

**The
Benzodiazepines
From Molecular Biology
to Clinical Practice**

EDITED BY E. Costa

The Benzodiazepines: From Molecular Biology to Clinical Practice

Editor

Erminio Costa, M.D.

*Chief, Laboratory of Preclinical Pharmacology
National Institute of Mental Health
Saint Elizabeth's Hospital
Washington, D.C.*

Raven Press ■ New York

Raven Press, 1140 Avenue of the Americas, New York, New York 10036

© 1983 by Raven Press Books, Ltd. All rights reserved. This book is protected by copyright. No part of it may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise, without the prior written permission of the publisher.

Made in the United States of America

Library of Congress Cataloging in Publication Data

Main entry under title:

The Benzodiazepines.

Includes bibliographical references and index.

1. Benzodiazepines. I. Costa, Erminio. [DNLM:

1. Benzodiazepines—Congresses. 2. Mental disorders—

Drug therapy. QV 77.9 B4792 1981]

RM666.B42B47 1983 615'.7882 83-9706

ISBN 0-89004-885-1

The material contained in this volume was submitted as previously unpublished material, except in the instances in which credit has been given to the source from which some of the illustrative material was derived.

Great care has been taken to maintain the accuracy of the information contained in the volume. However, Raven Press cannot be held responsible for errors or for any consequences arising from the use of the information contained herein.

Materials appearing in this book prepared by individuals as part of their official duties as U.S. Government employees are not covered by the above-mentioned copyright.

Preface

Although Auden's expression the "age of anxiety" is rather too glibly applied to the present day, it is true that anxiety, and emotional stress in general, is more frequently seen by specialists than other mental illnesses, such as psychotic and depressive reactions. The latter however have been the object of much more profound and prolonged research (although there is still much to learn concerning the etiopathogenesis of depression, and even more of schizophrenia). Nevertheless, considering that the benzodiazepine anti-anxiety agents have been in use for a quarter of a century, it is only recently that we have begun to understand the possible mechanisms of their action. The discovery of specific binding sites for these substances some six years ago, and their now established interaction with the brain's most important inhibitory neurotransmitter, GABA, raised hopes that this knowledge could be utilized to help unravel the mystery of affective function.

This volume is a comprehensive report of the state-of-the-art in this field, dealing with both preclinical and clinical pharmacology as well as significant topics on clinical usage. The work presented here reflects the stock-taking and goal-setting processes undertaken during the World Congress of Biological Psychiatry symposium, which was held in Stockholm in July, 1981.

This volume will be of interest to all clinicians who are concerned with patients whose symptoms include anxiety and emotional distress, and to researchers working in the area of neuro- and psychopharmacology.

John Ward
Hoffmann-La Roche & Co. Ltd.
Basel, Switzerland

Contributors

D. Anderson

*Princess Margaret Hospital
Christchurch, New Zealand*

C. D. Binnie

*Institut voor Epilepsiebestrijding
Meer en Bosch
Heemstede, Netherlands*

Lothar Blaha

*Department of Clinical
Neuropsychopharmacology
University Hospital of Neurology
and Psychiatry
Schwabachanlage 6/10
8520 Erlangen, Federal Republic
of Germany*

E. P. Bonetti

*Pharmaceutical Research
Department
F. Hoffmann-La Roche & Co.
Ltd.
4002 Basel, Switzerland*

A. Breckenridge

*Department of Pharmacology and
Therapeutics
University of Liverpool
Liverpool, United Kingdom*

Jan-Ulrich Brückmann

*Department of Clinical
Neuropsychopharmacology
University Hospital of Neurology
and Psychiatry
Schwabachanlage 6/10
8520 Erlangen, Federal Republic
of Germany*

W. P. Burkard

*Pharmaceutical Research
Department
F. Hoffmann-La Roche & Co.
Ltd.
4002 Basel, Switzerland*

Giovanni B. Cassano

*Institute of Clinical Psychiatry
University of Pisa
Pisa, Italy*

M. G. Corda

*Laboratory of Preclinical
Pharmacology
National Institute of Mental
Health
Saint Elizabeth's Hospital
Washington, D.C. 20032*

E. Costa

*Laboratory of Preclinical
Pharmacology
National Institute of Mental
Health
Saint Elizabeth's Hospital
Washington, D.C. 20032*

R. Cumin

*Pharmaceutical Research
Department
F. Hoffmann-La Roche & Co.
Ltd.
4002 Basel, Switzerland*

L. Dettli

*Medical Clinic B
University of Basel
4031 Basel, Switzerland*

B. Epstein

*Laboratory of Preclinical
Pharmacology
National Institute of Mental
Health
Saint Elizabeth's Hospital
Washington, D.C. 20032*

W. W. Fleischhacker

*Psychiatric University Clinic
University of Innsbruck
Innsbruck, Austria*

C. Forchetti

*Laboratory of Preclinical
Pharmacology
National Institute of Mental
Health
Saint Elizabeth's Hospital
Washington, D.C. 20032*

R. Ian Fryer

*Department of Medicinal
Chemistry
Hoffmann-La Roche Inc.
Nutley, New Jersey 07110*

Daniel Ginestet

*Hôpital
rue Richard I
78011 Versailles, France*

Jeffrey A. Gray

*Department of Experimental
Psychology
Oxford University
South Parks Road
Oxford OX1 3UD, United
Kingdom*

A. Guidotti

*Laboratory of Preclinical
Pharmacology
National Institute of Mental
Health
Saint Elizabeth's Hospital
Washington, D.C. 20032*

Steffen Haas

*Central Institute for Mental
Health
D-69 Mannheim 15, Federal
Republic of Germany*

W. Haefely

*Pharmaceutical Research
Department
F. Hoffmann-La Roche & Co.
Ltd.
4002 Basel, Switzerland*

G. Hempelmann

*Department of Anesthesiology and
Intensive Care Medicine
Justus-Liebig University
Giessen, Federal Republic of
Germany*

L. Hollister

*Veterans' Administration Hospital
380 Miranda Avenue
Palo Alto, California 94304*

Lee Holt

*Department of Experimental
Psychology
Oxford University
South Parks Road
Oxford OX1 3UD, United
Kingdom*

M. L. Jack

*Department of Pharmacokinetics
and Biopharmaceutics
Hoffmann-La Roche Inc.
Nutley, New Jersey 07110*

S. A. Kaplan

*Department of Pharmacokinetics
and Biopharmaceutics
Hoffmann-La Roche Inc.
Nutley, New Jersey 07110*

Wolfram Keup

*J. Schauer-Str.
8039 Puchheim b. Munich,
Federal Republic of Germany*

Ulrich Klotz

*Dr. M Fischer-Bosch-Institut für
Klinische Pharmakologie
Auerbachstrasse 112
7000 Stuttgart 50, Federal
Republic of Germany*

J.-P. Laurent

*Pharmaceutical Research
Department
F. Hoffmann-La Roche & Co.
Ltd.
4002 Basel, Switzerland*

Odd Lingjærde

*Section of Clinical Psychiatry
University of Tromsø
Åsgård Sykehus
9010 Asgard, Norway*

Markku Linnöila

*Clinical Psychobiology Branch
National Institute of Mental
Health
9000 Rockville Pike
Bethesda, Maryland 20014*

Neil McNaughton

*Department of Experimental
Psychology
Oxford University
South Parks Road
Oxford OX1 3UD, United
Kingdom*

A. Marino

*Istituto di Farmacologia
dell'Università
via Sergio Bansini 5
80131 Naples, Italy*

J. Marks

*Girton College
Cambridge, United Kingdom*

Per Mindus

*Psyk. Klinik
Karolinska Sjukhuset
Stockholm, Sweden*

H. Möhler

*Pharmaceutical Research
Department
F. Hoffmann-La Roche & Co.
Ltd.
4002 Basel, Switzerland*

J. Overweg

*Institut voor Epilepsiebestrijding
Meer en Bosch
Heemstede, Netherlands*

L. Pieri

*Pharmaceutical Research
Department
F. Hoffmann-La Roche & Co.
Ltd.
4002 Basel, Switzerland*

P. Polc

*Pharmaceutical Research
Department
F. Hoffmann-La Roche & Co.
Ltd.
Basel, Switzerland*

L. F. Prescott

*Regional Poisoning Treatment
Center, University Department
of Therapeutics and Clinical
Pharmacology
The Royal Infirmary
Edinburgh, Scotland*

J. G. Richards

*Pharmaceutical Research
Department
F. Hoffmann-La Roche & Co.
Ltd.
4002 Basel, Switzerland*

Karl Rickels

*Department of Psychiatry
University of Pennsylvania
3400 Spruce Street
Philadelphia, Pennsylvania 19104*

R. Schaffner

*Pharmaceutical Research
Department
F. Hoffmann-La Roche & Co.
Ltd.
4002 Basel, Switzerland*

R. Scherschlicht

*Pharmaceutical Research
Department
F. Hoffmann-La Roche & Co.
Ltd.
4002 Basel, Switzerland*

Josef Schöpf

*Clinique psychiatrique de
l'Université de Lausanne
1008 Prilly, Switzerland*

H. Schubert

*Psychiatric University Clinic
University of Innsbruck
Innsbruck, Austria*

David E. Smith

*Haight Ashbury Free Medical
Clinic
409 Clayton Street
San Francisco, California 94117*

Philippe Soubrié

*INSERM U114
College de France
11, place Marcelin-Berthelot
75231 Paris Cedex 05, France*

Leo H. Sternbach

*Research Département
Hoffmann-La Roche Inc.
Nutley, New Jersey 07110*

I. H. Stevenson

*Department of Pharmacology and
Therapeutics
University of Dundee and*

*Department of Geriatric
Medicine
Kingston General Hospital
Hull, United Kingdom*

C. G. Swift

*Department of Pharmacology and
Therapeutics
University of Dundee and
Department of Geriatric
Medicine
Kingston General Hospital
Hull, United Kingdom*

Marie-Hélène Thiébot

*Department of Pharmacology
Pitié-Salpêtrière
91 boulevard de l'Hopital
75634 Paris Cedex 13, France*

P. S. Tyrer

*Mapperly Hospital
Porchester Road
Nottingham NG3 GAA; United
Kingdom*

E. H. Uhlenhuth

*Department of Psychiatry
University of Chicago
Pritzker School of Medicine
Chicago, Illinois 60637*

M. Viukari

*Department of Psychogeriatrics
Koskela Geriatric Hospital
Käpyläntie 11F
00600 Helsinki 60, Finland*

B. Weidler

*Department of Anesthesiology and
Intensive Care Medicine
Justus-Liebig University
Giessen, Federal Republic of
Germany*

Contents

PRECLINICAL ASPECTS

- 1 The Discovery of CNS Active 1,4-Benzodiazepines
Leo H. Sternbach
- 7 Benzodiazepine Ligand-Receptor Interactions
R. Ian Fryer
- 21 Neuropharmacology of Benzodiazepines:
Synaptic Mechanisms and Neural Basis of Action
*W. Haefely, P. Polc, L. Pieri, R. Schaffner,
and J.-P. Laurent*
- 67 Behavioral Pharmacology of the Benzodiazepines
Marie-Hélène Thiébot and Philippe Soubrié
- 93 Benzodiazepine Receptors in the Central Nervous System
H. Möhler and J. G. Richards
- 117 GABA-Benzodiazepine Interactions
*E. Costa, M. G. Corda, B. Epstein, C. Forchetti,
and A. Guidotti*
- 137 Benzodiazepine Antagonists
*W. Haefely, E. P. Bonetti, W. P. Burkard, R. Cumin,
J.-P. Laurent, H. Möhler, L. Pieri, P. Polc, J. G. Richards,
R. Schaffner, and R. Scherschlicht*
- 147 Clinical Implications of the Experimental Pharmacology of the
Benzodiazepines
Jeffrey A. Gray, Lee Holt, and Neil McNaughton

CLINICAL PHARMACOLOGY

- 173 Metabolism of the Benzodiazepines: Pharmacokinetic and
Pharmacodynamic Considerations
S. A. Kaplan and M. L. Jack
- 201 Benzodiazepines in the Treatment of Insomnia:
Pharmacokinetic Considerations
L. Dettli

- 225 Benzodiazepines in the Elderly
C. G. Swift and I. H. Stevenson
- 237 Interactions of Benzodiazepines with Other Substances
A. Breckenridge
- 247 Clinical Pharmacokinetics of Benzodiazepines
Ulrich Klotz
- 253 Safety of the Benzodiazepines
L. F. Prescott
- 267 Benzodiazepines and Performance
Markku Linnoila
- 279 Sleep and the Benzodiazepines
M. Viukari

SELECTED TOPICS IN CLINICAL USE

- 287 What Is Pathological Anxiety and What Is Not
Giovanni B. Cassano
- 295 Benzodiazepines in the Treatment of Anxiety:
North American Experiences
Karl Rickels
- 311 Benzodiazepines in the Treatment of Anxiety (Angst):
European Experiences
Lothar Blaha and Jan-Ulrich Brückmann
- 325 The Benzodiazepines and Psychotherapy: Controlled Studies
of Combined Treatment
E. H. Uhlenhuth
- 339 Benzodiazepines in Neurological Disorders
J. Overweg and C. D. Binnie
- 349 Intravenous Use of Benzodiazepines
B. Weidler and G. Hempelmann
- 359 Benzodiazepines in Endogenous Depression
H. Schubert and W. W. Fleischhacker
- 369 Benzodiazepines in the Treatment of Schizophrenia
Odd Lingjærde

- 383 **Treatment of Schizophrenia with Benzodiazepines:**
Experiences with High-Dose Diazepam
Steffen Haas
- 389 **Round Table Discussion**
L. Hollister, Chairman
- 423 **Closing Remarks**
E. Costa
- 425 *Subject Index*

The Discovery of CNS Active 1,4-Benzodiazepines

Leo H. Sternbach

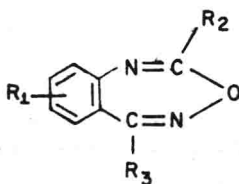
Research Department, Hoffmann-La Roche Inc., Nutley, New Jersey 07110

In this chapter, the chain of events that resulted in the discovery of the first centrally acting 1,4-benzodiazepine derivatives will be traced.

In the mid-1950s, when it became apparent that a new class of drugs, then known as tranquilizers, were of remarkable clinical value, Roche decided to embark on a program concerned with the search for products of this type. The tests for screening sedatives and tranquilizers in Dr. Lowell Randall's Pharmacology Department were well in hand and we chemists were asked to produce novel compounds that would be superior to the then-existing drugs. Since practically nothing was known about the mode of action of psychotropic agents and since we were chemists at heart, we selected an approach that would be most attractive and challenging to the bench chemist.

We thought that the exploration of a completely new class of compounds unrelated to any biologically active products would be quite interesting and rather attractive.

The search for such a group of compounds led us to the benzheptoxdiazines (1), compounds I had worked on during my dyestuff chemistry years (1,2) at



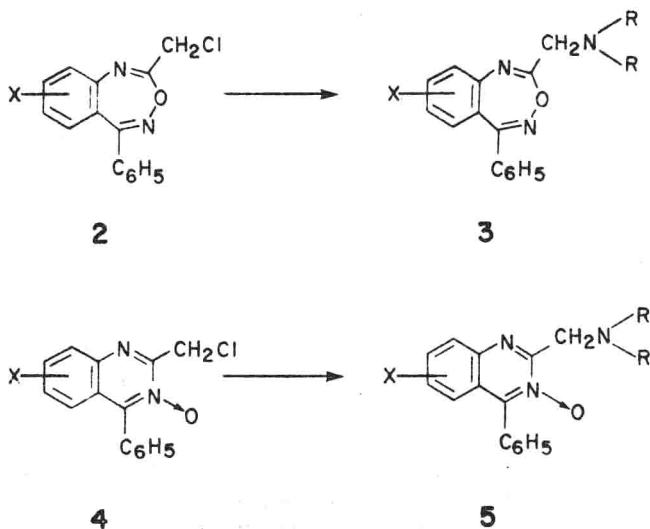
1

the University of Cracow. Compounds of this type looked particularly interesting. They were readily accessible, relatively unexplored, and would lend themselves to many variations and transformations.

We thought it would be desirable to prepare new types of benzheptoxdiazines into which a basic substituent could be introduced, since it is known to the medicinal chemist that basic side chains often impart biological properties. Thus, a number of the products of type 2 were synthesized and trans-

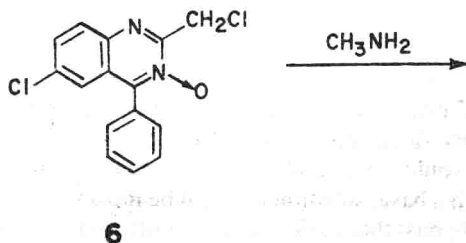
formed by treatment with secondary amines into products of type 3. The products were formed in good yield, crystallized well, gave nice water-soluble salts but, unfortunately, possessed no interesting biological properties.

However, during these studies, we found that these so-called heptoxdiazines were not heptoxdiazines at all, but were, in fact, the quinazoline 3-oxides (9) 4 and 5, a completely new class of compounds.



Shortly after this discovery, our work with these compounds had to stop since other problems seemed to be more important and required our full attention. This intensive work in new areas of research resulted finally in a critical situation in April 1957. The laboratory benches were covered with dishes, flasks, and beakers containing various more or less crystalline samples and mother liquors. The work area had shrunk to almost zero and a major house cleaning was in order.

During this clean-up operation, my co-worker, Mr. Earl Reeder, drew my attention to a few hundred milligrams of two compounds, a nicely crystalline base and its hydrochloride. The base had been prepared in 1955 by treatment of the quinazoline N-oxide 6 with methylamine, a primary rather than a



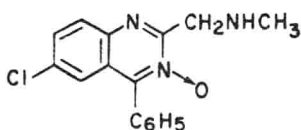
secondary amine. Its hydrochloride was made shortly afterward. The products were not submitted for pharmacological testing at that time because of our involvement with other problems.

In May 1957, we finally submitted the water-soluble salt for pharmacological evaluation. We were quite prepared for another negative result, but thought that the completion of these studies would give us at least a chemically interesting publication. Little did we know that this experiment would start a program that would keep us busy for many years.

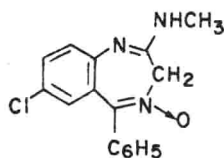
Within a few days Dr. Randall informed us that the compound possessed very interesting pharmacological properties. He had compared it with meprobamate, chlorpromazine, reserpine, and even phenobarbital in tests indicating sedative, muscle-relaxant, and anticonvulsant properties (3,4). It was superior in every test to meprobamate; in some of the tests approached the activity of chlorpromazine; and compared very favorably with phenobarbital.

In addition, it showed a pronounced taming effect in monkeys. It is also worth noting that, unlike chlorpromazine and reserpine, it had no effect whatsoever on the autonomic nervous system. Particularly encouraging was the low toxicity, which, as was found later, is typical of all members of this group.

The compound underwent a whole gamut of pharmacological tests by Dr. Randall and his staff; we in our laboratory were concerned with the chemistry of this unusual product, since its UV and IR spectra indicated that the compound was not the expected reaction product. Our studies showed that the compound did not have structure 7, but was the result of an unusual ring enlargement to the benzodiazepine derivative 8 (10). Instead of the six-



7



8

membered pyrimidine ring, the compound contained a seven-membered diazepine ring.

We elucidated the reaction mechanism (6) and synthesized a number of related compounds (12), which enabled us to file a patent application in May 1958. Because of the novelty of this class of products, the patent (5) was granted without any difficulty, and appeared in July 1959.

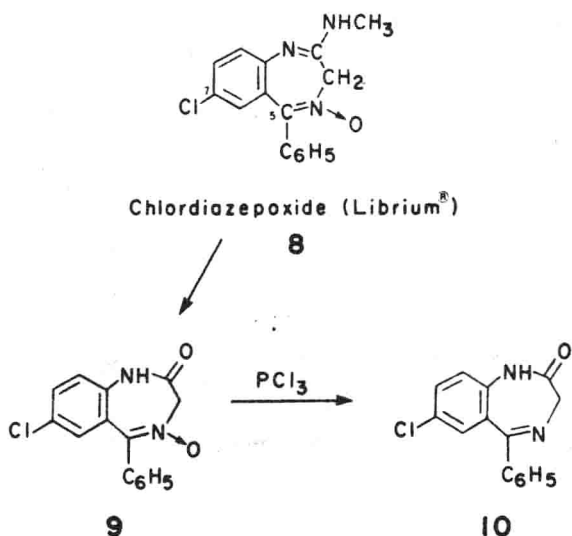
Dr. Randall's pharmacological evaluation of all 2-aminobenzodiazepines then on hand showed that none were superior to our first product. It was,

therefore, studied in great detail; all the pharmacological, toxicological, and the first clinical studies gave excellent results. The clinical investigations under the efficient direction of Dr. Leonard Hines was expanded, and within a short time about 16,000 patients had been treated with this drug. The NDA application was submitted, and thanks to the then-existing positive attitude of the FDA, approval was obtained in record time. The drug was introduced under the trade name Librium® in 1960, 2½ years after the pharmacological studies had started. The generic name that was later generally accepted was chlordiazepoxide.

While this drug was prepared for introduction, we became interested in a form that would lend itself to the preparation of a pharmaceutically acceptable elixir or a syrup for pediatrics or geriatric use. This was done since chlordiazepoxide hydrochloride, the water-soluble clinically used salt, was extremely bitter—not surprising at all since it is well-known that any useful drug is bitter, hygroscopic, or unstable. This compound was rather interesting; it possessed all three properties.

During this search, we did not find the desired tasteless form, but observed that the hydrochloride was not stable in aqueous solution, as could have been expected. It hydrolyzed to the lactam N-oxide **9** (11), which possessed the same pharmacological properties as chlordiazepoxide.

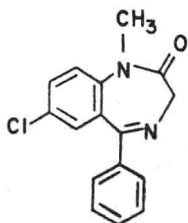
Furthermore, removal of the N-oxide oxygen to form **10** did not affect its



activity. Thus, it turned out, that some of the unique chemical features that seemed so characteristic of chlordiazepoxide were not needed at all for its pharmacological activity. The N-oxide function, and particularly the basic substituent that was the cornerstone of our initial working hypothesis, proved

to be only unnecessary adornments. The only features common to these biologically active compounds were the 1,4-benzodiazepine ring system bearing a chlorine in the 7-position and the phenyl group in the 5-position.

In the search for a product that would be superior to Librium, we started a broad program devoted to molecular modification of 1,4-benzodiazepines. We were particularly attracted to the simple compounds of type 3 and developed new methods (8) for their synthesis, and compared the thus-prepared benzodiazepinones with Librium. Near the end of 1959, we found a product that was, in most of the tests, 3 to 10 times as potent as chlordiazepoxide. We hoped that this superior potency would be associated with other advantages in its clinical spectrum of activity and selected it for a thorough evaluation. The pharmacological and toxicological data looked very promising; the clinical results were equally encouraging and led ultimately near the end of 1963 to the introduction of diazepam, under the trade name Valium®. The product was



Diazepam (Valium®)

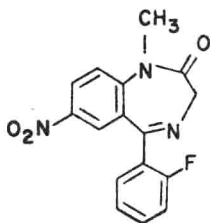
II

more potent and indeed had a broader spectrum of activity than Librium; in particular the muscle relaxant properties are more pronounced. In this case, the time elapsed between the first pharmacological testing and introduction was 4 years.

Our intensive efforts with an increased staff of chemists and pharmacologists led to thousands of products that were all pharmacologically evaluated. The thus acquired knowledge of the structure-activity relationships in this series of compounds made it possible to synthesize at will highly active products (7) as exemplified by the potent hypnotic flunitrazepam (Rohypnol®) (12), which was synthesized by Dr. Fryer.

The study of benzodiazepine derivatives has been continued throughout the last 20 years; many variations were carried out and many sophisticated novel derivatives were synthesized.

At present, over 25 1,4-benzodiazepine derivatives are on the market and research in the benzodiazepine field is still in progress. The discovery of



Flunitrazepam (Rohypnol®)

12

receptor sites in the brain facilitates the study of their biological action and might ultimately shed some light on the mysteries of the functioning of the brain.

REFERENCES

1. Dziewoński, K., and Sternbach, L. (1933): Ueber die Einwirkung von Benzoylchlorid auf α -Naphthylamin. *Extrait du Bulletin de l'Académie Polonaise des Sciences et des Lettres. Classe des Sciences Mathématiques et Naturelles. Série A: Sciences Mathématiques*, pp. 416-431. [*Chem. Abstr.*, 28:2717³, 1934]
2. Dziewoński, K., and Sternbach, L. (1935): Weitere Studien über Reaktionen zwischen Benzoylchlorid und aromatischen Aminen und über ihre Produkte. *Verbindungen der Chinazolinreihe. Extrait du Bulletin de l'Académie Polonaise des Sciences et des Lettres. Classe des Sciences Mathématiques et Naturelles. Série A: Sciences Mathématiques*, pp. 333-348. [*Chem. Abstr.*, 30:2971³, 1936]
3. Randall, L. O. (1960): Pharmacology of methaminodiazepoxide. *Dis. Nerv. System*, 21(Sect. 2, Suppl. 3):7-10.
4. Randall, L. O. (1961): Pharmacology of chlordinazepoxide (Librium). *Dis. Nerv. System*, 22(Sect. 2, Suppl. 7):7-15.
5. Sternbach, L. H. (1959): *U.S. Patent*, 2:893,992.
6. Sternbach, L. H. (1971): 1,4-Benzodiazepines. Chemistry and some aspects of the structure-activity relationship. *Angew. Chem. [Engl.]*, 10:34-43.
7. Sternbach, L. H., Fryer, R. I., Keller, O., Metlesics, W., Sach, G., and Steiger, N. (1963): Quinazolines and 1,4-benzodiazepines. X. Nitro-substituted 5-phenyl-1,4-benzodiazepine derivatives. *J. Med. Chem.*, 6:261-265.
8. Sternbach, L. H., Fryer, R. I., Metlesics, W., Reeder, E., Sach, G., Saucy, G., and Stempel, A. (1962): Quinazolines and 1,4-benzodiazepines. VI. Halo-, methyl-, and methoxy substituted 1,3-dihydro-5-phenyl-2H-benzodiazepin-2-ones. *J. Org. Chem.*, 27:3788-3796.
9. Sternbach, L. H., Kaiser, S., and Reeder, E. (1960): Quinazoline 3-oxide structure of compounds previously described in the literature as 3,1,4-benzoxadiazepines. *J. Am. Chem. Soc.*, 82:475-480.
10. Sternbach, L. H., and Reeder, E. (1961): Quinazolines and 1,4-benzodiazepines. II. The rearrangement of 6-chloro-2-chloromethyl-4-phenylquinazoline 3-oxide into 2-amino derivatives of 7-chloro-5-phenyl-3H-1,4-benzodiazepine 4-oxide. *J. Org. Chem.*, 26:1111-1118.
11. Sternbach, L. H., and Reeder, E. (1961): Quinazolines and 1,4-benzodiazepines. IV. Transformations of 7-chloro-2-methylamino-5-phenyl-3H-1,4-benzodiazepine 4-oxide. *J. Org. Chem.*, 26:4936-4941.
12. Sternbach, L. H., Reeder, E., Keller, O., and Metlesics, W. (1961): Quinazolines and 1,4-benzodiazepines. III. Substituted 2-amino-5-phenyl-3H-1,4-benzodiazepine 4-oxides. *J. Org. Chem.*, 26:4488-4497.