ASSESSMENT OF URINARY 6 β -HYDROXYCORTISOL AS AN IN VIVO INDEX OF MIXED-FUNCTION OXYGENASE ACTIVITY

Introduction

The hepatic mixed-function oxygenases are responsible for the metabolism of many drugs and therefore changes in the activity of these enzymes may lead to changes in drug action and changes in drug toxicity (Park & Breckenridge, 1981). Assessment of factors which influence the activity of these enzymes is therefore an important part of our overall understanding of drug action. Several methods have been suggested for investigating the activity of the drug-metabolising enzymes in vivo (reviewed by Breckenridge, 1975), including the measurement of metabolites from endogenous and exogenous substances. 6β -Hydroxycortisol is a minor metabolite of cortisol formed primarily in the endoplasmic reticulum of hepatocytes by the mixed-function oxygenases and excreted unconjugated in urine (Burstein, Dorfman & Nadel, 1954; Frantz, Katz & Jailer, 1961). Conney (1967) suggested that measurement of urinary 6β -hydroxycortisol, in relation to total 17-hydroxycorticosteroids, may reflect changes in the activity of the mixed-function oxygenases and, subsequently, many workers have used urinary 6β hydroxycortisol as an index of enzyme induction. The purpose of this review is to discuss the scope and limitations of 6^β-hydroxycortisol as an index of mixed-function oxygenase activity in the light of current concepts of drug metabolism.

Measurement of urinary 6β-hydroxycortisol

In the past extensive investigations of urinary 6β hydroxycortisol have been restricted by the complexity of the methods of measurement. Assays developed previously have employed either a long and tedious chromatographic separation prior to a non-specific colour reaction (Frantz et al., 1961; Thrasher et al., 1969) or oxidation of the sample prior to gas-liquid chromatography (Chamberlain, 1971). More recently studies have been facilitated by the development of a radioimmunoassay (Park, 1978) and a high performance liquid chromatography assay (Roots et al., 1979). The normal range of 6β hydroxycortisol excretion measured by these new assays is similar to, or slightly lower than, values obtained with assays developed previously (Roots et al., 1979) and there is a good correlation between the two methods (r = 0.99, P < 0.0001) when a direct comparison is made (Gerber-Tarras, Park & Ohnhaus, 1981). Using radioimmunoassay, 6β -hydroxycortisol may be measured directly in a fraction of a microlitre of urine (Park, 1978).

Prediction of drug oxidation rates

Urinary 6β -hydroxycortisol excretion cannot be used to predict inter-individual differences in the rate of drug oxidation in man. Smith & Rawlins (1974) found that there was no correlation between 6β -hydroxycortisol excretion and the clearances of warfarin. phenylbutazone and antipyrine, in healthy volunteers. Combining results from several studies we found no correlation between baseline 6\beta-hydroxycortisol excretion (corrected for 17-hydroxycorticosteroids) and baseline antipyrine clearance. However these findings are not surprising as many factors may influence 6^B-hydroxycortisol excretion including sex (Thrasher et al., 1969), thyroid status (Yamaji et al., 1969), liver disease (Eade et al., 1977), adrenal status (Frantz et al., 1961) and hypertension (Kornel et al., 1975) without necessarily affecting the rate of drug metabolism. Furthermore it has been suggested that there may be some adrenal production of 6_β-hydroxycortisol (Burstein et al., 1967; Thrasher et al., 1969) and this also may show inter-individual variation. In patients with high plasma cortisol concentrations there is a disproportionate increase in the excretion of 6β hydroxycortisol relative to other 17-hydroxycorticosteroid metabolites which may indicate that cortisol itself induces cortisol 6β -hydroxylase (Voccia et al., 1979) or may simply reflect the high capacity of the enzyme relative to other enzymes involved in the metabolism of cortisol. The normal diurnal variation in cortisol production (Rose et al., 1972) does not appear to influence cortisol 6β -hydroxylase activity as we have found that the diurnal variation in the excretion of 6^β-hydroxycortisol parallels the diurnal variations in the excretion of 17-hydroxycorticosteroids (Figure 1).

Enzyme induction

The normal urine output of 6β -hydroxycortisol may be increased by a number of agents including drugs and environmental chemicals which also stimulate drug metabolism (Table 1). This increase in 6β -

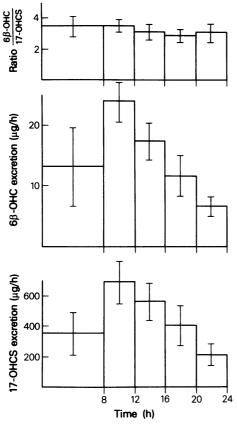


Figure 1 Diurnal variation in the excretion of 6β -hydroxycortisol and 17-hydroxycorticosteroids in normal volunteers. Results are means \pm s.d. (n = 5).

hydroxycortisol excretion has been shown to reflect an increase in 6β -hydroxycortisol production without change in cortisol production (Burstein *et al.*, 1967). The net increase in cortisol 6β -hydroxylation is accompanied by a relative decrease in the production of conjugated, tetrahydro-derivatives of cortisol (Werk, MacGee & Sholiton, 1964).

We have investigated 6β -hydroxycortisol as an *in vivo* parameter of enzyme induction in man by measuring the 24-h urinary output from volunteers before and after antipyrine, phenobarbitone and rifampicin (Ohnhaus & Park, 1979). The increase in 6β -hydroxycortisol excretion was corrected for changes in 17-hydroxycorticosteroid excretion, to allow for any minor changes in adrenal corticoid production (Figure 2) and compared with changes in antipyrine clearance, plasma γ -glutamyltranspeptidase concentration and D-glucaric acid excretion in the same volunteers.

All three drugs produced significant increases in 6^β-hydroxycortisol excretion without affecting urinary 17-hydroxycorticosteroids; the effect of rifampicin was dose-dependent. When expressed in relation to total 17-hydroxycorticosteroids, the increase in 6β -hydroxycortisol excretion showed a significant correlation (r = 0.69; P < 0.001) with the increase in antipyrine clearance but no correlation with either changes in plasma γ -glutamyltranspeptidase or urinary D-glucaric acid. Cortisol hydroxylation and antipyrine clearance are both directly dependent on the activity of the hepatic mixed function oxygenases and are therefore probably better indices of enzyme induction than either urinary Dglucaric acid or plasma γ -glutamyltranspeptidase. However 6^β-hydroxycortisol excretion cannot be used to predict antipyrine clearance because the predictive value $r^2 = 0.48$. Vesell (1979) has recently drawn attention to the misuse of the correlation coefficient r for the prediction of drug metabolism rates.

Substance	Reference
Antipyrine	Ohnhaus & Park (1979)
Carbamazepine	Roots et al. (1979)
DDD	Bledsoe et al. (1964)
DDT	Poland et al. (1970)
DL-473	Birmingham et al. (1978)
(rifampicin analogue)	
Endrin	Jager (1970)
Methaqualone + diphenhydramine	Ballinger et al. (1972)
Pentobarbitone	Berman & Green (1971)
Phenobarbitone	Burstein & Klaiber (1965)
Phenylbutazone	Kuntzman $et al.$ (1966)
Phenytoin	Werk <i>et al.</i> (1964)
Phetharbital	Southren $et al.$ (1969)
Rifampicin	Ohnhaus & Park (1979)
Spironolactone	Huffman <i>et al.</i> (1973)

Table 1 Substances which increase the urinary excretion of 6β -hydroxycortisol in man

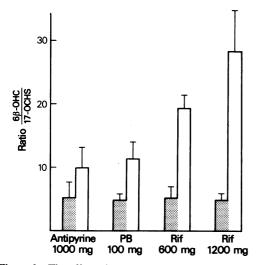


Figure 2 The effect of treatment with antipyrine (1000 mg) phenobarbitone (100 mg, PB) and rifampicin (600 and 1200 mg, Rif) on urinary 6β -hydroxycortisol excretion (from Ohnhaus & Park, 1979). \blacksquare before, \square after treatment.

On a molar basis rifampicin and phenobarbitone were more potent enzyme inducing agents than antipyrine, and Roots *et al.* (1979) have noted that other anti-epileptiform drugs such as phenytoin and carbamazepine produce a large increase in 6β -hydroxycortisol excretion. Carbamazepine also produced a significant increase in 6β -hydroxycortisol excretion and in antiyprine clearance in children (Moreland, Park & Rylance, 1981). The minimum dose of phenobarbitone required to increase 6β -hydroxycortisol excretion is 30 mg/day. This dose also increased the clearance of lignocaine and antipyrine but did not change either plasma γ -glutamyltranspeptidase or urinary D-glucaric acid (Perucca *et al.*, 1981).

Urinary 6β -hydroxycortisol may be used to study the time-course of enzyme induction. In a study in which volunteers were given rifampicin (600 mg for 14 days) it was found that the excretion rate of 6β hydroxycortisol had returned to the original control values within a further 14 days (Brodie et al., 1980). Significant changes in the urinary excretion of 6β hydroxycortisol may be observed after 48 h and the maximum increase appears on about day 10 (Figure 3). The time-course may reflect, in part, fluctuations in rifampicin clearance as rifampicin is an autoinducer (Acocella et al., 1971). Nevertheless the rate of change, which is theoretically only a function of enzyme turnover, is similar to the rate of change of drug clearance obtained by other workers (Lai, Levy & Cutler, 1978).

There is now direct evidence for multiple forms of cytochrome P-450 in human liver (Kahn et al., 1980)

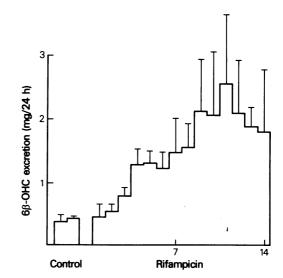


Figure 3 The effect of treatment with rifampicin (1200 mg) on urinary 6β -hydroxycortisol excretion in normal volunteers (Ohnhaus & Park, unpublished data).

but it is not known which form(s) is responsible for cortisol 6β -hydroxylation and it is therefore not possible to predict which type(s) of drug biotransformation will be induced in concert with cortisol 6β -hydroxylation.

Enzyme inhibition

Little attention has been paid to the effect of enzyme inhibitors on 6β -hydroxycortisol excretion. We have found that cimetidine, a known inhibitor of hepatic mixed function oxygenases (Serlin *et al.*, 1979) significantly (P < 0.05) reduced the excretion of 6β hydroxycortisol from 3.65 ± 1.00 (mean \pm s.d.) (expressed as a ratio of total 17-hydroxycorticosteroids) to 2.66 ± 0.72 after 14 days administration. Similar results were obtained with patients taking cimetidine for various periods (unpublished data).

Isoniazid (300 mg daily) produced a significant reduction in 6β -hydroxycortisol excretion when given to volunteers (Brodie *et al.*, 1981) and also reduces the effect of rifampicin on 6β -hydroxycortisol excretion in patients (Roots *et al.*, 1979). It is not established whether the mechanism involves enzyme inhibition or is associated with the known hepatotoxicity of isoniazid (Scharer & Smith, 1969).

At present we would not advocate the use of 6β -hydroxycortisol as an *in vivo* index of enzyme inhibition, but these data do confirm that urinary 6β -hydroxycortisol excretion reflects mixed-function oxygenase activity *in vivo*.

Animal studies

In vivo experiments in man have shown that there is an empirical relationship between enzyme induction and 6β -hydroxycortisol excretion, but the qualitative changes in the microsomal enzymes associated with increased urinary 6\beta-hydroxycortisol have not been determined. We have therefore attempted to develop a suitable animal model with which to study the biochemical changes associated with enhanced cortisol 6β -hydroxylation. Obviously the species used for this purpose must have cortisol as the major circulating corticosteroid which immediately rules out commonly used laboratory animals such as the rat, mouse and the rabbit. The guinea pig has been suggested as a suitable model although apparently contradictory results have been obtained using phenobarbitone as an inducing agent (Burstein & Bhavnani, 1967; Roots et al., 1977). We studied this species using a specific combined h.p.l.c. radioimmunoassay for 6\beta-hydroxycortisol and found that there was no direct relationship between enzyme induction and urinary 6βhydroxycortisol excretion. However metabolic studies revealed that 6\beta-hydroxycortisol itself undergoes extensive and variable metabolism in this species and that this further metabolism may be induced by phenobarbitone (Challiner & Park, unpublished results).

The effect of drugs on the metabolism of 6β -hydroxycortisol in man has not been studied. Burstein and co-workers (1967) administered tritiated 6β -hydroxycortisol to two volunteers and found that within 48 h, 59% of the dose was excreted as unconjugated steroids of which the unmetabolised steroid constituted the major portion. Nevertheless it is still possible that administration of drugs may affect (inhibition or induction) the further metabolism of 6β -hydroxycortisol in man and thereby complicate the relationship between excretion of the steroid and the activity of the mixed-function oxygenases.

References

- ACOCELLA, G., PANGANI, V., NARCHETTI, M., BARONI, G.C. & NICOLIS, F.B. (1971). Kinetic studies on rifampicin 1. Serum concentration analysis in subjects treated with oral doses over a period of two weeks. *Chemotherapy*, 16, 356–370.
- BALLINGER, B., BROWNING, M., O'MALLEY, K. & STEVENSON, I.H. (1972). Drug metabolising capacity in states of drug dependence and withdrawal. *Br. J. Pharmac.*, **45**, 638–643.
- BERMAN, M.L. & GREEN, O.C. (1971). Acute stimulation of cortisol metabolism by pentobarbital in man. *Anaes*thesiology, 34, 365–369.
- BIRMINGHAM, A.T., COLEMAN, A.J., ORME, M.L'E., PARK, B.K., PEARSON, N., SHORT, A.M. & SOUTH-GATE, P.J. (1978). Antibacterial activity in serum and

In contrast to the guinea pig the marmoset monkey (*Callithrix jacchus*) does not metabolise 6β -hydroxycortisol extensively and has been shown to be a suitable animal model for investigating 6β -hydroxycortisol excretion (Challiner *et al.*, 1980). A comparative study of the effects of phenobarbitone and 3methylcholanthrene administration indicated that cortisol 6β -hydroxylase is associated with cytochrome P-450 rather than cytochrome P-448 mixed-function oxygenases (Challiner *et al.*, 1981).

Conclusion

Measurement of urinary 6β -hydroxycortisol excretion cannot be used to predict drug metabolism rates in man. Nevertheless changes in the rate of steroid excretion provide a simple non-invasive method for detecting enzyme induction, although an increase in urinary 6β -hydroxycortisol excretion cannot be used as proof *per se* of enzyme induction. Changes in 6β hydroxycortisol excretion may also be used to monitor the time-course of enzyme induction. Studies using an animal model indicate that cortisol 6β -hydroxylase is associated with cytochrome P-450 rather than cytochrome P-448 mixed-function oxygenases. However the effect of P-448 mixed-function oxygenase inducers on urinary 6β -hydroxycortisol excretion in man has not been determined.

I should like to thank Miss Sylvia Newby for expert technical assistance and Professors A.M. Breckenridge and E.E. Ohnhaus for their advice and encouragement throughout this study.

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urine following oral administration in man of DL 473 (a cyclopentyl derivative of rifampicin). Br. J. clin. Pharmac., 6, 455P.

- BLEDSOE, T., ISLAND, D.P., NEY, R.L. & LIDDLE, G.W. (1964). An effect of o.p '-DDD on the extra-renal metabolism of cortisol in man. J. clin. Endocrinol. Metab., 24, 1303–1311.
- BRECKENRIDGE, A.M. (1975). Clinical implications of enzyme induction. In *Enzyme Induction* ed. Parke, D.V., pp. 274–301. London and New York: Plenum Press.
- BRODIE, M.J., BOOBIS, A.R., DOLLERY, C.T., HILLYARD,
 C.J., BROWN, D.J., MacINTYRE, I. & PARK, B.K. (1980).
 Rifampicin and vitamin D metabolism. *Clin. Pharmac. Ther.*, 26, 810–814.
- BRODIE, M.J., BOOBIS, A.R., HILLYARD, C.J.,

ABEYASEKERA, G., MacINTYRE, I. & PARK, B.K. (1981). Inhibition by isoniazid of vitamin D metabolism in man. *Br. J. clin. Pharmac.*, **11**, 422P.

- BURSTEIN, S. & BHAVNANI, B.R. (1967). Effect of phenobarbital administration on the *in vitro* hydroxylation of cortisol and on overall substrate and product metabolism in the guinea pig and rat. *Endocrinology*, **80**, 351-356.
- BURSTEIN, S., DORFMAN, R.J. & NADEL, E.M. (1954). 6β-Hydroxycortisol a new steroid in human urine. Arch. Biochem. Biophys., 53, 307.
- BURSTEIN, S., KIMBALL, H.L., KLAIBER, E.L. & GUT, M. (1967). Metabolism of 2α and 6β -hydroxycortisol in man: determination of production rates of 6β -hydroxycortisol with and without phenobarbital administration. *J. clin. endocrinol.*, **27**, 491–499.
- BURSTEIN, S. & KLAIBER, E.L. (1965). Phenobarbital induced increased in 6- β -hydroxycortisol excretion: Clue to its significance in urine. *J. clin. Endocrinol. Metab.*, **25**, 293–296.
- CHALLINER, M.R., PARK, B.K., ODUM J. & ORTON, T.C. (1981). The effect of 3-methylcholanthrene on urinary 6β -hydroxycortisol excretion and hepatic enzyme activity in the marmoset monkey (*Callithrix jacchus*). Biochem. Pharmac. (in press).
- CHALLINER, M.R., PARK, B.K., ODUM, J., ORTON, T.C. & PARKER, G.L. (1980). The effect of phenobarbitone on urinary 6β -hydroxycortisol excretion and hepatic enzyme activity in the marmoset monkey (*Callithrix jacchus*). Biochem. Pharmac., **29**, 3319–3324.
- CHAMBERLAIN, J. (1971). The determination of urinary 6-oxygenated cortisol in evaluating liver function. *Clin. Chim. Acta.*, 34, 269–271.
- CONNEY, A.H. (1967). Pharmacological implications of microsomal enzyme induction. *Pharmac. Rev.*, 19, 317–365.
- EADE, O.E., MADDISON, A., LEONARD, P.J. & WRIGHT, R. (1977). Ratio of urinary 6β-hydroxycortisol to 17hydroxycorticosteroids in patients with liver disease. *Digestion*, 16, 169–174.
- FRANTZ, A.G., KATZ, F.H. & JAILER, J.W. (1961). 6β-Hydroxycortisol and other polar corticosteroids: measurement and significance in human urine. J. clin. Endocrinol. Metab., 21, 1290–1303.
- GERBER-TARRAS, E., PARK, B.K. & OHNHAUS, E.E. (1981). The estimation of 6β -hydroxycortisol in urine. A comparison between two methods: High performance liquid chromatography and radioimmunoassay. J. clin. Chem. Biochem. (in press).
- HUFFMAN, D.H., SHOEMAN, D.N., PENTIKAINEN, D. & AZARNOFF, D.L. (1973). The effect of spironolactone on antipyrine metabolism in man. *Pharmacology*, 10, 338–344.
- JAGER, K.W. (1970). Aldrin, Dieldrin, Endrin and Telodrin: an epidemiological and toxicological study of long term occupational exposure. Amsterdam: Elsevier.
- KAHN, G.C., BOOBIS, A.R., BLAIR, I., BRODIE, M.J. & DAVIES, D.S. (1980). Antipyrine as an *in vitro* probe of mixed function oxidase activity. *Br. J. clin. Pharmac.*, 9, 284P.
- KORNEL, L., MIYABOS, S., SAITO, Z., CHA, R-W. & WU, F.T. (1975). Corticosteroids in human blood VIII. Cortisol metabolites in plasma of normotensive subjects and patients with essential hypertension. J. clin. Endo-

crinol. Metab., 40, 949-958.

- KUNTZMAN, R., JACOBSON, M. & CONNEY, A.H. (1966). Effect of phenylbutazone on cortisol metabolism in man. *Pharmacologist*, 8, 195.
- LAI, A.A., LEVY, R.H. & CUTLER, R.E. (1978). Timecourse of interaction between carbamazepine and clonazepam in normal man. *Clin. Pharmac. Ther.*, 24, 316–323.
- MORELAND, T.A., PARK, B.K. & RYLANCE, G.W. (1981). Drug metabolising enzyme induction in children. Br. J. clin. Pharmac., 11, 420P.
- OHNHAUS, E.E. & PARK, B.K. (1979). Measurement of urinary 6β -hydroxycortisol excretion as an *in vivo* parameter in the clinical assessment of the microsomal enzyme-inducing capacity of antipyrine, phenobarbitone and rifampicin. *Eur. J. clin. Pharmac.*, **15**, 139–145.
- PARK, B.K. (1978). A direct radioimmunoassay for 6βhydroxycortisol in human urine. J. steroid Biochem., 9, 963–966.
- PARK, B.K. & BRECKENRIDGE, A.M. (1981). Clinical implications of enzyme induction and enzyme inhibition. *Clin. Pharmacokin.* 6, 1–24.
- PERUCCA, E., RUPRAH, M., RICHENS, A., PARK, B.K., BETTERIDGE, D.J. & HEDGES, A. (1981). Effect of lowdose phenobarbitone on five indirect indices of hepatic microsomal enzyme induction and plasma lipoproteins in normal subjects. Br. J. clin. Pharmac., 12 (in press).
- POLAND, A., SMITH, D., KUNTZMAN, R., JACOBSON, M. & CONNEY, A.H. (1970). Effect of intensive occupational exposure to DDT on phenylbutazone and cortisol metabolism in human subjects. *Clin. Pharmac. Ther.*, 11, 724–729.
- ROOTS, I., HOLBE, R., HOVERMANN, W., NIGAM, S., HEINEMEYER, G. & HILDEBRANT, A.G. (1979). Quantitative determination by HPLC of urinary 6βhydroxycortisol, an indicator of enzyme induction by rifampicin and antiepileptic drugs. *Eur. J. clin. Pharmac.*, 16, 63–71.
- ROOTS, E., LEY, B. & HILDEBRANDT, A.G. (1977). In vivo parameters of drug metabolism—differences in specificity towards inducing agents. In Microsomes and Drug Oxidations, eds Ullrich, V., Roots, E., Hildebrandt, A.G., Estabrook, R.W. & Conney, A.H. pp. 581–588 Oxford: Pergamon Press.
- ROSE, R.M., KREUZ, L.E., HOLADAY, J.W., SULAK, K.J. & JOHNSON, C.E. (1972). Diurnal variation of plasma testosterone and cortisol. J. Endocrinol., 54, 177–178.
- SCHARER, L. & SMITH, J.P. (1969). Serum transaminase elevations and other hepatic abnormalities in patients receiving isoniazid. Ann. int. Med., 71, 1113–1120.
- SERLIN, M.J., SIBEON, R.G., MOSSMAN, S., BRECKEN-RIDGE, A.M., WILLIAMS, J.B.B., ATWOOD, J.L. & WILLOUGHBY, J.M.T. (1979). Cimetidine interaction with oral anticoagulants. *Lancet*, **ii**, 317–319.
- SMITH, S.E. & RAWLINS, M.D. (1974). Prediction of drug oxidation rates in man: Lack of correlation with serum gamma-glutamyltranspeptidase and urinary excretion of d-glucaric acid and 6β-hydroxycortisol. Eur. J. clin. Pharmac., 7, 71–75.
- SOUTHREN, A.L., GORDON, G.C., TOCHIMOTO, S., KRIKUN, E., KRIEGER, D., JACOBSON, M. & KUNTZ-MAN, R. (1969). Effect of N-phenylbarbital (phetharbital) on the metabolism of testosterone and cortisol in man. J. clin. Endocrinol., 29, 251–257.

- THRASHER, K., WERK, E.E., CHOI, YOUNG, SHOLITON, L.J., MEYER, W. & OLINGER, C. (1969). The measurement, excretion and source of urinary 6β-hydroxycortisol in humans. *Steroids*, 14, 455–467.
- VESELL, E.S. (1979). The antipyrine test in clinical pharmacology: conceptions and misconceptions. *Clin. Pharmac. Ther.*, **26**, 275–286.
- VOCCIA, E., SAENGER, P., PETERSON, R.E., RAUH, W., GOTTESDIENER, K., LEVINE, L.S. & NEW, M.I. (1979).

6β-Hydroxycortisol excretion in hypercortisolemic states. J. clin. Endocrinol. Metab., 48, 467–471.

- WERK, E.E., MacGEE, J. & SHOLITON, L.J. (1964). Effect of diphenylhydantoin on cortisol metabolism on man. J. clin. Invest., 43, 1824–1834.
- YAMAJI, T., MOTOHASHI, K., MURAKAWA, S. & IBAYASHI, H. (1969). Urinary excretion of 6β -hydroxy-cortisol in states of altered thyroid function. J. clin. Endocrinol. Metab., **29**, 801–806.