

星点设计-效应面优化法在国内制剂处方优化中的应用进展

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摘要: 星点设计 (central composite design, CCD) 是效应面优化法 (response surface methodology, RSM) 中最常用的一种设计方法, 在药剂学领域制剂处方优化方面获得了广泛的使用。值此引入国内 20 周年之际, 本文回顾了 CCD 在国内药剂学研究中的应用情况。在简述其基本原理与使用步骤基础上, 总结了使用历程中的常见错误, 并对因素与效应的选择问题进行了讨论, 以促使研究者系统了解 CCD, 在研究中进行合理使用。

关键词: 星点设计; 效应面优化法; 药剂学; 不当使用; 原理

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Progress on application of central composite design-response surface methodology in optimization of preparations in China

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Abstract: Central composite design (CCD) is one of the most commonly used design methods in response surface optimization and has been widely applied in the field of pharmaceutics to optimize preparations. On the 20th anniversary of the introduction of CCD into China, the paper reviews its application in domestic pharmaceutical researches. Based on the brief introduction of basic principle and operation steps of CCD, the mistakes emerging in the application of CCD are summarized, including conceptual confusion with Box-Behnken design and face-centered CCD as well as wrong designs. Besides, the issues concerning the selection of factors and responses are discussed. The article is helpful for researchers to comprehensively understand the CCD and facilitates the rational application of this method.

Key words: central composite design; response surface optimization; pharmaceutics; improper application; principle

药剂学是一门研究药物制剂成形理论、生产处方工艺、质量控制和合理应用的综合性科学。在药剂学研究中, 为了优化处方, 常要考察多个因素对制剂质量的影响, 此时需要合适的优化方法。由于简单易行, 单因素考察是最常用的优化方法, 但却无法考察因素间的相互作用, 效果有限。析因设计只适合于因素水平

数较少时的情况, 较多时则所需实验次数太多。正交设计和均匀设计也是较为常用的优化方法, 但精度不够, 模型预测能力不足; 实验结果也只能指出因素的取值方向, 往往取设定水平的极大或极小值, 很难真正达到实验优化的目的^[1]。相对而言, 效应面优化法是集数学和统计学方法于一体的实验设计优化法, 所需实验次数较少, 能考察多因素间的相互作用, 也能分析因素与效应间的非线性关系, 是较为理想的优化方法^[1]。效应面优化法常用的实验设计方案包括多因素五水平的星点设计 (central composite design, CCD) 和多因素三水平的 Box-Behnken 设计。CCD 设计在医药领域的

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应用始于1962年,用于统计测量圆锥节丛孢菌最大生长所需生物素、硫酸素和锌浓度^[2],2000年由吴伟等^[1,3]引入国内,在药剂学处方优化中得到了广泛的应用。在引入国内20周年之际,本文将回顾CCD在制剂优化中的使用历程,在简述其基本原理与操作步骤基础上,重点总结不当、甚至于错误使用CCD的研究实例,以促使更多研究者了解并合理使用CCD,发挥其在药剂学研究中的重要作用。

1 CCD在国内药剂学研究中的应用情况

图1为近20年来国内药剂学文献中采用CCD进行处方优化的制剂类型及其比例。由图可见,CCD不仅在缓控释制剂和纳米制剂等新型给药系统中有广泛应用,其在普通制剂的优化中也较为常见。由于纳米制剂在近10年来研究非常火热,CCD在纳米制剂中的应用占了较大的比例,约为46%;其中又以自微乳化给药系统、脂质体与纳米粒的占比较多,其他纳米制剂主要包括胶束、纳米乳和微球等。在缓控释制剂中的应用以骨架缓释片、胃漂浮缓释制剂和渗透泵片等为主,脉冲片、包衣缓释片和结肠定位片等则相对较少,其总和约占缓控释制剂部分的17%左右。普通制剂中以凝胶剂的占比最多,主要为温敏凝胶;片剂占比次高,主要有口崩片和分散片等;在膜剂、乳剂和溶液剂等中也有一定应用,其总量约占普通制剂中的13%左右。

2 CCD的原理和步骤

2.1 CCD的原理

CCD是效应面优化法的一种设计方式,因此遵循效应面优化法的基本原理^[1]:通过实验建立效应值与

因素水平间的函数关系(即效应面),通过该函数确定获得预期的效应范围时各因素水平的取值范围,实现实验条件的优化。由于效应面是通过一系列实验的结果拟合的,合理选择这一系列实验的因素水平组合十分重要,采用基于线性模型的正交设计或均匀设计难以拟合出理想的效应面,而星点设计的本质即为一套适用于效应面优化法的因素水平组合方案。

2.2 CCD的步骤

2.2.1 实验方案表与因素水平的确定 星点设计为多因素五水平设计,水平代码为0、±1和± α ,其中0为中值, α 为极值。为方便理解,因素数 $k=2$ 和 $k=3$ 时的实验点分布如图2所示。

由图2可以看出,星点设计是由 $F=2^k$ 次析因设计(方框处)、 $2k$ 次极值点实验(坐标轴处)和 x 次中心点重复实验(中心点处)构成的。极值 α 的取值为 $(F)^{1/4}$,比如,三因素星点设计, $\alpha=(2^3)^{1/4}=1.682$,但 α 也可取值1.732,此时为等距设计,是一特例^[1]。目前CCD常用的因素数 k 为2~4,与之对应的 α 与 x 如表1所示。

确定了以水平代码表示的实验方案表后,还需要将水平代码转换为实际因素水平^[1]。首先,需要根据预实验来确定因素水平的取值范围,其极大和极小值

Table 1 Common factors number (k) and corresponding extreme value (α), repetitions of central point (x)

k	α	x	Experiment run
2	1.414	5	13
3	1.682 or 1.732	6	20
4	2	7	31

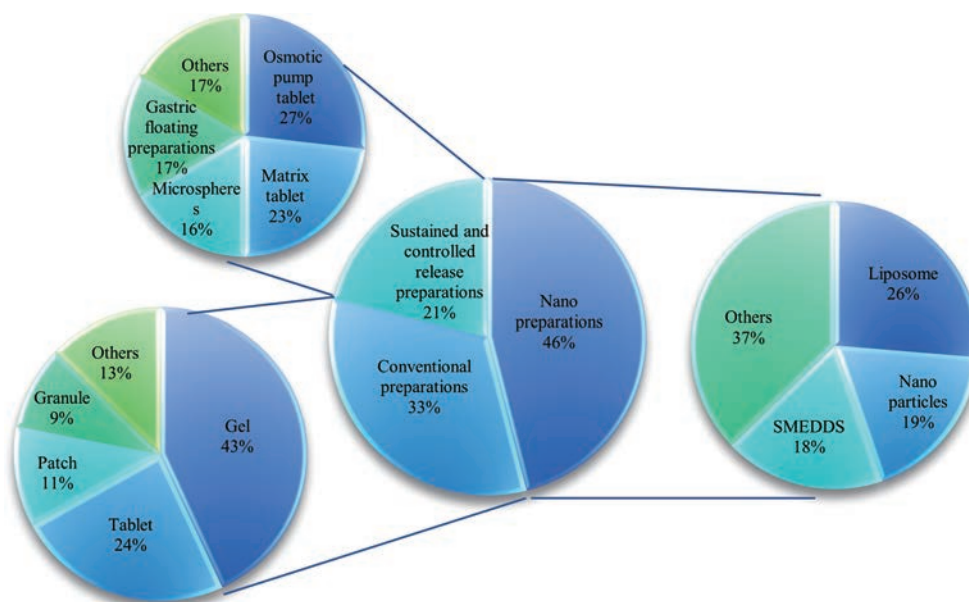


Figure 1 Dosage forms and proportion of domestic literature on pharmaceuticals that adopted central composite design in recent 20 years. SMEDDS: Self-microemulsifying drug delivery system

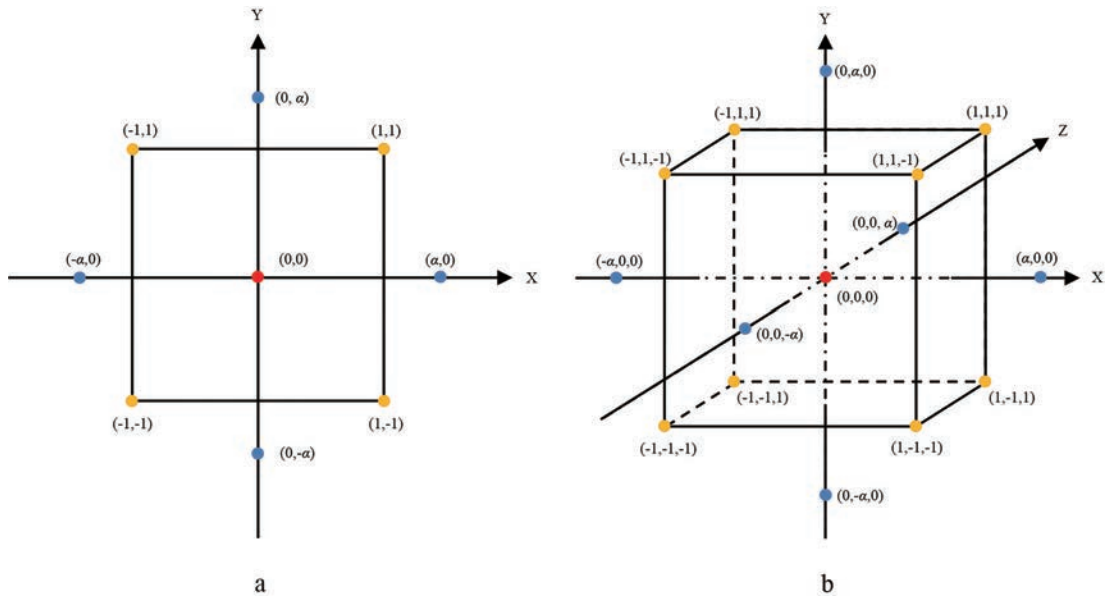


Figure 2 Distribution of experimental points in central composite design with 2 factors (a) and 3 factors (b)

分别对应 $+\alpha$ 和 $-\alpha$;接着通过任意两个物理量间的差值与相对应代码间的差值成等比的原则,确定水平代码 $\pm 1, 0$ 对应的因素水平。

2.2.2 效应面的绘制与数据处理 按拟定的实验方案完成实验后,通过软件 Design-Expert 即可建立效应与因素间的函数关系,并绘制效应面。对于单一效应,可以直接读取预期效应范围对应的考察因素水平范围(优化区)。对于多个效应,应取最优区重叠部分。但当效应数较多时,对某一效应有利的因素水平组合可能对其他效应不利,应当合理地兼顾各个效应。此时可采用归一化法,将各效应值转换为 $0\sim 1$ 之间的常数,并计算总评“归一值”^[3],以该值作为单一效应建立与各因素的函数关系,获得各因素的优化水平范围。

2.2.3 验证建立的效应面 在得到最佳的因素水平组合之后,还需验证该条件与效应面本身的正确性。按优化后的因素水平组合进行实验,获取各效应的实测值,并将其与从效应面获取的预测值进行比较。实测值与预测值之间的偏差(bias)代表实测值偏离预测值的程度,偏差的绝对值越小,则效应面的预测性能越好,优化也就越成功。

3 常见问题

虽然 CCD 已经在药剂学研究中获得了广泛的应用,但文献调研发现共有约 10% 的研究在使用 CCD 时出现问题(表 2),有可能影响优化的效果。下文将对列出的常见问题进行总结,并针对它们可能导致的后果提出注意事项。

3.1 概念混淆问题

效应面优化法可以采用不同的实验设计进行优化,国内采用较多的就是 CCD 和 Box-Behnken 设计。然而,在实际应用中,有大量研究者混淆了 CCD、Box-Behnken 设计与效应面优化法的概念,往往使用的是 Box-Behnken 设计,却命名为 CCD^[4-19]。可能的原因是,在 2007 年以前,星点设计是唯一的效应面优化的设计方法,容易把两者混为一谈,甚至于一些研究直接将星点设计等同于效应面优化^[20];当 2007 年后 Box-Behnken 设计作为效应面优化法的另一种设计方法出现时,尽管已有相关研究区分了 CCD 与 Box-Behnken 设计^[21],但仍有研究者因效应面优化法的关系而混淆了两种不同的设计方法,出现了“使用星点设计-效应面法,采用 Box-Behnken 设计进行优化”的表述^[1],或声明使用星点设计-效应面法,实际的实验方案表还是

Table 2 Common problems appear in the application of central composite design

Type	Problem	Number	Percentage /%
Conceptual confusion	Confused with Box-Behnken design	32	3.2
	Confused with face-centered central composite design	8	0.8
Wrong design	Insufficient repetitions at central point	23	2.3
	Insufficient experiment runs	5	0.5
	Wrong value of α	11	1.1
	Improper transformation of level code	7	0.7
	Others	18	1.8

配, 例如, 因素数 $k = 4$ 时, 极值 α 取 1.732^[48], 使得实验点的分布并不符合 CCD 的设计要求, 优化效果欠佳。

水平代码用于表述因素水平, 应正确转换为实际因素水平。部分实验研究却未能按前述等比例原则将水平代码正确转换为实际因素水平。例如, 某研究^[57]的水平代码为 1.732、1、0、-1 和 -1.732, 考察因素的实际物理量水平却是 0.25%、0.5%、1%、2% 和 4%, 不符合星点设计的要求, 最终效应“包封率”的拟合方程 $P > 0.05$, 模型不可信。

此外, 还有看不出实验方案表属于何种设计^[45,58,59]和未给出 CCD 设计表^[60-70]等情况。为了保证研究的可重复性, 应提供完整、易读的 CCD 设计表。否则若出现实验设计有误的情况, 例如只有 3 个因素水平^[62]和总实验数不足^[63]等, 甚至无法得知哪里出了问题, 这些研究也无法进行重复。

4 因素与效应的选择问题

4.1 考察因素的选择

在正确使用 CCD 的前提下, 考察因素的选择和效应指标的设定无疑对于制剂的优劣起到决定性作用。但是, 考察因素并不是越多越好, 实验优化的目的是确定对效应有显著影响因素的水平范围。因此, 应该在单因素考察的基础上, 排除对效应影响不大的考察因素, 留下关键因素。否则, 每增加一个考察因素, 实验数都会相应增加, 拟合函数也会更复杂。比如, 有研究者在优化温敏凝胶时^[71], 以胶凝温度为效应, 分别以处方中羟丙甲基纤维素 (hydroxypropyl methylcellulose, HPMC)、泊洛沙姆 188 和泊洛沙姆 407 的用量为考察因素。预实验时的单因素考察已经反映出 HPMC 的用量对胶凝温度的影响不大, 研究者却没有排除, 而最终的效应面也显示 HPMC 对胶凝温度无明显影响, 无端增加了实验次数。

对于某些取极值的因素 (即水平越大/小越好的因素), 也可以不纳入 CCD 进行优化, 这一因素的水平可以直接取极值。比如, 若图 5 为某次星点设计绘制的效应面, A、B 为考察因素, OD 为越大越好的效应值, 那么 A 即为应取在极值的考察因素, B 即为对效应影响不大的考察因素, 这两个考察因素均应在单因素考察中就发现并排除。如果进行星点设计优化时获得了类似的效应面, 应考虑重新选择考察因素。

除了考察因素本身的选择之外, 其水平的取值也应该在预实验或单因素考察的基础上进一步缩小范围, 以达到优中选优的目的, 若范围过宽, 在与其他因素共同组合成的 CCD 实验组中, 可能出现效应值异常或制备失败的情况。比如, 有研究者在制备温敏凝胶时, 以各辅料的用量为考察因素, 胶凝温度与泪液稀释

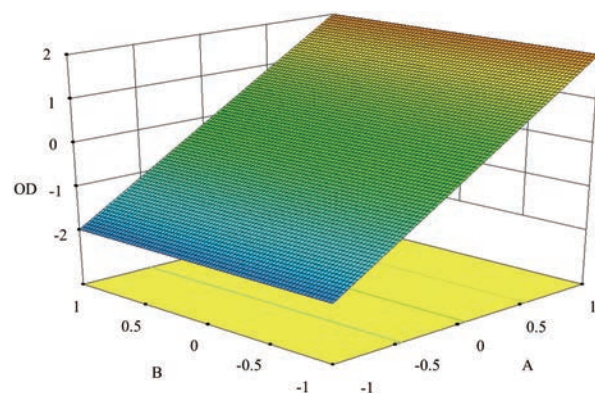


Figure 5 The example of inappropriate investigation factors

后的胶凝温度为效应^[72]。而在实验过程中, CCD 设计表内的 20 次实验中有 6 次出现泪液稀释后不胶凝的情况, 剔除这些数据才能绘制该效应的效应面, 这在一定程度上降低了优化结果的可靠性。

4.2 效应指标的选择

效应指标的选择应该尽可能从不同角度反映制剂的关键质量属性, 或者全面反映制剂设计的意图, 才能通过实验设计得到真正优化的处方和工艺。表 3 统计了 CCD 中常用的考察指标, 虽然这些效应能够在一定程度上反映制剂的质量, 但部分研究流于形式, 效应的设置缺乏针对性。比如, 多分散系数、包封率和载药量等效应确实能够反映脂质体的质量, 但是对于粒径的大小, 并不一定是越小越好, 应该根据制剂设计的目的确定合适的粒径范围。对于自微乳化给药系统的处方优化, 常用的流程是, 伪三元相图基本确定各辅料用量范围后, 以粒径、载药量、外观和释放度等为效应进行处方优化, 然而, 自微乳化给药系统促吸收的前提在于其经过体内脂解后能否保持药物的增溶状态, 上述常用的考察指标并不能反映这一关键过程, 由此得到的“优化”处方可能并不能达到预期的作用。

除了效应指标的针对性外, 其能否被准确测定也是十分重要的, 因为过大的测量误差会降低星点设计的优化效果。比如, 在连翘颗粒剂的优化时, 选用了最低抑菌浓度为效应, 其测定通过肉眼观察, 以无细菌生长的药物最低浓度为考察结果^[73]。这种测定方式误差较大, 导致 20 次实验只有 3 种结果 (3.125、6.25、12.5 ng·mL⁻¹), 最终的拟合模型 $P > 0.05$, 模型不可信。同样地, 类似于外观、口感这类受主观因素影响指标也不太适合选为效应。如果不可避免地需要采用这类指标作为效应, 应做到: 由不进行实验的研究者进行打分, 避免主观偏见; 由多人进行打分并取平均值, 减少评价误差。

当对效应采用归一化处理时, 应合理评估各效应

Table 3 Common responses adopted in the optimization of different dosage forms

Dosage form	Response
Liposome	Encapsulation efficiency, drug loading, particle size, polydispersity index
Nanoparticles	Encapsulation efficiency, drug loading, particle size, polydispersity index
Self-microemulsifying drug delivery system	Self emulsifying time, equilibrium solubility, dissolution, entrapment efficiency, drug loading, particle size, polydispersity index
Gel	Gelation temperature, appearance, viscosity, release rate
Tablets	Disintegration time, hardness, crispness, appearance, taste
Ointment	Appearance, initial adhesion, adhesion, peel strength
Granule	Size, hardness, angle of repose
Sustained or controlled release preparations	Drug release at each time point, stability

变量的重要程度。虽然 Hassan 归一化法十分常用,但要注意此法要求各效应是同等重要的。而在实际应用中,各效应间可能具有主次关系。比如,以包含率和包合物收得率为效应优化薄荷挥发油包合物时,包含率是评价包合物优劣的主要标准,而包合物收得率只在生产中产生一定影响,处于次要地位^[74]。由于包含率和包合物收得率均为0~1之间的值,可以进行加权求和以获取归一值(OD): $OD = 0.7 \times \text{包含率} + 0.3 \times \text{收得率}$,最终也获得了较好的优化效果。

5 结论

CCD 所需实验数较少,具有较高的优化效率和准确性,自2000年引入国内后,该法在制剂处方优化中得到广泛应用,对于制剂处方和工艺的发展起到了积极的推进作用。然而,在 CCD 的使用历程中,仍然存在一定的使用误区,影响了优化的效果,甚至使优化工作流于形式。只有在充分理解星点设计基本原理及严格遵循其操作过程的基础上,才能充分发挥 CCD 的优化效果。随着改良型新药在新药研发中的地位逐步提高,CCD 在药剂学处方和工艺优化中的应用将更为广泛,正确地使用 CCD 无疑是加快制剂研发进程的重大助力。

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