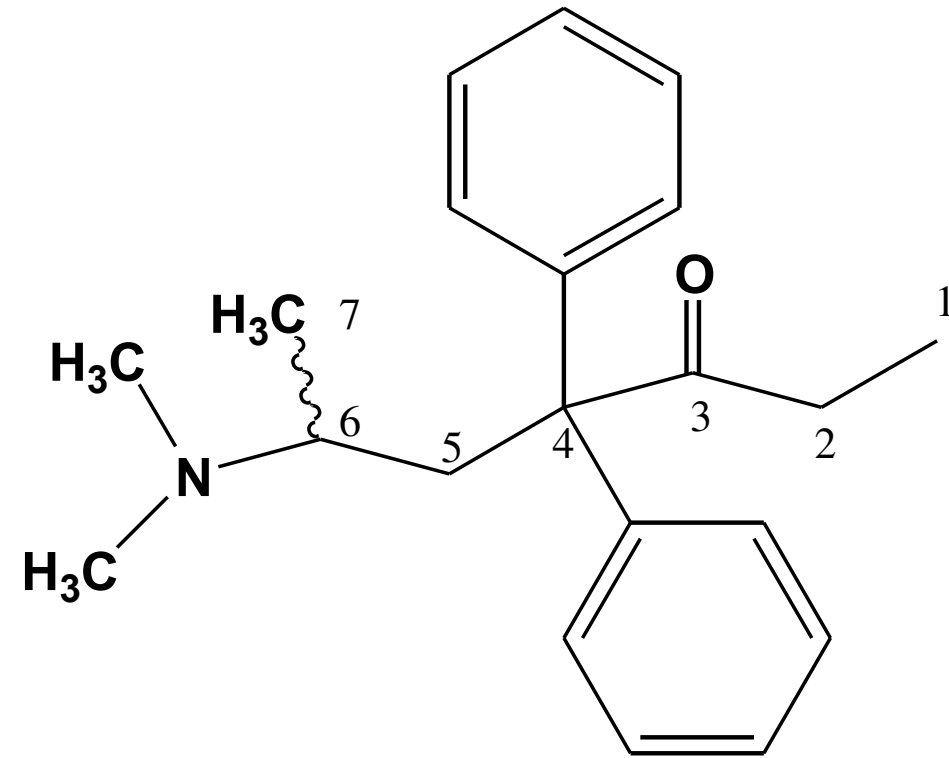
## Levomethadone

Used as racemic mixture

Or pure enantiomer

R(-)-methadone is  
levomethadone is 7-50  
times more active than S-  
(+)-enantiomer

R(-) is eutomer, S-(+) is  
dystomer



**Methadone**

Loss of rings B, C, E, open ring D  
Phenyl bonded to quaternary C,  
then 2C bridge to 3°-amine

# Synthetic opioid: Diphenylheptanes

---

## Methadone

Comparable in activity with morphine ( $\pm$ -Racemic mixture)

Similar Side effects. Less severe euphoria, sedation, constipation, emetic

Orally active [ $t_{1/2}$ : 19h-----42h **depends on urine pH**]

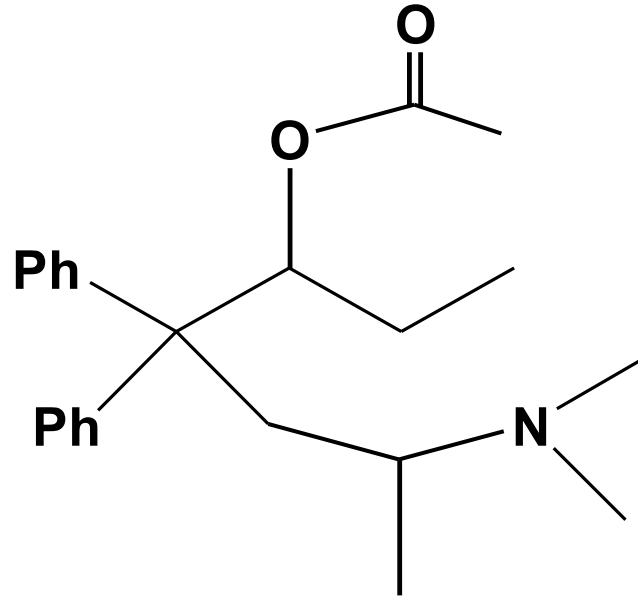
**long duration of action** due to active metabolite

For treatment of opioid addiction [Once a day dose to suppress withdrawal symptoms]

# Synthetic opioid: Diphenylheptanes

---

## Modification of methadone: L- $\alpha$ -Acetylmethadol



**L-alpha-Acetylmethadol [LAAM]**

**more potent than methadone**

**long duration (one dose every 3 days)**

# Synthetic opioid: Diphenylheptanes

---

## Modification of methadone: Dextropropoxyphene

The analgesic effect is for the + isomer with (2S,3R) configuration

Analgesic effect is 1/8X that of methadone and **0.1 X potency of morphine**

The (-) isomer with (2R,3S) configuration is a pure antitussive and lacks the characteristics of opioids.

Side effects: Cardiotoxicity [metabolite: Norpropoxyphene]

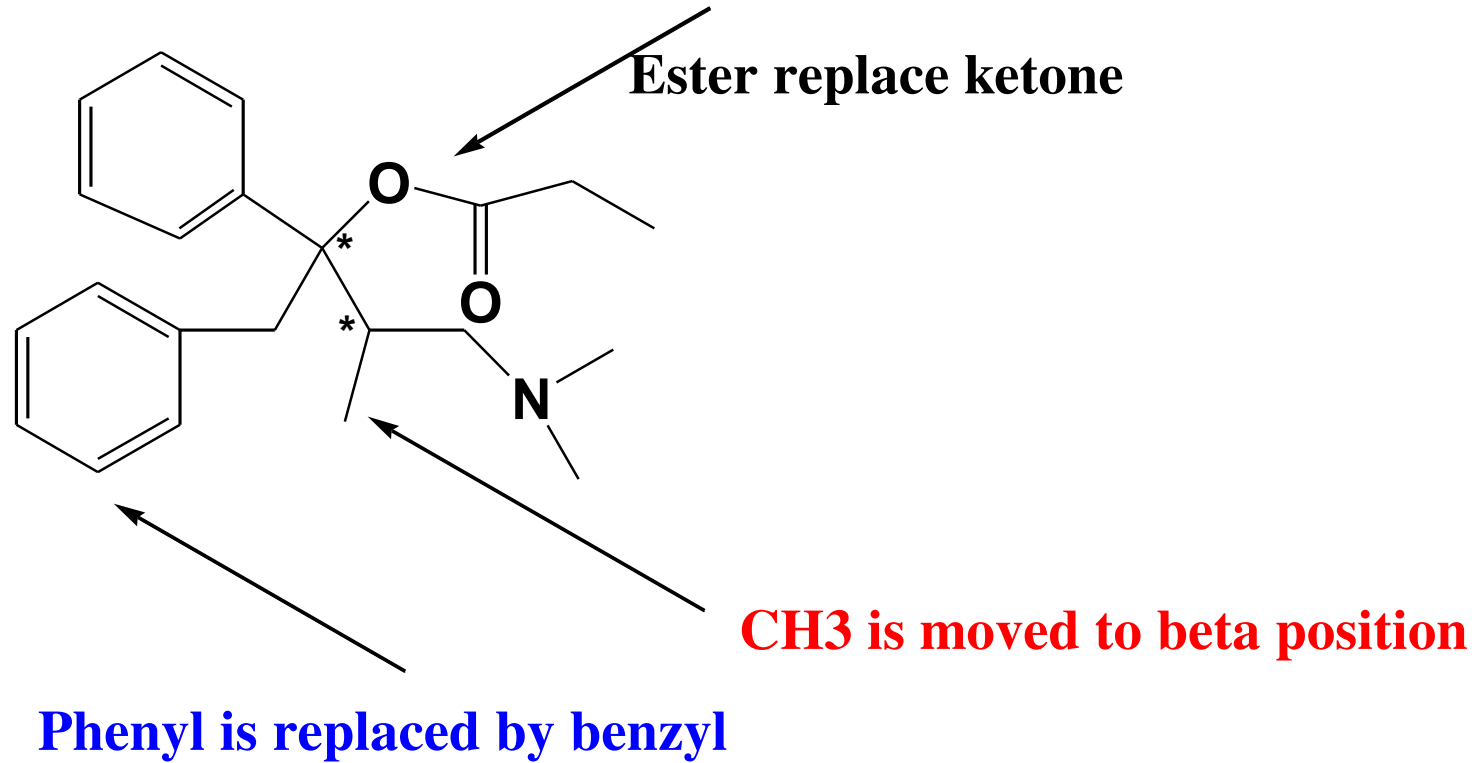
Propoxyphene HCl [Darvon<sup>®</sup>]

Propoxyphene napsylate [Darvon N<sup>®</sup>] not water soluble to avoid abuse

# Synthetic opioid: Diphenylheptanes

---

## Modification of methadone: Dextropropoxyphene



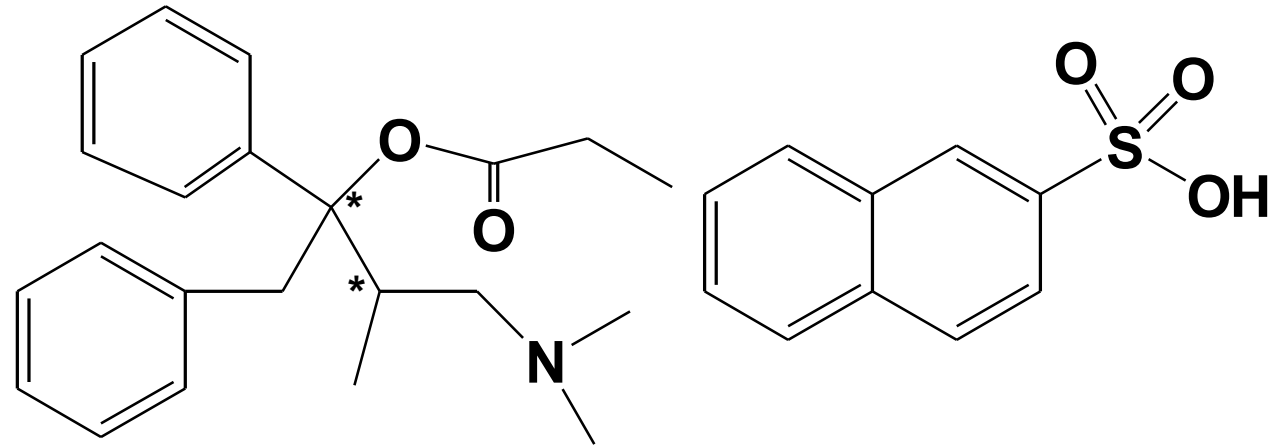
**2S, 3R-(+)-Propoxyphene Analgesic**

**2R, 3S-(-)-Propoxyphene antitussive**



# Synthetic opioid: Diphenylheptanes

---



**Propoxyphene napsylate**

**Synthetic opioids:**

**phenylpropylamine**

**Tramadol**

**Tapendadol**

# Synthetic opioid: Phenylpropylamine

---

## Tramadol:

Orally active analgesic

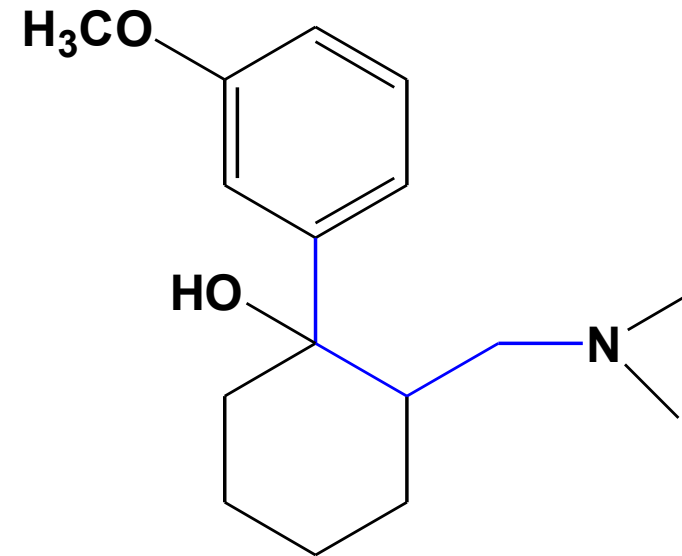
Potency 0.1X morphine

Two chiral centers

Hydrochloride salt

Marketed as Racemic mixture of **cis isomer**  
[1R,2R-(+) and 1S,2S-(-)-isomers]

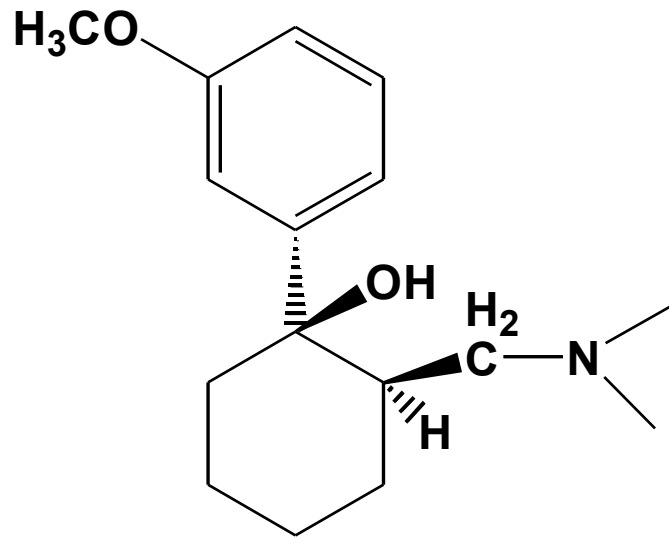
(+)-Eantiomer is 30 folds more potent than (-) enantiomer.



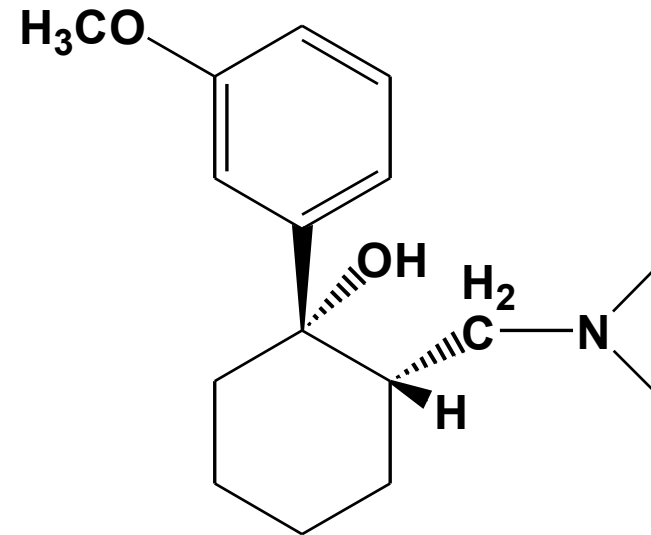
**Tramadol**

# Synthetic opioid: Phenylpropylamine

---



1R,2R-(+)-Tramadol



1S,2S-(-)-Tramadol

**Cis isomer**

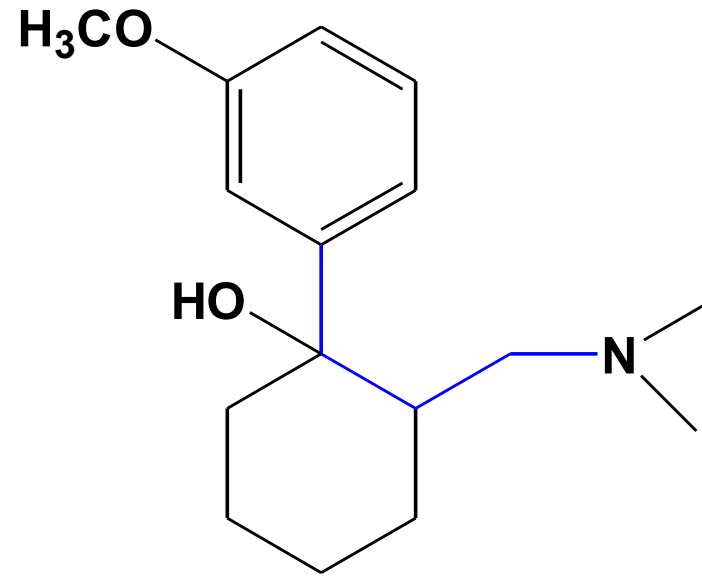
# Synthetic opioid: Phenylpropylamine

---

## Tramadol: Metabolism

### O-Dealkylation

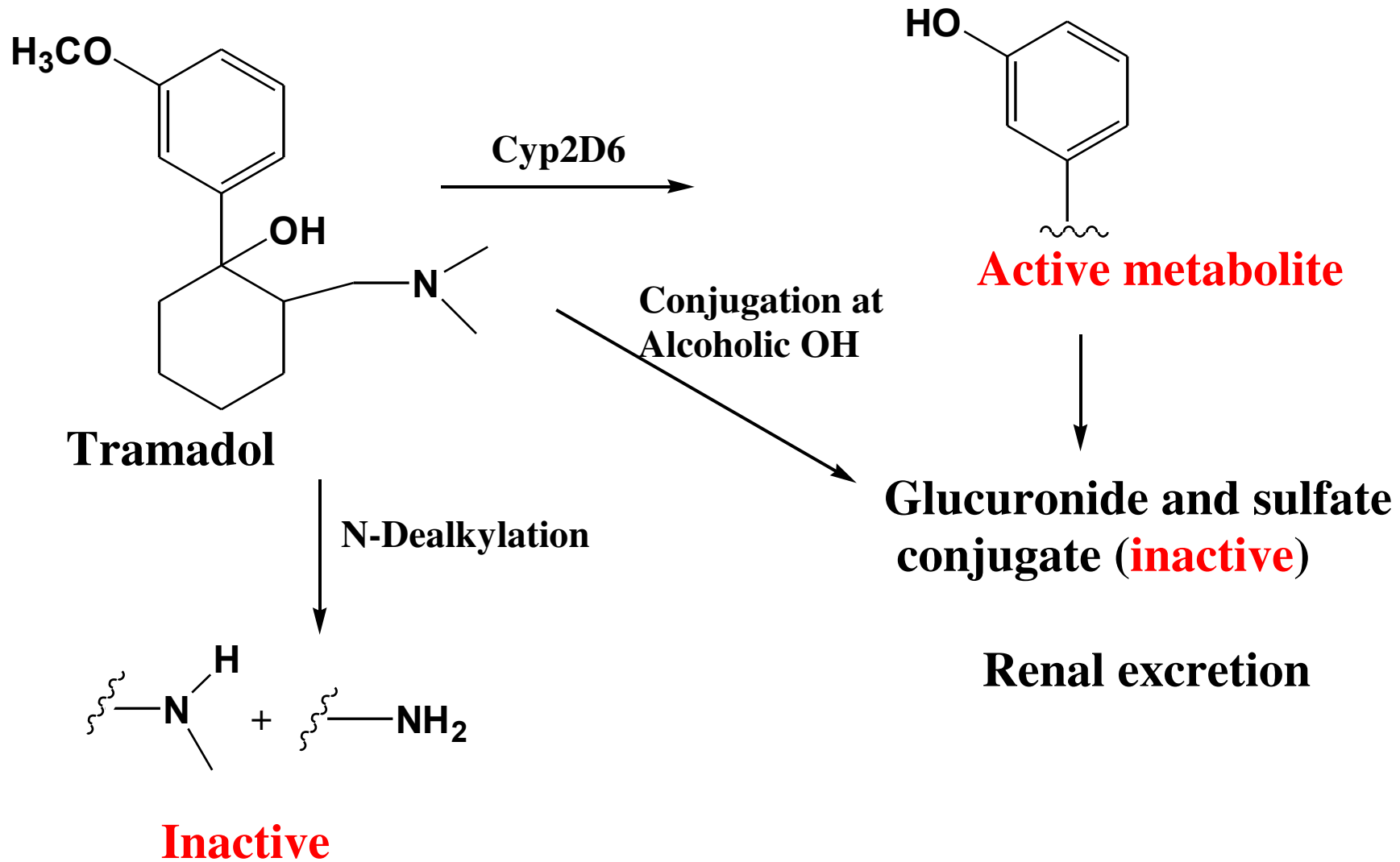
[**CYP2D6** like codeine] results in a **200 folds** more active metabolite than the parent drug.



**Tramadol**

# Synthetic opioid: Phenylpropylamine

## Metabolism: Tramadol



# Synthetic opioid: Phenylpropylamine

---

## Tramadol:

Dual mechanism of action: Stimulation of  $\mu$ -receptor and inhibition of NE, 5-HT reuptake in CNS

Minimal effects on respiratory rate, blood pressure, heart rate, and GI transit times.

Drug–drug interactions [SSRIs, MAOIs, and tricyclic antidepressants,  
→ CNS excitation and seizure

Tramadol has been associated with misuse and abuse

Both enantiomers of tramadol and the major *O*-demethylated metabolite are proconvulsive (**Risk of seizures**)

# Synthetic opioid: Phenylpropylamine

---

## Tapentadol

Dual mechanism of action

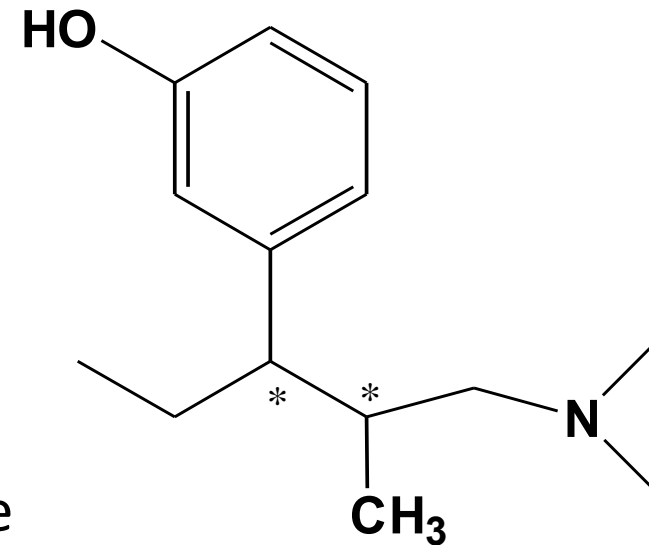
Marketed as pure one enantiomer  
1R,2R-(-) isomer

Analgesic effect: 1/2X as potent as morphine

Metabolite mainly (55%) glucuronide conjugate  
Or sulfate (15%) at phenolic OH

All metabolite are inactive.

Tolerable side effect profile



**Tapentadol**



# Opioid Analgesics

## Part 6

**Dr. Mai Ramadan**

**Rigidification** of morphine  
and opioid analgesic

# Synthetic opioid: Oripavine

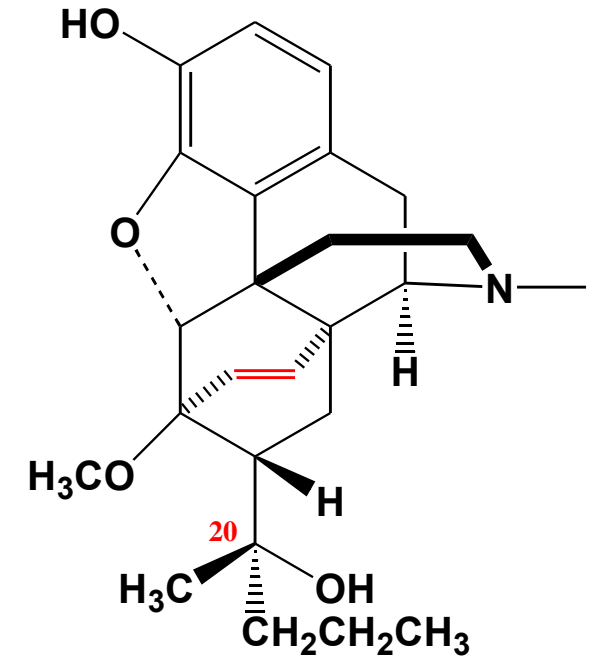
---

**Etorphine** is a semisynthetic opioid analgesic [**Hexacyclic**]

Potency is **1000 times** that of morphine

Used in veterinary medicine as an immobilizer to permit safe capture or handling of zoo animals.

**Study the structure!!!!**



**Etorphine**

# Synthetic opioid: Oripavine

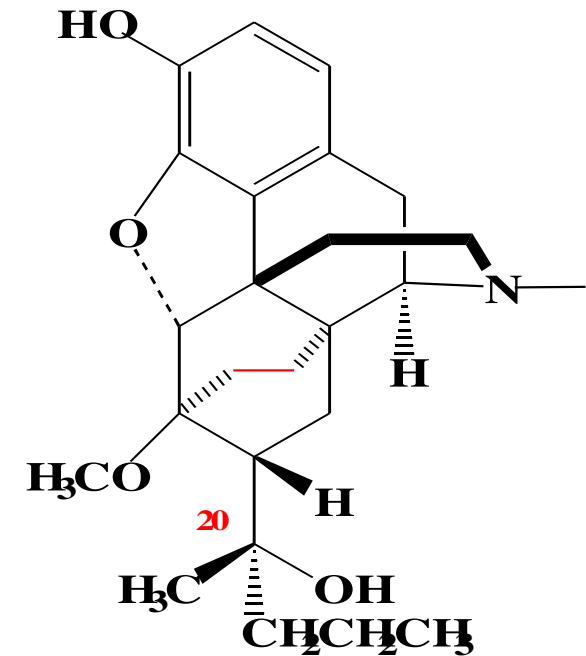
## Dihydroetorphine

Dihydroetorphine is used in China as a strong analgesic and as a treatment for opioid addiction

Reducing the double bond of etorphine increases activity more than 10-fold

Potency is **10,000 times** that of morphine

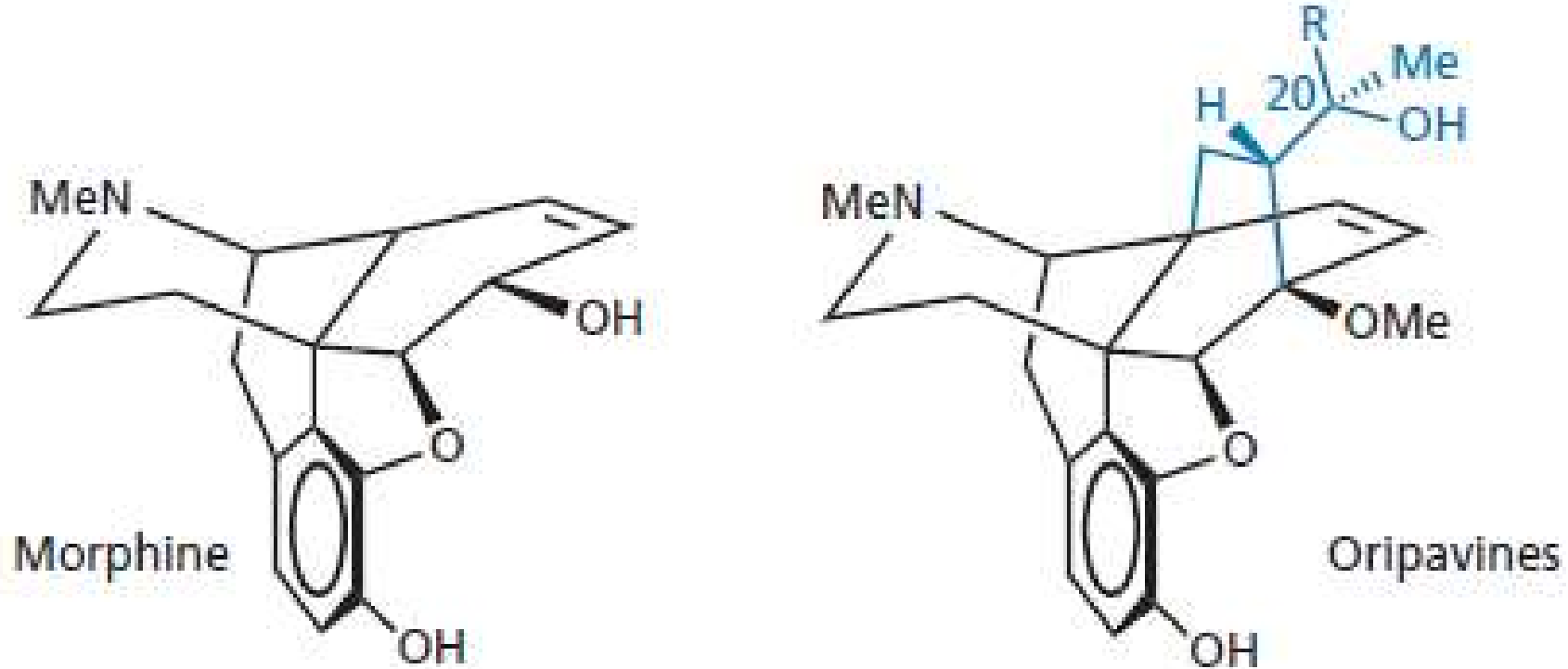
**Study the structure!!!!**



**Dihydroetorphine**

# Synthetic opioid: Oripavine

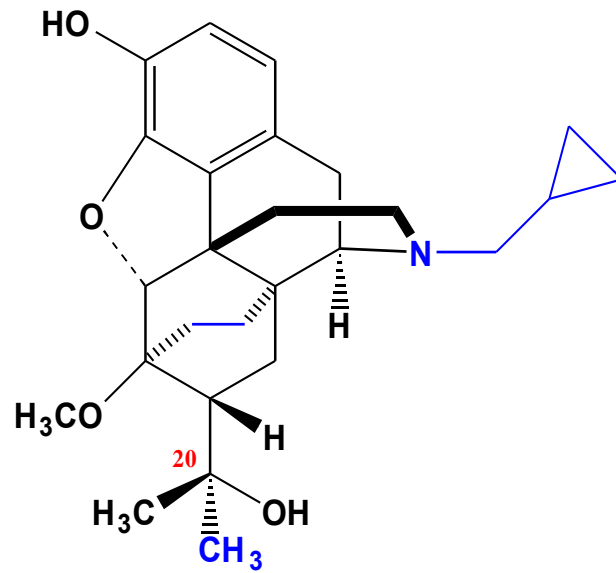
---



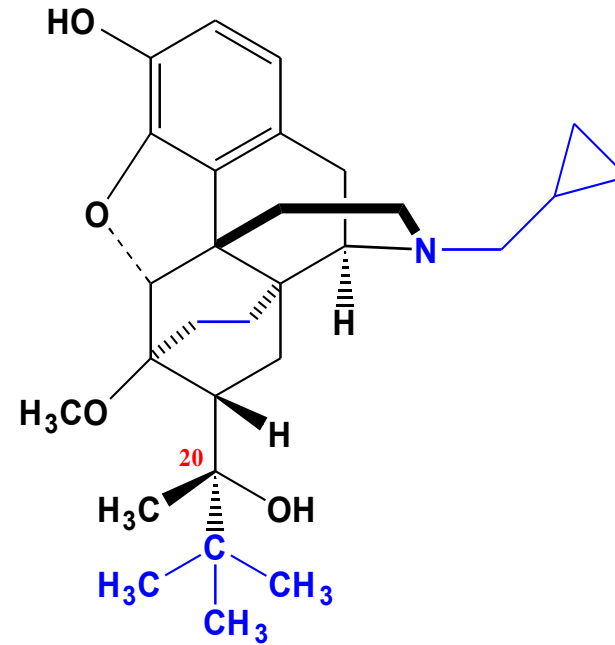
The presence of lipophilic groups at C20 is found to improve activity dramatically, indicating the existence of an extra hydrophobic binding region in the receptor binding site.

The group best able to interact with this region is a phenethyl substituent, and the product containing this group is even more active than etorphine.

# Synthetic opioid: Oripavine



**Diprenorphine**



**Buprenorphine**

## Diprenorphine:

A very powerful antagonist

100 times more potent than nalorphine

Reverse the immobilizing effect of etorphine. Used in veterinary medicine

Diprenorphine has no analgesic activity.

# Synthetic opioid: Oripavine

**Mixed  $\mu$ -agonist/antagonist (a partial agonist) and a weak  $\kappa$  antagonist.**

It has a high affinity for the  $\mu$ -receptors (1,000 times greater than morphine) and a slow dissociation rate leading to its long duration of action (6–8 hours)

**It has analgesic activity**

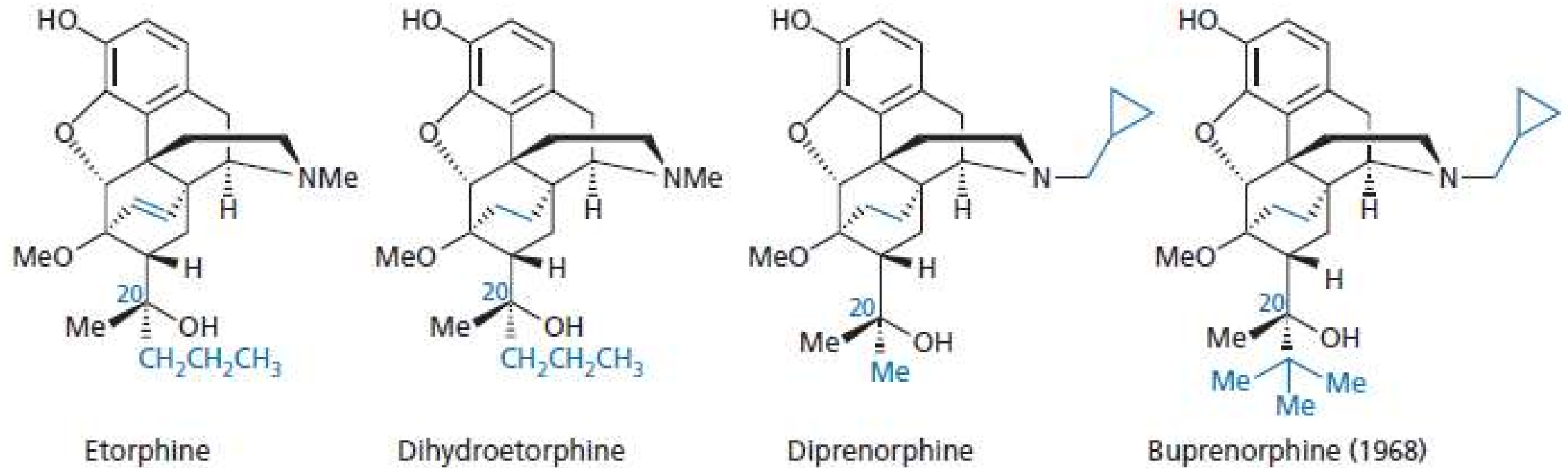
Low risk of addiction

little effect on respiration

Used as an **alternative to methadone** for weaning addicts off heroin.



# Synthetic opioid: Oripavine



**FIGURE 24.21** Etorphine and related structures.



# Morphine and related opioid

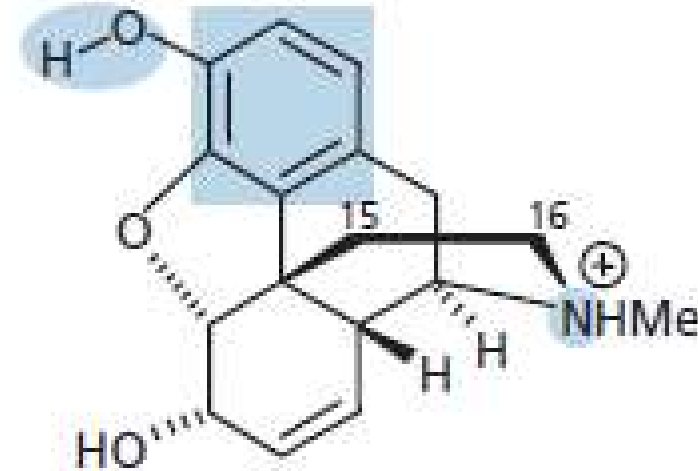
Pharmacophore is the relevant groups on a molecule that interact with a receptor and are responsible for the biological activity

Important elements for activity

Phenolic OH: H bonding

Aromatic ring: van der Waals

3°-amine: Ionic



# Endogenous opioid peptide

Precursor	Endogenous peptide	Receptor Binding
Pro-opiomelanocortin	$\beta$ -Endorphin	$\mu$ and $\delta$
Pro-enkephalin	[Met]enkephalin [Leu]enkephalin	$\delta$
Pro-dynorphin	Dynorphin A Dynorphin A(1-8) Dynorphin B	$\kappa$ $\mu$ and $\delta$
Pro-nociceptin / OFQ	Nociceptin	ORL-1
Pro-endomorphin (?)	Endomorphin-1 Endomorphin-2	$\mu$

# Endogenous opioid peptide

---

## Characteristics:

Peptides (5-31aa) synthesized by peptidase activity from a protein precursor

All have **identical N-terminal** (H<sub>2</sub>N-Tyr-Gly-Gly-Phe-) except endomorphin

Neurotransmitters or neurohormones, operate as the body's natural painkillers

High affinity to opioid receptors

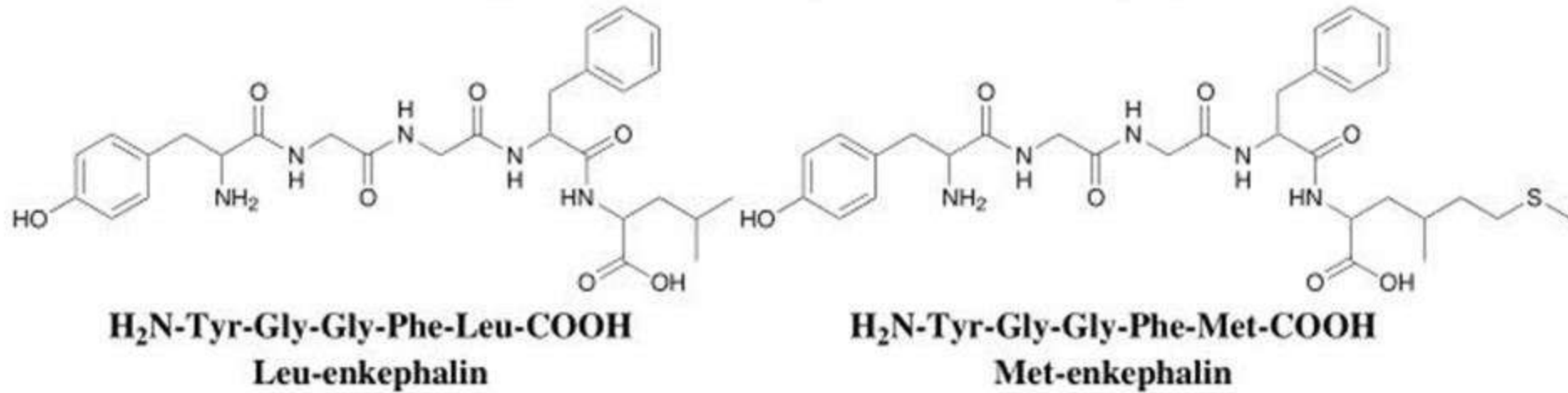
Effect antagonize by Naloxone

# Endogenous opioid peptide

---

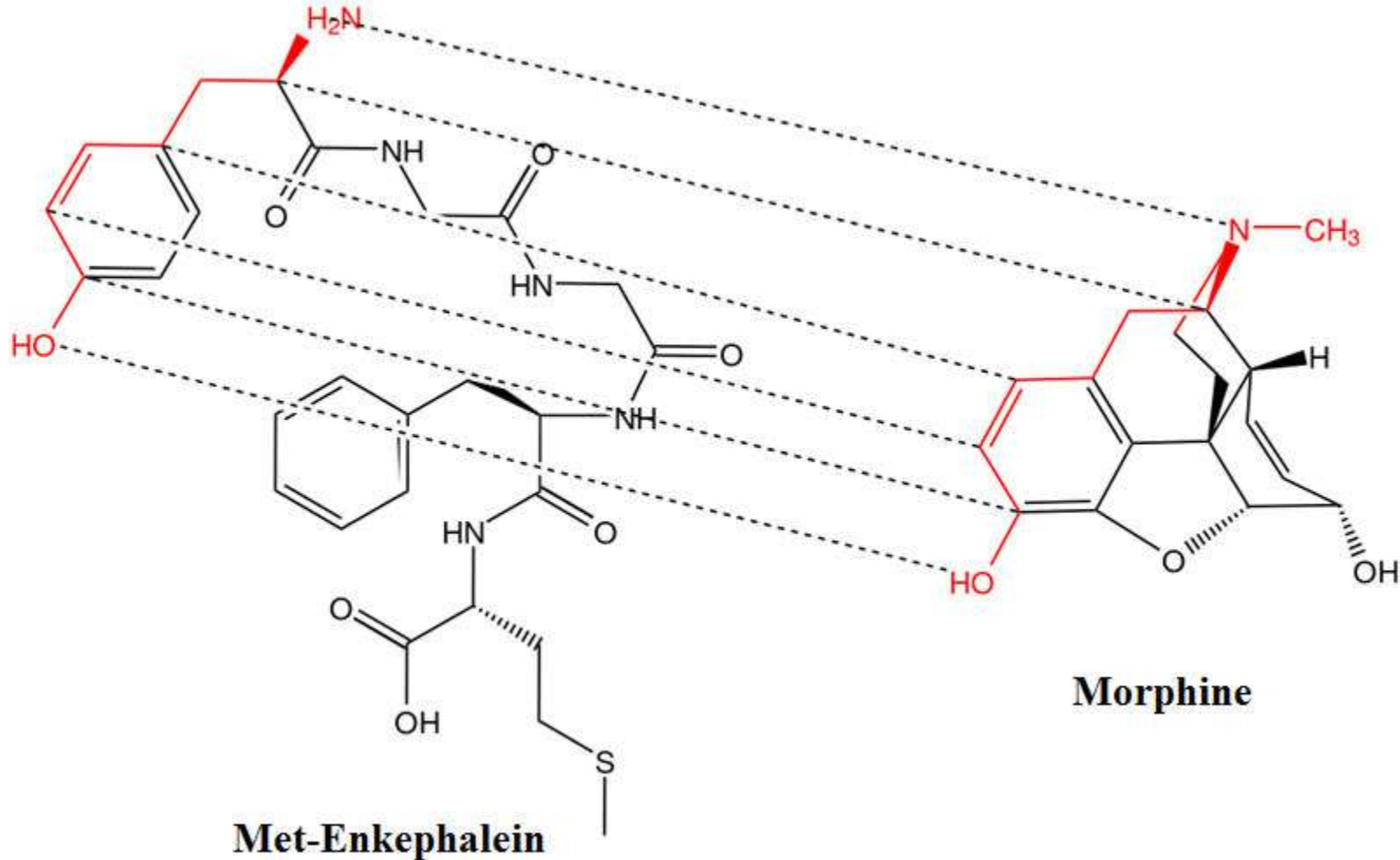
## Characteristics:

Leu-Enkephalin, Met-Enkephalin [Pentapeptide]



# Endogenous opioid peptide

## Met-Enkephalin AND morphine Similarities



# Regarding endogenous opioid

- ❑ Design of analgesic opioid based on their structure
  - ❑ Inhibition of their metabolism

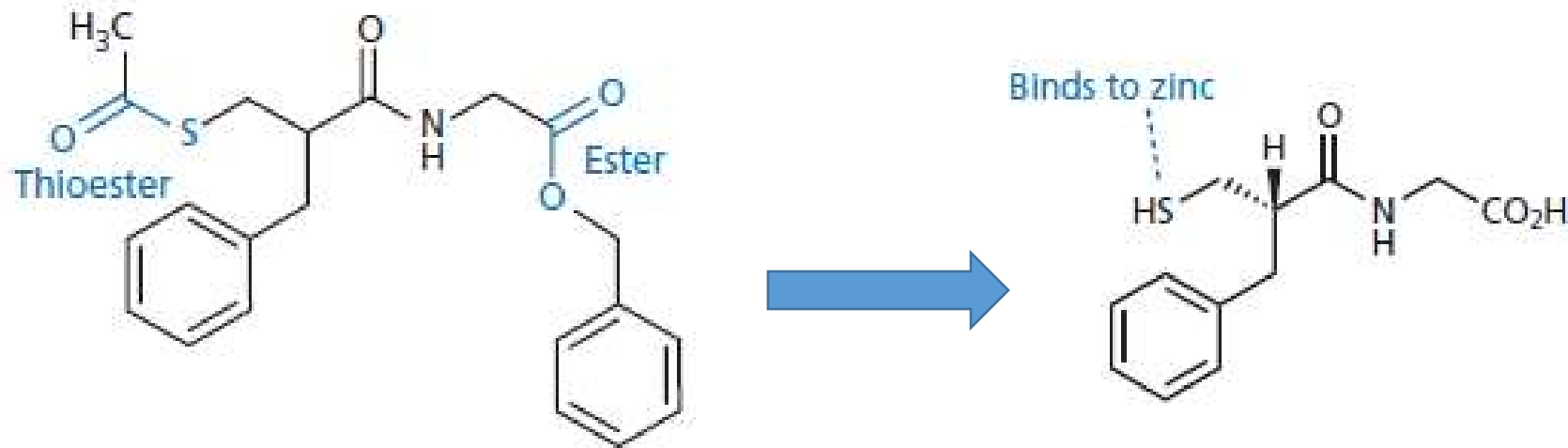
# Enkephalinase inhibitors

---

Acetorphan (**racecadotril**) is a prodrug of thiorphan

For treatment of diarrhea

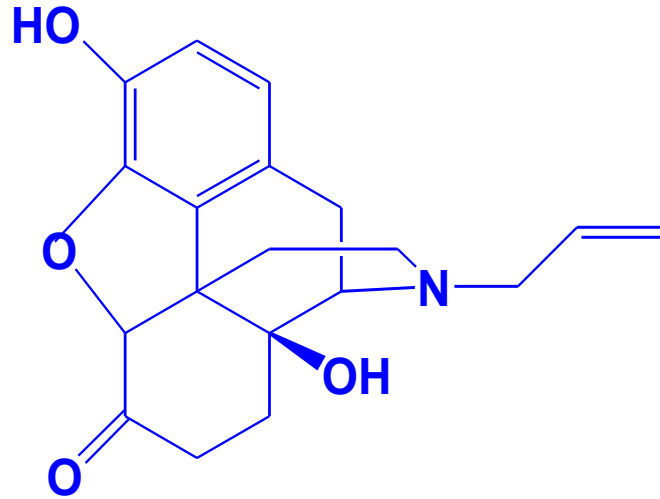
The free thio group binds tightly to **Zinc** in active site of enkephalinase and inhibit its proteolytic effect.



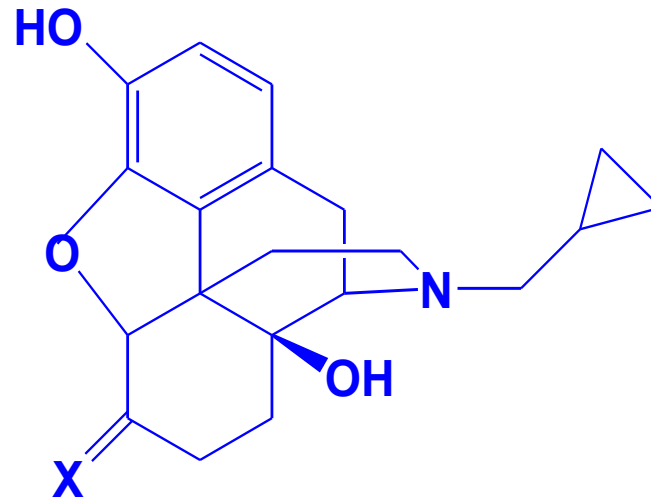
**Acetorphan**

**Thiorphan**

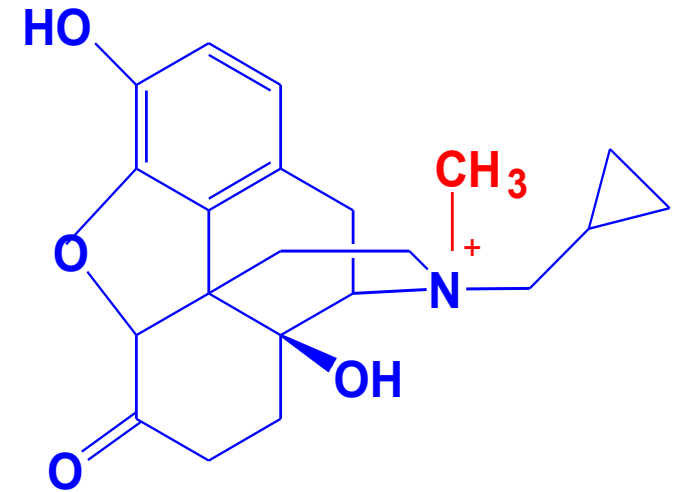
# Opioid Antagonist



Naloxone



X: O Naltrexone  
X: C Nalmefene



**Methylnaltrexone**

**Not Cross BBB ??**

**Use??????????????**



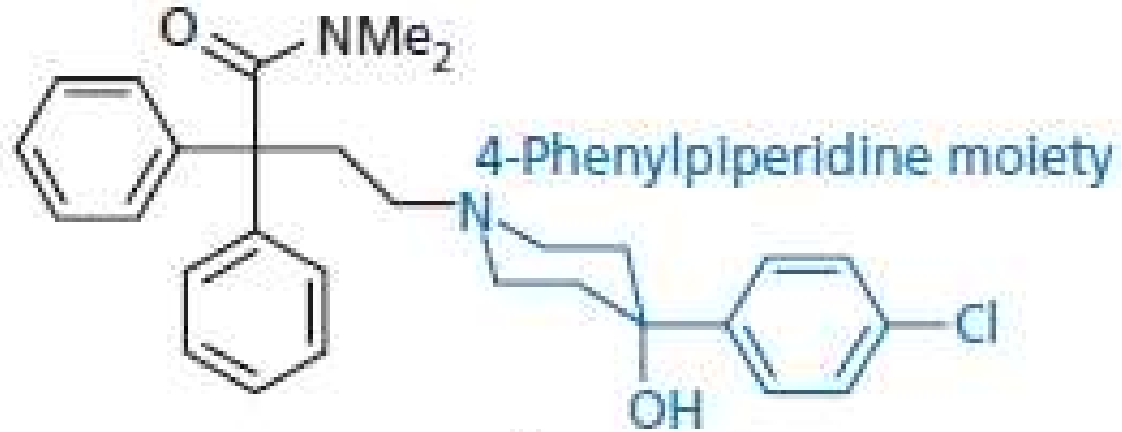
**Opioid antagonist**



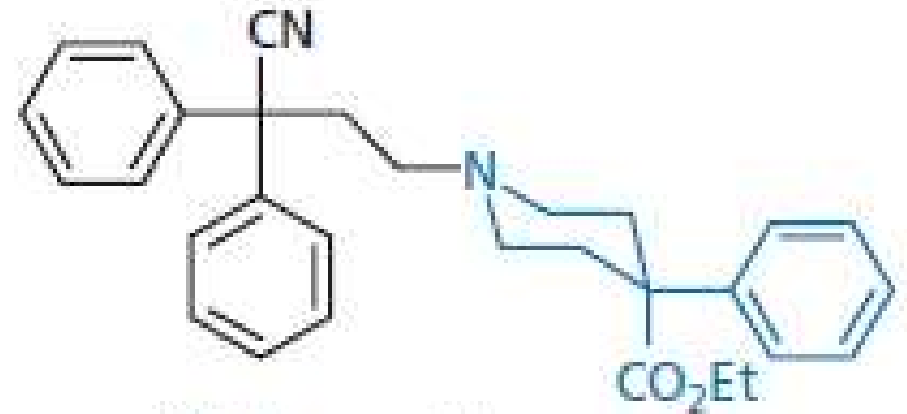
# Opioid as antidiarrheal drug

---

Methadone-like skeleton

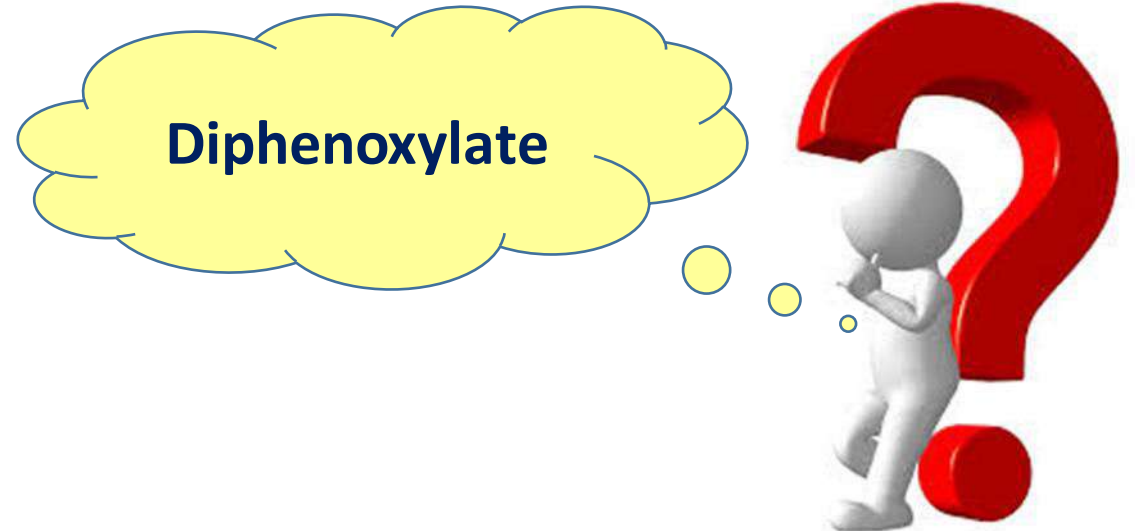


Loperamide



Diphenoxylate

Diphenoxylate



# Opioid Analgesics Part 7

## Summary of SAR

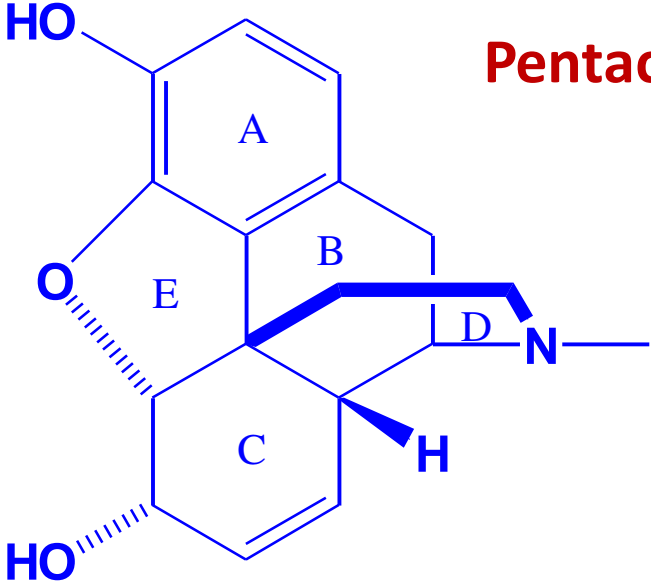
**Dr. Mai Ramadan**

Summarize the  
modification in synthetic  
opioid

# Opioids

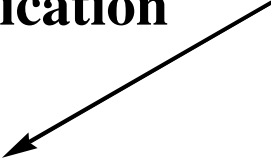
4,5- $\alpha$ -Epoxymorphinan

Pentacyclic system

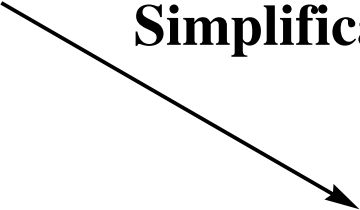


Morphine

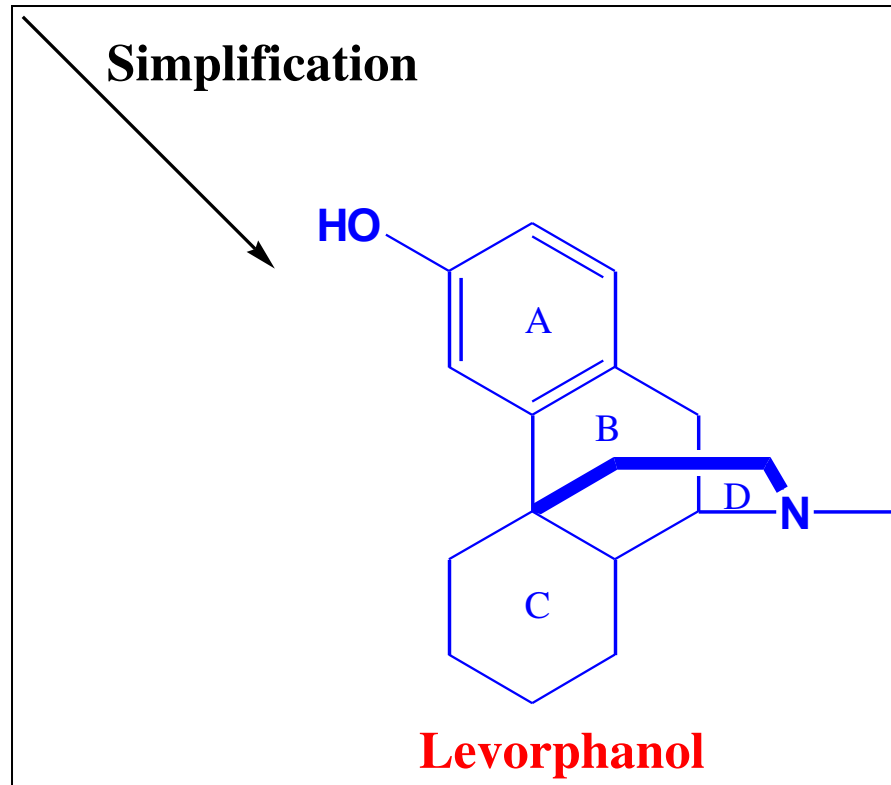
Rigidification



Simplification



# Opioids



**Morphinan  
Tetracyclic system**

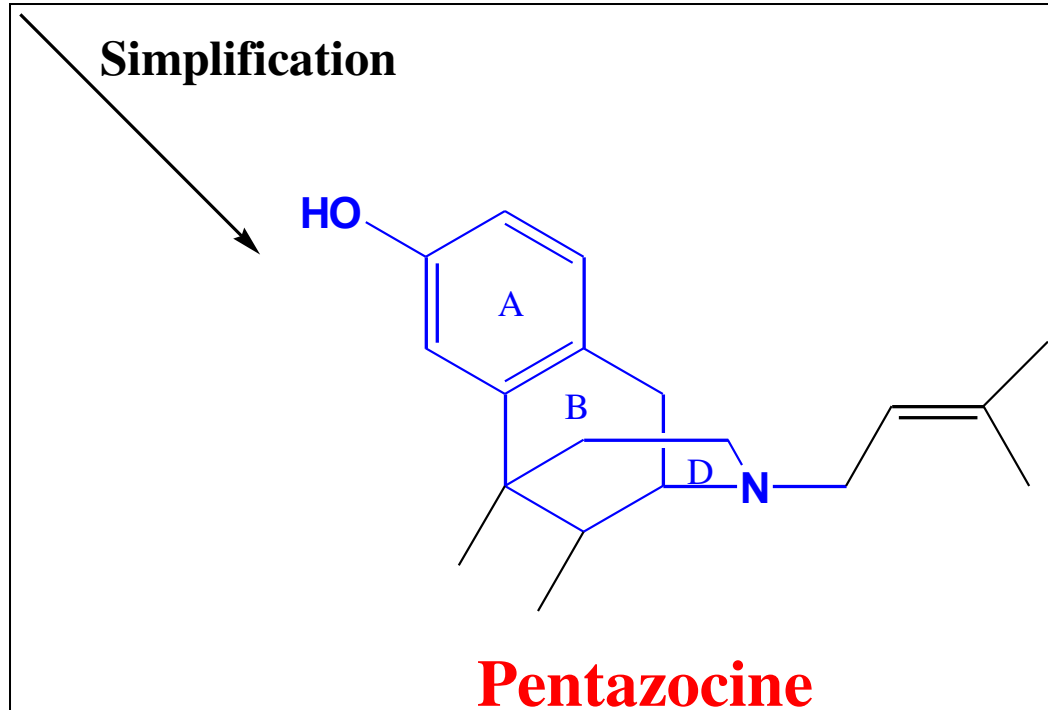
Ring E is not essential

Morphinans are more potent and longer-acting than their morphine counterparts, but have higher toxicity

SAR of morphinan is similar to that of morphine. They bind with receptor in the same way.

Morphinans are easier to synthesize

# Opioids



**Benzomorphan**

**Tricyclic system**

rings C and E are not essential to analgesic activity

Analgesia and addiction are not necessarily co-existent

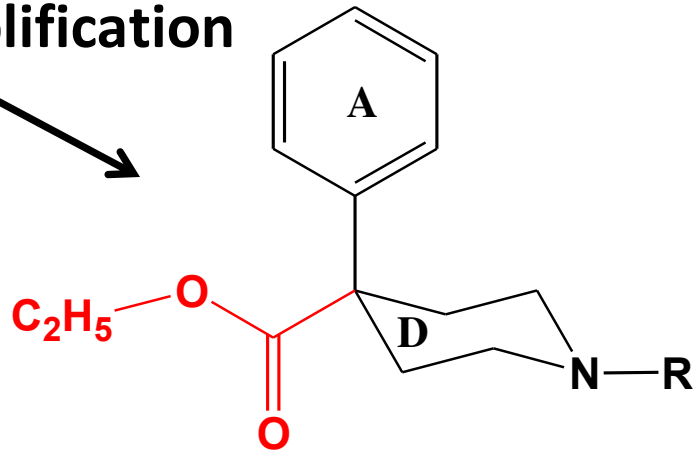
Reasonable analgesic activity, less addictive liability, less tolerance

Benzomorphans are simpler to synthesize than morphine and morphinans

Benzomorphans bind to opioid receptors in the same manner as morphine and morphinans

# Opioids

Simplification



**R: CH<sub>3</sub>**

**Meperidine**

**4-phenylpiperidine**  
**4-Anilidopiperidine**

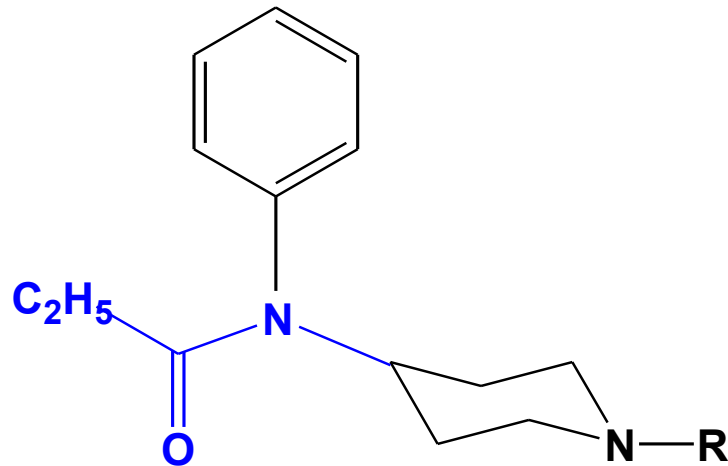
Rings E,B,C are not essential for analgesic effect

Faster acting short duration of action

Retain side effect: addiction, respiratory system depression

Aromatic ring and basic nitrogen are essential to activity, but the phenol group is not

piperidine analgesics appear to bind with receptors in a different manner to previous structural classes.



**R: -CH<sub>2</sub>CH<sub>2</sub>Ph**

**Fentanyl**

# Opioids

---

## Diphenylheptane

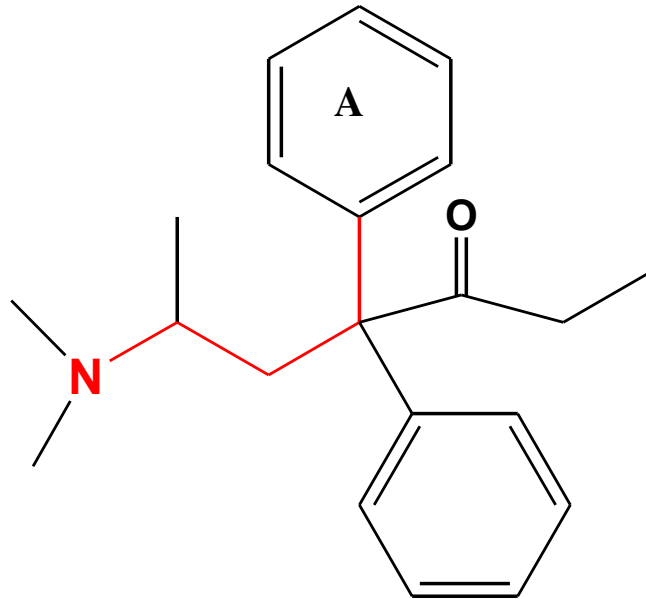
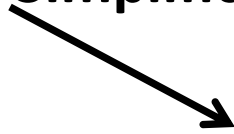
Loss of rings B, C, E, open ring D

Comparable in activity to morphine

Less severe sedation, euphoria, withdrawal symptoms, emetic, constipation

Orally active

**Simplification**



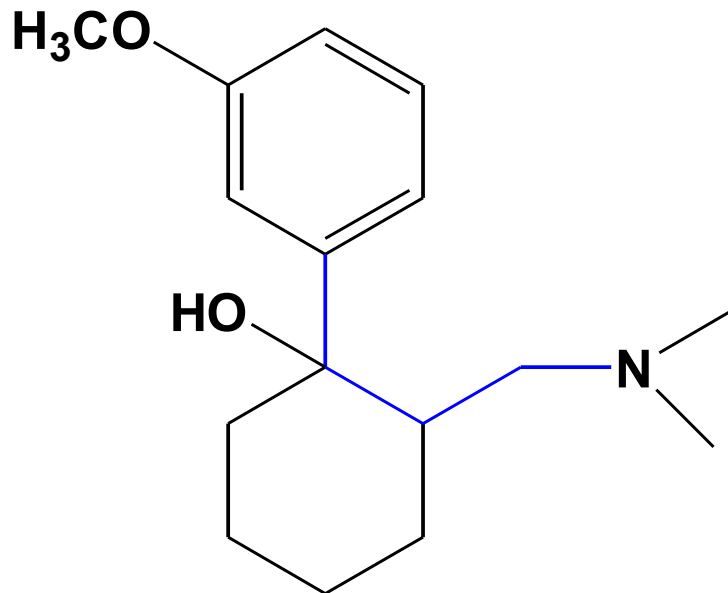
**Methadone**



# Opioids

---

Simplification



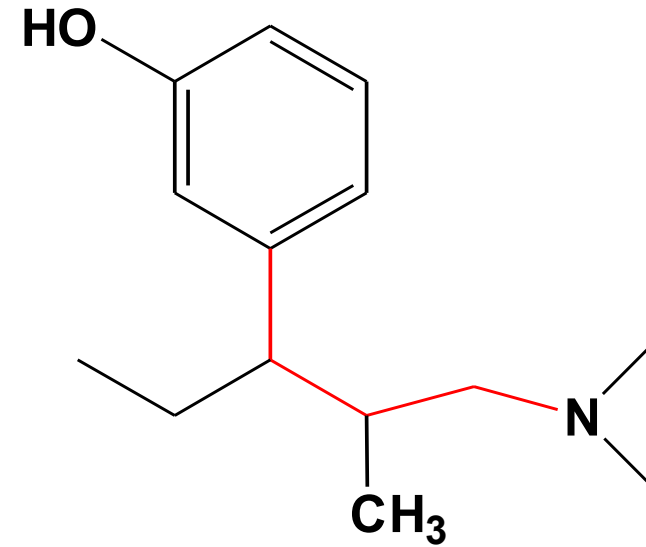
**Tramadol**

## Phenylpropylamine

Phenyl group

3-amine group

Inbetween 3C bridge

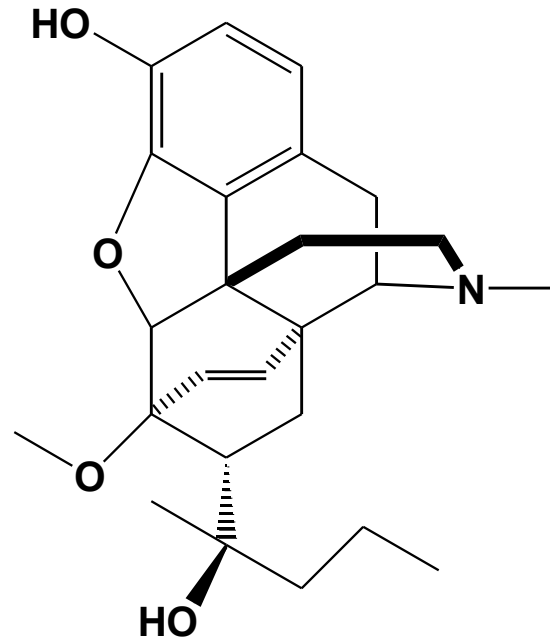


**Tapentadol**

# Opioids

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**Rigidification**



**Etorphine**

**Oripavine**  
**Hexacyclic system**

Increase selectivity for  
receptors

Rigidification maintain  
the active  
conformation required  
for binding with  
receptors



**End of opioid  
analgesics**

**Next subject**

**NSAIDs**