

1 **Occurrence and ecological risks of pharmaceuticals in a Mediterranean river in Eastern**  
2 **Spain**

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26 **ABSTRACT**

27 Pharmaceuticals are biologically active molecules that may exert toxic effects to a wide  
28 range of aquatic organisms. They are considered contaminants of emerging concern due  
29 to their common presence in wastewaters and in the receiving surface waters, and the  
30 lack of specific regulations to monitor their environmental occurrence and risks. In this  
31 work, the environmental exposure and risks of pharmaceuticals have been studied in the  
32 Mijares River, Eastern Mediterranean coast (Spain). A total of 57 surface water samples  
33 from 19 sampling points were collected in three monitoring campaigns between June  
34 2018 and February 2019. A list of 40 compounds was investigated using a quantitative  
35 target UHPLC-MS/MS method. In order to complement the data obtained, a wide-scope  
36 screening of pharmaceuticals and metabolites was also performed by UHPLC-HRMS. The  
37 ecological risks posed by the pharmaceutical mixtures were evaluated using species  
38 sensitivity distributions built with chronic toxicity data for aquatic organisms. In this  
39 study, up to 69 pharmaceuticals and 9 metabolites were identified, out of which 35  
40 compounds were assessed using the quantitative method. The highest concentrations in  
41 water corresponded to acetaminophen, gabapentin, venlafaxine, valsartan, ciprofloxacin  
42 and diclofenac. The compounds that were found to exert the highest toxic pressure on  
43 the aquatic ecosystems were principally analgesic/anti-inflammatory drugs and  
44 antibiotics. These were: phenazone > azithromycin > diclofenac, and to a lower extent  
45 norfloxacin > ciprofloxacin > clarithromycin. The monitored pharmaceutical mixtures are  
46 expected to exert severe ecological risks in areas downstream of WWTP discharges, with  
47 the percentage of aquatic species affected ranging between 65% and 82% in 3 out of the  
48 19 evaluated sites. In addition, five antibiotics were found to exceed antibiotic resistance  
49 thresholds, thus potentially contributing to resistance gene enrichment in environmental  
50 bacteria. This work illustrates the wide use and impact of pharmaceuticals in the area  
51 under study, and the vulnerability of surface waters if only conventional wastewater  
52 treatments are applied. Several compounds included in this study should be incorporated  
53 in future water monitoring programs to help in the development of future regulations,  
54 due to their potential risk to the aquatic environment.

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56 **Keywords**

- 57 Pharmaceuticals and metabolites
- 58 Surface water
- 59 Screening
- 60 Liquid chromatography mass spectrometry
- 61 Environmental impact
- 62 Ecological risk assessment

## 63 1. INTRODUCTION

64 The prevention of water bodies deterioration is an urgent issue nowadays. Among other  
65 matters, it is necessary to accurately monitor the presence of a wide variety of organic  
66 contaminants in order to preserve the ecological status of aquatic ecosystems. In this  
67 context, pharmaceuticals are of current concern due to their widespread use and  
68 frequent detection in the water cycle. Pharmaceuticals can reach water bodies from  
69 different sources, such as a human consumption (Botero-Coy et al., 2018; García-Galán  
70 et al., 2016), landfill leachates (Lu et al., 2016; Masoner et al., 2014), use of wastewater  
71 treatment plants (WWTPs) sludge as fertilizers (Behera et al., 2011), effluents from  
72 hospitals (Della-Flora et al., 2019; Verlicchi et al., 2012) or improper disposal of unused  
73 or expired medicines (Bashaar et al., 2017; Tong et al., 2011). Due to the poor removal  
74 efficiency of most conventional WWTPs (Al-Odaini et al., 2010; Behera et al., 2011), it is  
75 not surprising that pharmaceuticals are found in treated effluents and reach receiving  
76 surface waters (Botero-Coy et al., 2018; Collado et al., 2014; Gao et al., 2012; Gracia-Lor  
77 et al., 2012; Hernández et al., 2019a; Ibáñez et al., 2017; Paíga et al., 2017; Picó et al.,  
78 2020; Rico et al. 2016) and even drinking water sources (Boleda et al., 2014; Bruce et al.,  
79 2010; Praveena et al., 2019).

80 Pharmaceuticals are biologically active molecules designed to target a varied range of  
81 human receptors and that display different toxicological modes of action, depending on  
82 the biological endpoint that is evaluated. A recent review on the environmental exposure  
83 and toxicity data for 22 pharmaceuticals shows that hormones, antiepileptics, anti-  
84 inflammatories and antibiotics are generally the TCs posing the highest ecotoxicological  
85 risks (Pereira et al., 2020). However, consumption patterns and removal efficiencies vary  
86 across different river basins, which result in diverse complex mixtures, that need to be  
87 evaluated case-by-case (Altenburger et al., 2015).

88 A significant amount of research has been carried out on the occurrence of  
89 pharmaceuticals in surface waters, but only data from parent compounds are normally  
90 reported (Boix et al., 2015; Ferrer et al., 2010; Grabic et al., 2012; Gracia-Lor et al., 2011;  
91 Huntscha et al., 2012; Ibáñez et al., 2009). However, there are more and more data  
92 available evidencing that the unaltered compounds are just the “top of the iceberg”,  
93 because they usually represent a small part of the total amount of the compounds

94 excreted in urine (Hernández et al., 2019a). In the last few years, several papers have  
95 reported the occurrence of many metabolites in surface and wastewaters (Boix et al.,  
96 2016; Della-Flora et al., 2019; Gracia-Lor et al., 2014; Ibáñez et al., 2017; Langford and  
97 Thomas, 2011; Rúa-Gómez and Püttmann, 2012). Apart from analytical drawbacks, such  
98 as the lack of reference standards and the absence of priority compounds lists, the  
99 evaluation of the toxicity of metabolites and transformation products (TPs) involves  
100 considerable effort (Lindholm-Lehto et al., 2016). However, it is of importance as they  
101 can be as persistent and/or toxic as the parent compound and can have negative effects  
102 on different aquatic organisms (Rivera-Jaimes et al., 2018). For this reason, they should  
103 be gradually included in analytical methods and in aquatic risk assessments (Hernández  
104 et al., 2019a; Santana-Viera et al., 2016).

105 Until recently, environmental regulations barely included maximum allowable  
106 concentration levels for pharmaceuticals in surface waters. The European Commission  
107 (European Commission, 2018) establishes a Watch List of substances that must be  
108 followed up as part of public policies. The objective of that list is to collect data from the  
109 Member States about the concentration levels of the included pharmaceuticals in the  
110 water bodies and to decide, in a later stage, whether they can be considered as priority  
111 substances in the regular monitoring of water quality. Five antibiotics (i.e. the  
112 fluoroquinolone ciprofloxacin, the penicillin amoxicillin and the macrolides azithromycin,  
113 clarithromycin, erythromycin) have already been included in the current Watch List.  
114 Recent studies indicate that the aquatic risk of pharmaceuticals, such as carbamazepine  
115 and ciprofloxacin, has increased from 10 to 20 times in the last 20 years due to the  
116 demographic concentration in urban areas and the low dilution capacity of surface waters  
117 in (semi-)arid areas (Oldenkamp et al., 2019). The presence of antibiotics in the  
118 environment is of special concern, as it can lead to the development of bacterial  
119 resistance genes, a fact that has already been observed even in pristine areas such as the  
120 Antarctic (Hernández et al., 2019b) and which may represent a serious problem in fighting  
121 some diseases (Mokh et al., 2017). Recent investigations show that urban WWTPs  
122 constitute hotspots for antibiotic emissions, contributing to the enrichment of resistance  
123 genes in surface water ecosystems (Buelow et al., 2020). In this regard, threshold  
124 concentrations for antibiotic resistance have been proposed for a wide range of

125 antibiotics to aid the assessment of their respective resistance development risks  
126 (Bengtsson-Palme and Larsson, 2016; Rico et al., 2017), and to prioritize compounds and  
127 management practices that should be implemented at a watershed scale.

128 One of the main reasons for the increase of data on the presence of pharmaceuticals in  
129 water is the relevant role of modern environmental analytical chemistry (Hernández et  
130 al., 2019a). Most data reported nowadays are based on target quantitative methods  
131 commonly using ultra high-performance liquid chromatography coupled to tandem mass  
132 spectrometry (UHPLC-MS/MS), which offers excellent sensitivity, selectivity and  
133 robustness (Beccaria and Cabooter, 2020; Campos-Mañas et al., 2017; García-Galán et  
134 al., 2016; van Nuijs et al., 2010). However, the application of target methodologies may  
135 provide incomplete results as other compounds present in the sample could remain  
136 ignored in the analysis. Then, a screening based on high resolution MS (HRMS) becomes  
137 necessary in order to identify as many contaminants as possible, even when reference  
138 standards are not available at the laboratory (Aceña et al., 2015; Boix et al., 2016;  
139 Hernández et al., 2015a, 2015b).

140 The aim of this study was to assess the occurrence and ecological risks of a wide variety  
141 of pharmaceuticals and metabolites in the Mijares River, located in Eastern  
142 Mediterranean Spain. A total of 57 surface water samples were collected in three  
143 different campaigns over one year. Samples were quantitatively analyzed by UHPLC-  
144 MS/MS for the determination of 40 target pharmaceuticals. Additionally, a screening by  
145 UHPLC-HRMS was performed in order to complement the quantitative results obtained.  
146 The results of the quantitative analysis were used to perform a probabilistic risk  
147 assessment for aquatic organisms, which helped to highlight individual compounds and  
148 pharmaceutical mixtures that are posing an ecotoxicological risk. Moreover, the  
149 monitored antibiotics were evaluated in regards to their resistance development risks.  
150 Overall, this study contributes to the identification of pharmaceutical compounds that  
151 need to be further monitored and that are candidates to be included in future updates of  
152 the Water Framework Directive and regional monitoring plans.

## 153 2. EXPERIMENTAL

### 154 2.1 Chemicals and materials

155 See **Supplementary Material (S.M.)**

### 156 2.2 Description of the sampling sites and sample collection

157 The Mijares River originates in Aragón (at 1.600 m in Sierra de Gúdar, in the municipality  
158 El Castellar, province of Teruel) and ends in the Mediterranean Sea, Castellón, Eastern  
159 Spain (see **Figure 1**). It is 156 km long with a 5.466 km<sup>2</sup> wide basin, which represents 13%  
160 of the total demarcation of the Jucar Hydrographic Confederation. The river is an  
161 important source of irrigation water in the lower basin, which is an important agricultural  
162 area with predominance of citrus crops (Garófano-Gómez et al., 2013).

163 Water samples were taken at 19 different points (see **Figure 1**), covering almost all the  
164 Mijares River, from its source until its estuary: points 1-6 are sited in the upper section of  
165 the river, 7-14 in the middle section, 15-18 in the lower section, and point 19 in the river  
166 mouth. All sampling sites were selected based on different characteristics and/or  
167 accessibility (**Table S1**). In the municipality of Sarrión (Teruel), three sampling points were  
168 considered due to their proximity to a fertilizer factory (point 2) or to a fish farm (points  
169 3 and 4). The potential contribution of small towns in terms of emerging contaminants  
170 might be attributed to four WWTPs discharging their effluents into the river. For this  
171 reason, several sampling sites were selected downstream of the WWTPs: points 9 and 10,  
172 near Montanejos (WWTP flow 627 m<sup>3</sup>/day; population served 1.513 p.e); 11 near Toga  
173 (WWTP flow 21 m<sup>3</sup>/day; population served 66 p.e); 17 near Vila-real (WWTP flow 3.666  
174 m<sup>3</sup>/day; population served 16.449 p.e); and 18 near Almassora (WWTP flow 7.386  
175 m<sup>3</sup>/day; population served 34.337 p.e) (**Table S2**) (EPSAR, 2020). Also, two sampling sites  
176 (13 and 14), located downstream of a solid waste treatment plant (SWTP) near Onda  
177 (Castellón), were included in this study. Waters from three reservoirs located in the  
178 Mijares River were also sampled: 5 (Toranes reservoir, Teruel), 7 and 8 (Arenós reservoir,  
179 Castellón) and 12 (Sitjar reservoir, Castellón).

180 Three sampling campaigns were conducted in order to monitor pharmaceuticals  
181 concentrations along different periods: June 2018 (1<sup>st</sup> campaign, summer), September  
182 2018 (2<sup>nd</sup> campaign, autumn) and February 2019 (3<sup>rd</sup> campaign, winter). In every

183 campaign, 19 surface water samples, one from each sampling point, were collected in  
184 polyethylene bottles, transported to the laboratory on the same day (within max. 6h) in  
185 refrigerated isothermal containers, and stored at -20 °C until analysis.

## 186 **2.3 Sample treatment**

### 187 **2.3.1. Quantitative analysis**

188 The procedure applied for quantitative UHPLC-MS/MS analysis was based on  
189 methodology previously developed by our research group (Boix et al., 2015; Botero-Coy  
190 et al., 2018) using direct injection of the sample, without any pre-concentration. Briefly,  
191 2 mL of water was centrifuged at 12.000 rpm for 10 min. Subsequently, 50 µL of  
192 isotopically labelled internal standard (ILIS) mix solution of 1 µg/L was added to 950 µL of  
193 the centrifuged water sample (final ILIS concentration in the sample injected, 50 ng/L) .  
194 Finally, 50 µL was injected into the UHPLC-MS/MS system.

### 195 **2.3.2. Screening analysis**

196 The UHPLC-HRMS screening required a previous generic sample extraction and pre-  
197 concentration. This was performed by solid-phase extraction (SPE), following the  
198 procedure described by Pitarch et al. (2016). **Figure S1** shows a flowchart of the extraction  
199 procedure. Briefly, 100 mL of water was passed through an Oasis<sup>®</sup> HLB (150 mg) cartridge.  
200 After elution, the extract was reconstituted with 100 µL of methanol:water (10:90, v/v)  
201 and 20 µL were injected into the UHPLC-QTOF MS.

## 202 **2.4 Instrumentation**

203 Quantitative analyses was performed using a Waters ACQUITY UPLC<sup>®</sup> (Waters Corp.)  
204 equipped with a binary pump system was interfaced to a Xevo TQ-S<sup>™</sup> triple quadrupole  
205 (QqQ) mass spectrometer (Waters Corp.). For qualitative screening a Waters ACQUITY  
206 UPLC<sup>®</sup> (Waters Corp.) interfaced to a hybrid quadrupole-orthogonal acceleration-TOF  
207 mass spectrometer (XEVO G2 QTOF, Waters) was used. For more details related to the  
208 instrumentation used see **S.M.**

## 209 **2.5 Quantitative LC-MS/MS analysis and quality assurance**

210 In total, 40 pharmaceuticals (**Table 1**) from different therapeutical classes were selected  
211 for target quantitative analysis by LC-MS/MS (QqQ). The experimental conditions are



212 shown in **Table S3**. At least, seven-point calibration curves (0.005-20 µg/L) were injected  
213 at the beginning and the end of each sequence. As the samples were analysed by direct  
214 injection, without any pre-concentration step, the lowest calibration level (LCL) was taken  
215 as the limit of quantification in samples (**Table S3**). A compound was considered as  
216 “detected” when its concentration was below LCL and at least one q/Q ratio was  
217 accomplished allowing in this way its reliable identification. For the constructions of  
218 graphs, risk assessment evaluation, and for discussion of results obtained, the cut-off  
219 value used for detected positives was half of their LCL.

220 Quality control (QC) samples, consisting on three surface waters each fortified at three  
221 concentration levels (0.01, 0.1 and 1 µg/L), were analysed together with the samples (see  
222 **Table S4**). QCs recoveries between 60 and 140% were considered satisfactory (SANTE,  
223 2019). For many compounds, the corresponding ILIS was used for matrix effects  
224 correction, ensuring an accurate quantification (**Table S3**). The ratio between the  
225 qualitative and quantitative transitions (q/Q ratio) as well retention time deviation ( $\pm 0.1$   
226 min) were used for the reliable identification of positive findings (SANTE, 2019).

## 227 **2.6. UHPLC-HRMS screening**

228 A great number of organic micro-pollutants were investigated by screening based on  
229 UHPLC-QTOF MS. Accurate-mass data generated at low and high collision energy were  
230 processed by ChromaLynx™ Application Manager (within MassLynx) in combination with  
231 a home-made database, containing a large number of pharmaceuticals and their main  
232 metabolites. In total, the presence of more than 900 compounds was investigated (see  
233 **Table S5 in S.M.**). This software applies a “post-target” processing method by monitoring  
234 exact masses of the suspect analytes and obtains the corresponding narrow-window  
235 Extracted Ion Chromatogram (nw-EICs).

236 The database included, at least, the name and elemental composition of the parent  
237 compounds (occasionally adducts). Information on retention time (Rt), main fragment  
238 ions and adducts was also added when reference standards were available, which greatly  
239 helped to facilitate and support the identification process.

240 When a chromatographic peak was observed at the corresponding exact mass but the  
241 reference standard was not available, the characteristic isotope pattern (if chlorine or

242 bromine atoms were present) as well as fragment ions were evaluated and their  
243 compatibility with the chemical structure of the suspect compound was assessed.  
244 Tentative identification was reinforced by agreement with MS/MS product ions reported  
245 in literature or available databases (preferably in exact mass). For more information see  
246 (Hernández et al., 2015a, 2015b).

## 247 **2.7. Ecological risk assessment**

248 The probability that exposure concentrations result in unacceptable effects for aquatic  
249 organisms was calculated based on the Species Sensitivity Distributions (SSD) approach  
250 (Posthuma et al. 2002). The Potentially Affected Fraction (PAF) was calculated for  
251 individual compounds, and the multi-substance Potentially Affection Fraction (msPAF),  
252 for contaminant mixtures, following the methods described by de Zwart and Posthuma  
253 (2005). Risks were calculated using the SSDs provided by Posthuma et al. (2019) for  
254 chronic exposure. In their study, the SSD parameters  $\mu$  (median of the log-transformed  
255 toxicity values) and  $\sigma$  (standard deviation of log-transformed toxicity values or slope)  
256 were calculated using a log-normal distribution on the basis of chronic toxicity data  
257 (primarily No Observed Effect Concentrations, NOECs) for bacteria, algae, invertebrates  
258 and fish. Since for some compounds chronic toxicity data is very limited, acute-to-chronic  
259 extrapolation techniques and read-across (i.e., Quantitative-Structure Activity  
260 Relationships, QSARs) was often applied for their derivation. The robustness of the SSD  
261 parameters was evaluated on the basis of the methods described by Posthuma et al.  
262 (2019), which consider four quality aspects: (1) the availability of a sufficient number of  
263 data to calculate the SSD  $\mu$  and  $\sigma$ , (2) the biodiversity coverage, (3) the origin of the  
264 toxicity data (i.e., experimental, extrapolated or read-across), and (4) the type of  
265 extrapolation (in case the data was extrapolated). The SSD parameters of the compounds  
266 that were detected at least once in this study are provided in **Table S6** together with their  
267 quality scores, while a detailed description of the quality scores is provided in **Table S7**.  
268 When there was no chronic toxicity data for a specific compound, the  $\mu$  was derived by  
269 subtracting 1 to the  $\mu$  of the SSD built with acute toxicity data (i.e., assuming an acute-to-  
270 chronic extrapolation factor of 10 for the species assemblage), and using a  $\sigma$  of 0.7. A  $\sigma$   
271 of 0.7 was also applied to the chronic SSDs that had a  $\sigma$  that was considered too large or

272 too low according to the criteria established by Posthuma et al. (2019). The  $\sigma$  value of 0.7  
273 is the average SSD slope for the 12386 chemicals evaluated by Posthuma et al. (2019).

274 The monitored pharmaceuticals were classified into eleven Therapeutic Classes (TCs).  
275 Then, the toxic pressure of the compounds within each of the TCs and their mixtures was  
276 calculated for each sample. First, the Hazard Unit (HU) was calculated for each compound  
277 in each sampling site by dividing the logarithm of the measured concentration by the SSD  
278  $\mu$ . These HUs are used to adjust for differences in the potency of the evaluated  
279 compounds. Next, the concentration addition model was used to calculate the msPAF  
280 corresponding to each TC ( $msPAF_{TC}$ ) in each sample using the Microsoft Excel © function  
281 (Eq. 1).

$$282 \quad msPAF_{TC} = NORM.DIST (HU_{TC}, 0, \sigma_{TC}, 1) \quad Eq. 1$$

283 Where  $HU_{TC}$  is the sum of the HUs for each compound in the TC, and  $\sigma_{TC}$  is the average  $\sigma$   
284 for all compounds in the TC.

285 After obtaining the  $msPAF_{TC}$  for each TC, the total toxicity of the sample ( $msPAF_{Total}$ ) was  
286 calculated using the response addition model (Eq. 2).

$$287 \quad msPAF_{Total} = 1 - \prod_{i=1}^n (1 - msPAF_{TC,i}) \quad Eq. 2$$

288 Finally, the  $msPAF_{Total}$  for each sample was represented with the relative contribution of  
289 each TC to the total toxic pressure. In our study, the PAF and the  $msPAF_{Total}$  represent the  
290 fraction of species of the aquatic ecosystem that will be affected (i.e., the NOEC is  
291 exceeded) by the chronic exposure to an individual compound or the pharmaceutical  
292 mixture, respectively. In this study, PAF and  $msPAF_{Total}$  values between 5% and 25% were  
293 considered to result in moderate ecological risks, while values above 25% were  
294 considered to induce severe risks (see section 3.4 for rationale).

## 295 **2.8 Antibiotic resistance risks**

296 The risks of promoting antibiotic resistance in environmental bacteria were calculated  
297 using the resistance Predicted No Effect Concentrations (PNECs) proposed by Bengtsson-  
298 Palme and Larsson (2016) for all the evaluated antibiotics except furaltadone, oxolinic  
299 acid and sulfadiazine, for which resistance PNECs are not available. Risk Quotients (RQs)  
300 were calculated by dividing the measured antibiotic concentrations by the resistance

301 PNECs, so that a RQ quotient larger than one indicates a potential risk of antibiotic  
302 resistance development.

### 303 **3. RESULTS AND DISCUSSION**

#### 304 **3.1 Quantitative analysis by UHPLC-MS/MS (QqQ)**

##### 305 **3.1.1 Quality control samples**

306 Especial emphasis was made on QCs evaluation in order to support the reliability of  
307 quantitative data reported. **Table S4** shows the average results obtained for 9 QCs  
308 analysed (one QC per spiking level and per sampling campaign, this is, 3 replicates per  
309 each spiking level). It should be noted that QCs at lowest fortification level were only  
310 performed in the first campaign (n=3). Recoveries were generally between 60 and 140%  
311 (SANTE, 2019), and mostly in the 80-120% range. The use of analyte-ILIS and the absence  
312 of complex sample treatment process surely facilitated obtaining satisfactory quality  
313 controls, with a few exceptions. The most relevant were for the antibiotics ciprofloxacin  
314 and norfloxacin, whose recovery values were slightly above 200% and poorly  
315 reproducible. The lack of sensitivity of our instrumentation in negative mode prevented  
316 the determination of the drugs measured under this mode (bezafibrate, gemfibrozil,  
317 ketoprofen and naproxen) at the low fortification levels tested and only QC recoveries at  
318 1 µg/L could be calculated for these compounds. The antibiotics clarithromycin and  
319 roxithromycin showed unsatisfactory recoveries in some cases, especially at the highest  
320 level of fortification, probably because their analyte-ILIS was not available and therefore  
321 matrix effects could not be corrected. Regarding data reported in this paper for water  
322 samples, the unsatisfactory QCs recoveries only affected to ciprofloxacin and norfloxacin,  
323 and therefore those values must be taken as semi-quantitative. The reason might be the  
324 low ILIS concentration used (50 ng/L). In fact, in subsequent works performed in our  
325 group we increased the amount of ILIS added to the samples obtaining a significant  
326 improvement in the results.

##### 327 **3.1.2. Analysis of surface water samples**

328 A total of 57 river water samples (19 per campaign) were analysed by LC-MS/MS (QqQ)  
329 for 40 target pharmaceuticals. The compounds were selected based on their frequent  
330 occurrence in effluent wastewater and surface water samples analysed in previous

331 studies (Botero-Coy et al., 2018; Hernández et al., 2015a, 2015b). The concentrations  
332 found in the samples analysed are included in **Tables S8, S9** and **S10**, corresponding to  
333 the first (June 2018, summer), second (September 2018, autumn) and third (February  
334 2019, winter) campaigns. **Table 1** shows the frequency of detection (% positive samples)  
335 of the pharmaceuticals investigated. As indicated in section 2.5, the cut-off value used for  
336 the compounds detected was half of their LCL.

337 Thirty-five out of the 40 compounds evaluated in this study were measured at least once  
338 in the samples. The analgesic acetaminophen was the most frequently detected (65% of  
339 samples above the cut-off value 2.5 ng/L). The antiepileptic gabapentin (42% above 2.5  
340 ng/L), the antidepressant venlafaxine (40% above 2.5 ng/L), the antihypertensive  
341 valsartan (39% above 2.5 ng/L), the antibiotic ciprofloxacin (33% above 25 ng/L) and the  
342 anti-inflammatory drug diclofenac (33% above 2.5 ng/L) were also frequently found. A  
343 notable amount of pharmaceuticals (66% of the compounds detected) exceeded, in at  
344 least one of the samples, the concentration level of 0.1 µg/L (value set by European Union  
345 countries). The compounds with the highest percentage of exceedances were primidone,  
346 gabapentin, valsartan and diclofenac. Seven drugs (tramadol, azithromycin, ciprofloxacin,  
347 gabapentin, irbesartan, valsartan and phenazone) slightly surpassed 1 µg/L, particularly  
348 in the sites 17 and 18, but never exceeded 2 µg/L. Some of the pharmaceuticals detected  
349 in the Mijares River are currently included in the Watch List of substances for European-  
350 wide monitoring in the field of water policy (European Commission, 2018), such as the  
351 antibiotics ciprofloxacin, clarithromycin, erythromycin and azithromycin. As an example,  
352 **Figure S2** shows the positive findings of losartan (antihypertensive), diclofenac (NSAID)  
353 and erythromycin (antibiotic) in three surface water samples investigated.

354 The spatial distribution along the Mijares River, expressed as the sum of the average  
355 concentration of the 3 campaigns of each individual pharmaceutical, is shown in **Figure**  
356 **2**. As expected, the upper section was the less contaminated (< 100 ng/L for total  
357 pharmaceuticals), even in the points near the fertilizer factory (site 2) and the fish farm  
358 (sites 3 and 4), which presented a similar pattern to the rest of upper sites demonstrating  
359 no relevant contribution of pharmaceutical residues into the Mijares River.

360 As regards to the middle section, most of the sampling points showed mean  
361 concentrations of pharmaceuticals lower than 100 ng/L (7: upstream Arenoso reservoir;

362 11: Toga; 12: Sitjar reservoir; 12-13: Onda SWTP). It is worth noticing the sample collected  
363 downstream Montanejos WWTP (point 10), with a total concentration of  
364 pharmaceuticals above 5000 ng/L and high number of positives (up to 27 pharmaceuticals  
365 in the 1<sup>st</sup> campaign). On the contrary, the sampling site 11 (downstream WWTP Toga) did  
366 not appear to be very contaminated, which may be explained by the small size of this  
367 village with only 100 inhabitants. Moreover, in the sample collected downstream of the  
368 SWTP located in Onda (points 13 and 14) very few pharmaceuticals were found (< 100  
369 ng/L), indicating that no relevant pollution in terms of pharmaceuticals comes from this  
370 plant. This is in agreement with data reported on groundwater from that area, where  
371 pesticides were found as the most relevant contaminants due to the intensive agriculture  
372 in the surrounding area, focused on citrus crops (Pitarch et al., 2016).

373 As expected, the lower section of the river was the most contaminated, especially in the  
374 area nearest to the estuary. The most polluted sites (total concentration >5000 ng/L)  
375 were located downstream of the two WWTPs, near Vila-real (point 17) and Almassora  
376 (point 18). Surface water collected in these two sampling sites presented the highest  
377 number of positives (between 20 and 30, depending on the campaign). The last sampling  
378 site, near the river mouth into the Mediterranean Sea (19, Gola Almassora), also  
379 presented a notable pharmaceuticals pollution, but with mean total concentrations  
380 below 5000 ng/L.

### 381 **3.2. Seasonal variation**

382 The total concentration for the different pharmaceutical families in each sampling  
383 campaign is shown in **Figure 3**. Antihypertensive, anti-inflammatory agents and  
384 antibiotics presented the highest concentrations. No clear trends were observed as a  
385 function of the sampling season, although a slight increase in concentrations of  
386 antihypertensives, antidepressants, antibiotics and analgesics seemed to occur in winter  
387 (3<sup>rd</sup> sampling). This fact is not surprising in the case of antibiotics due to the increase of  
388 their consumption to treat respiratory infections in colder periods (Letsinger et al. 2019).

389 Due to the higher pollution observed in sampling sites 10, 17 and 18, specific data from  
390 these samples were evaluated to highlight possible seasonal trends. The antibiotics  
391 azithromycin, clarithromycin and trimethoprim were present at higher concentrations in  
392 winter at the three sampling sites. Other compounds were also found at higher

393 concentrations in winter, at least in 2 out of the 3 sampling sites: the antibiotics  
394 clindamycin, erythromycin, sulfamethoxazole and metronidazole; the antihypertensives  
395 irbesartan, losartan and valsartan; the benzodiazepine alprazolam; the antiepileptic  
396 primidone; and the analgesic tramadol. The fact that pharmaceuticals presented higher  
397 concentrations in winter is in agreement with other river monitoring campaigns (Conley  
398 et al., 2008; Daneshvar et al., 2010; Lindholm-Lehto et al., 2016). Moreover, during cold  
399 periods, there is less degradation of the compounds in the WWTPs due to the low  
400 temperatures and irradiation, which result in higher analyte concentration levels in the  
401 effluent wastewater and, therefore, in the receiving surface water (Azzouz and  
402 Ballesteros, 2013; Golovko et al., 2014; Lindholm-Lehto et al., 2016).

### 403 **3.3 Screening of pharmaceuticals and metabolites**

404 A qualitative screening using UHPLC-QTOF MS was applied to samples collected in the  
405 second campaign to complement quantitative data and obtain information about other  
406 compounds that could be present in the samples. **Table S11** shows the detection  
407 frequency of pharmaceuticals. In total, 41 pharmaceuticals were detected, and up to 35  
408 were confirmed with reference standards. Six more compounds were tentatively  
409 identified on the basis of the interpretation of accurate-mass data acquired, but could  
410 not be confirmed because the reference standard was not available at our laboratory.

411 Compounds with the highest detection frequency were acetaminophen and venlafaxine,  
412 identified in 4 out of the 19 samples. Six pharmaceuticals (azithromycin, carbamazepine,  
413 diclofenac, irbesartan, lidocaine and sulfamethoxazole) were found in 3 samples (16%).  
414 As expected, the upper section (points 1-6) presented the lowest number of findings,  
415 illustrating the little anthropogenic influence on this area. Regarding sites located  
416 downstream of the SWTP in Onda (13 and 14), no analytes were found indicating that no  
417 relevant pharmaceutical pollution comes from this plant, which is in agreement with  
418 quantitative results obtained in the three campaigns. As expected, the highest number of  
419 findings corresponded to water samples collected WWTP downstream, especially near  
420 Vila-real (point 17) and Almassora (point 18).

421 **Figure 4** shows a summary of the results obtained in the screening, grouped by  
422 pharmaceutical families. Antihypertensives and non-steroidal anti-inflammatory drugs  
423 (NSAIDs) were most frequently detected, each representing 20% of the findings, followed

424 by antibiotics (12%). The remaining families were below 10%. Other compounds, mainly  
425 identified in points 17 and 18, were amisulpride (antipsychotic), cetirizine  
426 (antihistamine), dimetridazole (antiparasitic), iopromide (X-ray contrast agent),  
427 rimantadine (antiviral agent), each one with 2.2%, and lidocaine (anesthetic, 4.4%). Most  
428 of the compounds identified by HRMS screening have been often reported in surface  
429 water by the scientific literature (Gómez et al., 2010; Hernández et al., 2015b; Ibáñez et  
430 al., 2009; López et al., 2014; Masiá et al., 2013).

431 From the 41 pharmaceuticals identified in the screening, 16 were already included in the  
432 target quantitative method applied in this work (marked with ✓ in **Table 1**). It must be  
433 taken into account that the quantitative UHPLC-MS/MS method offer much better  
434 sensitivity than the screening methodology, as it was optimized for a limited number of  
435 compounds and the TQS instrument has higher sensitivity than our QTOF instrument. It  
436 is therefore noteworthy that the detection frequency depends, not only on the  
437 concentration of the compound, but on the sensitivity of the method towards that  
438 particular compound. Hence, a lower detection frequency should not necessarily be  
439 associated to lower presence. The results from this screening will be useful to update the  
440 analytical methodology, by adding the compounds identified in the screening to the list  
441 of target analytes for quantitative UHPLC-MS/MS analysis.

442 The excellent potential of UHPLC-HRMS also allowed to investigate pharmaceutical  
443 metabolites with the aim to generate useful data for future monitoring, including relevant  
444 metabolites detected in surface water. The screening of metabolites was focused on the  
445 most contaminated samples (i.e. those collected in sampling sites 10, 17, 18 and 19) to  
446 facilitate their detection and identification. **Table 2** shows the nine metabolites  
447 (tentatively) identified in surface water. 6 out of 9 metabolites could be confirmed with  
448 reference standards.

449 4-acetylaminoantipyrine (4-AAA) and 4-formylaminoantipyrine (4-FAA), metabolites of  
450 the antipyretic drug dipyrone (metamizole), were identified in the 4 samples analysed.  
451 Furthermore, 4-OH omeprazole sulphide, carbamazepine-10,11-epoxide and clopidogrel  
452 carboxylic acid were also found in 2 out of the 4 samples, while 4-aminoantipyrine (4-AA)  
453 (another metabolite of dipyrone) was only identified in 1 of the surface water samples.



454 These metabolites have also been found in surface water in previous studies performed  
455 by our group (Boix et al., 2016, 2014; Gracia-Lor et al., 2014).

456 Three metabolites could only be tentatively identified as the reference standards were  
457 not available at our laboratory. The potential of QTOF MS for investigation of metabolites  
458 is illustrated in **Figure S3**, which shows the tentative identification of nordiazepam (N-  
459 desmethyldiazepam) in a sample that also contained the parent compound diazepam (for  
460 more details, see **S.M.**)

### 461 **3.4. Ecological risk assessment**

462 The results of the ecological risk assessment performed with SSDs built with chronic  
463 NOECs show that the majority of the sampling sites are exposed to a low mixture toxic  
464 pressure ( $msPAF_{Total}$  below 5%; **Figure 5**). However the site 19 was considered to be  
465 moderately impacted, with  $msPAFs$  ranging between 5% and 25%; and sites 10, 17 and  
466 18 were severely impacted, with calculated  $msPAF_{Total}$  above 25%. Particularly, in sites 17  
467 and 18 (in all sampling campaigns), and in 10 (in summer), the percentage of affected  
468 aquatic species ranged between 65% and 82%, indicating a very high ecotoxicological risk  
469 (**Figure 5**). In all cases, toxicity was dominated by the analgesic/anti-inflammatory TC  
470 ( $msPAF_{TC}$  15-81%). Within this TC, toxicity was clearly dominated by phenazone, although  
471 diclofenac also had an important contribution (**Tables S12-14**). The second TC with the  
472 highest calculated toxicity were the bactericides (antibiotics), with a  $msPAF_{TC}$  ranging  
473 between 5% and 12% in sampling sites 10 (all sampling campaigns), 17 (summer and  
474 winter) and 18 (autumn and winter). Within this TC, toxicity was dominated by  
475 azithromycin in autumn and winter (in sites 10, 17 and 18). In summer, the toxicity of this  
476 TC was dominated by norfloxacin, although other antibiotics such as ciprofloxacin and  
477 clarithromycin also contributed to the toxicity of the mixture. Regarding each of the  
478 monitored compounds in isolation, the highest ecological risks were established for  
479 phenazone > azithromycin > diclofenac, with individual PAFs above 10% in at least one  
480 sampling site; and to a lower extent norfloxacin, ciprofloxacin and clarithromycin, with  
481 individual PAFs above 1% in at least one sampling site (**Tables S12-S14**).

482 The method based on SSDs, and the calculated  $msPAFs$ , is a more ecological relevant  
483 approach when compared to other methods (e.g. Toxic Unit) to assess the risk of chemical  
484 mixtures to aquatic ecosystems. This is basically because it integrates toxicity data for as

485 many taxa as possible and accounts for their sensitivity differences on the basis of a  
486 statistical distribution. The capacity of the SSD approach to represent ecosystem effects  
487 has been evaluated on the basis of field monitoring studies and micro- and mesocosm  
488 experiments performed mainly with pesticides (e.g. Schäfer et al. 2013; Rico et al. 2018).  
489 Due to the absence of validation studies performed with pharmaceuticals, it is somewhat  
490 difficult to characterize the level of impact caused by each of the established risk  
491 categories. We expect that in the sites classified with severe risks (PAF or msPAF<sub>Total</sub> above  
492 25%), the NOEC exceedances contributes to a loss of species that results in significant  
493 indirect ecological effects and in effects on important ecological functions. However,  
494 further investigations should be performed to quantify these effects and to validate the  
495 SSD method with pharmaceutical compounds.

496 One of the major drawbacks of the SSD approach for its implementation in  
497 pharmaceutical risk assessment is the limited amount of experimental chronic toxicity  
498 data available. In this way, chronic SSDs often need to be based on extrapolated or read-  
499 across toxicity data. For example, the  $\mu$  of the chronic SSD for phenazone were based on  
500 the extrapolation of the  $\mu$  for the acute one (2.5  $\mu\text{g/L}$ ), which was in turn constructed  
501 with a limited number of QSAR-based toxicity data (Posthuma et al. 2019; **Table S7**).  
502 Toxicity studies performed with other non-steroidal anti-inflammatory drugs, such as  
503 diclofenac, have shown cellular toxicity, genotoxicity, immunodepression, growth  
504 inhibition and estrogenic effects on fish at environmentally relevant concentrations  
505 (Hoeger et al., 2005; Hong et al., 2007; Xu et al., 2019). Therefore, experiments aimed at  
506 assessing the chronic toxicity of phenazone on fish are highly recommended. Regarding  
507 the other high priority compounds, the SSDs for azithromycin, ciprofloxacin and  
508 clarithromycin were based on a relatively large number of toxicity data, but relied on  
509 acute-to-chronic toxicity data extrapolations, while the SSD for norfloxacin was based on  
510 available chronic toxicity data (**Table S7**). Previous studies show that these compounds  
511 are highly toxic to aquatic microorganisms, including cyanobacteria and some diatoms  
512 (Guo et al., 2015). Therefore, their ecotoxicological risks may be associated to the  
513 alteration of the structure of microbial communities and primary producers, most likely  
514 those associated to hard substrates, downstream of areas with significant WWTP  
515 influence (i.e., Montanejos, site 10, and in the mouth of the river, sites 17 and 18).

516 Furthermore, several studies show that ecosystem functions mediated by these  
517 microorganisms (e.g. nitrification, denitrification, anaerobic ammonium oxidation) can be  
518 affected by prolonged exposure to concentrations similar to those that have been found  
519 in this study (Roose-Amsaleg and Laverman, 2016).

520 Although a large number of pharmaceuticals have been monitored in this study, the  
521 results of the aquatic risk assessment show that only a very limited number of compounds  
522 has a potential contribution to the total toxicity of the sample. This is in line with other  
523 studies evaluating the potential ecotoxicological of pharmaceutical mixtures, which  
524 demonstrate that usually a reduced number of compounds ( $\leq 5$ ) significantly contribute  
525 to the total toxicity of the sample ( Schäfer et al. 2013; Arenas-Sánchez et al., 2019). In  
526 our study, two TCs were the main responsible for the toxicity observed in the most  
527 polluted sites (i.e., analgesic/anti-inflammatory drugs and antibiotics). In principle,  
528 effects other than additive or antagonistic between these pharmaceutical groups are not  
529 expected on the impacted ecosystem, as they affect species in well separated trophic  
530 levels (i.e., cyanobacteria and fish). In addition, toxicity studies assessing the effects of  
531 non-steroidal anti-inflammatory drug mixtures on fish and other aquatic organisms  
532 (Cleuvers, 2004; Sehonova et al., 2017), or antibiotic mixtures on algae (González-Pleiter  
533 et al., 2013) generally demonstrate additivity, confirming that the concentration addition  
534 model used in this study for chemicals within the same TC is not expected to  
535 underestimate, neither overestimate, the calculated risks.

### 536 **3.5 Antibiotic resistance risks**

537 RQs exceeding the value of 1 were calculated in 3 out of the 19 evaluated sampling sites  
538 of the Mijares River (sites 10, 17 and 18). Resistance PNECs were exceeded by five  
539 antibiotics (see **Figure 6**), being ciprofloxacin the compound with the highest RQ (17.3),  
540 followed by azithromycin (6.5), norfloxacin (1.9), trimethoprim (1.5) and clarithromycin  
541 (1.3). In some samples, exceedance of resistance thresholds occurred for more than one  
542 antibiotic (e.g. ciprofloxacin and norfloxacin; azithromycin and clarithromycin). Overall  
543 the antibiotics with the highest resistance development risk belong to the  
544 fluoroquinolone and the macrolide classes, which are classified as antibiotics of critical  
545 importance for human health (WHO, 2019). This study shows that WWTPs discharges into  
546 the Mijares River are contributing to environmental concentrations that may contribute

547 to the enrichment of resistance genes in aquatic bacterial communities. However, the  
548 link between these indicators and the risks to the human population are not that  
549 straightforward. The assessment of the human transmission risks depends on the  
550 exposure levels (via bathing, irrigation, drinking), and require a complementary *in-situ*  
551 evaluation of fecal contamination, resistant bacteria, genes and mobile genetic elements  
552 (Huijbers et al., 2019), which is out of the scope of this study. At this stage, however, this  
553 study evidences that antibiotics in the EU Watch List (and others co-occurring with them)  
554 should be evaluated, not only regarding their potential ecotoxicological side-effects, but  
555 also regarding their contribution to antibiotic resistance development in the  
556 environment.

557

558

#### 559 **4. CONCLUSIONS**

560 A comprehensive investigation has been made on the occurrence and risks of  
561 pharmaceuticals in the Mijares River (Eastern Spain). Up to 35 pharmaceuticals were  
562 quantified in the water samples analyzed. The impact of wastewater effluents was  
563 evidenced by a notable increase of pharmaceutical concentrations as well as in the  
564 number of compounds detected in the samples collected downstream of WWTP  
565 discharges. The effect of the WWTP was observed even for small populations located  
566 along the river. The compounds most frequently found were acetaminophen,  
567 gabapentin, venlafaxine, valsartan, ciprofloxacin and diclofenac.

568 The complementary use of target quantitative methodology and qualitative wide-scope  
569 screening, allowed to have a more complete overview on the pharmaceuticals present in  
570 water. Accurate-mass data acquired by UHPLC-HRMS also allowed to investigate the  
571 presence of metabolites, leading to the identification of nine compounds, of which 4-  
572 acetylaminoantipyrine (4-AAA), 4-formylaminoantipyrine (4-FAA), 4-OH omeprazole  
573 sulphide, carbamazepine-10,11-epoxide and clopidogrel carboxylic acid were the most  
574 detected. Further studies on the occurrence and risks of these metabolites are  
575 recommended.

576 A probabilistic risk assessment for aquatic organisms has been performed, indicating  
577 moderate-to-severe ecological risks in four sampling points downstream of WWTP  
578 discharges. The toxicity of the pharmaceutical mixture was dominated by analgesic/anti-  
579 inflammatory drugs and antibiotics, and the compounds with the highest contribution to  
580 the toxicity were phenazone > azithromycin > diclofenac > norfloxacin, ciprofloxacin >  
581 clarithromycin. Out of these six compounds, only three are currently included in the EU  
582 Watch List. Out of the 13 antibiotic compounds evaluated in this study, 5 were found to  
583 exceed threshold concentrations for antibiotic resistance, particularly in the sampling  
584 sites downstream of WWTP discharges. Therefore, this study supports the advancement  
585 of water sanitation methods to minimize ecological and antibiotic resistance risks in the  
586 Mijares River.

587

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925 **Table 1.** Target pharmaceuticals and results obtained by UHPLC-MS/MS (QqQ) quantitative analysis of water  
 926 samples collected in the three campaigns. Percentages were calculated from a total number of 57 samples.  
 927 Lowest calibration level (LCL), used as limit of quantification. The value of LCL/2 was taken as the cut-off  
 928 reference for detection frequency.

Family	Compound	Positive samples (%)	Positive samples > 0.1 µg/L (%)	Maximum level found (µg/L)	LCL (ng/L)
<i>Analgesics</i>	Acetaminophen ✓	65	2	0.20	5
	Tramadol ✓	17	14	1.9	5
<i>Anthelmintic agents</i>	Levamisol	16	2	0.11	5
<i>Antibiotics</i>	Clindamycin	16	4	0.13	5
	Sulfadiazine	5	0	0.020	5
	Sulfamethoxazole ✓	19	9	0.20	5



	Tetracycline	9	0	0.011	5
	Trimetroprim	12	7	0.72	5
	Azithromycin* √	16	10	1.6	50
	Ciprofloxacin* <sup>a</sup>	33	5	1.1	50
	Clarithromycin* √	14	12	0.33	5
	Erythromycin*	17	2	0.12	5
	Furaltadone	0	0	-	5
	Lincomycin	9	0	0.011	5
	Metronidazole	10	2	0.11	5
	Nalidixic acid	2	2	d	5
	Norfloxacin <sup>a</sup>	25	5	0.94	50
	Oxolinic acid	19	0	d	5
	Roxithromycin	0	0	-	5
<i>Antidepressants</i>	Venlafaxine √	40	14	0.80	5
<i>Antiepileptics</i>	Gabapentin √	42	16	1.9	5
	Carbamazepine √	19	0	0.026	5
	Primidone	26	17	1.0	5
<i>Antihypertensives</i>	Enalapril	0	0	-	5
	Irbesartan √	23	12	1.7	5
	Losartan √	19	12	0.68	5
	Valsartan √	39	16	1.6	5
<i>Antiulcer drugs</i>	Omeprazole sulfide-4-hydroxy √	19	7	0.15	5
	Pantoprazole	14	0	0.013	5
<i>Benzodiazepines</i>	Alprazolam	19	0	0.020	5
	Lorazepam √	16	0	0.094	10
<i>Beta-blocker agents</i>	Metoprolol	14	0	0.057	5
	Salbutamol	17	0	0.023	5
<i>Hypolipidemic agents</i>	Atorvastatin	12	2	0.21	5
	Bezafibrate <sup>b</sup>	9	0	d	1000
	Gemfibrozil <sup>b</sup>	0	0	-	1000
<i>Nonsteroidal anti-inflammatory</i>	Diclofenac √	33	16	0.94	5
	Ketoprofen <sup>b</sup> √	0	0	-	1000
	Naproxen <sup>b</sup> √	14	0	d	1000
	Phenazone	21	14	2.0	10

929 \*Compounds included in the Watch List of the Commission Decision 2018/840

930 √ Compounds also detected in the UHPLC-QTOF MS screening<sup>a</sup> Results in positive samples should be taken as guidance

931 values since accurate quantification could not be made

932 <sup>b</sup> Compounds with LCL higher than 0.1 µg/L, so positive samples > 0.1 µg/L is not applicable

933 d, detected: concentration below LCL and at least one q/Q ratio was accomplished

934

935 **Table 2.** Metabolites and/or transformation products of pharmaceuticals identified in surface water samples  
936 by UHPLC-QTOF MS.

Compounds	Samples			
	10b	17b	18b	19b
4-AA (4-Aminoantipyrine)	✓	-	-	-
4-AAA (4-Acetylaminoantipyrine)	✓	✓	✓	✓

4-FAA (4-Formylaminoantipyrine)	✓	✓	✓	✓
Carbamazepine-10,11-epoxide	-	✓	✓	-
Clopidogrel carboxylic acid	-	✓	✓	-
O-Desmethyl venlafaxine	-	t	t	-
4-OH Omeprazole sulphide	-	✓	✓	-
Losartan carboxylic acid	-	t	t	-
Nordiazepam (N-desmethyldiazepam)	-	t	t	-

937 ✓: confirmed with reference standard, ((de)protonated molecule and at least one fragment ion were  
938 observed at the expected retention time).  
939 t: tentative identification ((de)protonated molecule was observed and at least one ion fragment was justified).  
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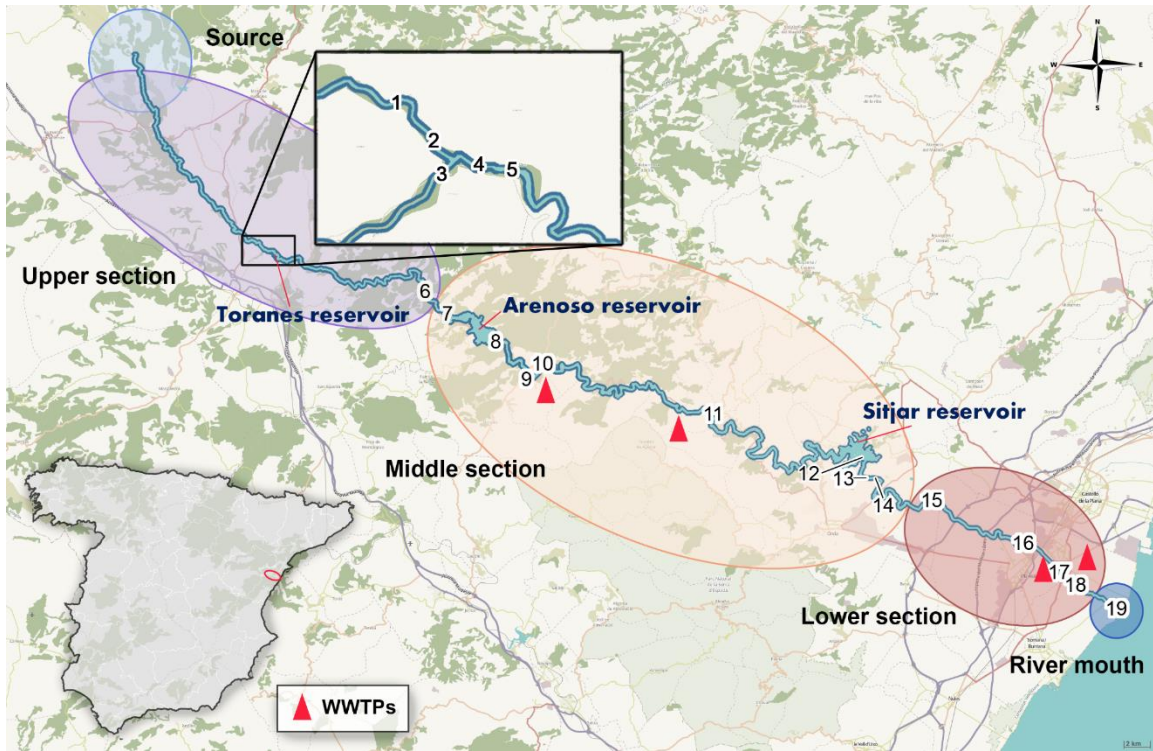
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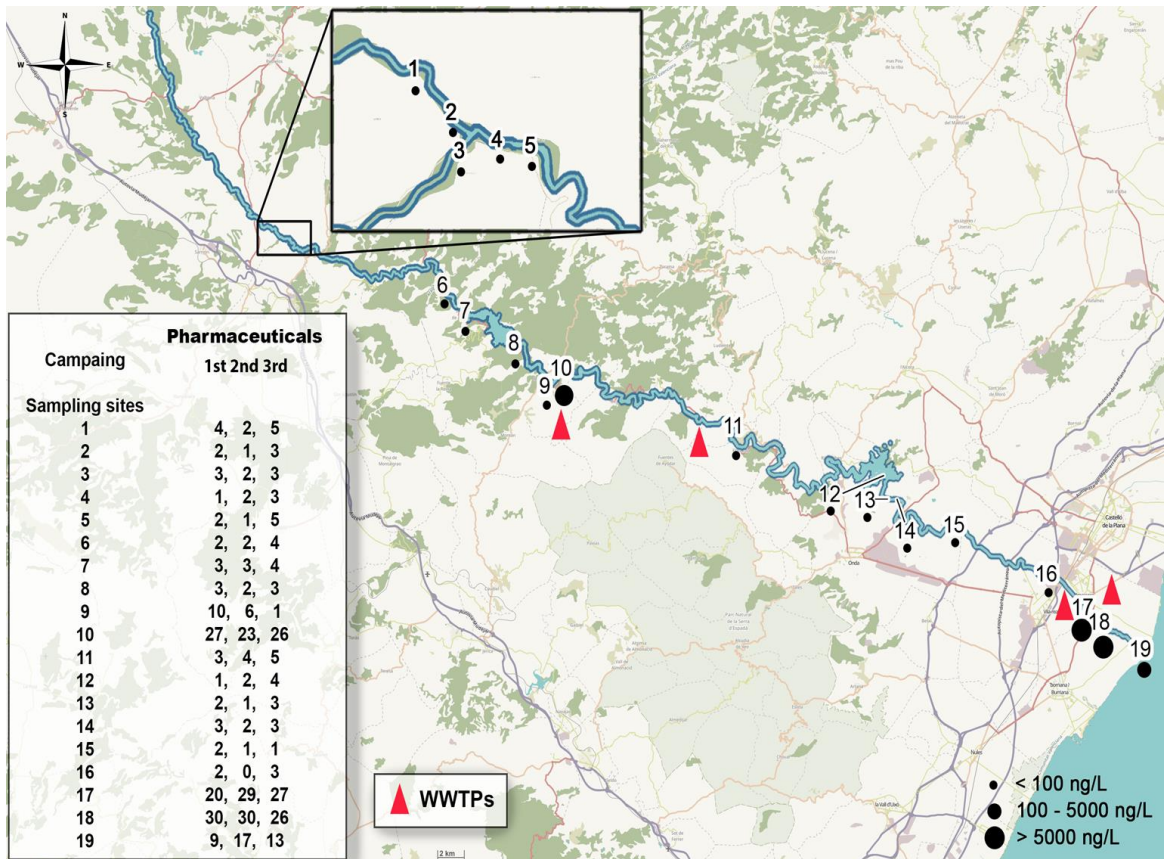
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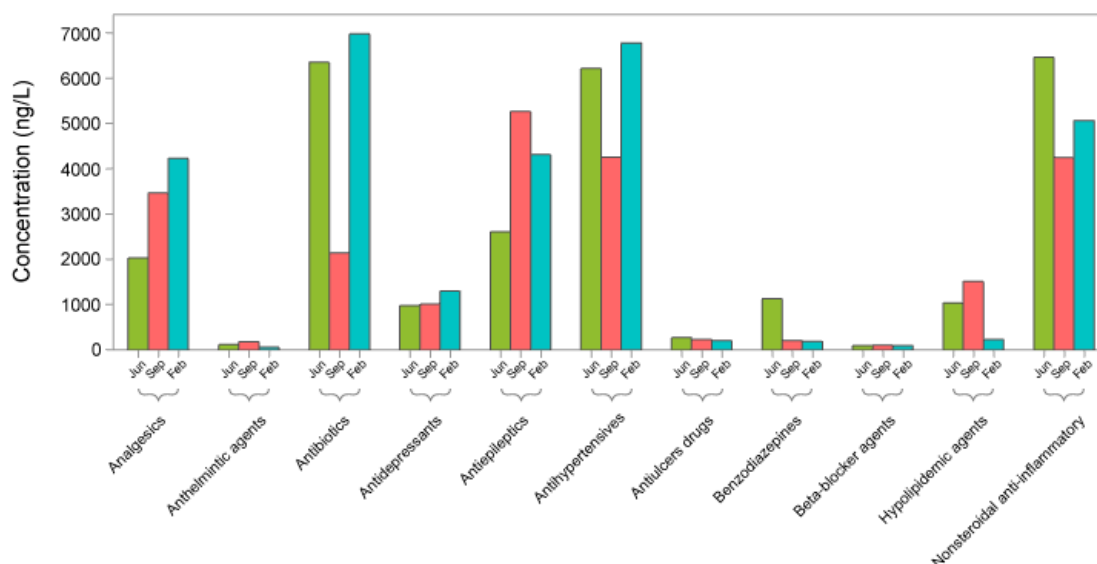
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**Figure 1.** Location of the sampling sites and WWTPs along the Mijares River



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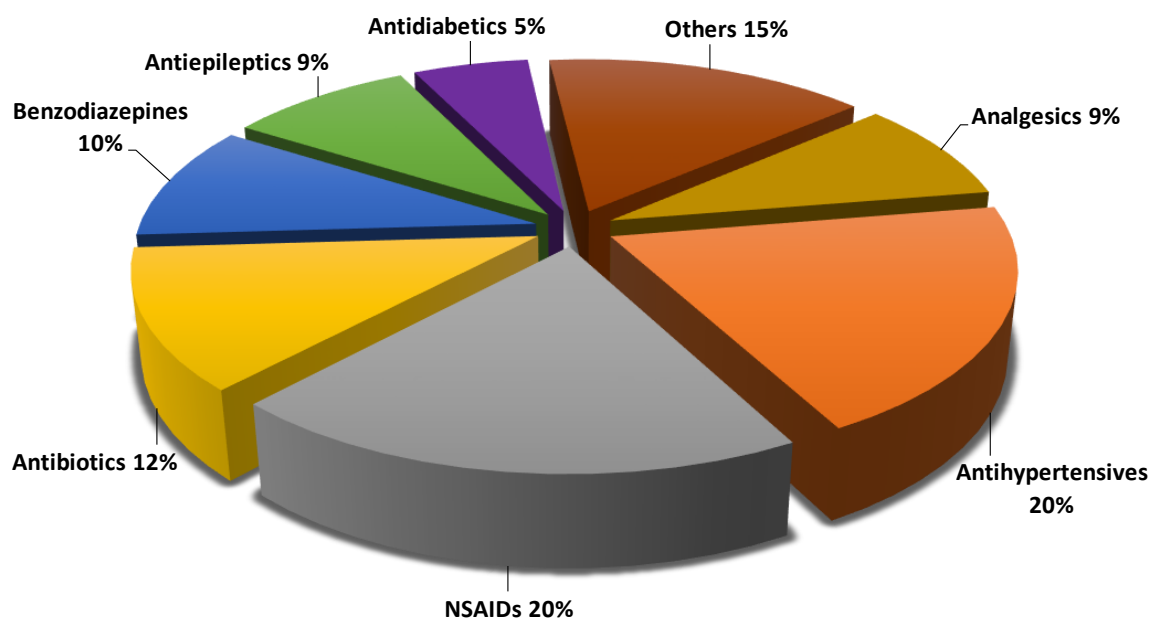
**Figure 2.** Spatial distribution as total average concentration of pharmaceuticals in Mijares River. In the left side, the number of pharmaceuticals found in each sampling site per campaign is shown (1<sup>st</sup>: June 2018; 2<sup>nd</sup>: September 2018; 3<sup>rd</sup>: February 2019)



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960 **Figure 3.** Total pharmaceutical concentrations ( $\mu\text{g/L}$ ) (grouped by families) in the Mijares River in every  
 961 sampling campaign (1<sup>st</sup> campaign: June 2018; 2<sup>nd</sup> campaign: September 2018; 3<sup>rd</sup> campaign: February  
 962 2019). NSAIDs: Nonsteroidal anti-inflammatory drugs

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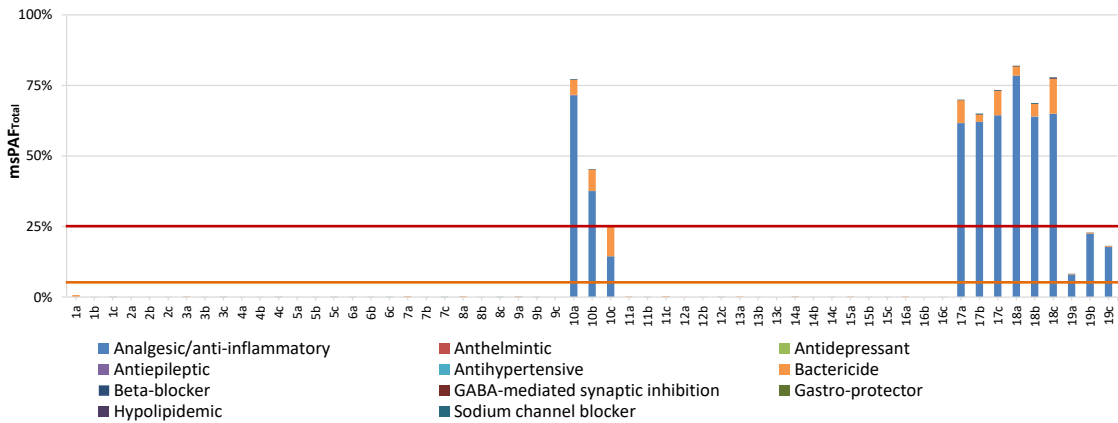


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965 **Figure 4.** Percentages of the different families of pharmaceuticals identified  
 966 in the Mijares River by UHPLC-QTOF MS screening. NSAIDs: Nonsteroidal  
 967 anti-inflammatory drugs. The “Others” category includes the following  
 968 types of pharmaceuticals: anesthetics, antihistamines, antiparasitics,  
 969 antipsychotics, antiviral and X-ray contrast agents

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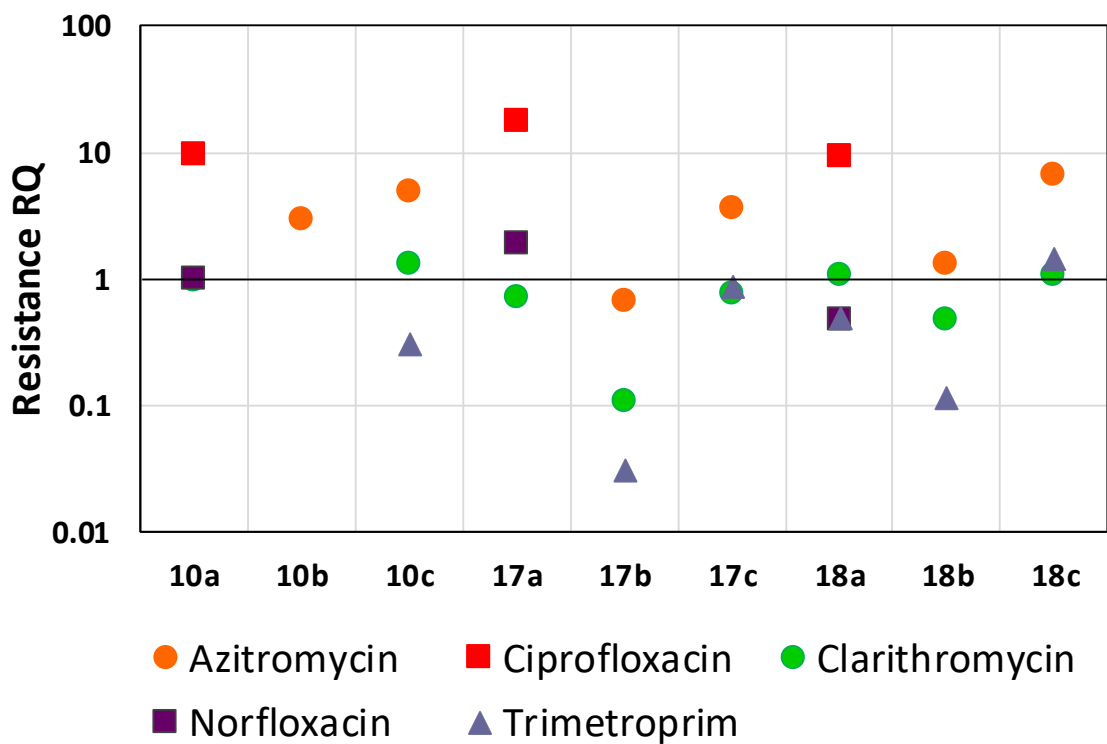


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974 **Figure 5.** Calculated total chronic toxicity (msPAFTotal) for each sample and relative  
 975 contribution of each specific therapeutic class to the total toxic pressure. The orange line  
 976 indicates an msPAFTotal of 5%, and the red line an msPAFTotal of 25%. a, b, c refer to the  
 977 samples taken in the first, second and third sampling campaigns, respectively (1st campaign:  
 978 June 2018; 2nd campaign: September 2018; 3rd campaign: February 2019)

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981 **Figure 6.** Calculated RQs for the antibiotics that are expected to result in antibiotic  
 982 resistance risks (RQ>1) in at least one of the samples. Only the sites with RQs higher than

983 one are represented. a, b, c refer to the samples taken in the first, second and third sampling  
984 campaigns, respectively (1<sup>st</sup> campaign: June 2018; 2<sup>nd</sup> campaign: September 2018; 3<sup>rd</sup>  
985 campaign: February 2019