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Autores / Autors:	Emma Gracia-Lor, María Ibáñez, Tatiana Zamora, Juan V. Sancho, Félix Hernández
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Investigation of pharmaceutical metabolites in environmental waters by LC-MS/MS

Emma Gracia-Lor, María Ibáñez, Tatiana Zamora, Juan V. Sancho and Félix Hernández*

Research Institute for Pesticides and Water, University Jaume I, Avda. Sos Baynat, E-12071 Castellón, Spain. Tel.: 964 387366. Fax: 964 387368.

*E-mail: felix.hernandez@uji.es

ABSTRACT

Pharmaceuticals, once ingested, are commonly metabolized in the body into more polar and soluble forms. These compounds might not be completely removed in the wastewater treatment plants and consequently being discharged into the aquatic ecosystem. In this work, a multi-class sensitive method for the analysis of 21 compounds, including 7 widely consumed pharmaceuticals and 14 relevant metabolites, has been developed based on the use of UHPLC-MS/MS in selected reaction monitoring (SRM) mode. The method was validated in six surface waters (SW) and six effluent wastewaters (EWW) at realistic concentration levels that can be found in waters. The optimized method was applied to the analysis of different types of water samples (rivers, lakes and effluent wastewater), detecting nearly all the parent compounds and metabolites investigated in this work. This fact illustrates that not only pharmaceuticals but also their metabolites are commonly present in these types of waters. Analytical research and monitoring programs should be directed not only towards parent pharmaceuticals but also towards relevant metabolites to have a realistic overview of the impact of pharmaceuticals in the aquatic environment.

Keywords: Pharmaceuticals, metabolites, ultra-high performance liquid chromatography, tandem mass spectrometry, multi-class method, surface water, wastewater

1. INTRODUCTION

In the last years, many papers dealing with the presence of pharmaceuticals in the aquatic environment have been reported. Most of the work performed until now has been focused on parent pharmaceuticals, while metabolites have been much less investigated. After human and/or veterinary consumption, pharmaceuticals can be excreted in unchanged form as the parent compound and/or as free or conjugated metabolites through urine and/or faeces. Metabolism occurs in two phases. The first one involves typically oxidation, reduction, or hydrolysis, and the second phase consists of transferring a polar group to the parent compound or the metabolite to render a conjugate (Khetan and Collins 2007; Mompelat et al. 2009). Obviously, not all pharmaceuticals are metabolised to the same extent. They may be classified in four classes according to the proportions of excreted parent compound (Jjemba 2006), i.e. low excretion (\leq 5%), moderately low (6-39%), relatively high (40-69%), and high excretion compounds (\geq 70%). Among the first group, there are some compounds known as pro-drugs, i.e., inactive substances that after their ingestion are converted to an active form in the body.

Both parent pharmaceuticals and metabolites might not be fully eliminated during the treatment processes in wastewater treatment plants (WWTP) being discharged into the aquatic ecosystems through treated wastewaters. Research is commonly focused on parent compounds, and little is known about the presence of metabolites and on transformation products (TPs) that can be formed during water treatment. In fact, only a few works have reported values of pharmaceuticals metabolites and TPs in the aquatic environment (González Alonso et al. 2010; Langford and Thomas 2011; Kovalova et al. 2012; López-Serna et al. 2012a). Although pharmaceuticals and metabolites are typically found at low concentration levels, the effects derived from the exposure to a mixture of parent pharmaceuticals and their metabolites are still largely unknown. Moreover, some of the metabolites are still bioactive and may have high stability and mobility in the environment (Gros et al. 2012). Mompelat et al. (2009) have recently reported that only around 30 pharmaceutical by-products (including metabolites and transformation products) have been included in environmental investigations.

Liquid chromatography coupled to tandem mass spectrometry (LC-MS/MS) with triple quadrupole triple quadrupole (QqQ) analyzer is nowadays the technique of choice for trace analysis of pharmaceuticals due to the high selectivity and sensitivity achieved in selected reaction monitoring (SRM) mode. LC-MS/MS has been commonly used for multi-class determination of pharmaceuticals compounds, normally including only a few metabolites in the target list of analytes (Kasprzyk-Hordern et al. 2007; Batt et al. 2008; Tarcomnicu et al. 2011). In the last two years, this trend is being changing, as more metabolites are included in the analytical methods. For example, Tarcomnicu et al. (2011) have developed a method for the analysis of different pharmaceuticals and four metabolites. Recently, a method based on automated off-line solid phase extraction (SPE) using a triple quadruple-linear ion trap mass spectrometer (QqLIT) has allowed the determination of 8 metabolites (Gros et al. 2012). Another LC-MS/MS method has been reported using QqQ for the analysis of 19 pharmaceutical metabolites and TPs (López-Serna et al. 2012b). In addition, a few papers have been published on investigation of pharmaceutical metabolites and TPs by high-resolution mass spectrometry (HR MS), emphasizing the use of hybrid quadrupole time-of-flight (QTOF) (Martínez Bueno et al. 2007; Hernández et al. 2011; Gómez-Ramos et al. 2011; Ferrer and Thurman 2012). LC-HR MS has been proven to be a powerful and promising approach to investigate these compounds in waters from reported-known

metabolites/TPs to unknown compounds that share common fragments with the parent molecule (Hernández et al. 2011; Ibáñez et al. 2012).

Some works have reported metabolite concentrations higher than the original molecule (López-Serna et al. 2012a; Miao and Metcalfe 2003). This also supports the interest of searching for metabolites to have a wider and more realistic knowledge about the impact of pharmaceuticals in the aquatic environment. To this aim, multi-class methods including pharmaceuticals and metabolites are required, but this type of analysis presents some difficulties, as metabolites are usually more polar than parent compounds. This makes problematic their simultaneous extraction and LC determination, as they are less retained on the SPE cartridges and on the commonly used reversed-phase LC columns. In addition, the low concentrations normally present in waters require the use of highly sensitive methods for their determination. This is especially important in complex environmental matrices where the presence of coextracted sample matrix components results in ionization suppression or enhancement effects. Although matrix effects can be corrected using isotope-labelled internal standards (ILIS) (Wille et al. 2012), the availability of ILIS reference standards is rather limited in comparison with parent pharmaceuticals. And last but not least, it is necessary to ensure the confident identification of the compound detected. This issue might be problematic for isomeric metabolites that share common fragments with the parent compound, or metabolites that can generate the parent compound as an in-source fragments in the LC-MS instrument (Ibáñez et al. 2012). Under this situation, is necessary to maximize precautions to ensure right identifications, as for example using more than two MS/MS transitions, analysing samples by HR MS techniques, and/or improving the chromatographic separation.

In a previous work (Hernández et al. 2011), five pharmaceutical metabolites were identified in urban wastewater samples by UHPLC-QTOF MS, after detection of the parent pharmaceuticals and subsequent data re-evaluation in a retrospective way. These compounds were N-desmethyl clarithromycin, 14-hydroxy-clarithromycin, fenofibric acid, clopidogrel carboxylic acid and 4-hydroxy omeprazole sulfide. Analysis by QTOF also allowed us to discover the presence of several metabolites of the analgesic dipyrone in urban wastewater (Ibáñez et al. 2012). Based on these previous findings, we decided to widen the study of pharmaceutical metabolites and to develop a multi-residue sensitive method based on LC-MS/MS with triple quadrupole for the simultaneous quantification of relevant metabolites. In addition to those compounds previously detected, the list of target metabolites was completed with nine more compounds were reported in SW and EWW (Miao and Metcalfe 2003; Kasprzyk-Hordern et al. 2007; Tarcomnicu et al. 2011) and taking into account their commercial availability as reference standards. Moreover, parent pharmaceuticals of the metabolites selected were also included in the method as they might not be completely metabolized (Jjemba 2006; Mompelat et al. 2009). The parent compounds clofibrate, fenofibrate and dipyrone were not considered because they are pro-drugs (Gómez et al. 2008; Mompelat et al. 2009) and therefore, they are not expected to be found in the aquatic environment.

The goal of this paper is to investigate the presence of 21 pharmaceuticals, including seven parent compounds and their main metabolites, in environmental waters. To this aim, rapid and sensitive analytical methodology, based on the use of LC-MS/MS with triple quadrupole, has been developed-. Validation of the method was made in a notable number of water samples (six different surface water and six different effluent wastewater) trying to cover quite distinct sample compositions and situations that can appear when analyzing real samples. Analyses of environmental water samples has

shown that not only parent pharmaceuticals but also their metabolites are commonly present in the aquatic environment, suggesting that these compounds need to be regularly monitored in waters.

EXPERIMENTAL

2.1. Reagents and chemicals

Reference standards of pharmaceuticals were purchased from Sigma-Aldrich (St Louis, MO, USA). Reference standards of metabolites were obtained from Toronto Research Chemicals (Ontario, Canada), with the exception of carbamazepine 10,11epoxide, enalaprilat, 4-amino antipyrine and clofibric acid, which were supplied from Sigma-Aldrich. Their chemical structure is shown in **Figure 1**.

Isotopically labelled compounds used as ILIS (omeprazole-d₃, enalaprilat-d₅ and carbamazepine 10,11-epoxide-d₁₀) were from CDN Isotopes (Quebec, Canada).

HPLC-grade methanol (MeOH) was purchased from Scharlab (Barcelona, Spain). HPLC-grade water was obtained by purifying demineralised water in a Milli-Q plus system from Millipore (Bedford, MA, USA). Formic acid (HCOOH, content > 98%), ammonium acetate (NH₄Ac, reagent grade) and ammonia (NH₃, solution 32%, reagent grade) were supplied by Scharlab (Barcelona, Spain).

Individual stock solutions of pharmaceuticals/metabolites (around 500 mg/L) were prepared dissolving an accurately weighted amount in methanol. The individual stock solutions were mixed and diluted with methanol to give a final concentration of around 1 mg/L (40% MeOH, 60% HPLC-grade water, approximately). This mix solution was prepared weekly, based on previous information on omeprazole stability, and it was subsequently diluted with HPLC-grade water to obtain working mixed solutions of pharmaceuticals/metabolites. These solutions were used for spiking



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samples in the validation study and also for preparation of calibration standards. In the Formata: angles (

4 last case, the standards were prepared in methanol-water (10:90, v/v) to assure the same
5 organic content as in the sample extracts.

Individual stock solutions of ILIS were also prepared in methanol. Mix working
solutions at 5 μg/L (for surface water (SW) samples) or at 50 μg/L (for effluent
wastewater (EWW) samples) were prepared in HPLC-grade water and used as
surrogates.

All standard solutions (stock, intermediate and working solutions) were stored in
amber glass bottles at -20 °C in a freezer.

Cartridges used for SPE were Oasis HLB (200 mg), Oasis HLB (60 mg), Oasis
MCX (150 mg) and Oasis MAX (150 mg), from Waters (Milford, MA, USA).

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3

15 2.2. Liquid chromatography

16 UHPLC analysis were carried out using an Acquity UPLC system (Waters 17 Corp., Milford, MA, USA), equipped with a binary solvent manager and a sample 18 manager. Chromatographic separation was performed using an Acquity UPLC HSS T3 19 (C18) column, 1.8 μ m, 100 mm \times 2.1 mm (i.d.) (Waters) at a flow rate of 0.3 mL/min. 20 The column was kept at 40 °C and the sample manager was maintained at 5°C. Mobile 21 phase consisted of a water/(methanol 0.01% HCOOH) gradient. The methanol 22 percentage was changed linearly as follows: 0 min, 10%; 12 min, 80%; 12 min, 80%; 23 12.1 min; 10%. Analysis run time was 13 min. The sample injection volume was 100 24 μL (full loop).

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26 2.3. Mass spectrometry

Formatat: anglès (Regne Unit) Formatat: Normal, Justificada, Sagnia: Primera línia: 0 cm, Interlineat: Doble 27 A TQD (triple quadrupole) mass spectrometer with an orthogonal Z-spray-28 electrospray interface (Waters Corp., Milford, MA, USA) was used. Drying gas as well 29 as nebulising gas was nitrogen generated from pressurized air in a N₂ nitrogen LC-MS 30 (Claind, Teknokroma, Barcelona, Spain). The cone gas and the desolvation gas flows 31 were set at 60 L/h and 1200 L/h, respectively. For operation in MS/MS mode, collision gas was Argon 99.995% (Praxair, Valencia, Spain) at 2×10^{-3} mbar in the T-Wave 32 collision cell. Capillary voltages of -3.0 kV (negative ionization mode) and 3.5 kV 33 34 (positive ionization mode) were applied. The interface temperature was set to 500 °C 35 and the source temperature to 120 °C. Dwell time, inter-channel delay time, and inter-36 scan delay time were automatically assigned by the system software (MassLynx 4.1, 37 Manchester, UK) using the auto-dwell feature.

38

39 2.4. Recommended procedure

40 A volume of 50 mL of water sample were spiked with the corresponding ILIS 41 mix working solution, giving a final concentration of 0.5 μ g/L (surface water) and 5 42 µg/L (effluent wastewater) for each individual ILIS. Oasis HLB (60 mg) cartridges used 43 for SPE were conditioned with 3 mL MeOH and 3 mL HPLC-grade water before use. 44 Then, the samples were passed through the cartridge by gravity and, after drying under 45 vacuum for 15 minutes, analytes were eluted with 5 mL MeOH. The extract was 46 evaporated to dryness under a gentle nitrogen stream at 40°C and reconstituted with 1 47 mL MeOH-water (10:90, v/v). Finally, 100 µL were injected into the UHPLC-MS/MS 48 system under the conditions shown in Table 1.

49 Quantification was made by calibration standards in solvent, using relative
 50 responses analyte/ILIS, or absolute responses, depending whether ILIS was used for
 51 correction or not.

2 Table 1. MS/MS optimized conditions for selected pharmaceuticals and metabolites													Formatat: Sagnia: Esquerra: 0 cm
53	-			-									Formatat: Superior: 2,25 cm, Inferior:
Compound		ESI	Cone	<u>Q</u> Transition	<u>C.E.</u>	<u>q₁ Transition</u>	<u>C.E.</u>	<u>q₂ Transition</u>	<u>C.E.</u>	$\Omega/a^{\frac{a}{2}}$	$\Omega/a^{\underline{a}}$	<u> ▲IDL</u>	2 cm
		<u>E91</u>	<u>(V)</u>	<u>(m/z)</u>	<u>(eV)</u>	<u>(m/z)</u>	<u>(eV)</u>	<u>(m/z)</u>	<u>(eV)</u>	<u>V/q1</u>	$\underline{\mathbf{Q}}/\underline{\mathbf{q}}_2$	<u>(pg)</u>	Taula formatada
Carbamaze	<u>pine</u>	<u>+</u>	<u>25</u>	<u>237.3 > 194.2</u>	<u>25</u>	<u>237.3 > 179.2</u>	<u>35</u>	<u>237.3 > 165.2</u>	<u>40</u>	<u>4.8</u>	<u>7.1</u>	<u>0.3</u>	_
<u>Carbamazep</u>	<u>ine 10,11-epoxide</u>	<u>+</u>	<u>15</u>	<u>253.4 > 180.2</u>	<u>20</u>	253.4 > 236.2	<u>10</u>	<u>253.4 > 210.3</u>	<u>20</u>	<u>1.7</u>	<u>10.7</u>	<u>0.9</u>	
<u>,10,11- Dihyd</u>	<u>ro-10,11-dihydroxy</u>	<u>+</u>	<u>15</u>	<u>271.0 > 180.1</u>	<u>30</u>	271.0 > 253.0	<u>5</u>	271.0 > 236.0	<u>10</u>	<u>1.5</u>	<u>1.7</u>	1.6	Formatat: espanyol (Espanya - alfab.
carbamazepi	<u>ne</u>												
Clarithromy	<u>vcin</u>	+	<u>40</u>	<u>748.3 > 158.1</u>	<u>30</u>	<u>748.3 > 83.0</u>	<u>50</u>	<u>590.3 > 158.1^b</u>	<u>25</u>	2.2	<u>2.4</u>	<u>0.3</u>	
N-Desmethyl	<u>clarithromycin</u>	<u>+</u>	<u>25</u>	<u>735.0 > 144.2</u>	<u>20</u>	<u>735.0 > 576.8</u>	<u>20</u>	<u>737.0 > 146.2</u>	<u>15</u>	<u>7.6</u>	<u>168.1</u>	<u>0.4</u>	
Clopidogrel		+	<u>25</u>	<u>322.0 > 212.0</u>	<u>15</u>	322.0 > 184.0	<u>25</u>	<u>324.0 > 214.0</u>	<u>15</u>	<u>1.5</u>	<u>3.1</u>	<u>0.3</u>	
Clopidogrel	<u>carboxylic acid</u>	+	<u>20</u>	<u>308.3 > 198.2</u>	<u>15</u>	<u>308.3 > 77.0</u>	<u>45</u>	<u>310.3 > 200.2</u>	<u>10</u>	<u>1.0</u>	<u>4.1</u>	<u>0.9</u>	
Enalapril		<u>+</u>	<u>35</u>	<u>377.4 > 91.1</u>	55	377.4 > 234.2	20	377.4 > 160.2	<u>30</u>	2.1	4.6	1.1	7
<u>Enalaprilat</u>		<u>+</u>	<u>30</u>	349.5 > 91.1	<u>50</u>	349.5 > 206.3	<u>20</u>	349.5 > 117.2	<u>35</u>	2.0	<u>2.5</u>	10.2	
Losartan		<u>+</u>	<u>20</u>	423.2 > 207.0	<u>25</u>	423.2 > 405.2	15	425.2 > 207.0	25	3.0	9.0	0.4	7
Losartan car	<i>boxylic acid</i>	+	25	437.2 > 207.1	<u>30</u>	437.2 > 235.0	20	439.2 > 207.2	20	0.5	1.6	5.7	
Omeprazole		+	30	346.3 > 198.1	10	346.3 > 136.1	35	346.3 > 151.1	20	0.9	2.0	2.6	
4-Hydroxy or	neprazole sulfide	+	20	316.4 > 168.2	25	316.4 > 149.2	25	316.4 > 136.2	25	1.0	1.0	0.5	
5-Hydroxy or	<u>neprazole</u>	+	<u>15</u>	<u>362.1 > 152.1</u>	<u>35</u>	362.1 > 214.0	<u>20</u>	362.1 > 196.2	<u>30</u>	<u>1.7</u>	3.2	<u>0.5</u>	
Sulfamethox	azole	+	40	254.0 > 64.9	50	254.0 > 91.9	30	254.0 > 155.9	20	1.2	49.4	0.7	7
N-Acetyl sulf	amethoxazole	+	30	296.0 > 134.2	20	296.0 > 198.0	20	-	_	2.8	_	0.7]
4-Acetamido	antipyrine	<u>+</u>	<u>20</u>	246.4 > 83.1	<u>25</u>	246.4 > 228.3	15	246.4 > 104.1	<u>20</u>	1.6	1.6	1.2	7
4-Amino anti	<u>pyrine</u>	<u>+</u>	<u>20</u>	<u>204.4 > 56.1</u>	<u>15</u>	<u>204.4 > 83.1</u>	<u>15</u>	<u>204.4 > 94.1</u>	<u>15</u>	<u>5.9</u>	<u>5.6</u>	<u>1.0</u>	
4-Formylami	ino antipyrine	+	<u>25</u>	<u>232.4 > 56.1</u>	<u>25</u>	<u>232.4 > 83.1</u>	<u>20</u>	<u>232.4 > 104.1</u>	<u>20</u>	<u>1.6</u>	<u>1.0</u>	<u>2.9</u>	
Clofibric aci	<u>d</u>		<u>20</u>	213.3 > 127.0	<u>15</u>	215.2 > 129.0	<u>10</u>	<u>213.3 > 85.1</u>	<u>10</u>	<u>1.1</u>	<u>5.3</u>	23.2]
Fenofibric ad	<u>cid</u>	<u>+</u>	<u>25</u>	<u>319.0 > 233.0</u>	<u>15</u>	<u>319.0 > 138.9</u>	<u>30</u>	<u>319.0 > 121.0</u>	<u>30</u>	<u>1.2</u>	<u>2.6</u>	<u>1.2</u>	
Carbamazepi	ne 10,11-epoxide-d ₁₀	+	<u>20</u>	263.1 > 190.0	<u>20</u>	_	_	_	-	_	_	_	
Enalaprilat-d	5	<u>+</u>	<u>25</u>	<u>354.1 > 96.1</u>	<u>50</u>	<u> </u>	<u> </u>	=	_	-	_	_	
Omeprazole-	<u>d</u> ₃	<u>+</u>	<u>30</u>	<u>349.3 > 198.1</u>	<u>10</u>	<u>-</u>	<u> </u>	<u>-</u>	=	-	=	-	

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55 bipreviations: ES (electrospray ionization), Q (quantification), q (confirmation), C.E. (collision energy), IDL (instrumental detection limit)

56 verage value for seven standards, from 0.25 to 25 μg/L.
57 In this case an in-source fragment was used as precursor ion and the cone voltage was 55 V.
58 bold the parent pharmaceuticals, in italics the metabolites and with regular format, the ILIS used.

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60 **2.5. Validation study**

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61 Method accuracy (expressed as percentage recovery) and precision (expressed as 62 repeatability in terms of relative standard deviation (RSD)) were estimated by means of 63 recovery experiments in 12 different samples spiked at various concentrations (0.02 64 µg/L in SW; 0.1 and 0.4 µg/L in EWW). SW samples used for validation were collected 65 in different sites of the Mediterranean Spanish area of Valencia (Mijares and Jucar 66 rivers, Sitjar and Mª Cristina reservoirs, Clot de Burriana lake and Albufera de 67 Valencia). EWW samples were collected from different WWTPs of the same area. For 68 each individual sample, recovery experiments were performed by triplicate, giving a 69 total of 18 data for SW and 18 for EWW at each spiked concentration.

70 For each sample under study, the limit of quantification (LOQ) was estimated 71 for a signal-to-noise ratio (S/N) of 10 from the sample chromatograms at the lowest 72 validation level tested, using the quantification transition. In this way, average LOQ 73 and the interval (both in ng/L) were estimated for both SW and EWW samples. True 74 blank samples were not found for several analytes, as they were already present in the 75 samples tested. In these cases, LOQs were estimated from the analyte levels quantified 76 in the non-spiked samples. The instrumental detection limit (IDL)_was estimated for 77 S/N = 3 from the chromatogram of the standard at the lowest concentration level tested 78 in the calibration curve.

Linearity of the method was studied by analyzing standard solutions in triplicate at seven concentrations in the range from 0.25 to 25 μ g/L (equivalent to 0.005-0.5 μ g/L in the water sample). Satisfactory linearity using least squares regression was assumed when the correlation coefficient (r) was higher than 0.99 and residuals lower than 30% without significant trend, based on absolute responses, except for those compounds that
were quantified with ILIS (relative responses).

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- 86

87 **2.6. Application to environmental samples**

88 The method was applied to twenty-four samples (12 SW and 12 EWW samples). 89 Regarding surface water, they were collected in selected sites of the Spanish 90 Mediterranean area (Castellón and Valencia provinces), corresponding to 4 rivers, 2 91 reservoirs and 6 lakes. In the case of wastewater, samples consisted on 24-h composite 92 urban wastewater samples and were collected along time from 4 different WWTPs 93 located in the Castellon area. All samples were stored in the dark at <-18 °C in 94 polyethylene high-density bottles until analysis. Immediately before analysis, samples 95 were thawed at room temperature.

96

97 3. RESULTS AND DISCUSSION

98 3.1. MS and MS/MS optimization

Full-scan and MS/MS mass spectra were obtained from infusion of 1 mg/L individual standard solutions in methanol/water (50:50, v/v) at a flow rate of 10 μ L/min. All compounds were determined in positive ionisation mode, with the exception of clofibric acid. Although this analyte might be analyzed in both positive and negative modes, the latter was preferred because of the better sensitivity reached under this mode. Mass spectrometry parameters, precursor and product ions selected, IDLs and ion ratios (Q/q) used for confirmation are shown in **Table 1**. 106 All compounds showed an abundant $[M+H]^+$ ion (for clofibric acid. $[M-H]^-$) 107 which was selected as precursor ion. For clopidogrel, clopidogrel carboxylic acid, 108 losartan, losartan carboxylic acid and clofibric acid, the presence of one chlorine atom 109 in their structure allowed the use of two different precursor ions (corresponding to ³⁵Cl 110 and ³⁷Cl isotopes).

For clarithromycin, an additional sensitive transition was obtained selecting an in-source fragment by increasing the cone voltage. The fragmentation of this in-source fragment ion produced a highly abundant product ion, making possible the acquisition of other sensitive transition (see q_2 transition for the mentioned pharmaceutical in **Table 1**).

Three SRM transitions were selected for each compound to assure the reliable confirmation of the compounds detected in water samples. The most sensitive transition was used for quantification (Q) whereas the other two were used for confirmation (q_1 and q_2). For N-acetyl sulfamethoxazole only one confirmation transition could be monitored due to its poor fragmentation.

The method was divided in 24 overlapping retention time windows (one window
per compound) and MRM data acquisition rates (dwell time, inter-channel delay time,
inter-scan delay times) were automatically optimized.

124

125 **3.2.** Chromatographic optimization

In order to optimize chromatographic separation, both methanol and acetonitrile solvents as well as different HCOOH and NH₄Ac contents were evaluated. Acetonitrile was discarded because sensitivity decreased for most compounds in comparison with MeOH. Regarding the modifiers, the use of NH₄Ac led to worse sensitivity compared 130 with HCOOH. Besides, the addition of HCOOH favoured the retention of acidic 131 compounds in the LC column, such as losartan carboxylic acid or clofibric acid. Thus, 132 for losartan, the retention time shifted from 6.28 min (NH₄Ac 5 mM) to 9.19 min 133 (HCOOH, 0.01%). This behaviour was similar for clofibric acid (from 6.62 min to 9.28 134 min). On the contrary, for a few analytes the chromatographic run time decreased when 135 HCOOH was added, especially for clarithromycin, which eluted the latest. However, 136 enalapril and its metabolite presented a worse peak shape when acid was present in the 137 mobile phase. This situation is quite usual when compounds with very different 138 physico-chemical characteristics are simultaneously analysed, and obviously a 139 compromise has to be reached. Finally, the addition of HCOOH was tested in both 140 organic and aqueous solvents, obtaining best results (in terms of sensitivity) when this 141 modifier was added only to the MeOH.

Once the mobile phase was selected (water/(MeOH 0.01% HCOOH)), two UHPLC C18 columns were compared (HSS T3 and BEH, both 10 cm). The results were similar showing that both columns are suitable for the retention of a broad group of compounds with different polarity. Finally, HSS T3 column was selected because the analytes were more retained and peak shape was better (narrower peaks) for a few compounds such as losartan carboxylic acid and enalaprilat.

148 After testing several injection volumes (20, 50 and 100 μ L), the optimum was 149 found to be 100 μ L due to the increased sensitivity without affecting the peak shape. 150 Column temperature was maintained at 50 °C to improve peak shape of enalapril 151 (Gracia-Lor et al. 2010).

152

153 **3.3 Solid phase extraction optimization**

154 Metabolites are usually more polar than parent compounds, making their 155 simultaneous extraction more problematic. Therefore, the optimization of the SPE step 156 is especially important in this case. In this work, the extraction efficiency of three 157 cartridges was checked (Oasis HLB (200 mg), Oasis MCX (150 mg) and Oasis MAX 158 (150 mg)), using HPLC-grade water spiked with the analytes. Oasis HLB can be used for a wide range of target compounds with quite distinct polarities, while MCX is 159 160 suitable for compounds with basic groups and MAX for acidic compounds. Oasis HLB 161 was tested at neutral pH, while MCX required acidification of the water sample (pH 2) 162 to ensure protonation of basic compounds, and MAX required working at basic medium 163 (pH 11) in order to fully deprotonate acidic compounds. After loading the samples, the 164 cartridges were dried under vacuum for 15 min. The elution was carried out with 8 mL 165 MeOH (HLB), with 4 mL MeOH followed by 4 mL MeOH 5% NH₄OH (MCX), or 166 with 4 mL MeOH followed by 4 mL MeOH 5% HCOOH (MAX).

167 Our results showed that recoveries for N-desmethyl clarithromycin and 168 carbamazepine 10,11-epoxide were lower using MCX (around 30%). The first one is 169 expected to be efficiently retained on MCX cartridge due to the protonation of the 170 amino group. A possible explanation for these unexpected results might be that the 171 elution with 4 mL MeOH 5% NH4OH was not enough to break its strong retention in 172 the cartridge, yielding to poor recoveries. On the contrary, the acidification of the water 173 sample would generate the diol group through the epoxide ring opening of 174 carbamazepine 10,11-epoxide, being partially converted into 10,11-dihydro-10,11-175 dihydroxy carbamazepine, and leading to low SPE recoveries.

In general, recoveries with HLB and MAX were quite similar, although the first
one showed more reproducible figures for all the compounds (data not shown).
Therefore, HLB cartridges were selected for subsequent experiments. Then, a

179	comparison between Oasis HLB containing 60 mg and 200 mg was carried out, eluting
180	with 5 and 8 mL MeOH, respectively. As similar results were obtained for all
181	compounds, Oasis HLB 60 mg was selected to economize the amount of stationary
182	phase. Finally, this cartridge was tested adjusting the pH of the sample loaded at three
I	



values (pH 3, 7 and 9) (see Figure 2). As a compromise, neutral pH was selected for
sample extraction, as nearly all compounds showed satisfactory recoveries (between 70
and 120%), with the exception of 4-amino antipyrine (4-AA) and enalaprilat (recoveries
around 40%).

190

191 **3.4 Method validation**

192 The linearity of the method was satisfactory between 0.25 - 25 μ g/L for all 193 compounds. These values corresponded to 0.005-0.5 µg/L in the water sample, taking 194 into account the 50-fold pre-concentration factor applied along the sample procedure. 195 For validation purposes, each of the 12 water samples selected (6 SW and 6 EWW) 196 were spiked at different concentration levels (0.02 µg/L in SW; 0.1 and 0.4µg/L in 197 EWW). Experiments were performed by triplicate for each spiked sample. Recoveries 198 were determined by comparing the concentration obtained after applying the 199 recommended procedure with the nominal concentration of the spiked samples, 200 performing quantification by standards calibration in solvent. Non- spiked samples, 201 containing only the ILIS mix, were also processed to subtract the concentration of the 202 target analyte when it was present in the sample used in the recovery experiments.

203 The method was tested at 0.02 μ g/L in the surface water samples (recoveries shown in Table 2). A few compounds could not be properly validated in one of the 204 205 samples tested (Jucar river) due to the high analyte concentration found in the "non-206 spiked" sample. Enalaprilat and clofibric acid could not be validated in some samples 207 due to the low sensitivity observed for these compounds, which would have required 208 higher spiking levels to be validated. With very rare exceptions, data were satisfactory 209 (between 70% and 120%) for most of the compounds. In a few cases, recoveries varied significantly from one sample to another. This was the case of clarithromycin 210

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2 **Table 2.** Method validation for surface water. Recovery (%) and relative standard deviation (RSD, %) for six different SW samples spiked at 0.02 2 µg/L. Each sample was analyzed in triplicate.

-	Ŧ	-0	
2	1	3	

				Recove	ery (%)			Average	Average	LOQ range
Compound	$t_{R}(min)$	<u>Sitjar</u>	M ^a Cristina	Clot lake	Jucar river	<u>Mijares</u>	<u>Albufera</u>	<u>recovery</u>	LOQ	(ng/L)
	<u></u>	<u>reservoir</u>	<u>reservoir</u>			river	<u>lake</u>	<u>(%)</u>	<u>(ng/L)</u>	
<u>Carbamazepine</u>	<u>8.32</u>	<u>72</u>	<u>59</u>	<u>85</u>	<u>90</u>	<u>99</u>	<u>56</u>	<u>77 (22)</u>	<u>0.6</u>	0.3 - 0.7
Carbamazepine 10,11-epoxide	<u>6.94</u>	<u>106</u>	<u>99</u>	<u>67</u>	<u>94</u>	<u>110</u>	<u>61</u>	<u>89 (23)</u>	27	17 27
Carbamazepine 10,11-epoxide*		<u>39</u>	<u>55</u>	<u>70</u>	<u>90</u>	<u>57</u>	<u>63</u>	<u>62 (27)</u>	<u>2.1</u>	1.7 - 5.7
<u>10,11- Dihydro-10,11-</u>	<u>6.57</u>	<u>177</u>	<u>217</u>	<u>177</u>	<u>a</u>	<u>140</u>	<u>127</u>	<u>168 (21)</u>	<u>2.2</u>	1.4 - 3.8
dihydroxy carbamazepine										
<u>Clarithromycin</u>	<u>9.20</u>	<u>107</u>	<u>100</u>	<u>52</u>	<u>53</u>	<u>64</u>	<u>66</u>	<u>74 (32)</u>	<u>1.9</u>	1.3 - 2.6
N-Desmethyl clarithromycin	<u>9.24</u>	<u>101</u>	<u>88</u>	<u>69</u>	<u>69</u>	<u>73</u>	<u>53</u>	<u>75 (22)</u>	<u>2.5</u>	0.6 - 4.4
<u>Clopidogrel</u>	<u>11.23</u>	<u>50</u>	<u>40</u>	<u>52</u>	<u>39</u>	<u>38</u>	<u>36</u>	<u>43 (16)</u>	<u>0.4</u>	0.2 - 0.7
Clopidogrel carboxylic acid	<u>6.25</u>	<u>82</u>	<u>101</u>	<u>101</u>	<u>50</u>	<u>121</u>	<u>94</u>	<u>91 (26)</u>	<u>1.1</u>	0.5 - 2.0
Enalapril	<u>7.45</u>	<u>80</u>	<u>111</u>	<u>91</u>	<u>103</u>	<u>105</u>	<u>155</u>	<u>107 (24)</u>	<u>22.8</u>	<u>8.9 - 47.6</u>
Enalaprilat	4.93	<u>b</u>	<u>b</u>	<u>b</u>	<u>b</u>	<u>b</u>	<u>b</u>	<u>b</u>	-	-
Enalaprilat*		<u>b</u>	<u>b</u>	<u>b</u>	<u>b</u>	<u>b</u>	<u>b</u>	<u>b</u>		
<u>Losartan</u>	<u>9.19</u>	<u>105</u>	<u>109</u>	<u>104</u>	<u>101</u>	<u>128</u>	<u>131</u>	<u>113 (12)</u>	<u>1.3</u>	<u>0.6-2.8</u>
Losartan carboxylic acid	<u>9.50</u>	<u>120</u>	<u>130</u>	<u>121</u>	<u>108</u>	<u>162</u>	<u>153</u>	<u>132 (16)</u>	<u>5.4</u>	<u>1.7 – 7.5</u>
<u>Omeprazole</u>	7.99	<u>161</u>	<u>237</u>	<u>167</u>	<u>207</u>	<u>176</u>	<u>345</u>	215 (32)	2.4	22.28
Omeprazole*		<u>102</u>	<u>68</u>	<u>70</u>	<u>87</u>	<u>103</u>	<u>93</u>	<u>87 (18)</u>	<u>2.4</u>	2.2 - 2.8
4-Hydroxy omeprazole sulfide	<u>6.83</u>	<u>88</u>	<u>102</u>	<u>84</u>	<u>84</u>	<u>80</u>	<u>75</u>	<u>85 (11)</u>	<u>2.3</u>	<u>1.9 – 2.7</u>
5-Hydroxy omeprazole	<u>6.82</u>	<u>123</u>	<u>145</u>	<u>149</u>	<u>150</u>	<u>131</u>	<u>156</u>	<u>142 (9)</u>	<u>3.0</u>	<u>2.2 – 3.3</u>
Sulfamethoxazole	<u>4.79</u>	<u>98</u>	<u>77</u>	<u>112</u>	<u>106</u>	<u>112</u>	<u>70</u>	<u>96 (19)</u>	<u>7.7</u>	4.0 - 24.8
N-Acetyl sulfamethoxazole	<u>5.90</u>	<u>120</u>	<u>95</u>	<u>128</u>	<u>97</u>	<u>143</u>	<u>95</u>	<u>113 (18)</u>	<u>3.9</u>	2.0 - 7.1
4-Acetamido antipyrine	4.09	<u>87</u>	<u>116</u>	<u>114</u>	<u>a</u>	<u>122</u>	<u>66</u>	101 (23)	<u>3.0</u>	<u>0.9 - 6.6</u>
4-Amino antipyrine	<u>4.42</u>	44	<u>51</u>	<u>76</u>	<u>a</u>	<u>33</u>	<u>52</u>	<u>51 (31)</u>	<u>1.6</u>	0.6 - 3.5
4-Formylamino antipyrine	<u>3.99</u>	<u>95</u>	<u>136</u>	<u>111</u>	<u>a</u>	<u>142</u>	<u>103</u>	<u>117 (18)</u>	2.7	1.3 - 5.5
Clofibric acid	<u>9.28</u>	<u>108</u>	<u>90</u>	<u>83</u>	<u>62</u>	<u>b</u>	<u>b</u>	<u>86 (22)</u>	<u>24.5</u>	<u>17.1 – 30.6</u>
Fenofibric acid	<u>10.86</u>	<u>80</u>	<u>61</u>	<u>83</u>	<u>a</u>	<u>67</u>	<u>101</u>	<u>78 (20)</u>	<u>1.9</u>	1.2 - 2.5

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214 <u>a: Not estimated due to the high analyte levels found in the "blank" sample; b: Not estimated due to the poor sensitivity.</u>

215 * Recoveries calculated using their own ILIS

216 In bold the parent pharmaceuticals and with regular format, the metabolites.

(individual recoveries between 52 - 107%). This variation might be explained by the distinct
matrix effects that particularly affected to this compound and that varied notably from one water
sample to another.

220 Clopidogrel and 4-amino antipyrine presented low recoveries (around 45%) in all 221 samples. In order to know whether poor recoveries were due to matrix effects or to poor 222 extraction in the SPE cartridge, for each individual SW sample a extract obtained after SPE was spiked and the analyte responses compared with standards in solvent at the same concentration 223 224 (data not shown). Our results showed that low clopidogrel recoveries were due to matrix effects 225 (signal suppression). On the contrary, no relevant matrix effects were observed for 4-amino antipyrine; consequently, its low recoveries were attributed to losses during the SPE process. On 226 the other hand, four compounds showed recoveries above 120% (losartan carboxylic acid; 10,11-227 dihydro-10,11-dihydroxy carbamazepine; omeprazole; 5-hydroxy omeprazole) due to matrix 228 229 signal enhancement. In the case of omeprazole, matrix effects could be corrected by using its 230 own ILIS, obtaining satisfactory recoveries in all SW samples.

231 In total, three ILIS were used in this work and tested for matrix effects correction. In 232 addition to the above mentioned omeprazole, two more compounds were corrected with their 233 own ILIS (carbamazepine 10,11-epoxide and enalaprilat). It is interesting to notice that the ILIS carbamazepine 10,11-epoxide-d₁₀ did not fully correct matrix effects for its own analyte. Similar 234 235 situation has been reported for some labelled compounds with a high degree of deuterated atoms 236 (Ripollés et al. 2012). It seems that the isotope-labelled compound and the analyte had different 237 physico-chemical behaviour, leading to an (unexpected) unsatisfactory correction. A possible 238 explanation could be related to different hydrolysis kinetics between labelled and unlabelled 239 epoxide metabolites caused by the presence of deuteriums in the hydrolysis site.

240 Regarding EWW, notably matrix effects are normally expected. In previous works 241 (Gracia-Lor et al. 2011 and 2012) the use of ILIS was the alternative chosen to compensate for Formatat: Normal, Justificada, Sagnia: Esquerra: 0,5 cm, Primera línia: 0 cm, Interlineat: Doble 242 matrix effects in pharmaceutical analysis in water. When the analyte ILIS is not available, the use of an analogue might be satisfactory, although commonly it can not ensure appropriate 243 244 correction for all analyte/water sample combinations (Gracia-Lor et al. 2012). In the present 245 work, the availability of only three ILIS made the correction of matrix effects problematic. 246 Sample dilution might be a good alternative, also simple and fast, if sufficient sensitivity is 247 achieved by the analytical method. After testing different dilutions of sample with HPLC-grade water, a 4-fold dilution was found to be adequate for accurate quantification, also maintaining a 248 249 satisfactory sensitivity. Spiking levels tested in the non-diluted effluent wastewaters from different WWTPs were 0.1 and 0.4 μ g/L (i.e. 0.025 and 0.1 μ g/L in the 4-diluted samples). In 250 251 general, recoveries and precision were satisfactory for most compounds at both fortification 252 levels (Table 3). Two metabolites of dipyrone (4-acetamido antipyrine and 4-formyl antipyrine) 253 could not be validated in some samples due to the high concentrations found in the non-spiked 254 samples. Low recoveries were obtained for clofibric acid, fenofibric acid and clopidogrel at both levels due to signal suppression that could not be compensated by sample dilution (x 4). On the 255 256 contrary, some analytes (e.g. losartan carboxylic acid, N-acetyl sulfamethoxazole, 5-hydroxy omeprazole or enalapril) yielded values above 120% in several samples. This behaviour was also 257 258 observed in SW, as previously commented.

Enalaprilat could not be validated at the lowest level assayed (0.1 μ g/L) due to its low sensitivity. At the highest concentration (0.4 μ g/L), the average recovery was 66%, which could be improved to 108% by correction of matrix effects thanks to the availability of ILIS enalaprilat-d₅. As occurred in SW, the use of ILIS carbamazepine 10,11-epoxide-d₁₀ did not fully correct matrix effects for its own analyte leading to recoveries of 45% and 74% at the low and high spiking concentrations, respectively.

 265
 It is worth to notice the case of omeprazole, which could not be validated in EWW

 266
 probably due to its low stability. In order to evaluate the stability of the omeprazole standard, an

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267	individual new solution of this pharmaceutical was prepared, and injected in the LC MS/MS
268	instrument every

270	spiked at 0.1 and 0.4 µ	ug/L. Ea	ach sam	ple was	s analyz	ed in tri	iplicate.										
C	ompound	<u>Recovery (%) at 0.1 μg/L</u>							Nerage Recovery (%) at 0.4 µ				<u>g/L</u> Average			Average	LOO range
-		<u>EWW1</u>	<u>EWW2</u>	<u>EWW3</u>	<u>EWW4</u>	<u>EWW5</u>	<u>EWW6</u>	<u>i i i i i i i i i i i i i i i i i i i </u>	<u>EWW1</u>	<u>EWW2</u>	<u>EWW3</u>	<u>EWW4</u>	<u>EWW5</u>	<u>EWW6</u>	<u>i i totago</u>	LOQ (ng/L)	<u>(ng/L)</u>
<u>(</u>	C <mark>arbamazepine</mark>	<u>118</u>	<u>90</u>	<u>112</u>	<u>114</u>	<u>89</u>	<u>113</u>	<u>106 (12)</u>	<u>125</u>	<u>115</u>	<u>87</u>	<u>111</u>	<u>100</u>	<u>110</u>	<u>108 (12)</u>	<u>17.3</u>	<u>7.5 – 31.3</u>
9	Carbamazepine 10,11-epoxide	<u>107</u>	<u>119</u>	<u>116</u>	<u>107</u>	<u>107</u>	<u>118</u>	<u>112 (5)</u>	<u>137</u>	<u>137</u>	<u>96</u>	<u>144</u>	<u>137</u>	<u>131</u>	<u>130 (13)</u>	<u>36.1</u>	<u>21.6 – 56.3</u>
<u>(</u>	Carbamazepine 10,11-epoxide*	<u>35</u>	<u>57</u>	<u>41</u>	<u>42</u>	<u>41</u>	<u>53</u>	<u>45 (19)</u>	<u>80</u>	<u>78</u>	<u>58</u>	<u>79</u>	<u>79</u>	<u>71</u>	<u>74 (12)</u>		
<u>1</u> 9	0.11- Dihydro-10,11-dihydroxy arbamazepine	<u>96</u>	<u>97</u>	<u>111</u>	<u>a</u>	<u>70</u>	<u>88</u>	<u>92 (16)</u>	<u>126</u>	<u>118</u>	<u>91</u>	<u>134</u>	<u>137</u>	<u>142</u>	<u>125 (19)</u>	<u>144.9</u>	<u>71.1 – 287.1</u>
<u>(</u>	l <mark>arithromycin</mark>	<u>121</u>	<u>139</u>	<u>115</u>	<u>119</u>	<u>135</u>	<u>127</u>	<u>126 (8)</u>	<u>104</u>	<u>95</u>	<u>62</u>	<u>98</u>	<u>111</u>	<u>67</u>	<u>90 (22)</u>	<u>13.5</u>	3.5 - 24.7
1	I-Desmethyl clarithromycin	<u>97</u>	<u>107</u>	<u>89</u>	<u>102</u>	<u>106</u>	<u>92</u>	<u>99 (8)</u>	<u>74</u>	<u>71</u>	<u>57</u>	<u>72</u>	<u>90</u>	<u>57</u>	<u>70 (17)</u>	<u>13.8</u>	<u>4.6 – 19.4</u>
<u>(</u>	<u>llopidogrel</u>	<u>29</u>	<u>31</u>	<u>32</u>	<u>27</u>	<u>39</u>	<u>41</u>	<u>33 (17)</u>	<u>53</u>	<u>55</u>	<u>53</u>	<u>61</u>	<u>46</u>	<u>53</u>	<u>53 (9)</u>	<u>1.8</u>	0.7 - 2.7
<u>(</u>	<u>Elopidogrel carboxylic acid</u>	<u>99</u>	<u>114</u>	<u>136</u>	<u>96</u>	<u>102</u>	<u>119</u>	<u>111 (14)</u>	<u>113</u>	<u>124</u>	<u>111</u>	<u>108</u>	<u>99</u>	<u>91</u>	<u>108 (11)</u>	<u>15.7</u>	10.1 - 21.8
Ī	Cnalapril	<u>138</u>	<u>153</u>	<u>136</u>	<u>149</u>	<u>141</u>	<u>156</u>	<u>146 (6)</u>	<u>158</u>	<u>149</u>	<u>146</u>	<u>163</u>	<u>107</u>	<u>171</u>	<u>149 (15)</u>	<u>132.7</u>	<u>85.0 -179.7</u>
Ī	inalaprilat	<u>b</u>	<u>b</u>	<u>b</u>	<u>b</u>	<u>b</u>	<u>b</u>	<u>b</u>	<u>89</u>	<u>68</u>	<u>70</u>	<u>70</u>	<u>59</u>	<u>42</u>	<u>66 (23)</u>	<u>513</u>	<u>348 - 693</u>
I	<u>inalaprilat*</u>	<u>b</u>	<u>b</u>	<u>b</u>	<u>b</u>	<u>b</u>	<u>b</u>	<u>b</u>	<u>105</u>	<u>117</u>	<u>80</u>	<u>106</u>	<u>106</u>	<u>132</u>	<u>108 (16)</u>		
1	<u>.osartan</u>	<u>96</u>	<u>109</u>	<u>92</u>	<u>96</u>	<u>111</u>	<u>124</u>	<u>105 (12)</u>	<u>116</u>	<u>111</u>	<u>68</u>	<u>109</u>	<u>103</u>	<u>103</u>	<u>102 (17)</u>	<u>5.9</u>	<u>3.2 – 13.0</u>
Ī	<u>osartan carboxylic acid</u>	<u>131</u>	<u>153</u>	<u>182</u>	<u>183</u>	<u>149</u>	<u>207</u>	<u>168 (17)</u>	<u>197</u>	<u>166</u>	<u>113</u>	<u>165</u>	<u>159</u>	<u>132</u>	<u>155 (19)</u>	<u>44.5</u>	<u>25.2 – 77.5</u>
<u>(</u>)meprazole	<u>c</u>	<u>c</u>	<u>c</u>	<u>c</u>	<u>c</u>	<u>c</u>	<u>c</u>	<u>c</u>	<u>c</u>	<u>c</u>	<u>c</u>	<u>c</u>	<u>c</u>	<u>c</u>	_	-
<u>(</u>	Omeprazole*	<u>c</u>	<u>c</u>	<u>c</u>	<u>c</u>	<u>c</u>	<u>c</u>	<u>c</u>	<u>c</u>	<u>c</u>	<u>c</u>	<u>c</u>	<u>c</u>	<u>c</u>	<u>c</u>		_
4	-Hydroxy omeprazole sulfide	<u>94</u>	<u>123</u>	<u>91</u>	<u>107</u>	<u>114</u>	<u>81</u>	<u>102 (16)</u>	<u>104</u>	<u>120</u>	<u>94</u>	<u>105</u>	<u>121</u>	<u>97</u>	<u>107 (11)</u>	<u>37.2</u>	19.6 - 60.1
2	-Hydroxy omeprazole	<u>103</u>	<u>132</u>	<u>145</u>	<u>132</u>	<u>108</u>	<u>11/</u>	<u>123 (13)</u>	<u>137</u>	<u>139</u>	<u>124</u>	<u>137</u>	<u>129</u>	<u>123</u>	<u>131 (5)</u>	<u>33.9</u>	<u>9.5 – 60.1</u>
-	ulfamethoxazole	<u>71</u>	<u>59</u>	<u>134</u>	<u>100</u>	<u>108</u>	<u>115</u>	<u>98 (29)</u>	<u>92</u>	<u>110</u>	<u>74</u>	<u>97</u>	<u>103</u>	<u>100</u>	<u>96 (13)</u>	<u>64.3</u>	<u>35.1 – 77.9</u>
1	Acetyl sulfamethoxazole	<u>73</u>	<u>143</u>	<u>112</u>	<u>112</u>	<u>154</u>	<u>140</u>	<u>123 (24)</u>	<u>112</u>	<u>129</u>	<u>119</u>	<u>115</u>	<u>128</u>	<u>118</u>	<u>120 (6)</u>	<u>56.9</u>	<u>32.4 – 80.8</u>
4	-Acetamidoantipyrine	<u>a</u>	<u>a</u>	<u>a</u>	<u>a</u>	<u>a</u>	<u>83</u>	83	<u>a</u>	<u>a</u>	<u>a</u>	<u>a</u>	<u>a</u>	<u>106</u>	<u>106</u>	<u>60.3</u>	<u>60.3</u>
4	-Aminoantipyrine	<u>55</u>	<u>64</u>	<u>64</u>	<u>49</u>	<u>a</u>	<u>a</u>	<u>58 (13)</u>	<u>47</u>	<u>48</u>	88	<u>59</u>	<u>a</u>	<u>59</u>	<u>60 (28)</u>	<u>130.8</u>	<u>54.8 - 310.1</u>
4	-rormylaminoantipyrine	<u>149</u>	<u>a</u>	<u>a</u>	<u>118</u>	<u>a</u>	<u>a</u>	<u>134 (16)</u>	216	222	<u>a</u>	<u>109</u>	<u>179</u>	<u>a</u>	<u>182 (29)</u>	<u>129.5</u>	<u>84.9–189.3</u>
<u>c</u>	<u>Elpfibric acid</u>	<u>51</u>	<u>51</u>	<u>30</u>	<u>51</u>	<u>46</u>	<u>40</u>	<u>45 (19)</u>	<u>51</u>	<u>52</u>	<u>41</u>	<u>29</u>	<u>29</u>	<u>26</u>	<u>38 (30)</u>	<u>106.8</u>	<u>78.7 – 160.0</u>
I	enofibric acid	<u>47</u>	<u>65</u>	<u>41</u>	<u>58</u>	<u>65</u>	<u>67</u>	<u>57 (19)</u>	<u>65</u>	<u>65</u>	<u>52</u>	<u>44</u>	<u>59</u>	<u>59</u>	<u>58 (14)</u>	<u>5.9</u>	4.7 - 8.5

269 **Table 3.** Method validation for effluent wastewater. Recovery (%) and relative standard deviation (RSD%) for six different EWW samples 270 spiked at 0.1 and 0.4 µg/L. Each sample was analyzed in triplicate

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272 a: Not estimated due to the high analyte levels found in the "blank" sample.; b: Not estimated due to the poor sensitivity; c: Not estimated due to the standard

273 degradation.

274 ***** Recoveries calculated using their own ILIS

275 In bold the parent pharmaceuticals and with regular format, the metabolites.

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instrument every week. As can be seen in Figure 3a, the omeprazole signal notably decreased 277 278 along the time, while in parallel the concentration of 4-hydroxy omeprazole sulfide, which was 279 not included in the standard solution, increased (Figure 3b). Thus, it seems clear that 280 omeprazole was unstable in aqueous solution and was transformed to 4-hydroxy omeprazole sulfide. The degradation of omeprazole to the sulfide derivative in HPLC-grade water and kept 281 in dark has been previously reported in literature (DellaGreca et al. 2006). In our study, the 282 transformation started to be more evident after 14 days of storage in the cooler (-4 °C, 283 284 darkness). Thus, to avoid a wrong quantification for omeprazole and 4-hydroxy omeprazole sulfide when analyzing real samples, standards should be renewed weekly. 285

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individual new solution of this pharmaceutical was prepared, and injected in the LC-MS/MS-

LOQs were estimated for every water sample tested (i.e., 6 SW and 6 EWW). For SW, 286 average LOQs ranged from 0.4 to 7.7 ng/L (Table 2). The two exceptions were clofibric acid 287 and enalapril, which presented low sensitivity, with the result of higher LOQs (around 25 ng/L 288 in SW). With the exception of enalaprilat, average LOQs for EWW varied from 1.8 to 145 289 290 ng/L: for 3 compounds LOQs were < 6 ng/L, and for another 10 analytes they were lower than 291 60 ng/L (**Table 3**). As can be seen, in several cases the LOQs varied notably from one sample 292 to other. This highlights once more that matrix effects can be rather different from one sample to another. Therefore, giving an LOQ value estimated just from a given sample, as reported in 293 most of papers, might not be realistic. Consequently, LOQ reported should be taken with 294 295 precaution, as the situation may be rather different when applying the method to a set of real-296 world samples. Concerning IDLs, they ranged from 0.3 to 10 pg, except for clofibric acid, the 297 only compound that was measured in negative ionization mode (Table 1).



Figure 3 LC-MS/MS chromatograms for (a) omeprazole reference standard (100 µg/L) injected in different days after preparation of the standard solution (b) 4-hydroxy omeprazole sulfide formed by degradation of omeprazole.

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3.5 Application to water samples

The developed methodology was applied to the analysis of 12 SW samples collected at selected sites from the Spanish Mediterranean area of Valencia and 12 EWW samples from different WWTPs of this area.

In every sequence of sample analysis, the calibration curve was injected twice, at the beginning and the end of the sample batch. Moreover, quality control samples (QCs) were included in every sample sequence. QCs consisted on SW or EWW samples spiked at the LOQ level. They were prepared randomly selecting one of the water samples analyzed within the batch, following the same analytical procedure than for the samples. In the case that the sample used for QC preparation contained any of the compounds analyzed, the concentration calculated in the sample was subtracted from that calculated in the spiked sample.

Confirmation of positive findings was carried out by calculating the peak area ratios between the quantification (Q) and confirmation (q_1 and q_2) transitions. As three transitions were acquired, two intensity ion-ratios could be used for confirmation of the identity. The finding was considered as positive when the experimental ion-ratios were within the tolerance range (European Union Decision 2002/657/EC) and the retention time of the compound in the sample within $\pm 2.5\%$ the retention time of the reference standard.

All parent compounds, except omeprazole, were detected in the surface water samples at least once (**Table 4**). Regarding metabolites, only three of them (4-amino antipyrine, clofibric acid and enalapilat) were never found. The highest concentrations corresponded to the dipyrone metabolites 4-acetamido antipyrine and 4-formylamino antipyrine (0.89 and 0.87 μ g/L, respectively). Dipyrone is a pro-drug widely used as antipyretic. Its main metabolites have been previously studied in several works, and high concentrations have been reported (Martínez Bueno et al. 2007; Rosal et al. 2010).

Table 4. Summary of the compounds detected in the analysis of surface and effluent wastewater samples

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328

		<u>SW (r</u>	n = 12)			EWW	(n = 12)	
Compounds	Min	Max		<u>%</u>	<u>Min</u>	Max		<u>%</u>
Compounds	Level	Level	Median	positive	Level	Level	<u>Median</u>	positive
	<u>(µg/L)</u>	<u>(µg/L)</u>	<u>(µg/L)</u>	<u>findings</u>	<u>(μg/L)</u>	<u>(µg/L)</u>	<u>(µg/L)</u>	<u>findings</u>
<u>Carbamazepine</u>	<u>0.002</u>	<u>0.026</u>	<u>0.009</u>	<u>58</u>	<u>0.43</u>	<u>2.76</u>	<u>1.01</u>	<u>100</u>
Carbamazepine 10,11-epoxide	<u><loq< u=""></loq<></u>	<u>< LOQ</u>	<u>< LOQ</u>	<u>17</u>	<u>n.d.</u>	<u>n.d.</u>	<u>n.d.</u>	<u>0</u>
<u>10,11- Dihydro-10,11-dihydroxy</u> <u>carbamazepine</u>	<u>0.004</u>	<u>0.374</u>	<u>0.048</u>	<u>92</u>	<u>0.55</u>	<u>6.85</u>	<u>1.76</u>	<u>100</u>
<u>Clarithromycin</u>	<u><l00< u=""></l00<></u>	0.012	0.004	<u>67</u>	<u>0.04</u>	<u>0.39</u>	0.09	<u>67</u>
N-Desmethyl clarithromycin	<loq< td=""><td>0.004</td><td>0.004</td><td><u>50</u></td><td><u>0.04</u></td><td><u>0.15</u></td><td><u>0.09</u></td><td><u>100</u></td></loq<>	0.004	0.004	<u>50</u>	<u>0.04</u>	<u>0.15</u>	<u>0.09</u>	<u>100</u>
<u>Clopidogrel</u>	<u><l00< u=""></l00<></u>	0.002	0.002	<u>100</u>	<u>0.006</u>	0.022	0.008	<u>100</u>
Clopidogrel carboxylic acid	0.002	<u>0.012</u>	<u>0.003</u>	<u>67</u>	<u>0.09</u>	<u>0.61</u>	<u>0.20</u>	<u>100</u>
Enalapril	<u><l00< u=""></l00<></u>	<u><l00< u=""></l00<></u>	<u><l00< u=""></l00<></u>	<u>8</u>	<u>n.d.</u>	<u>n.d.</u>	<u>n.d.</u>	<u>0</u>
<u>Enalaprilat</u>	<u>n.d.</u>	<u>n.d.</u>	<u>n.d.</u>	<u>0</u>	<u>n.d.</u>	<u>n.d.</u>	<u>n.d.</u>	<u>0</u>
<u>Losartan</u>	<u>0.003</u>	<u>0.099</u>	0.004	<u>67</u>	<u>0.03</u>	<u>0.37</u>	<u>0.29</u>	<u>100</u>
Losartan carboxylic acid	<u><loq< u=""></loq<></u>	<u>0.116</u>	<u>0.009</u>	<u>67</u>	<u>0.01</u>	<u>1.56</u>	<u>0.49</u>	<u>100</u>
<u>Omeprazole</u>	<u>n.d.</u>	<u>n.d.</u>	<u>n.d.</u>	<u>0</u>	<u>n.d.</u>	<u>n.d.</u>	<u>n.d.</u>	<u>0</u>
4-Hydroxy omeprazole sulphide	<u><loq< u=""></loq<></u>	<u>0.028</u>	< LOQ	<u>33</u>	<u>0.06</u>	<u>0.29</u>	<u>0.11</u>	<u>100</u>
5-Hydroxy omeprazole	<u>0.004</u>	<u>0.004</u>	<u>0.004</u>	<u>8</u>	<u>0.12</u>	<u>0.25</u>	0.22	<u>58</u>
Sulfamethoxazole	<u><loq< u=""></loq<></u>	<loq< td=""><td><loq< td=""><td><u>8</u></td><td>0.05</td><td><u>1.86</u></td><td><u>0.11</u></td><td><u>100</u></td></loq<></td></loq<>	<loq< td=""><td><u>8</u></td><td>0.05</td><td><u>1.86</u></td><td><u>0.11</u></td><td><u>100</u></td></loq<>	<u>8</u>	0.05	<u>1.86</u>	<u>0.11</u>	<u>100</u>
N-Acetyl sulfamethoxazole	<u><l0q< u=""></l0q<></u>	<u><l0q< u=""></l0q<></u>	<u><l0q< u=""></l0q<></u>	<u>33</u>	<u>0.03</u>	<u>0.96</u>	<u>0.09</u>	<u>100</u>
4-Acetamido antipyrine	<u>0.002</u>	<u>0.894</u>	<u>0.068</u>	<u>75</u>	<u>0.49</u>	<u>7.91</u>	<u>3.20</u>	<u>100</u>
4-Amino antipyrine	<u>n.d.</u>	<u>n.d.</u>	<u>n.d.</u>	<u>0</u>	<u>0.53</u>	<u>7.98</u>	<u>0.85</u>	<u>25</u>
4-Formylamino antipyrine	0.037	0.871	<u>0.079</u>	<u>67</u>	<u>0.98</u>	<u>5.76</u>	<u>3.23</u>	<u>100</u>
Clofibric acid	<u>n.d.</u>	<u>nd</u>	<u>n.d.</u>	<u>0</u>	<u>n.d.</u>	<u>n.d.</u>	<u>n.d.</u>	<u>0</u>
Fenofibric acid	<u>0.008</u>	<u>0.182</u>	0.020	<u>33</u>	<u>0.01</u>	<u>0.36</u>	<u>0.23</u>	<u>100</u>

329 <u>n.d.: Not detected, i.e., none transition was observed</u>

330 <a>LOQ: Both quantification and confirmation transitions were observed but the concentration level was lower than the LOQ shown in Tables 2-3)

331

Median concentrations for most of the compounds were lower than 0.01 μ g/L. The 332 metabolite 10,11-dihydro-10,11-dihydroxy carbamazepine was however present at higher 333 concentrations. This compound was found in 92% of the samples in contrast to the other 334 335 carbamazepine metabolite studied in this work (carbamazepine 10,11-epoxide), which was only present in 17% of the samples. This is in accordance with the metabolism of carbamazepine. 336 This pharmaceutical, used for the treatment of epilepsy, schizophrenia and bipolar disorder, 337 undergoes extensive metabolism by cytochrome P450 system in the liver. Carbamazepine seems 338 339 not to be efficiently removed in WWTPs, which may explain its frequent detection in 340 environmental samples (Radjenovic et al. 2009; Langford and Thomas 2011). Also in agreement 341 with our findings is the fact that the most relevant metabolite 10,11-dihydro-10,11-dihydroxy carbamazepine was widely detected in waters, and to a lesser extent the metabolite 342 343 carbamazepine 10,11-epoxide (Miao and Metcalfe 2003). It is worth to notice that most of 344 papers dealing with the presence of carbamazepine and metabolites in the aquatic environment only take into account carbamazepine 10,11-epoxide (Langford and Thomas 2011; Valcárcel et 345 346 al. 2011; López-Serna et al. 2012a; Jelic et al. 2012), despite that higher concentrations are 347 commonly found for 10,11-dihydro-10,11-dihydroxy carbamazepine (Miao and Metcalfe 2003). 348 This might be due to the fact that the epoxide is the active metabolite of carbamazepine (Miao and Metcalfe 2003). 349

In relation to effluent wastewater samples, 13 out of 21 compounds were detected in 100% of the samples, which illustrates the ubiquity of these compounds in the wastewaters. All parent compounds, except omeprazole and enalapril, were frequently detected. In the case of omeprazole, despite being one of the most consumed pharmaceuticals in Spain, it was not detected in any of the samples. On the contrary, the two omeprazole metabolites included in this study were detected, and one of them (4-hydroxy omeprazole sulfide) was found in all the samples analyzed (**Table 4**). This is in agreement with our previous research on omeprazole metabolism and on its transformation products in water Boix et al. 2013a and 2013b. Enalapril and enalaprilat (its active metabolite) were not detected in any of the water samples. Both compounds are frequently found in influent wastewater (Gracia-Lor et al. 2010; Tarcomnicu et al. 2011) but they are much less ubiquitous in EWW.

361 Sulfamethoxazole and its N-acetyl derivate were found in all EWW samples at similar 362 average concentration level. Despite the derivative does not have pharmacological activity, it 363 however presents ecotoxicity (López-Serna et al. 2012a).

The highest concentrations were by far for dipyrone metabolites, with maximum concentrations around 8 μ g/L, for both 4-acetamido antipyrine and 4-amino antipyrine, while 4formylamino antipyrine reached a maximum value around 6 μ g/L. 4-amino antipyrine was was present in 25% of the samples while the other two were found in all the effluent wastewaters analyzed.

369 Similarly, the concentrations of the pharmaceuticals losartan, carbamazepine and 370 especially for clopidogrel were lower than for their metabolites. As occurred in surface waters, 371 high levels of 10,11-dihydro-10,11-dihydroxy carbamazepine were found due to the extensive 372 metabolism of carbamazepine.

Regarding the pro-drugs, only fenofibric acid was detected while clofibric acid was not found in any sample. The latter might be explained by a lower consumption of this pharmaceutical this area (it is not within the list of the most consumed pharmaceuticals in Spain) and/or to some kind of transformation/degradation in the sewer system or in the aquatic environment, all these facts making making its detection in water samples unlikely.

Illustrative UHPLC-MS/MS chromatograms are shown in Figure 4 for a EWW sample
that was positive for up to 16 compounds, with concentrations varying from 0.02 μg/L
(clopidogrel) to 7.98 μg/L (4-amino antipyrine).

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4. CONCLUSIONS

The analytical method developed in this work, based on the use of UHPLC-MS/MS with triple quadrupole analyzer, has allowed the simultaneous determination of 21 analytes, including seven parent pharmaceuticals and 14 major metabolites, in surface water and urban effluent wastewater samples. In order to have a more realistic overview on the method performance and its applicability to different water samples, the method was validated in twelve different matrices (six surface water and six effluent wastewater samples) at several concentration levels. In absence of most of analyte ILIS, a 4-dilution of the effluent wastewater samples was found a rapid, simple and rather efficient approach to minimize signal suppression or enhancement due to matrix effects in this complex matrix. Confirmation of the analyte identity was guaranteed by acquiring 3 SRM transitions and evaluating their Q/q ratios and retention time.

The application of this method to water samples showed that 6 out of 14 metabolites were present in 50% of the surface samples analyzed. Regarding effluent wastewater, 9 out of 14 metabolites were detected in 100% of the samples. Interestingly, metabolite concentrations were on the same order or even higher than those of the parent compound. This illustrates the importance of including metabolites and transformation products in the methods applied for water analysis in order to have a wider and realistic knowledge on the occurrence and fate of pharmaceuticals in the aquatic environment.

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FIGURE CAPTIONS

Figure 1. Structures of the selected compounds.	4	Formatat: Sagnia: Esquerra:	0,75 cm
Figure 2. Recoveries obtained for 19 selected compounds after SPE with Oasis HLB (60 m	g)		
at different sample pH values. Clopidogrel and losartan recoveries are not shown because the	ir		
standards were not available at the laboratory when this test was carried out.			
Figure 3. LC MS/MS chromatograms for (a) omeprazole reference standard (100 µg/			
injected in different days after preparation of the standard solution (b) 4-hydroxy omeprazo	le		
sulfide formed by degradation of omeprazole.			
Figure 4. LC MS/MS chromatograms (Q transition) for an effluent wastewater that w	as •	Formatat: Sagnia: Esquerra: Tabulacions: 0 cm, Esquerra	0,75 cm,
positive to 16 compounds (5 pharmaceuticals and 11 metabolites).			

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