FORMULATION AND EVALUATION OF FAST-DISSOLVING CAFFEINE TABLETS FOR CNS DEPRESSION MANAGEMENT: A COMPARATIVE STUDY OF POLYMERS

Khushboo Kumari¹, Dr. Mayank Bansal², Ashutosh Sharma³, Manoj Kumar Gupta³

¹Research Scholar, Department of Pharmaceutics, Jaipur College of Pharmacy, Jaipur,

Rajasthan

²Principal, Jaipur College of Pharmacy, Jaipur, Rajasthan ³Associate Professor at Jaipur College of Pharmacy, Jaipur, Rajasthan

Corresponding Author: Khushboo Kumari Research Scholar, Department of Pharmaceutics, Jaipur College of Pharmacy, Jaipur, Rajasthan

Abstract-

Objective: The study aims to formulate and evaluate fast-dissolving caffeine tablets (FDTs) using different polymers to enhance dissolution and bioavailability for effective CNS depression management.

Methods: Fast-dissolving tablets were prepared using various polymers, including Cross carmelose Sodium. Sodium starch glycolate and Kyron T-314 by direct compression method. The formulations were evaluated based on precompression post-compression and parameters, such as hardness, friability, disintegration time, and in vitro drug release. A comparative analysis was conducted to identify the most effective polymer for optimizing the tablet's performance.

The results indicated **Results:** that polymer selection significantly influenced the disintegration time and drug release profile. Among the tested formulations, Kyron T-314 exhibited the fastest disintegration and highest dissolution rate, making it the most suitable candidate for fast-dissolving caffeine tablets.

Conclusion: The study confirms that fastdissolving caffeine tablets formulated with an optimized polymer can provide rapid onset of action, improving patient compliance and therapeutic efficacy in CNS depression management. Further in vivo studies and stability assessments are recommended to validate these findings.

Keywords-Caffeine, central nervous system depression, adenosine receptor antagonist, alertness, medicinal uses, neuroprotection.

I. INTRODUCTION

Caffeine, a widely consumed central nervous system (CNS) stimulant, plays a crucial role in managing CNS depression by enhancing alertness, reducing fatigue, and improving cognitive function. It acts primarily by antagonizing adenosine receptors, thereby increasing neurotransmitter release and neuronal excitability. Caffeine is commonly used to counteract drowsiness, fatigue, and sedation caused by various CNS However, conventional depressants. caffeine tablets often suffer from delayed onset of action due to slow disintegration and dissolution in the gastrointestinal tract. This delay can reduce their effectiveness, especially in situations where rapid therapeutic action is required. То overcome this limitation, fast-dissolving tablets (FDTs) offer a promising solution by ensuring quicker drug release and absorption. Fast-dissolving tablets (FDTs) are solid oral dosage forms designed to disintegrate rapidly in the oral cavity without the need for water. These tablets enhance patient compliance, particularly for individuals with dysphagia, pediatric and geriatric patients, or those with restricted access to water. The development of **FDTs** has gained significant attention in the pharmaceutical industry due to their ability to improve bioavailability and ensure faster onset of action. In the case of caffeine, an FDT formulation can be highly beneficial for individuals needing immediate relief from CNS depression symptoms.

The choice of polymer in FDT formulation plays a critical role in determining the tablet's disintegration time, drug release profile, and overall effectiveness. Various natural and synthetic polymers are used to enhance the properties of FDTs, including superdisintegrants such as sodium starch glycolate, croscarmellose sodium, and crospovidone. These polymers aid in rapid disintegration by promoting water uptake and tablet swelling, leading to faster drug release. The selection of an appropriate polymer is essential to achieving the desired balance between mechanical strength and rapid dissolution.

In this study, a comparative evaluation of different polymers was conducted to determine their impact on the formulation performance of fast-dissolving and caffeine tablets. The formulations were prepared using the direct compression method, a widely preferred technique for FDTs due to its simplicity, costeffectiveness, and ability to maintain drug stability. Various pre-compression and post-compression parameters were assessed, including powder flow properties, tablet hardness, friability, disintegration time, and in vitro drug release. The objective was to identify the

most suitable polymer that ensures rapid disintegration while maintaining the integrity and effectiveness of the tablet. The significance of this study lies in its potential to enhance caffeine's therapeutic efficacy in CNS depression management. A well-optimized FDT formulation can provide immediate effects, improving cognitive alertness and reducing the lag time associated with conventional tablets. Furthermore, such a formulation could enhance patient adherence and convenience, particularly in emergency situations where rapid drug action is necessary.

II. MATERIAL AND METHOD

Material

Ingredients(mg)	CT1	CT2	CT3	CT4	CT5	CT6	CT7	CT8	CT9
Caffeine	100	100	100	100	100	100	100	100	100
Cross carmellose Sodium	4	6	8	-	-	-	-	-	-
Kyron T-314	-	-	-	4	6	8	-	-	-
Sodium starch glycolate	-	-	-	-	-	-	4	6	8
Aspartame	4	4	4	4	4	4	4	4	4
Flavour	4	4	4	4	4	4	4	4	4
Talc	4	4	4	4	4	4	4	4	4
Magnesium Stearate	4	4	4	4	4	4	4	4	4
Mannitol	30	30	30	30	30	30	30	30	30
Lactose	30	30	30	30	30	30	30	30	30
MCC	20	18	16	20	18	16	20	18	16
TOTAL	200	200	200	200	200	200	200	200	200

Method:

Formulation of Fast-Dissolving Caffeine Tablets

Fast-dissolving tablets (FDTs) of caffeine were prepared using the direct

compression method, a widely preferred technique due to its simplicity and effectiveness.

Pre-Compression Evaluation of Powder Blend

Before tablet compression, the powder blend was evaluated for various flow properties to ensure uniformity and ease of tablet formation. The parameters assessed included:

- Bulk Density & Tapped Density: Measured using a graduated cylinder to assess powder packing properties.
- Compressibility Index (Carr's Index): Calculated to determine the flowability of the powder.
- Hausner's Ratio: Used to assess powder cohesiveness and flow characteristics.
- Angle of Repose: Determined by the fixed funnel method to evaluate powder flow behavior.

3. Post-Compression Evaluation of Tablets

After compression, the caffeine FDTs were evaluated for various physicochemical properties to ensure formulation quality and performance.

a. Hardness Test

• Measured using a hardness tester (Monsanto or Pfizer hardness tester) to determine mechanical strength.

b. Friability Test

• Conducted using a friabilator (Roche friabilator) at 25 rpm for 4 minutes to assess tablet resistance to abrasion.

c. Weight Variation Test

• A random selection of **20 tablets** was weighed individually and compared with the average weight to ensure uniformity.

d. Disintegration Time

• Evaluated using a USP disintegration test apparatus with **distilled water at 37 \pm 2^{\circ}C to** measure the time required for tablet breakdown.

e. In Vitro Drug Release Study

- Performed using a USP Type II (paddle) dissolution apparatus in 900 mL of simulated gastric fluid (pH 1.2) at 50 rpm and 37 ± 0.5°C.
- Samples were collected at specific time intervals (e.g., 1, 2, 5, 10, 15 minutes), filtered, and analyzed using a UV-Visible spectrophotometer at λmax of caffeine (~273 nm).
- The percentage drug release was calculated and compared across different formulations.

III.RESULTS

The DSC thermogram of Caffeine is shown in Figure 1. The DSC thermogram of Caffeine showed sharp peak at 236⁰C. The identity of a compound was confirmed by comparison with that of an authentic sample and verification of the presence of functional groups in an unknown molecule was done by IR spectra. The IR spectra obtained was elucidated for important chromophore groups. The IR spectra showed peaks at 1645, 1597, 1500 and 1427 cm⁻¹. The various peaks are depicted in Figure 2.

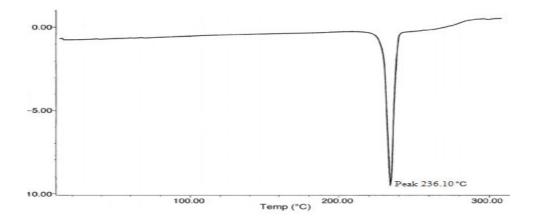


Figure 1: DSC Thermogram of Caffeine

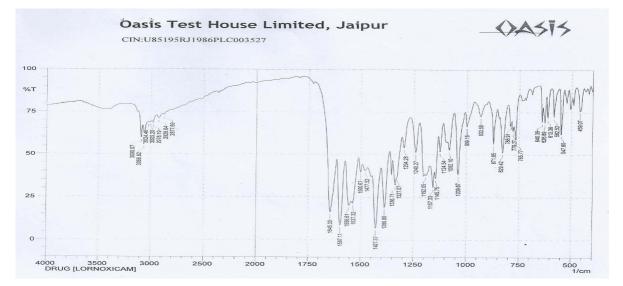


Figure 2: IR Spectra of Caffeine

Calibration Curve Data of Caffeine

Concentration	Absorbance (273 nm)
0.0	0
2.0	0.181
4.0	0.335
6.0	0.483
8.0	0.643
10.0	0.79
12.0	0.934

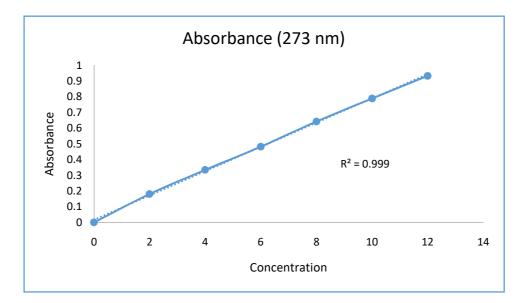


Figure 3: Calibration Curve of Caffeine
Characterization of blend of Caffeine tablet

Parameters	Bulk Density	Tapped Density	Hausners Ratio	Compressibilty Index	Angle of Repose
Formulation	(mg/ml)	(mg/ml)		(%)	0
CT ₁	0.461±0.011	0.511±0.015	1.108±0.090	09.78±0.15	24.11±1.38
CT ₂	0.463±0.031	0.523±0.011	1.129±0.089	11.47±0.03	25.22±1.35
CT ₃	0.455±0.017	0.516±0.013	1.134±0.019	11.82±0.18	24.25±1.40
CT ₄	0.471±0.014	0.539±0.011	1.144±0.015	12.61±0.05	24.47±0.55
CT ₅	0.482±0.011	0.551.±0.012	1.143±0.021	12.52±0.03	28.01±1.25
CT ₆	0.481±0.021	0.561±0.016	1.166±0.025	14.26±0.19	24.29±1.17
CT ₇	0.468±0.19	0.525±0.015	1.121±0.019	10.85±0.15	25.39±0.15
CT ₈	0.465±0.018	0.535±0.013	1.150±0.0.29	13.08±0.05	26.25±0.29
CT ₉	0.485±0.011	0.574±0.012	1.183±0.025	15.50±0.16	24.42±1.10

Characterization of Caffeine fast dissolving tablet

Parameters	Weight (mg)	Hardness (Kg/cm ²)	Friability (%)	Disintegration Time (Sec)	Swelling Time (Sec)
Formulation					
CT ₁	195.30±0.02	4.15±0.15	0.51±0.24	58±1.24	15±1
CT ₂	190.50±0.04	3.11±0.01	0.55±0.21	42±1.14	14±2

CT ₃	193.50±0.12	3.31±0.09	0.56±0.17	55±1.26	16±1
CT ₄	196.22±0.13	3.55±0.12	0.51±0.15	53±1.25	21±1
CT ₅	197.70±0.15	3.51±0.01	0.62±0.12	40±1.22	13±2
CT ₆	198.10±0.21	3.29±0.10	0.71±0.32	49±1.31	17±2
CT ₇	197.92±0.18	3.35±0.05	0.63±0.13	65±1.01	13±2
CT ₈	198.50±0.14	3.50±0.09	0.62±0.20	42±1.19	22±2
CT9	197.30±0.20	3.40±0.18	0.68±0.11	41±1.18	13±1

Drug Content in the Fast Dissolving Tablet of Caffeine

Parameters	Drug Content	% Drug Content		
Formulation	(mg per Tablet)			
CT ₁	93.65±0.02	93.65		
CT ₂	94.25±0.04	94.25		
CT ₃	93.75±0.12	93.75		
CT ₄	96.11±0.13	96.11		
CT ₅	97.35±0.15	97.35		
CT ₆	96.55±0.21	96.55		
CT ₇	94.96±0.18	94.96		
CT ₈	96.25±0.14	96.25		
CT ₉	95.15±0.20	95.15		

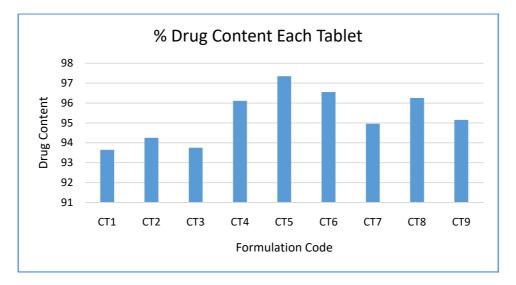


Figure 4: Drug Content in the Fast Dissolving Tablet of Caffeine

Pre-compression parameters

Bulk Density and Tapped Density of the Blend were found as 0.455±0.017 to 0.485 ± 0.011 and 0.511±0.015 to 0.574 ± 0.012 respectively. Carr's index of the prepared blend fall in the range of 09.78±0.15 to 15.50±0.16 % and this is also supported by Hausner's factor values which were in the range of 1.108 ± 0.090 to 1.183±0.025. Hence the prepared blends posses good flow property and can be used for manufacturing of the tablet. The values of angle of repose were found in the range of 24.11±1.38 to 28.01±1.25..

Post-compression Parameter

All the tablets were prepared under similar A11 experimental conditions. the formulation exhibited white colour. odourless, flat shaped with almost smooth surfaces. The average weight of the fast dissolving tablet was 190.50 to 198.50 mg. Hardness of prepared tablet was between 3.11 ± 0.01 to 4.15 ± 0.15 kg/cm² The percent friability of formulations was found to be 0.51 ± 0.15 to 0.71 ± 0.32 (less than 1.0%) and thus hardness and friability of all formulation are found within acceptable limits. The disintegration time is very important and it is desired to be less than 1 minute. The quick disintegration may assist quick swallowing and drug absorption in buccal cavity, thus greater bioavailability

of the drug. Disintegration time of prepared fast dissolving tablet was found in the range of 40 to 65 seconds. Swelling time is the indicator for the ease of disintegration of the tablet in the buccal cavity. It was observed that swelling time of tablet was in the range of 13 to 22 seconds. It was found that the nature of superdisintegrants present affected the swelling of the tablets. Assay of the prepared formulation was performed to determine drug content uniformity and it was found between 93.65 to 97.35 % per. At the end of 5 minutes the cumulative percentage drug release from various fast dissolving tablets of Caffeine was found to be 97.35, 96.55, 96.25, 96.11, 95.15, 94.96, 94.25, 93.75 and 93.65% from CT₅, CT₆, CT₉, CT₇, CT₂, CT₃ and CT_8 , CT_4 , CT₁respectively. Kyron T-314, Co-proceed superdisintegrant provides maximum release of the drug. The release of drug first order followed kinetics and mechanism of drug release was found to be diffusion controlled.

REFERENCES

- [1] Bala R, Pawar P, Khanna S, Arora S. Orally dissolving strips: A new approach to oral drug delivery system. Int J Pharm Investig. 2024 Apr;3(2):67-76
- [2] Rajagopalan, Senthamarai &Rajendhiran, Dinesh & Mohamed,

Ismail & Sherbudeen, Shakila. (2024). Fast dissolving oral thin films: an innovative herbal drug delivery system. International Journal of Research in Medical Sciences. 12. 3085-3090.

- [3] Pareek, Varun; Shah, Saksham;
 Sharma, Beena1; Kumar, Susheel;
 Sharma, Lokendra. Coffee and the Brain: A Comprehensive Review of Its Neurological and Psychiatric Effects. Journal of the Indian Academy of Geriatrics 20(1):p 34-39, Jan–Mar 2024.
- [4] Hartmann, E.V., Reichert, C.F. & Spitschan, M. Effects of caffeine intake on pupillary parameters in humans: a systematic review and metaanalysis. Behav Brain Funct 20, 19 (2024).
- [5] Ikeda S, Kobayashi M, Aoki S, Terukina T, Kanazawa T, Kojima H, Kondo H. 3D-Printed Fast-Dissolving Oral Dosage Forms via Fused Deposition Modeling Based on Sugar Alcohol and Poly(Vinyl Alcohol)-Preparation, Drug Release Studies and In Vivo Oral Absorption. Pharmaceutics. 2023 Jan 24;15(2):395.
- [6] Serajuddin ATM. Challenges, current status and emerging strategies in the development of rapidly dissolving FDM 3D-printed tablets: An overview

and commentary. ADMET DMPK. 2023 Jan 1;11(1):33-55.

- [7] Naji GH, Al-Zheery WH, Fareed NY. DESIGN AND IN VITRO EVALUATION OF ACRIVASTINE AS ORODISPERSIBLE TABLET USING DIRECT COMPRESSION METHOD. Wiad Lek. 2023;76(1):170-174.
- [8] Momeni M, Rakhshani S, Abbaspour M, Alizadeh F, Sheikhi N, GhorbanZadeh F, Habibi Z, Tabesh H. Dataset development of preformulation tests on fast disintegrating tablets (FDT): data aggregation. BMC Res Notes. 2023 Jul 3;16(1):131.
- [9] Agabio R, Saulle R, Rösner S, Minozzi S. Caffeine for alcohol use disorder. Cochrane Database Syst Rev. 2023 Jan 13;1(1):CD012557.
- [10] McLaughlin MJ, Fisher MT. A critical evaluation of oral Caffeine in pediatric patients with cerebral palsy. J PediatrRehabil Med. 2023;16(1):3-9.
- [11] Poudel S, Chalise R, Bist M, Regmi A, Ghimire A, Khanal K. Use of Caffeine and propranolol for treatment of neurogenic fever in a patient with pontine hemorrhage: A case report. Clin Case Rep. 2023 Sep 25;11(9):e7956
- [12] Eisa AM, El-Megrab NA, El-Nahas HM. Formulation and evaluation of fast dissolving tablets of

haloperidol solid dispersion. Saudi Pharm J. 2022 Nov;30(11):1589-1602.

- Thalluri C, Amin R, Mandhadi JR, [13] Gacem A, Emran TB, Dey BK, Roy A, Alqahtani MS, Refat MS, Safi SZ, Alsuhaibani AM. Central Composite Designed Fast Dissolving Tablets for Improved Solubility of the Loaded Drug Ondansetron Hydrochloride. Biomed 2022 Res Int. Aug 21;2022:2467574.
- Elsayed MMA, Aboelez MO, [14] Elsadek BEM, Sarhan HA, Khaled KA, Belal A, Khames A, Hassan YA, Abdel-Rheem AA, Elkaeed EB, Raafat M, Elsadek MEM. Tolmetin Sodium Fast Dissolving **Tablets** for Rheumatoid Arthritis Treatment: Preparation and Optimization Using Box-Behnken Design and Response Surface Methodology. Pharmaceutics. 2022 Apr 18;14(4):880.
- [15] Ghourichay MP, Kiaie SH. Nokhodchi Α, Javadzadeh Y. Formulation and Quality Control of Orally Disintegrating Tablets (ODTs): Recent Advances and Perspectives. Biomed Res Int. 2021 Dec 24;2021:6618934.
- [16] Mohammadreza M, Iraji P, Mahmoudi Z, Rahiman N, Akhgari A. Design and physico-mechanical evaluation of fast-dissolving valsartan polymeric drug delivery system by

electrospinning method. Iran J Basic Med Sci. 2021 Dec;24(12):1683-1694.