

Bupropion

Background (e.g. history, therapeutic use, abuse, effects):

Historically, bupropion (amfebutamone) has been available in the U.S. as an antidepressant (Wellbutrin[®]). It is structurally unrelated to other antidepressants but has a therapeutic efficacy similar to tricyclic antidepressants. However, it has recently been prescribed in the U.K. as a smoking cessation adjunct (Zyban[®]). It is not prescribed in the U.K. as an antidepressant.

There have been no reported instances of abuse of the drug in the U.K. but it is structurally similar to the phenylethylamines and therefore may result in various analytical problems e.g. false positive amphetamine results using immunoassay.

Although the neurochemical effect of bupropion is not completely understood, there is evidence that it may block dopamine re-uptake and block serotonin and noradenaline uptake. It does not appear to inhibit monoamine oxidase.

Chemical Data

Structure:

Chemical name: 1-(3-chlorophenyl)-2-[(1,1-dimethylethyl)amino]-1-propanone

Chemical formula and weight: 239.74 (weight)

CAS number: 34911-55-2

Metabolism and Pharmacokinetics

Bupropion is extensively metabolised by hydroxylation and reduction to form 3 less active major metabolites; (I) morpholinol metabolite (hydroxybupropion) (II) erythroamino alcohol metabolite and (III) threoamino alcohol metabolite.

The 3 metabolites all have longer half-lives than the parent drug and less than 0.5% of a single dose is excreted unchanged in urine. The plasma half-life appears to be approximately 14 hours. There is also some published data regarding storage of bupropion stored in plasma at high temperatures (half-life at $22^{\circ}C = 54$ hours, at $37^{\circ}C = 11$ hours). There appeared to be no effect on the stability of the major metabolites.





Toxicity (including non-fatal and fatal data)

There are limited published data regarding toxicity and resulting blood concentrations, however, it has been reported that following ingestion of a single 100 mg dose, an in life peak plasma bupropion concentration of 0.14 mg/L was attained. In overdose, toxic effects have been noted to be anxiety, tremor and tachycardia. In five U.S. cases of fatalities involving bupropion, post mortem blood concentrations of 4.0 mg/L (unspecified site), 0.16 mg/L (unspecified site), 4.2 mg/L (unspecified site), 11.0 mg/L (femoral) and 13.0 mg/L (subclavian). In one U.K. case of death involving suspected bupropion overdose a post mortem blood concentration of 5.7 mg/L (femoral) was measured.

Proprietary preparations

Wellbutrin (USA) Zyban (UK)

Dosage

In the U.K. bupropion is usually prescribed initially at 150 mg three times a day, followed by a reduction to 150 mg twice a day.

Tablet

Zyban (bupropion HCl)



Size: Diameter (mm) = not specified Weight (mg): 150 mg



Monograph produced on behalf of LTG for the purpose of public education in analytical toxicology

Analytical Data



GC-MS mass-spectrum

Bupropion (underivatised)



LC-MS mass-spectrum

Not available

GC elution data

Elutes between illicit drugs BDB and MBDB on DB-5 column. Parent bupropion and all metabolites are separated.

HPLC elution data

OD/CN column = co-elution of parent compound and one metabolite (MeCN and water 0-70% ramp)

"Silica column" (e.g. ODS) = separation of parent and metabolites

UV spectrum

Bupropion





Immunoassay data

EMIT amphetamine assay = ?cross-reaction

CEDIA amphetamine assay = >18 mg/L in urine gives positive result

Monograph produced by

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