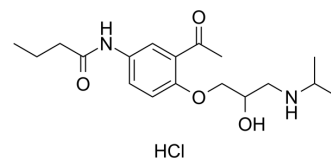


Acebutolol hydrochloride

Cat. No.:	HY-17497A
CAS No.:	34381-68-5
Molecular Formula:	C ₁₈ H ₂₉ ClN ₂ O ₄
Molecular Weight:	372.89
Target:	Adrenergic Receptor
Pathway:	GPCR/G Protein; Neuronal Signaling
Storage:	4°C, sealed storage, away from moisture * In solvent : -80°C, 6 months; -20°C, 1 month (sealed storage, away from moisture)



SOLVENT & SOLUBILITY

In Vitro

DMSO : 100 mg/mL (268.18 mM; Need ultrasonic)
 H₂O : ≥ 50 mg/mL (134.09 mM)
 * "≥" means soluble, but saturation unknown.

Preparing Stock Solutions	Solvent Concentration	Mass		
		1 mg	5 mg	10 mg
	1 mM	2.6818 mL	13.4088 mL	26.8176 mL
	5 mM	0.5364 mL	2.6818 mL	5.3635 mL
	10 mM	0.2682 mL	1.3409 mL	2.6818 mL

Please refer to the solubility information to select the appropriate solvent.

In Vivo

- Add each solvent one by one: PBS
Solubility: 120 mg/mL (321.81 mM); Clear solution; Need ultrasonic
- Add each solvent one by one: 10% DMSO >> 40% PEG300 >> 5% Tween-80 >> 45% saline
Solubility: ≥ 2.5 mg/mL (6.70 mM); Clear solution
- Add each solvent one by one: 10% DMSO >> 90% (20% SBE-β-CD in saline)
Solubility: ≥ 2.5 mg/mL (6.70 mM); Clear solution
- Add each solvent one by one: 10% DMSO >> 90% corn oil
Solubility: ≥ 2.5 mg/mL (6.70 mM); Clear solution

BIOLOGICAL ACTIVITY

Description

Acebutolol hydrochloride is an orally active β₁ adrenergic receptor (β₁AR) antagonist. Acebutolol hydrochloride is used in the treatment of hypertension, angina pectoris and cardiac arrhythmias^{[1][2][3]}.

IC₅₀ & Target

β₁ adrenoceptor

In Vivo

Acebutolol is a beta blocker for the treatment of hypertension and arrhythmias. Acebutolol following single intravenous administration (10 mg/kg) to rat results in the plasma clearance of 61.9 mL/min/kg, the volume of distribution of 9.6 L/kg, and an elimination half-life of 1.8 hours. Acebutolol following single intravenous administration (50 mg/kg) to rat results in the plasma clearance of 46.5 mL/min/kg, the volume of distribution of 9.5 L/kg, and an elimination half-life of 2.3 hours^[1]. Acebutolol (30 mg/kg) decreases cardiac output by 65% and 31% after 1 min and 10 min measurements, respectively, in Sprague-Dawley rats. Acebutolol (30 mg/kg) significantly reduces regional blood flow (RBF) in most organs either after 1 min or 10 min measurements when compare with the baseline values in Sprague-Dawley rats^[3].

MCE has not independently confirmed the accuracy of these methods. They are for reference only.

CUSTOMER VALIDATION

- Protein Cell. 2019 Mar;10(3):178-195.
- J Pharmaceut Biomed. 2020, 113870.
- Department of Analytical Chemistry. Charles University. 2019 Jun.

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REFERENCES

- [1]. Piquette-Miller, M. and F. Jamali, Pharmacokinetics and multiple peaking of acebutolol enantiomers in rats. *Biopharm Drug Dispos*, 1997. 18(6): p. 543-56.
- [2]. Mostafavi, S., R. Lewanczuk, and R. Foster, Influence of acebutolol and metoprolol on cardiac output and regional blood flow in rats. *Biopharm Drug Dispos*, 2000. 21(4): p. 121-8.
- [3]. Bristow MR, et al. Treatment of chronic heart failure with β -adrenergic receptor antagonists: a convergence of receptor pharmacology and clinical cardiology. *Circ Res*. 2011 Oct 28;109(10):1176-94.

Caution: Product has not been fully validated for medical applications. For research use only.

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