# Pharmaceutical Residues in the Northern Norwegian Environment



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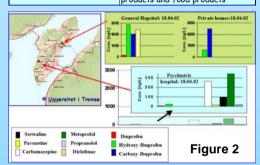
## Background

The presence of selected pharmaceuticals in different environmental compartments was reported for the first time by Richardson and Bowron (1985). Since than, many international scientific studies reported about pharmaceuticals in the environment. The here presented study was designed to elucidate levels and discharges of selected pharamceuticals in the environment in the marine environment around Tromsø, a middle size city in Northern Norway.

## Results

#### Table 1: Compounds selected for analysis

Application Compound Ibuprofen Pain killer Hydroxy-Ibuprofen Transformation product (Ibuprofen) Carboksy-Ibuprofen Transformation product (Ibuprofen) Diclofenac Analgetics Propyphenazone Analgetics Klofibrinsyre Lipid regulating agent (trnasformation product) Carbamazepine Antiepileptikum Sertraline Antidepressant Paroxetine Antidepressant Metoprolol β-blocker β-blocker Propranolol Caffein Additive to pharmaceutical products and food products



Sewage

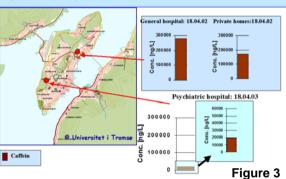
Ibuprofen was detected in all samples in concentrations ranging from ~ 10 to 400 ng/L (figure 2) while its main metabolites hydroxy-ibuprofen (Ibu-OH) and carboxy-ibuprofen (Ibu-CX) were present at significantly higher concentrations (up to ~  $3 \mu g/L$ ).

Seawater

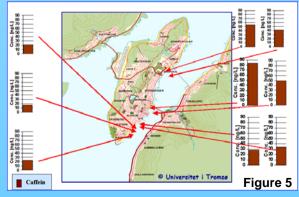
Diclofenac was only detected in samples related to the psychiatric hospital (3 ng/L) and the University general hospital (Figure 1: 2,4 µg/L).

The antiepileptic carbamazepine and the antidepressants paroxetine and sertraline were found in sewage affected by the psychiatric hospital.

Caffeine was determined at high concentrations (20 - 280 µg/L) in all Samples (figure 3). It correlates well with the levels of other compounds of concern (e.g., lbu-OH).







Only caffeine, ibuprofen and its metabolites were detectable in significant amounts in Tromsø sound seawater (figure 4 and 5).

Caffeine-concentrations were found in the same order of magnitude throughout all sea water samples, ranging from 20 to 80 ng/L.

Ibuprofen and its major metabolites were present in most seawater samples at concentrations up to 2 ng/L. Concentration levels [seemed] appeared slighly elevated in Samples close to the effluent of the General hospital, where the contributing sewer contained high levels of these contaminants (figure 2). Carboxy-ibuprofen was the dominant compound in most samples. This result is in contrast to other findings from other], where the ratio Ibu-CX/Ibu-OH strongly decreases after sewage treatment and subsequent reslease into the aquatic environment.

## **Conclusions and perspectives**

Human activities result usually in locally restricted elevated concentrations of hydrophilic contaminants. Also in our study, elevated levels for caffeine, ibuprofen and its metabolites were found. Due to specific discharge pattern, the presence of hospital related release of other pharmaceuticals (e.g.,  $\beta$ -blockers, antidepressants etc) were confirmed in municipal sewage.

Due to the special northern weather conditions in the Norwegian Arctic, degradation processes are expected to be hindered by climate factors [e.g., temperature, light conditions]. As a consequence, higher compound stability and residence time for contaminants compared to lower latitudes regions can be expected.

## Acknowledgements

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#### **Reference:**

Richardson M.L. & J.M. Bowron (1985): The fate of pharmaceutical chemicals in the aquatic environment. J. Pharm. Pharmacol. 37: 1-12.

