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PHARMACOKINETICS

Jan Juřica, PharmD. Ph.D.

Basic principles of pharmacokinetics

Pharmacokinetics is aimed on this processes:

absorption

distribution

biotransformation

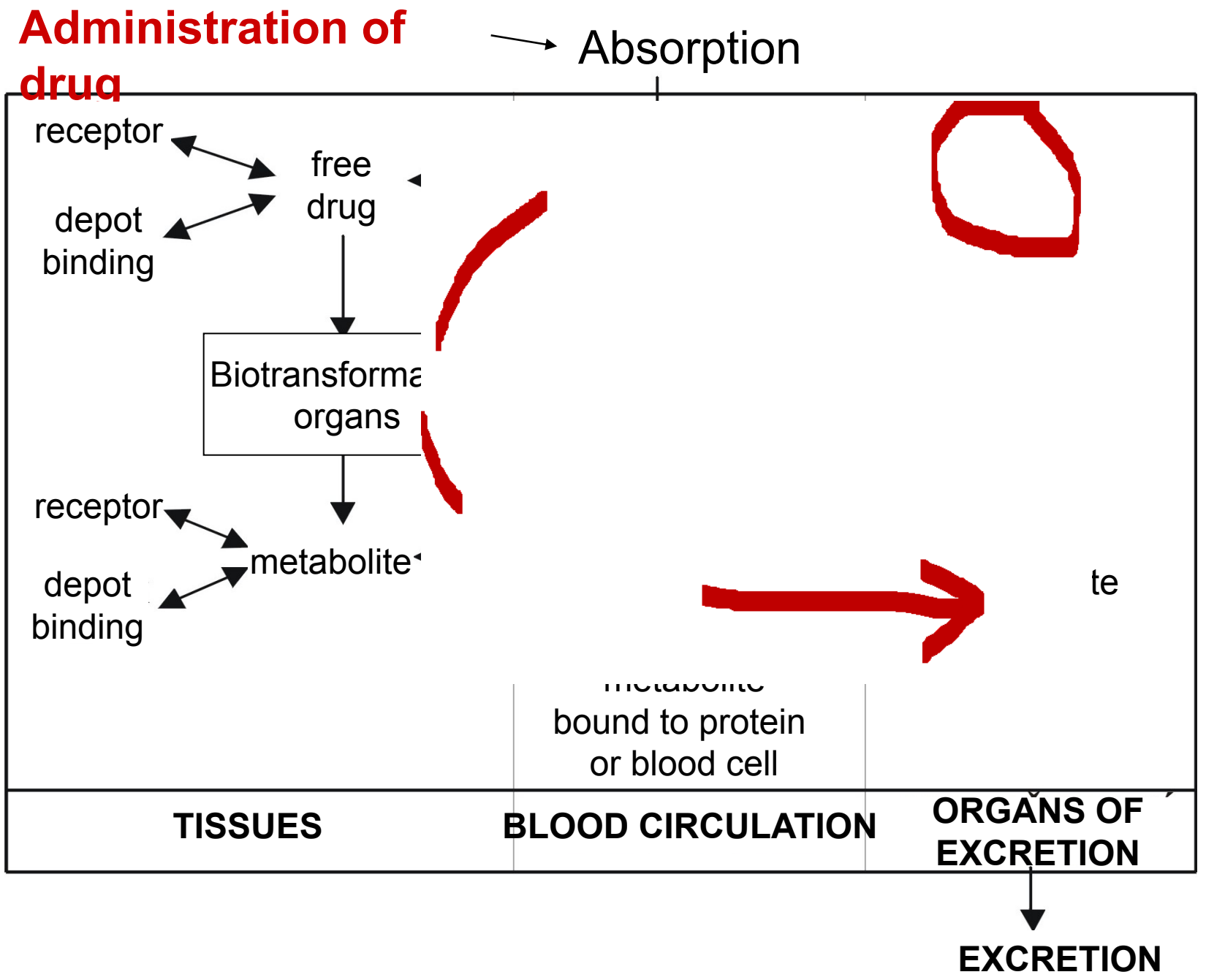
excretion of drugs

and their relation to pharmacologic (therapeutic or toxic) effects

Pharmacokinetics

absorption	A	}	invasion	} "ADME"
distribution	D			
metabolism	M	}	elimination	
excretion	E			

- processes of **ADME**


Administration of drug
Absorption
receptor
free drug
depot binding
Biotransforma
organs
receptor
metabolite
depot binding
te
bound to protein
or blood cell
TISSUES
BLOOD CIRCULATION
ORGANS OF EXCRETION
EXCRETION

General features of drug movement across the body

1. **Physical-chemical characteristic of drug**

   lipophilic vs hydrophilic, MW, charge, pKa, solubility

2. **Drug transmission through biological barriers**

   lipophilic - pasive diffusion

   hydrophilic- pore transmission

   active transport, vesicular transport – pinocytosis, phagocytosis

3. **Drug binding**

   plasmatic prot

   blood cells

   tissue binding

4. **Tissue perfusion**

   brain, heart, liver and kidney

   adipose tissue

Stomach pH 1-2

Parietal cell+ vascular endothelial cell

Absorption – routes of administration

penetration of dissolved drug from the site of administration to blood (systemic circulation) – necessary for general effect– **systemic effect**

Local effect:

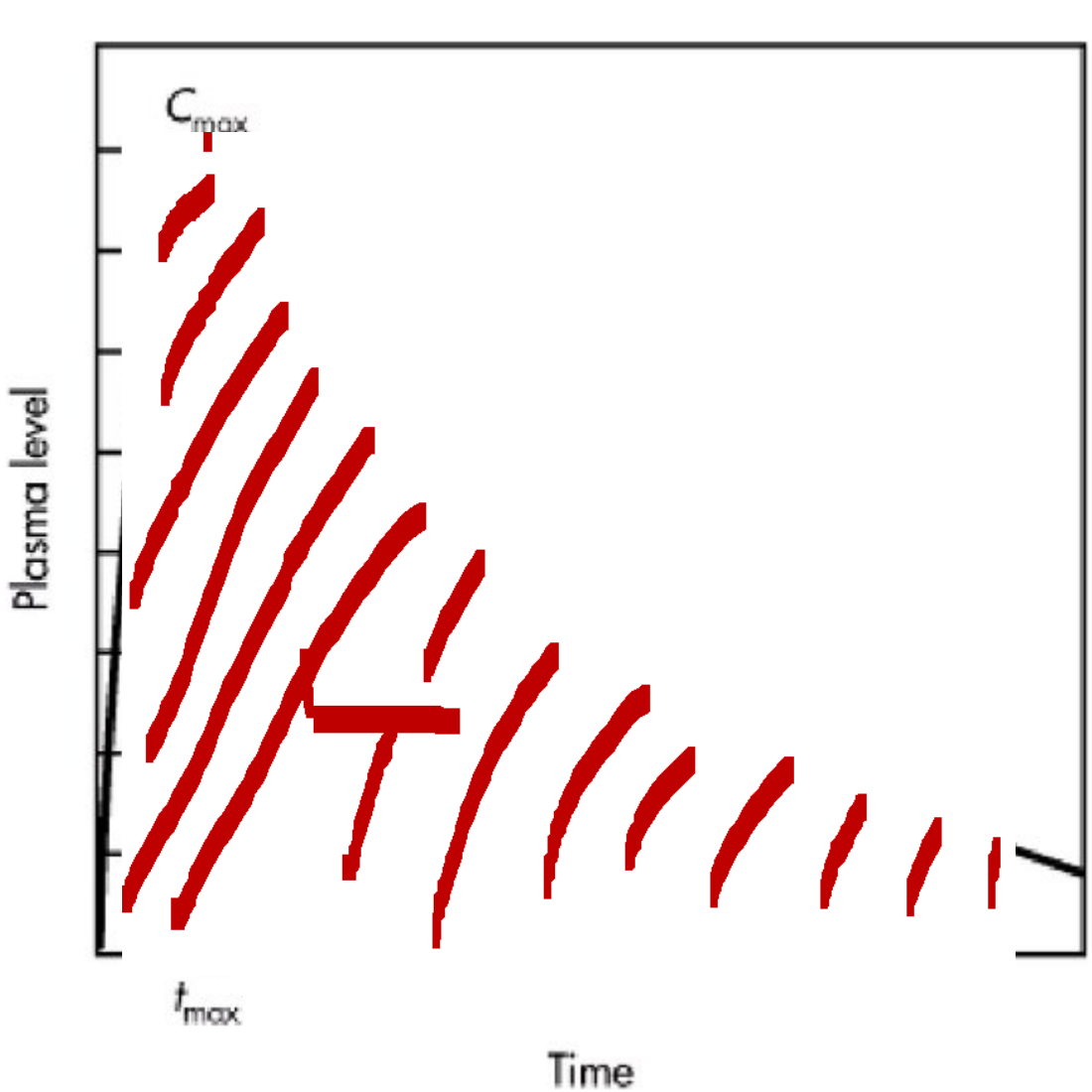
on skin, mucosas or ventricles
absorption is undesirable – possible AE
ie. local corticoids, local anesthetics

Speed and **extent** of absorption are described by P-kinetic parameters:

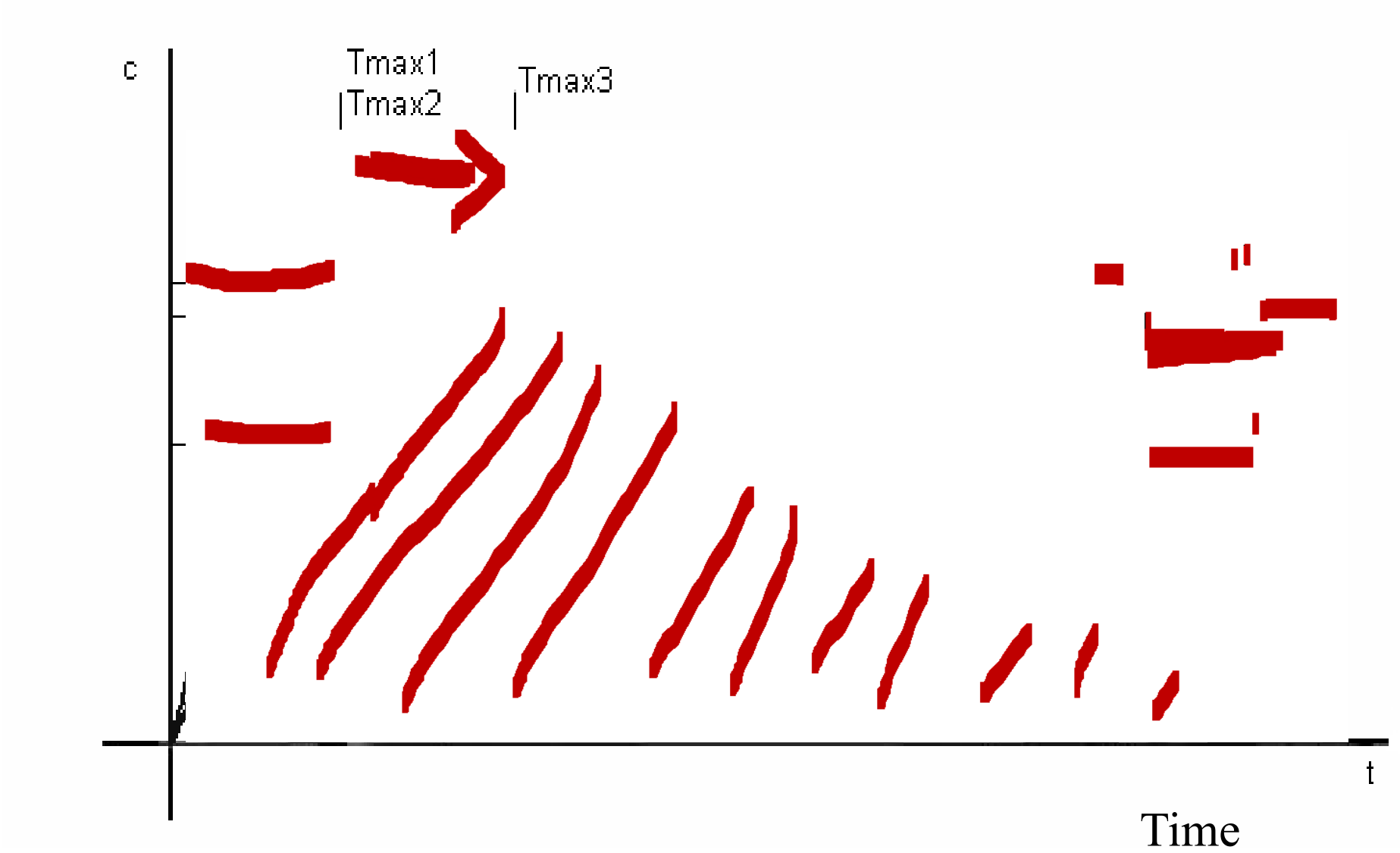
C_{max} max. concentration of drug in plasma after single dose

T_{max} time, when drug reach c_{max} (speed)

bioavailability (extent)


C_{max}
Plasma level
t_{max}
Time

Concentration of drug



Bioavailability- F

how much from the administered dose get to circulation

extravascular administration - 0-100% (resp. 0-1)

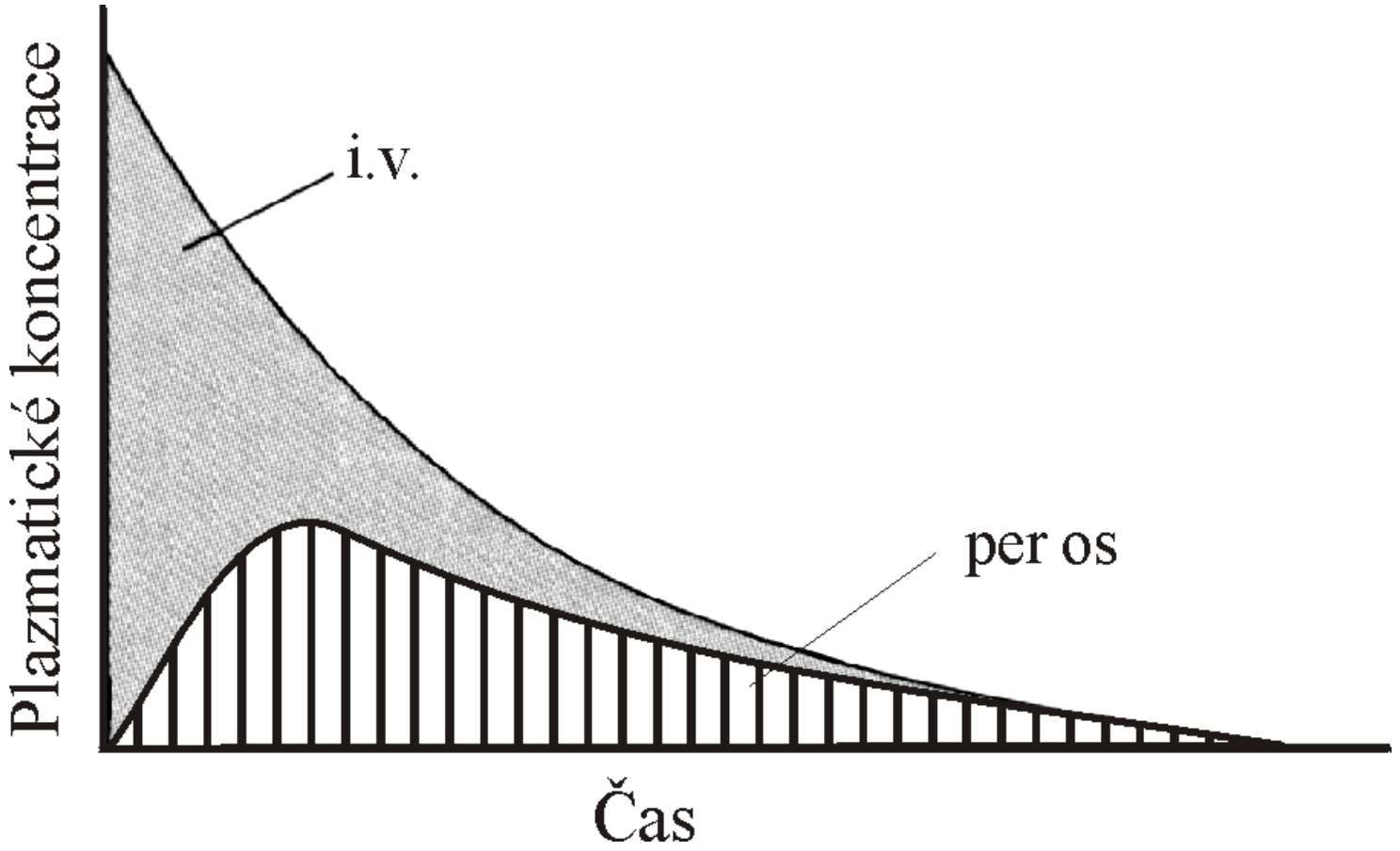
intravenous (intravascular) - 100% = 1

administer the drug by this rough that - SET,

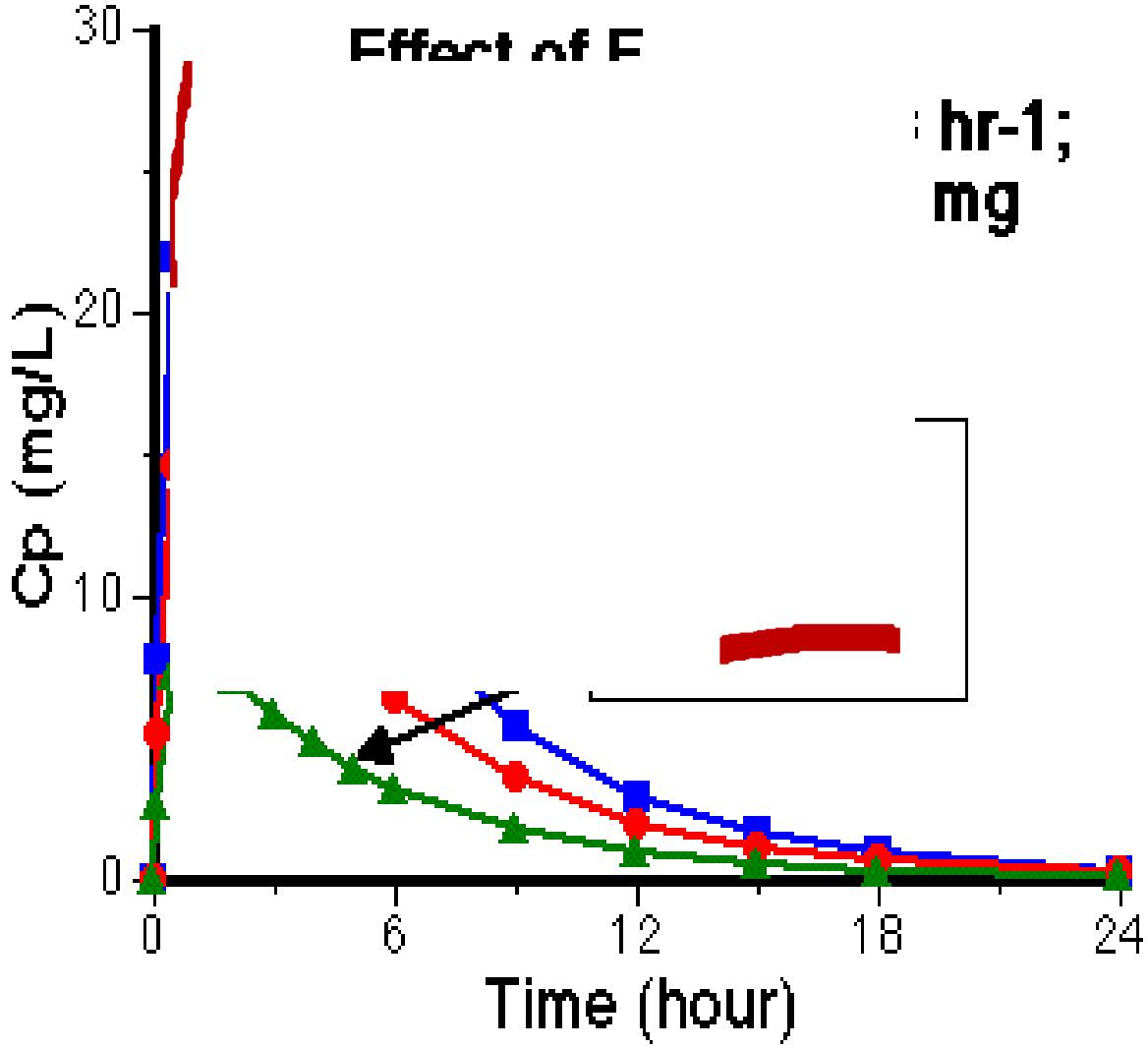
nder the curve (AUC)

http://icp.org.nz/icp_t6.html

AUC – area under the curve



Effects of different bioavailability (F) on the pharmacokinetics



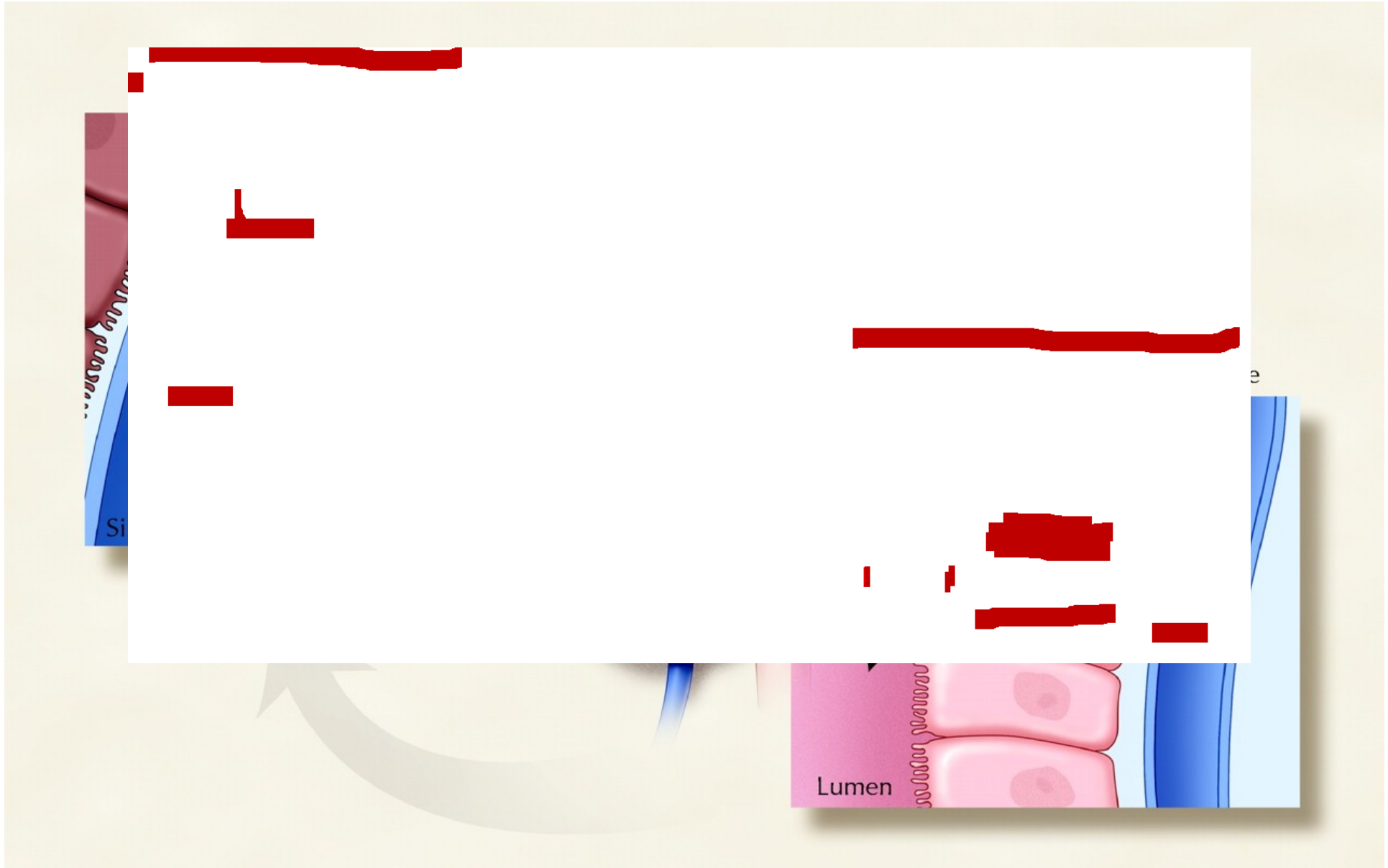
Bioavailability- F

Absolute bioavailability

comparing the AUC of administered drug in the test dosage form and the AUC after i.v. drug administration

Relative bioavailability

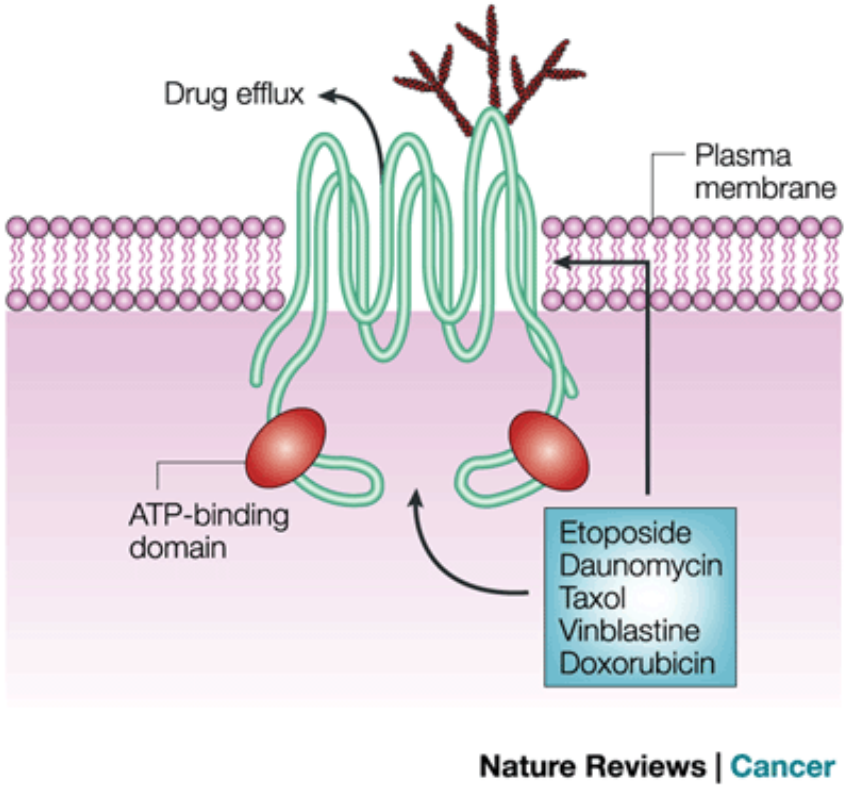
assess the expected biological equivalence of two preparations of a drug
if the relative bioavailability = 1 (100%) → tested preparation is bioequivalent to the reference

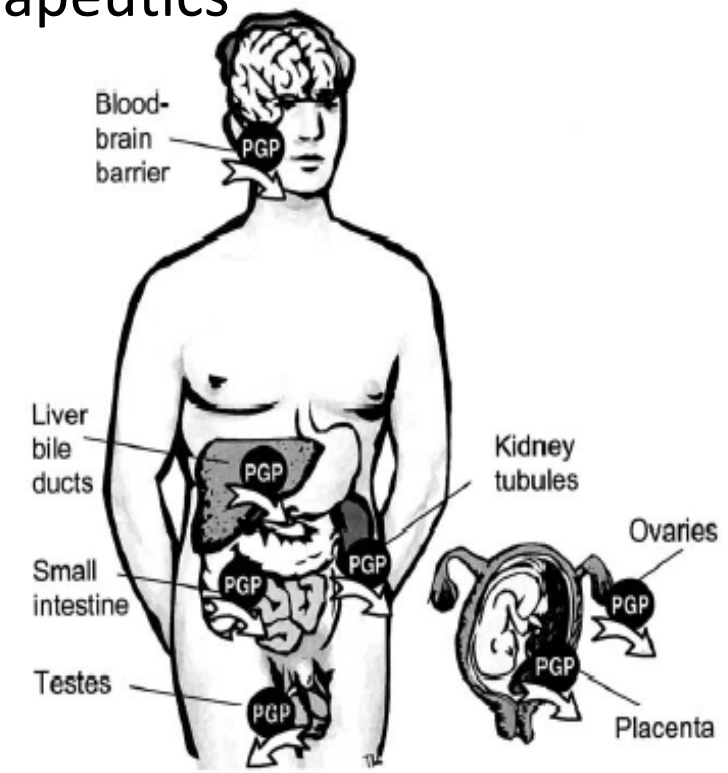


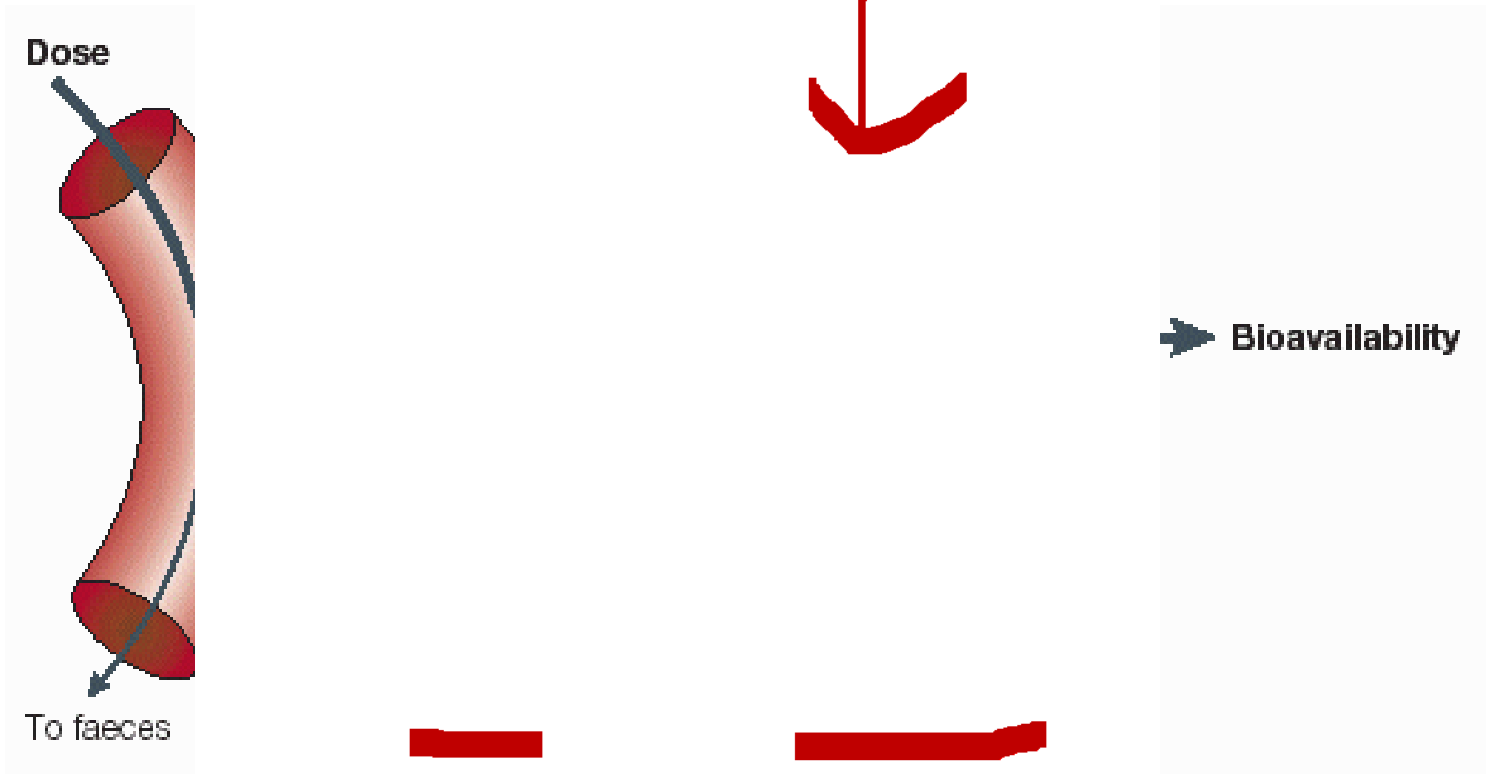
David G. Bailey, and George K. Dresser CMAJ 2004;170:1531-1532

P-glycoprotein

- transmembrane pump encoded by *MDR1, ABCB1*
- drug efflux pump for xenobiotics
- [illegible] chemotherapeutics







http://icp.org.nz/icp_t6.html?h

Other factors influencing drug absorption

gender, weight, plasmatic volume, speed of gastric discharging

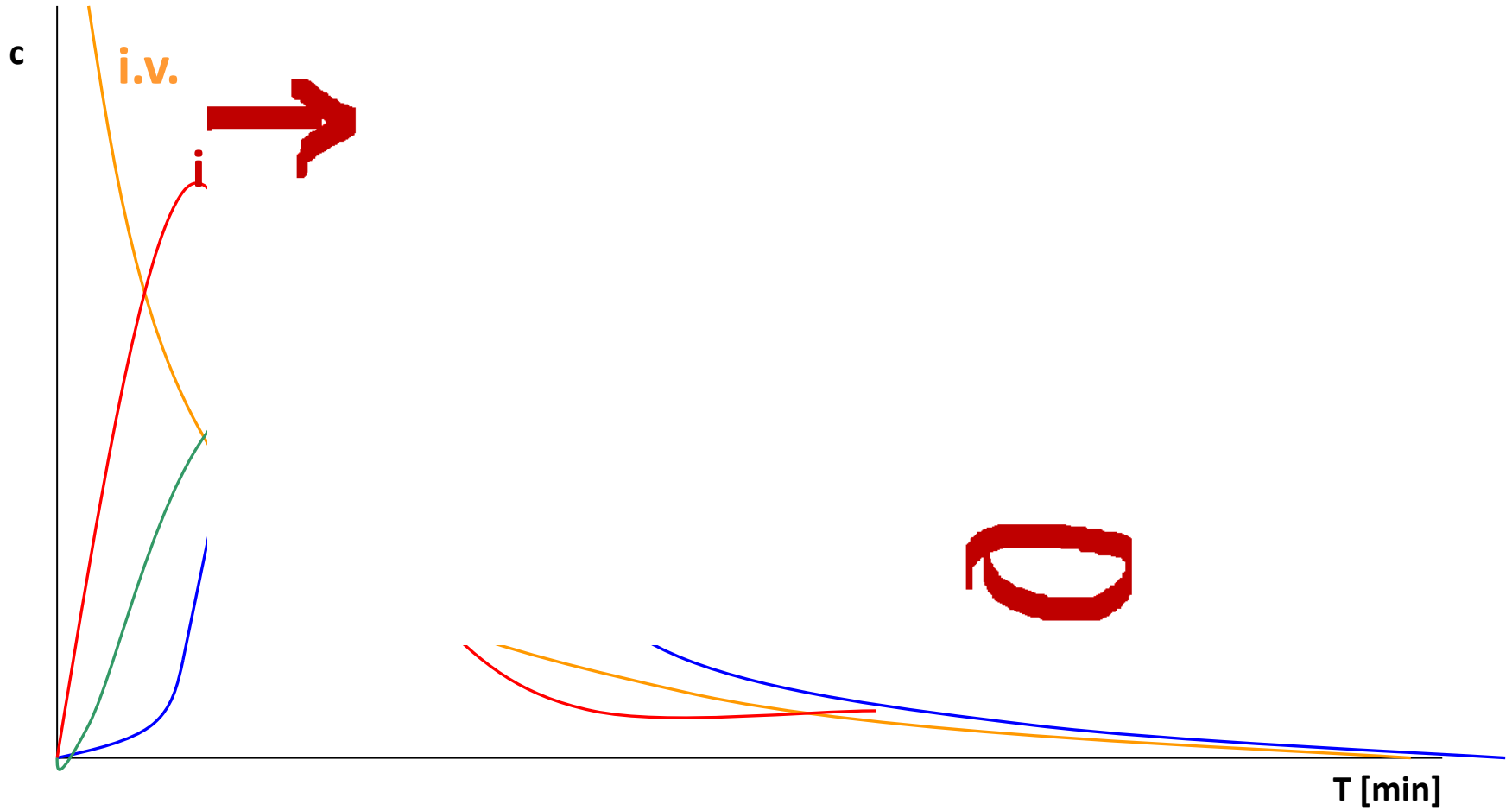
age - pH, bile, enzymes

pathophysiological [illegible] diseases of liver, inflammation ...

Body constitution ([illegible]

diet

- acceleration/ decceleration
- chemical incompatibilities
- GIT functionality


c
i.v.
i
T [min]

Distribution

Penetration of drug from blood to tissues, dynamic proces where we are interested in:

speed of distribution- depends on:

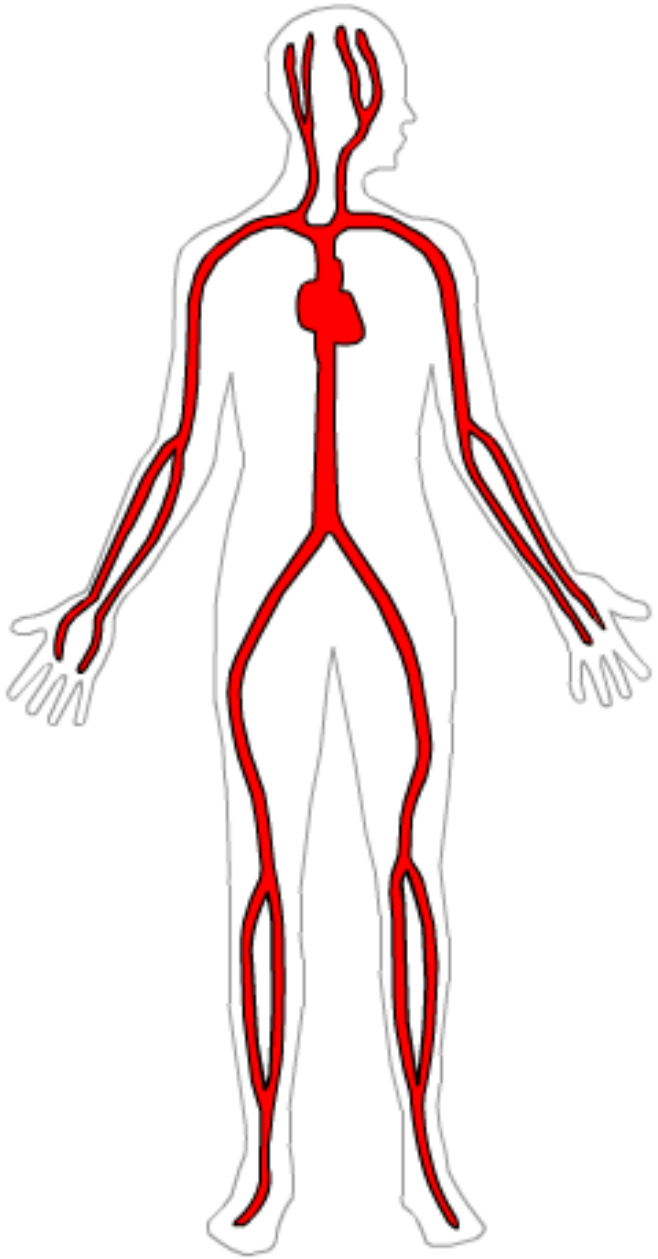
free fractions of drug are equal

l plastmatic concentration

[1]

http://icp.org.nz/icp_t3.html?htmlCond=0

The apparent volume of distribution, *V*d, is defined as the volume that would contain the total body content of the drug at a concentration equal to that present in the plasma



Vd

5 L

Drug concentrated in blood stream

Drug in blood and extracellular space

Drug equally distributed in blood and tissues

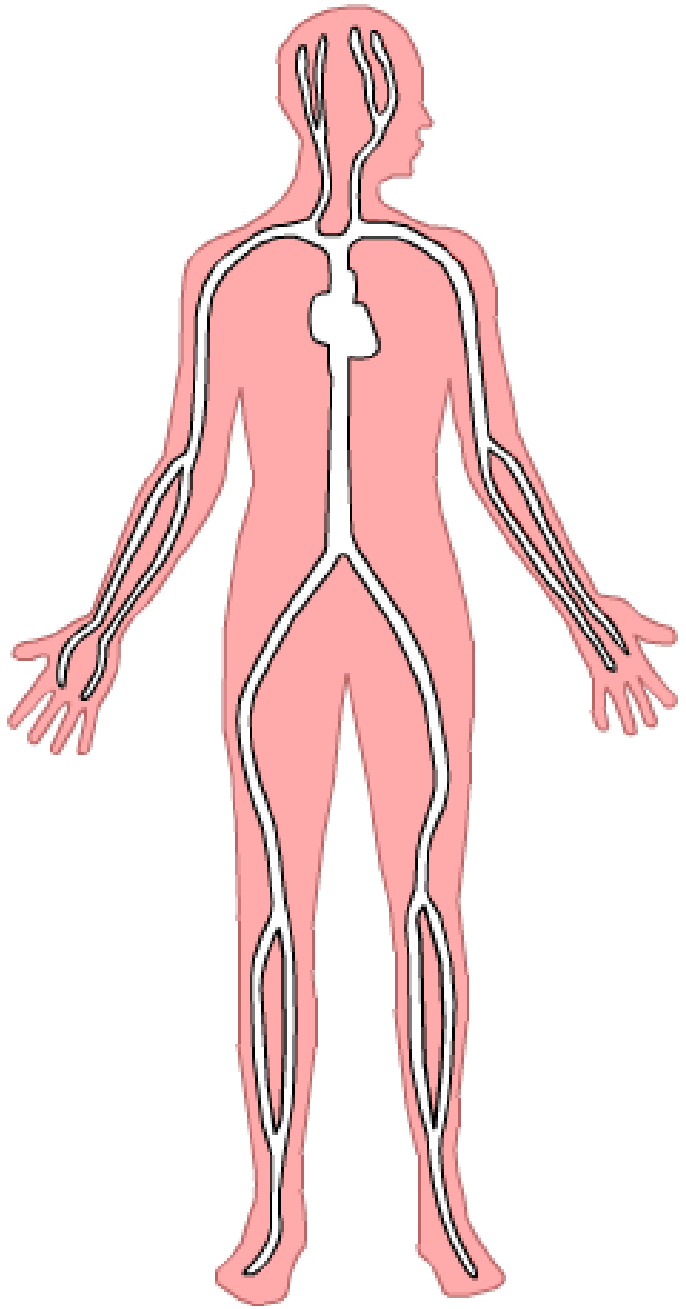
Drug moderately concentrated in tissues

Drug highly concentrated in tissues (usually adipose)

10,000 L

Amount in body = Vd x plasma concentration

Ab = Vd x Cp



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Amount in body = Vd x plasma concentration

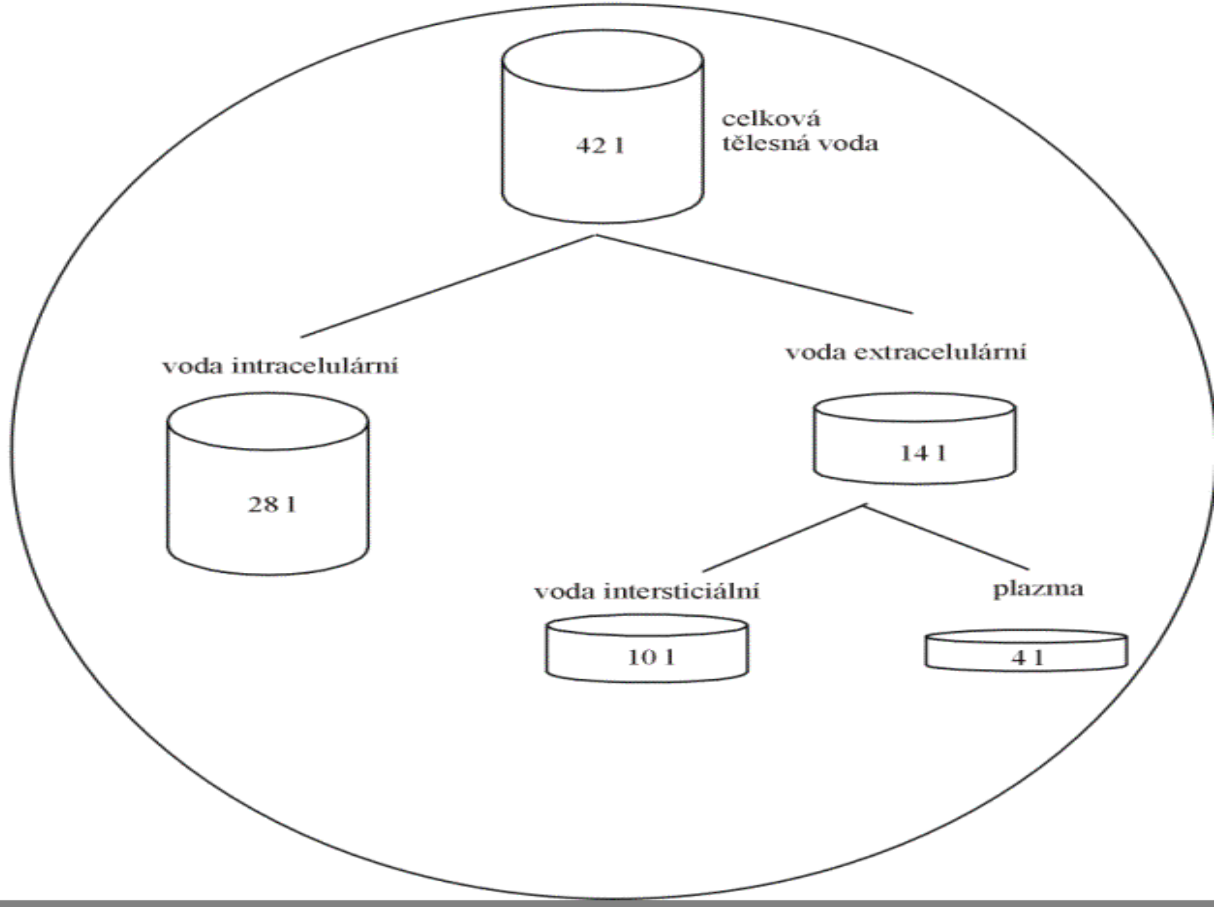
$$Ab = Vd \times Cp$$

$$\uparrow \quad \frac{\uparrow Ab}{\downarrow Cp}$$

Vd = **hypothetical volume**,

Final value of Vd can be even 50000 liters (antimalarial drugs).
What does this value tell us:

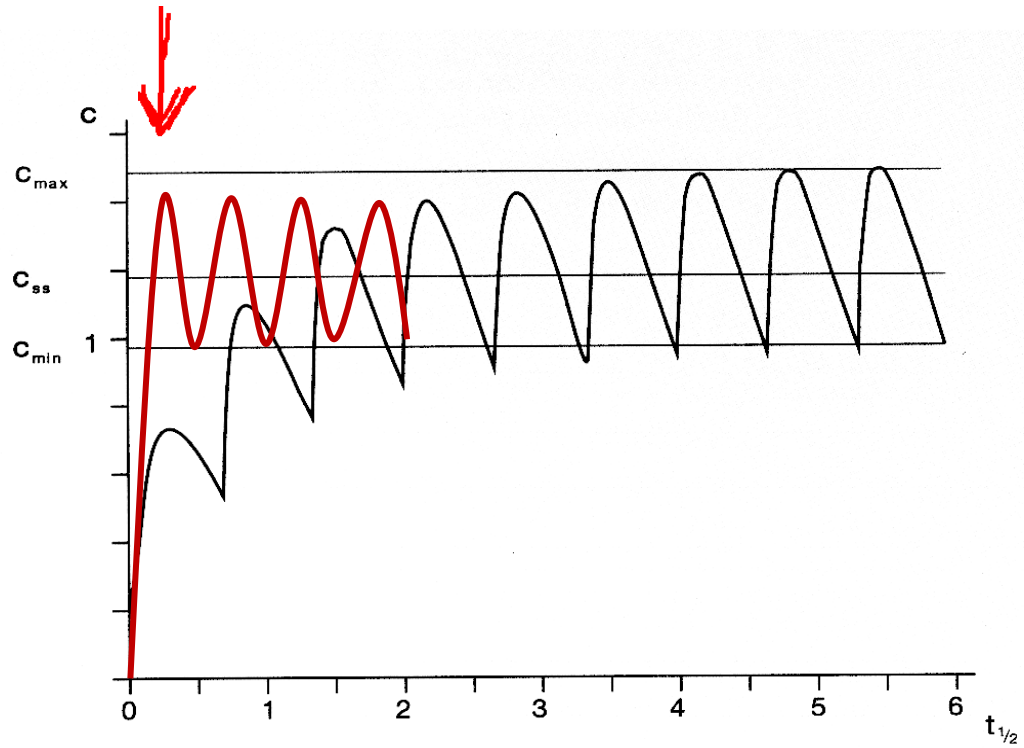
We can assess distribution of the drug in the body.



Distribution

Distribution volume - use:

Calculation of loading dose: $D = Vd \cdot c_T$



Distribution

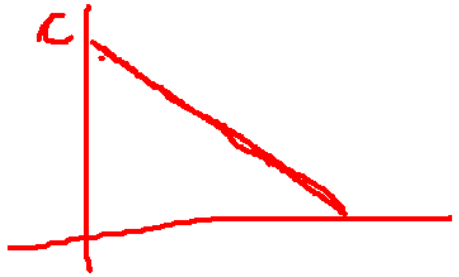
Estimate the amount of drug in the body

$$M = Vd \cdot C$$

Assessment of the effect of hemodialysis and hemoperfusion

drugs with higher Vd can not be eliminate from the body by these technics

Elimination of drugs



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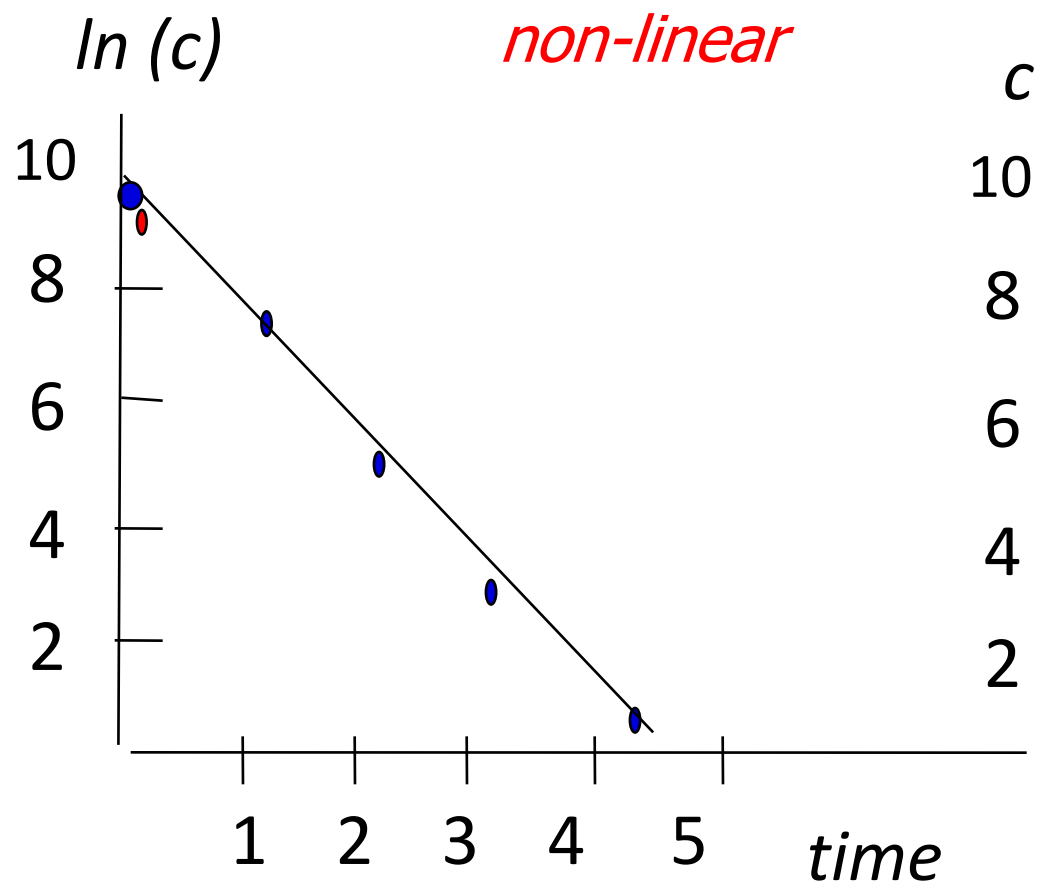
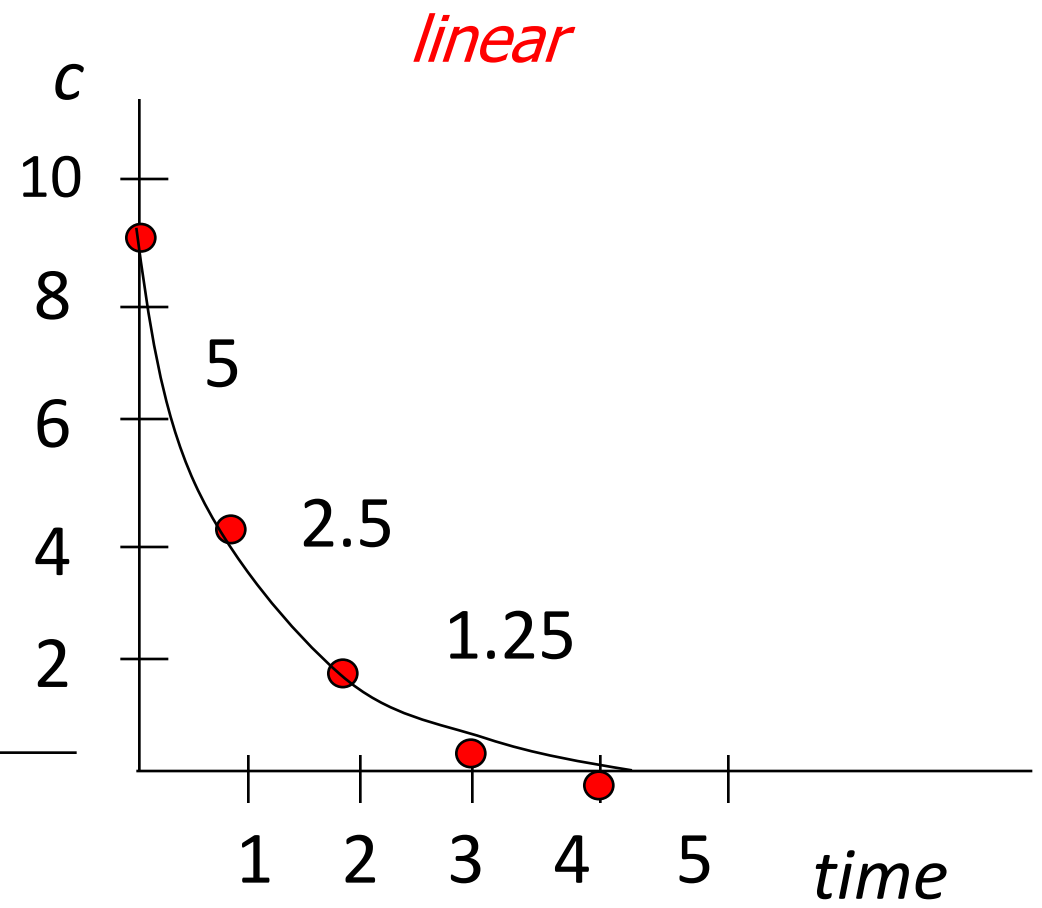
- Non-linear kinetics

0 and 1st.-order elimination





Biotransformation - metabolism

Predominantly in liver, but also in other organs and parts of body

Enzymatic processes

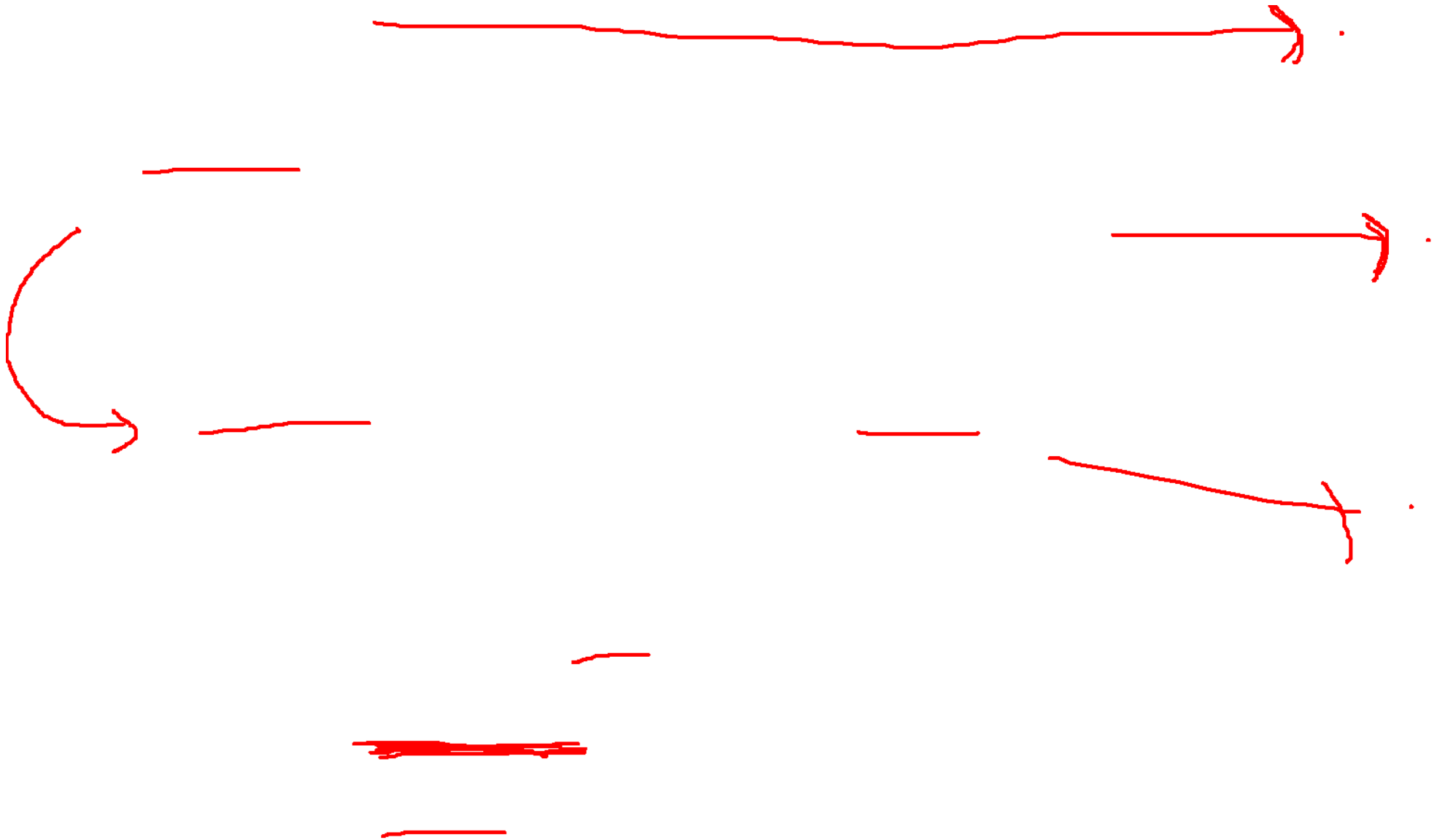
bioactivation (prodrug)

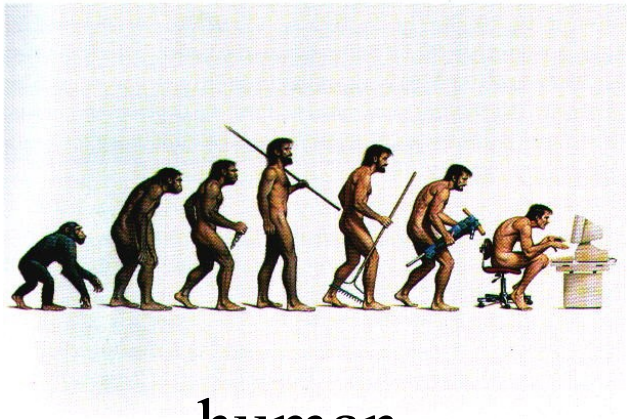
tamoxifen – endoxifen

cyclophosphamide – phosphoramide

→ **biodegradation**

Biotransformation - metabolism





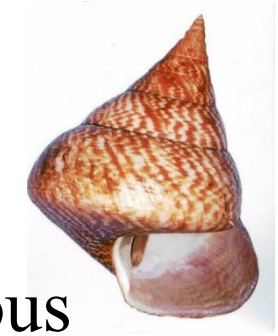
human

animals

plants

CYP 450

molluscous

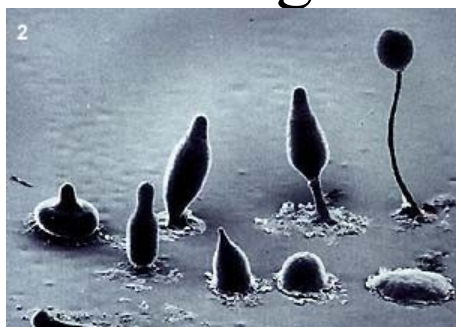


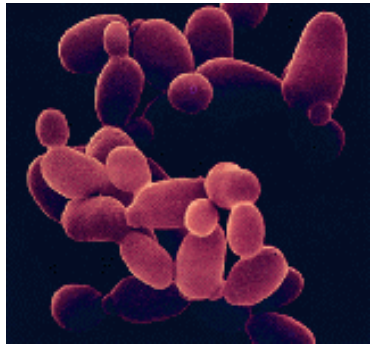
insect

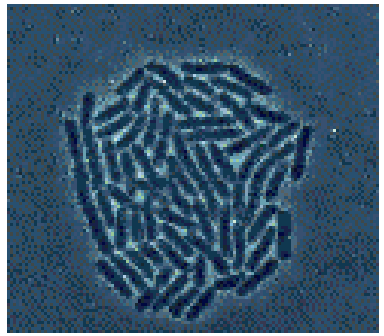
fungus

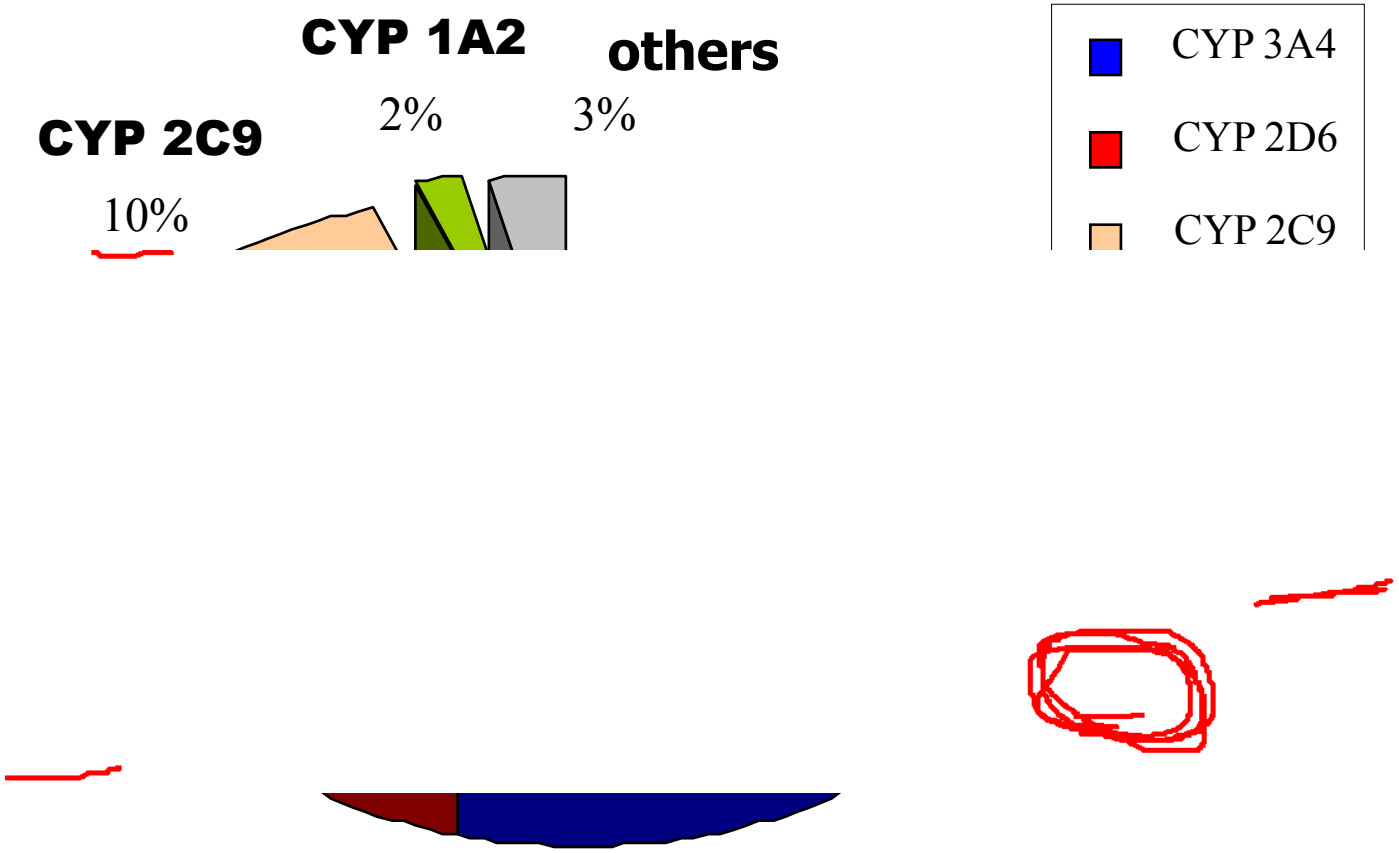
yeasts

bacteria








CYP 1A2
others
2%
3%
CYP 2C9
10%
CYP 3A4
CYP 2D6
CYP 2C9
CYP

Inducers of CYP450

- **dexametazon**
- **fenobarbital**
- **rifampicine**
- **phenytoin**
- **St. John´s worth (Hypericum *perforatum)***
- ***Ginkgo biloba***

Inhibitors of CYP450

- antidepressants (fluoxetin, fluvoxamin, paroxetin)
- chinin, chinidin
- chloramphenicol, erytromycine
- ketokonazol, itrakonazol
- grapefruit juice

Excretion

kidneys
bile
lungs

Saliva, skin, hair, milk…

Excretion by kidney

MW < 60.000 D (MW of albumin = 68.000 D)

glomerular filtration

tubular secretion

organic acids

furosemide
thiazide diuretics
penicilins

→ **alkalization**
natrium hydrogencarbonate

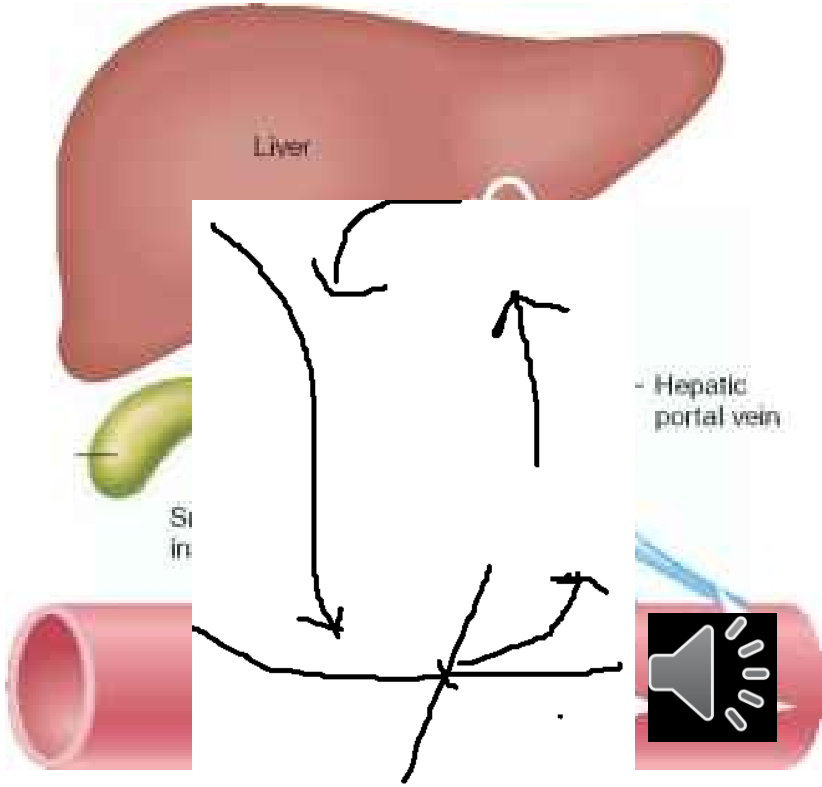
→ **acidification**
ammonium chloride

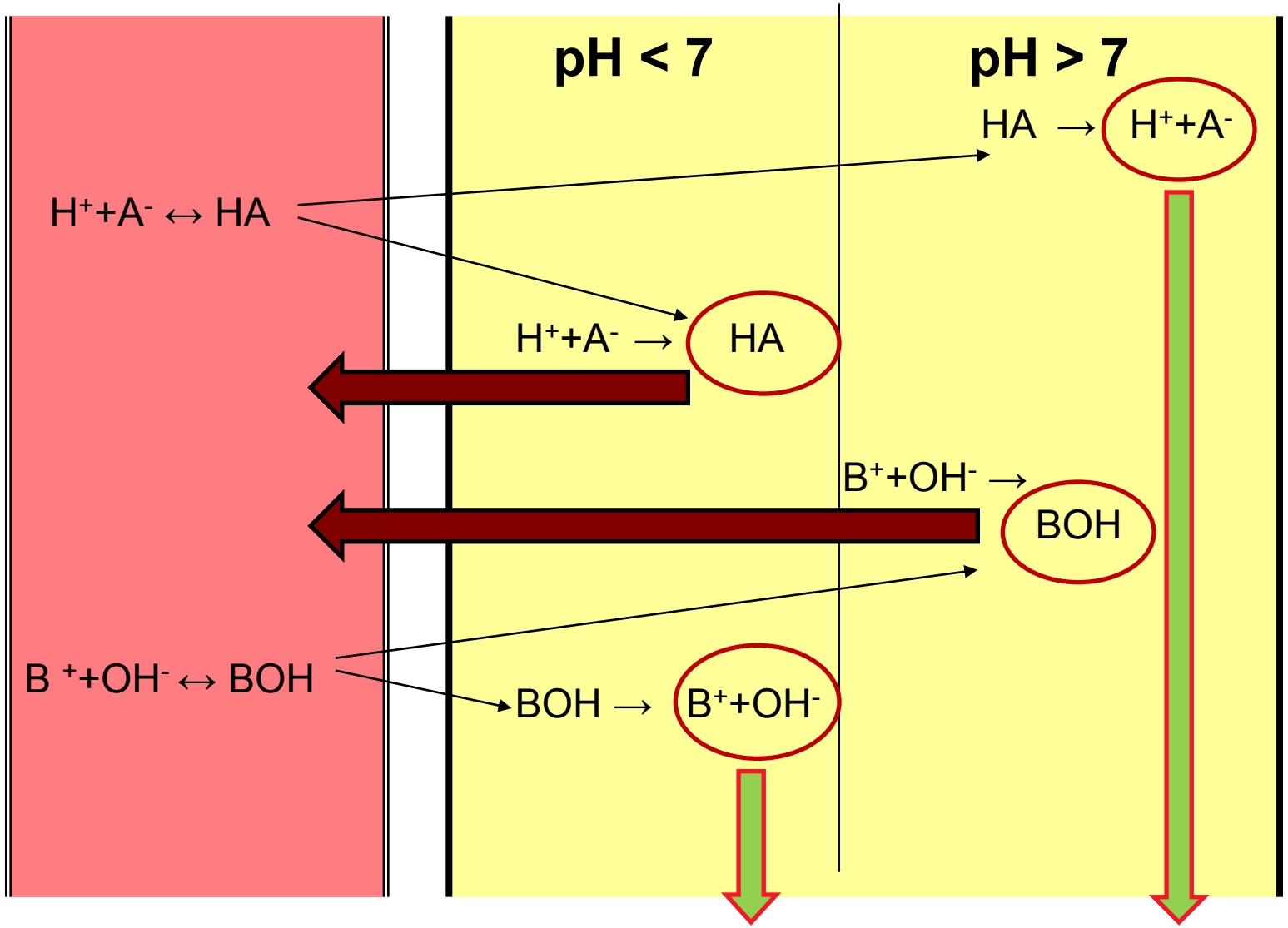
Excretion by liver

Substances permeate through 2 membranes of hepatocytes – basolateral and apical (canalicular)

Metabolites are excreted primary by **pasive diffusion**, further by **active transport** (glucuronides, bile acids, penicillins, tetracyclines, etc.)
Metabolites can be deconjugated by bacterial enzymes in intestine → release of lipophilic molecule → **re-absorption**

= ENTEROHEPATIC CIRCULATION





http://icp.org.nz/icp_t11.html

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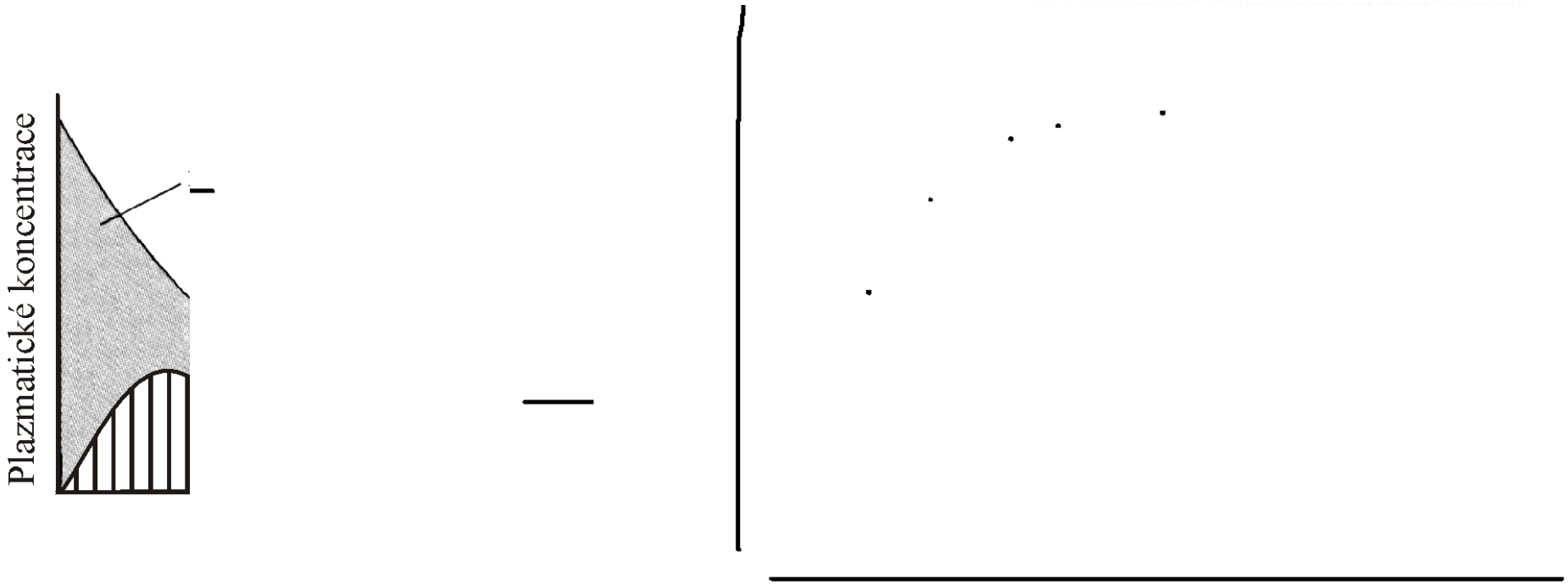
Pharmacokinetic parameters

Mathematic description of pharmacokinetic processes and its use in drug dosage

The guide for evaluation of pharmacokinetics in clinical practise is **plasma concentration/time curve** – problems with measuring in vivo



- In accordance with concentration-time curves we determine **pharmacokinetic parameters** – model values, which proviídes us to describe P-kinetic processes
- There are three possible manners of drug administration with regards to concentration-time curves:

  single dose

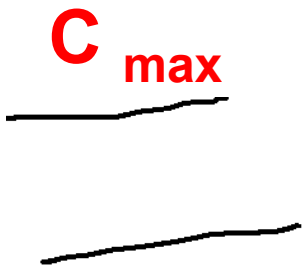
  continuous administration

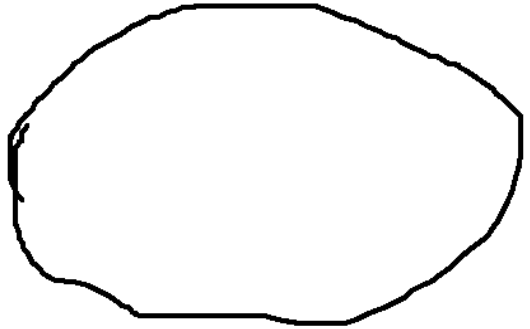
  repeated dose

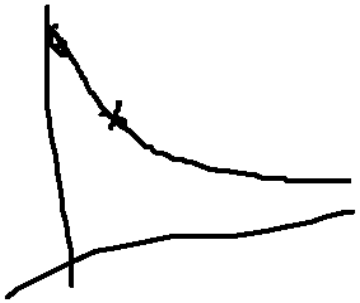
Single dose

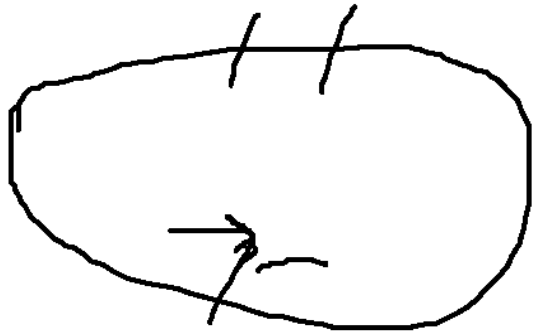
Invasion phase

C_{max}

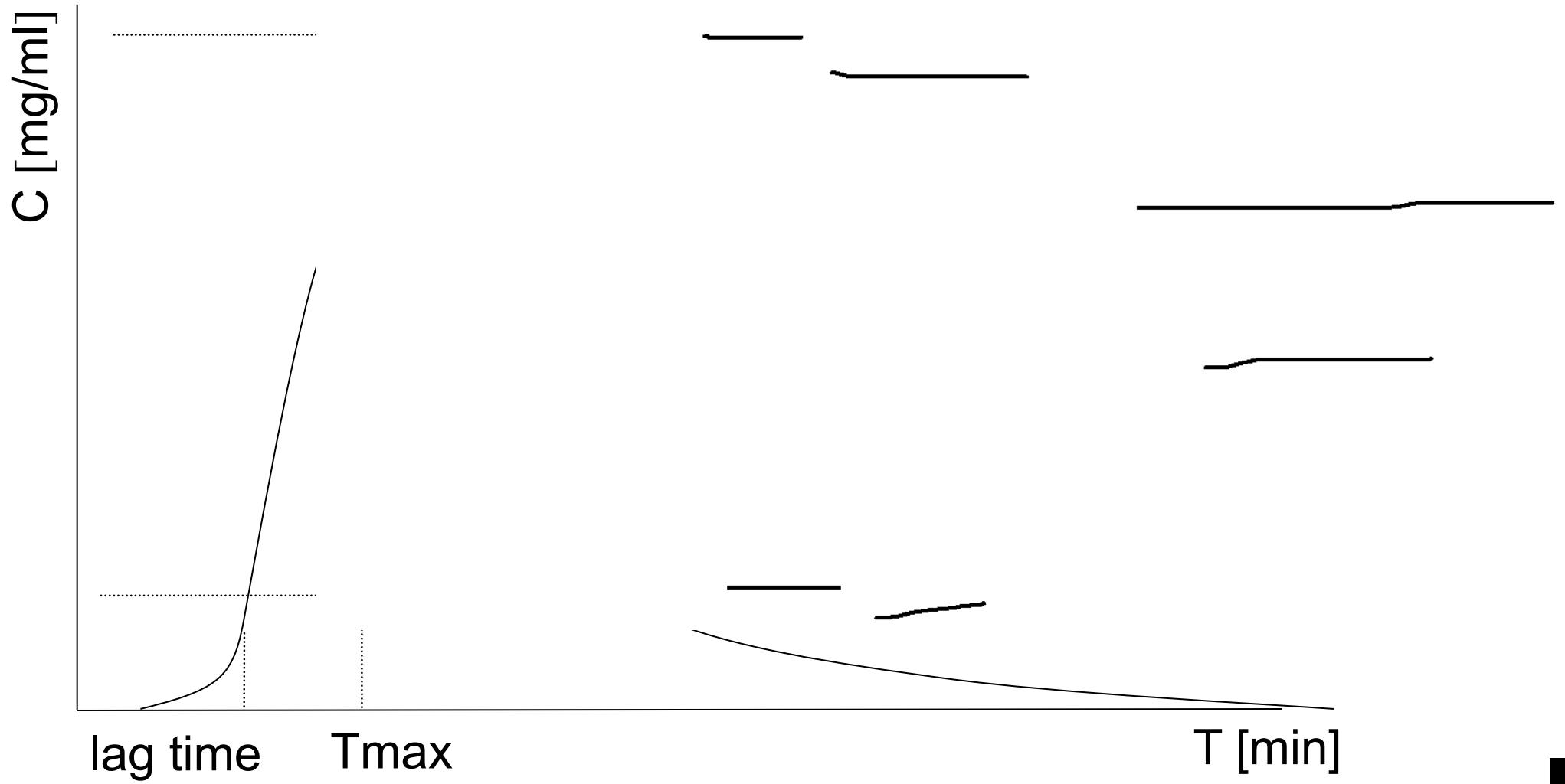








Relationship of plasmatic conc. on time



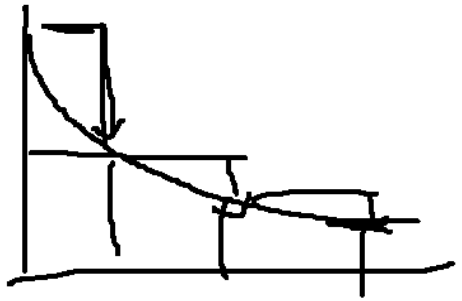
INVASION ELIMINATION

Single dose

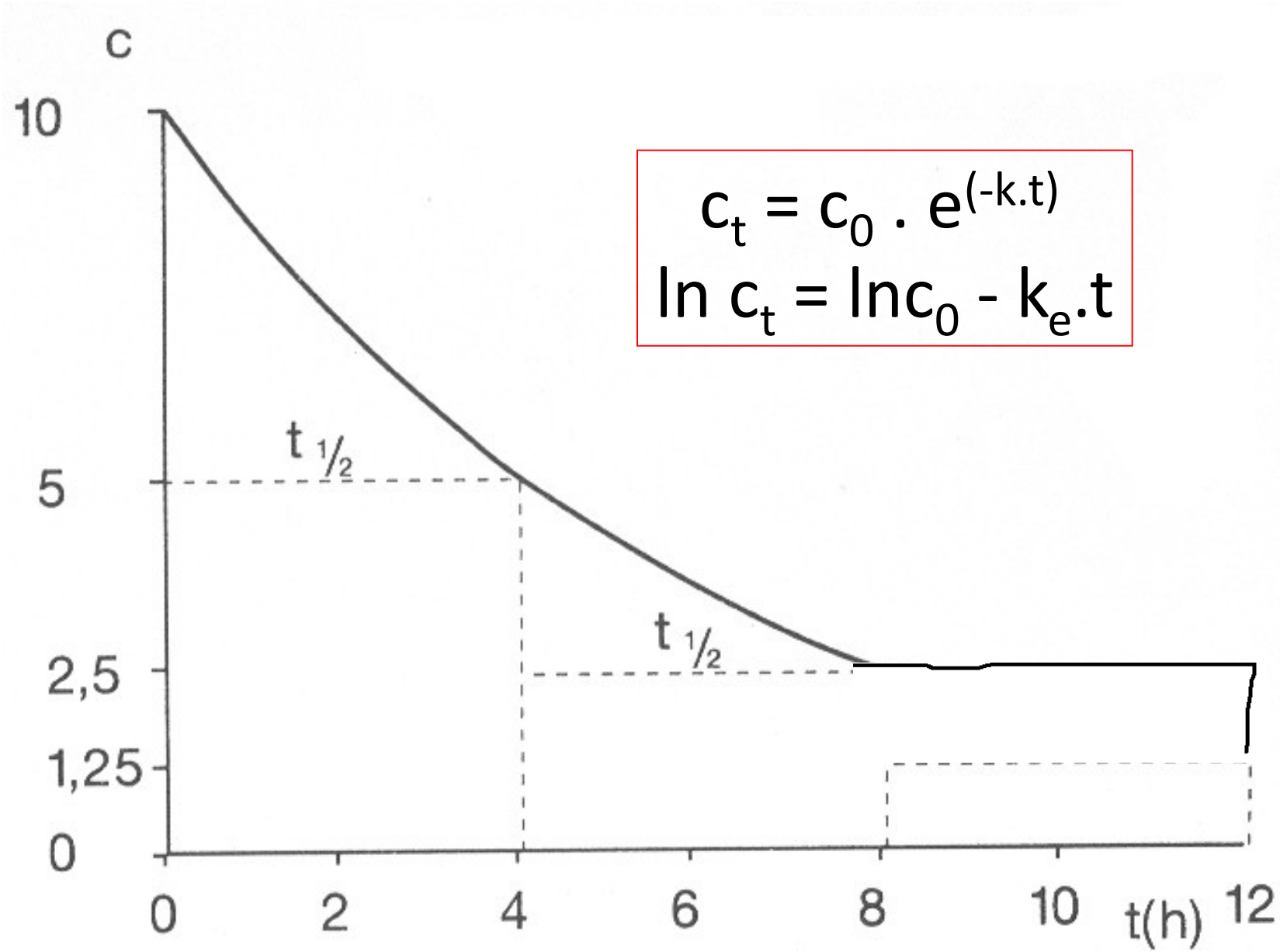
Elimination phase

Drug is eliminated from the organism with speed determined by:

$\ln c_1 - \ln c_2$



Cl_{PUL} ...



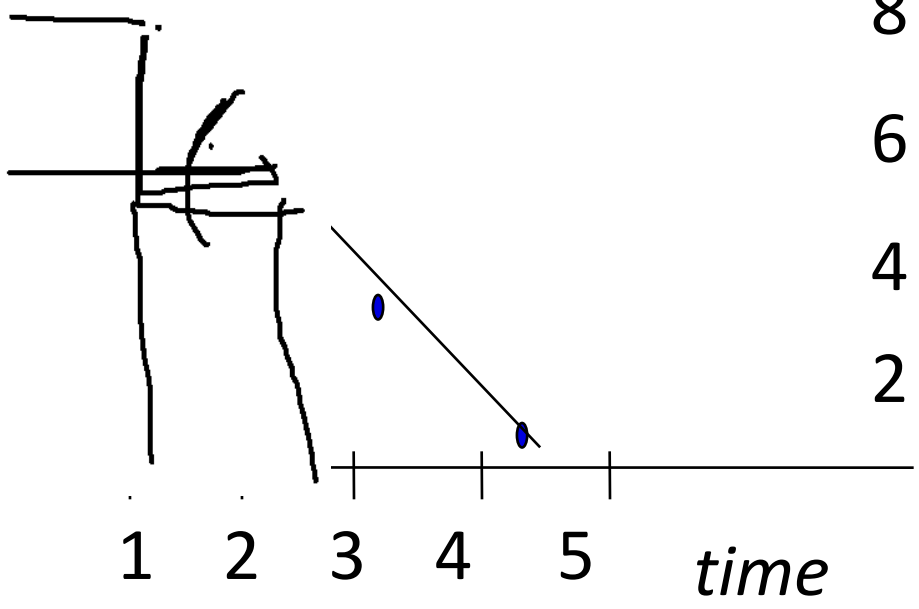
$$c_t = c_0 \cdot e^{(-k.t)}$$

$$\ln c_t = \ln c_0 - k_e.t$$

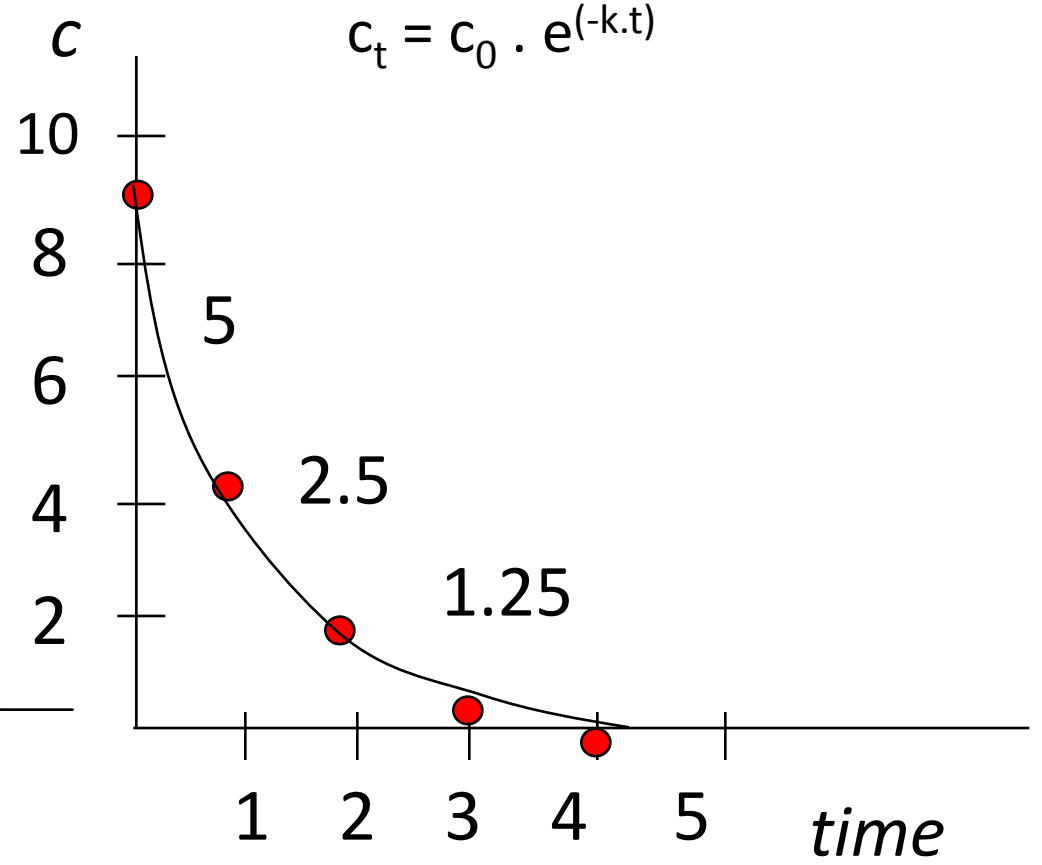
First-order kinetics – semilogaritmic plot (i.v.)

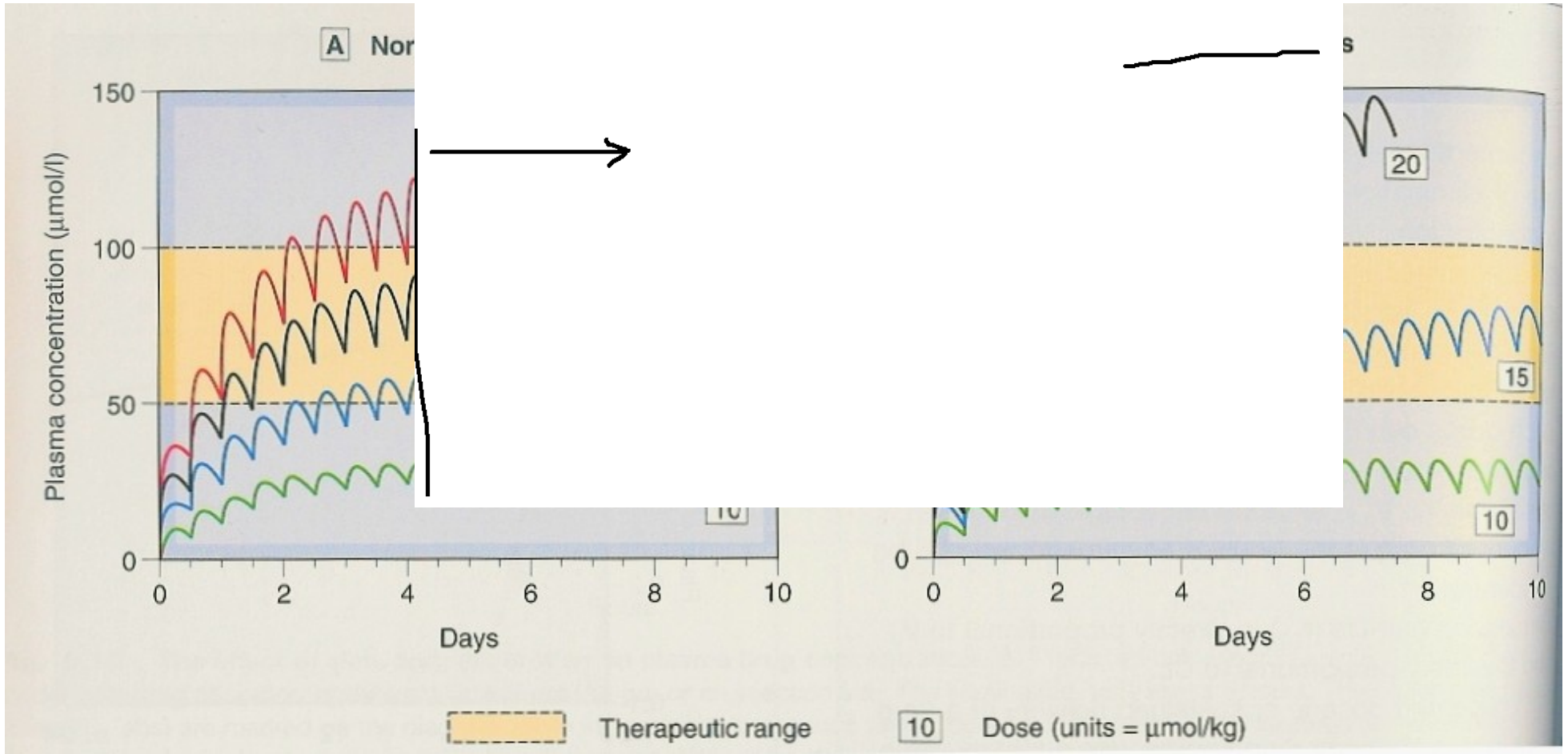
$ct = \ln c_0 - ke.t$

$y = -ke \cdot x + b$



$c_t = c_0 \cdot e^{(-k.t)}$




A Nor
150
100
50
0
Plasma concentration (µmol/l)
0
2
4
6
8
10
Days
20
15
10
Therapeutic range
10
Dose (units = µmol/kg)

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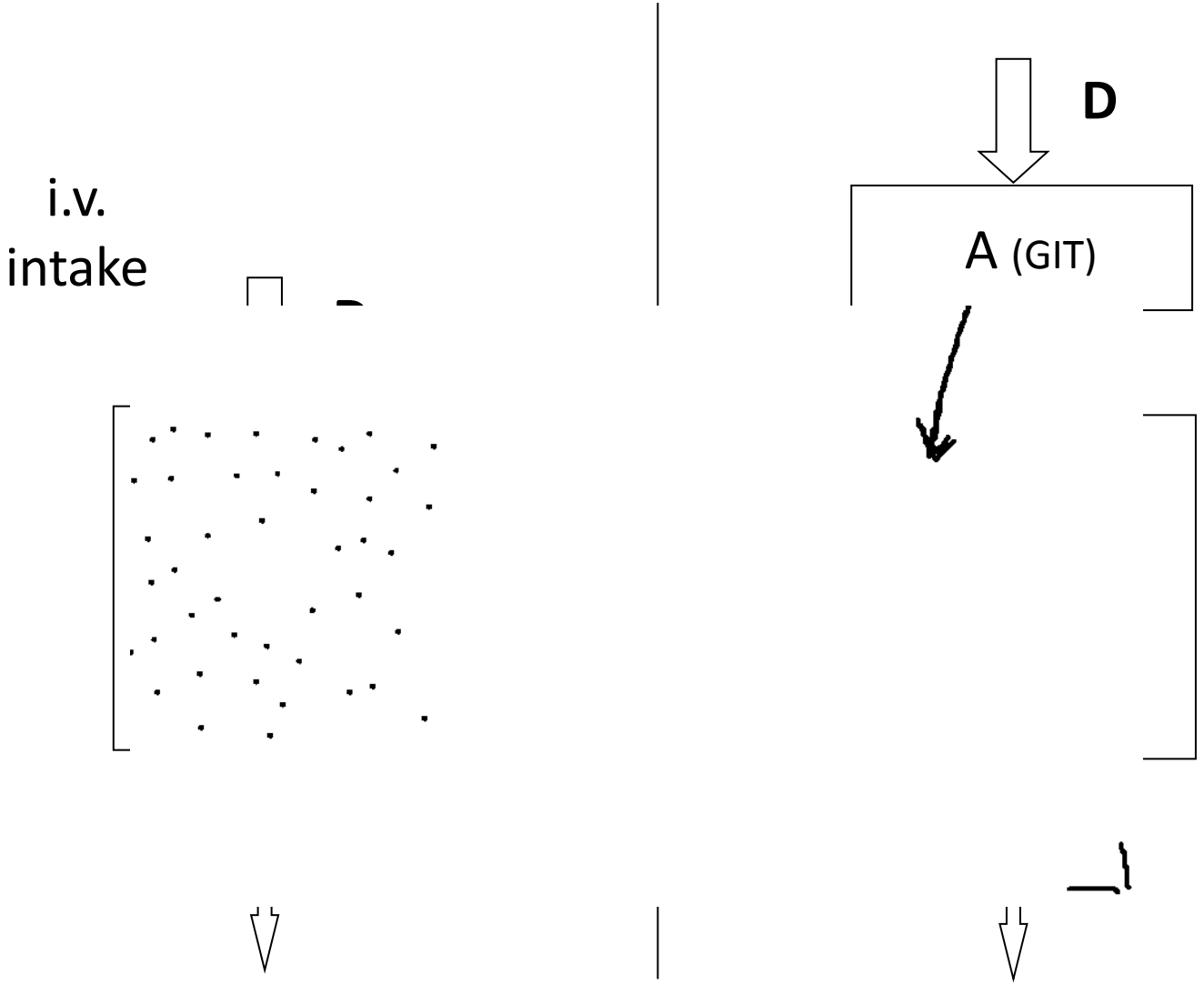
Compartment models

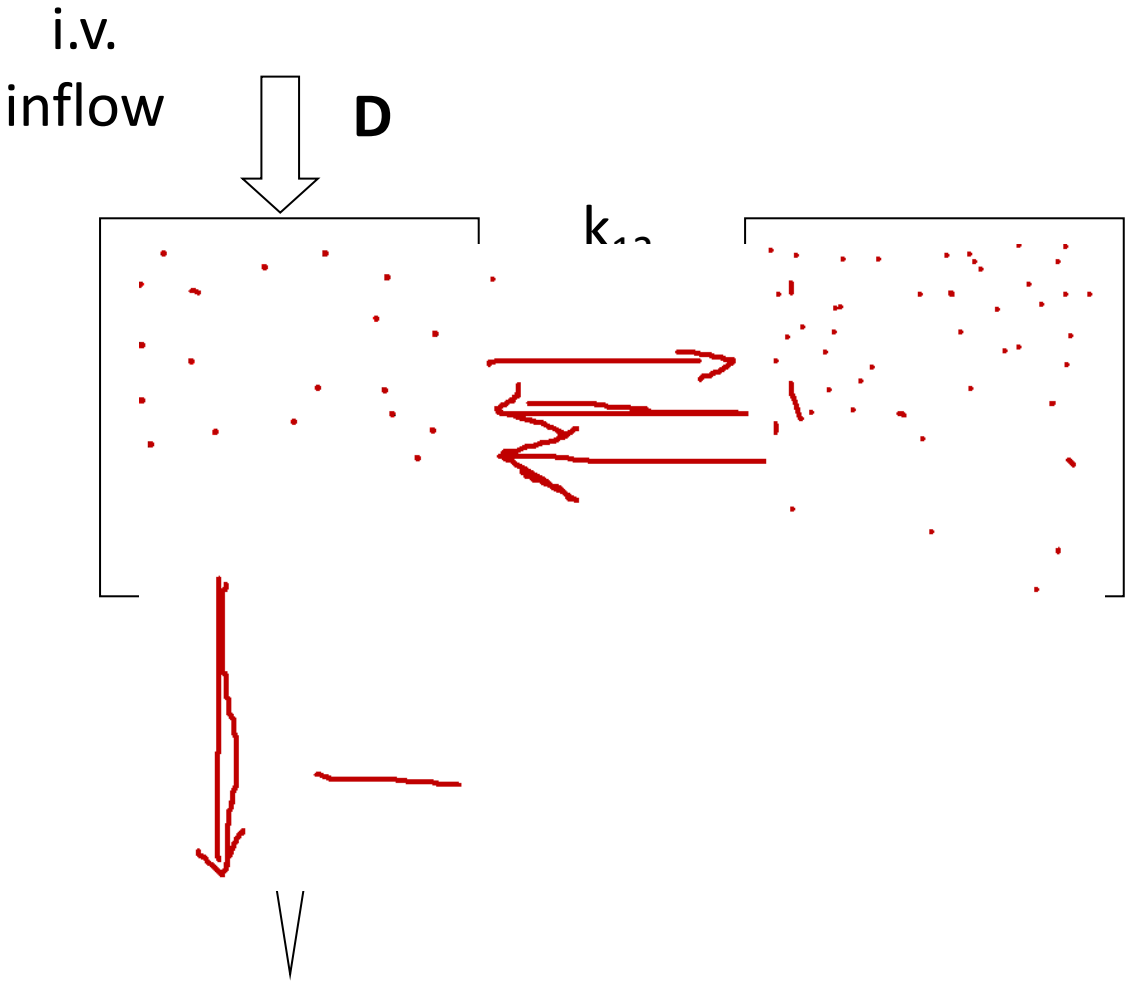
Compartment models– block schema

1- compartment model

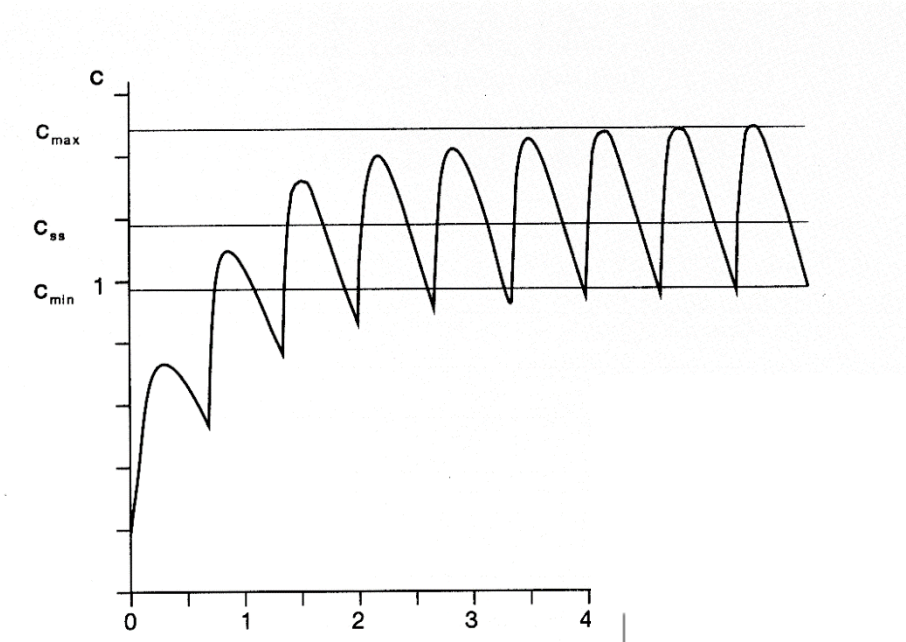


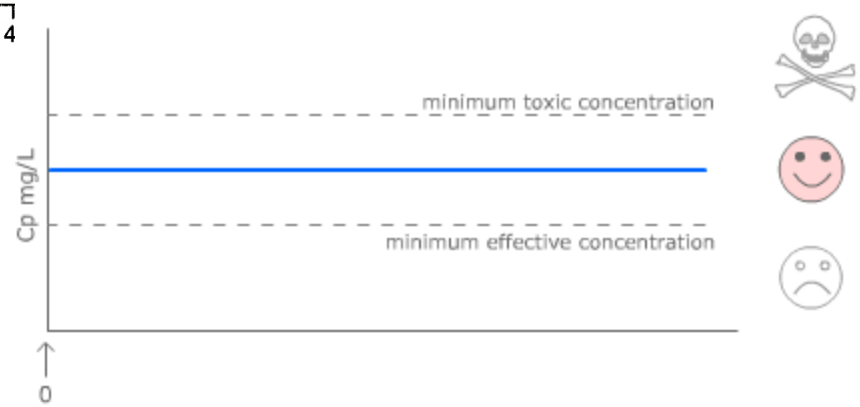
Compartment models– block schema

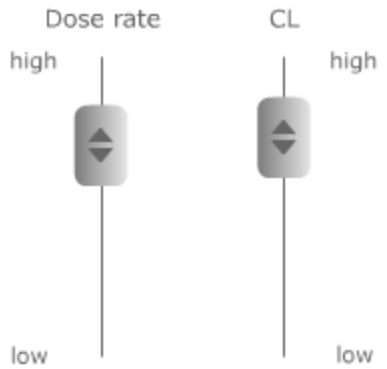
2- compartment model



Continuous and repeated administration of drugs







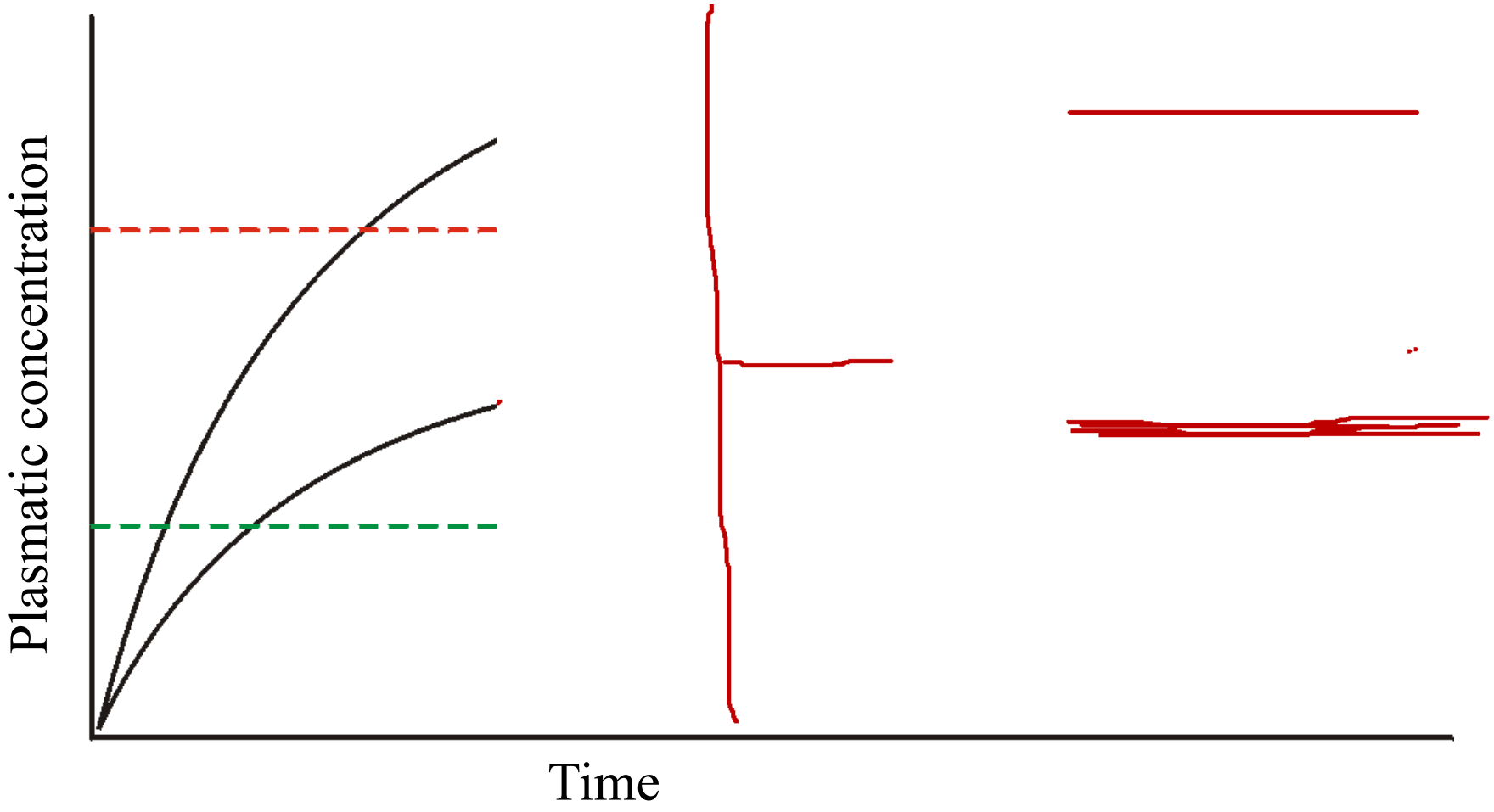
$$Cpss = \frac{\text{Dose rate}}{CL}$$

$$\text{Dose rate} = Cpss \times CL$$

Continuous administration

- **Intravenous** (e.g. by infusio pump), **transdermal** (TTS), **implant** → administration of drug with constant speed (mg/min)
- If duration of infusion is long enought, concentrations are increasing until the speed of elimination and inflow are the same – plato state is reached (concentration of plato is expressed as

Continuous administration

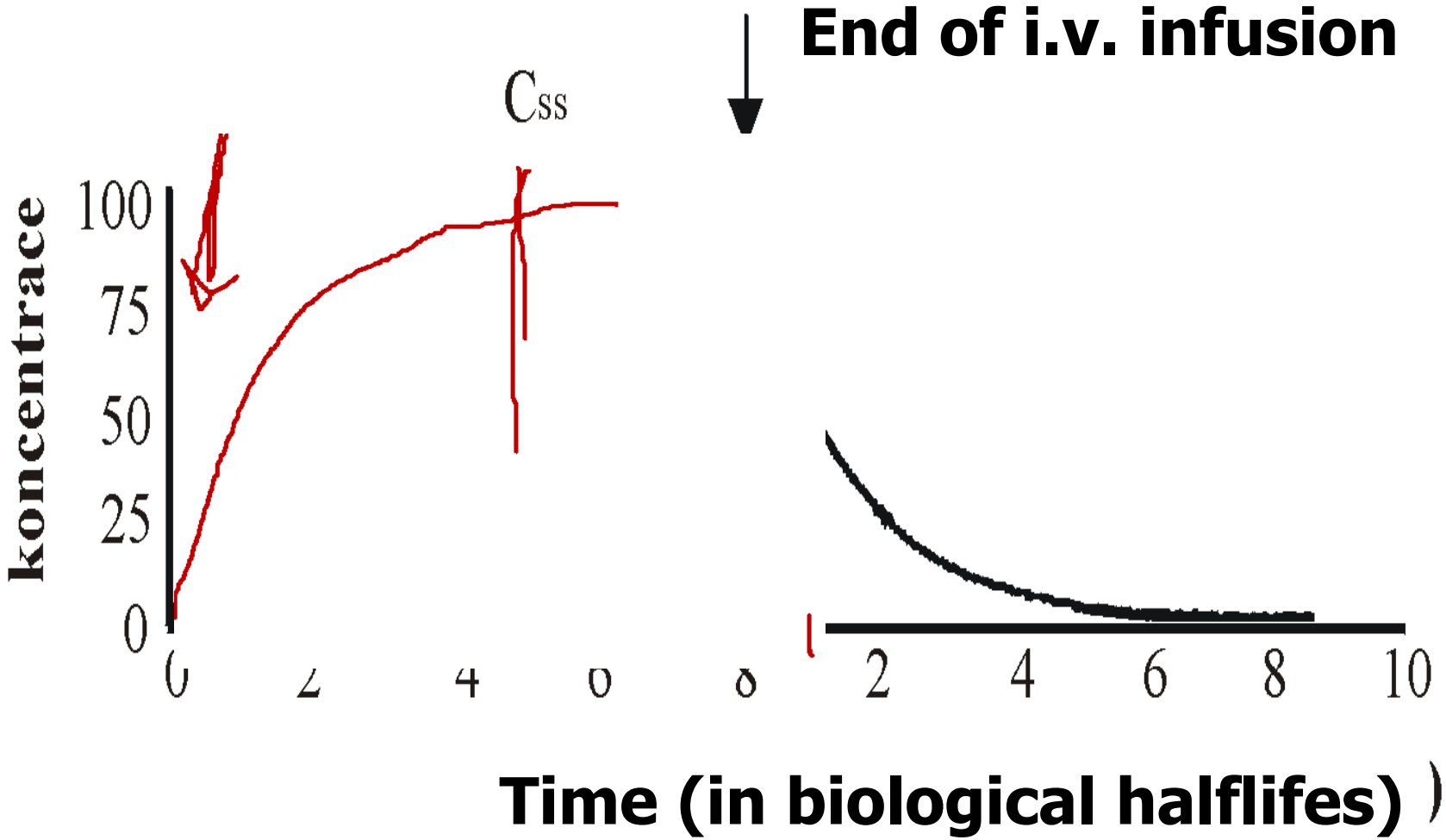


Continuous administration

In plato:

- Drug is binded to all binding sites, which can be occupied
- constant infusion rate **supplements amount, which is eliminated from organism in same time frame**
- **rate of drug administration [mg/min] = rate of elimination [mg/min]**

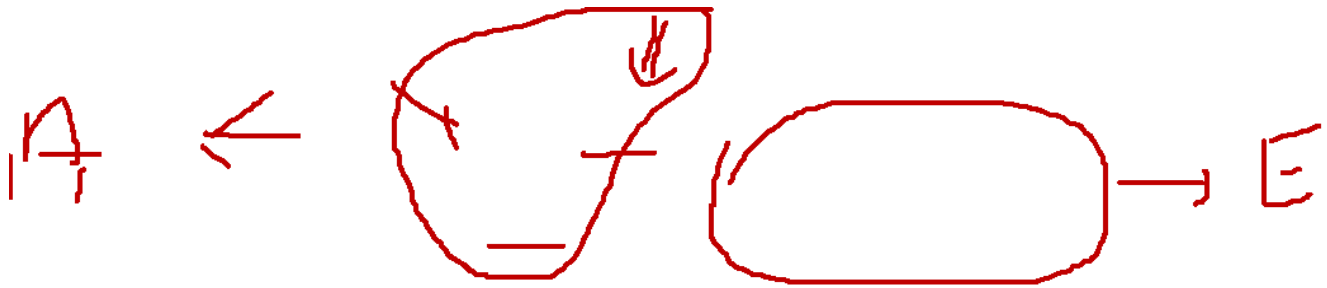
Continuous administration



Repeated administration

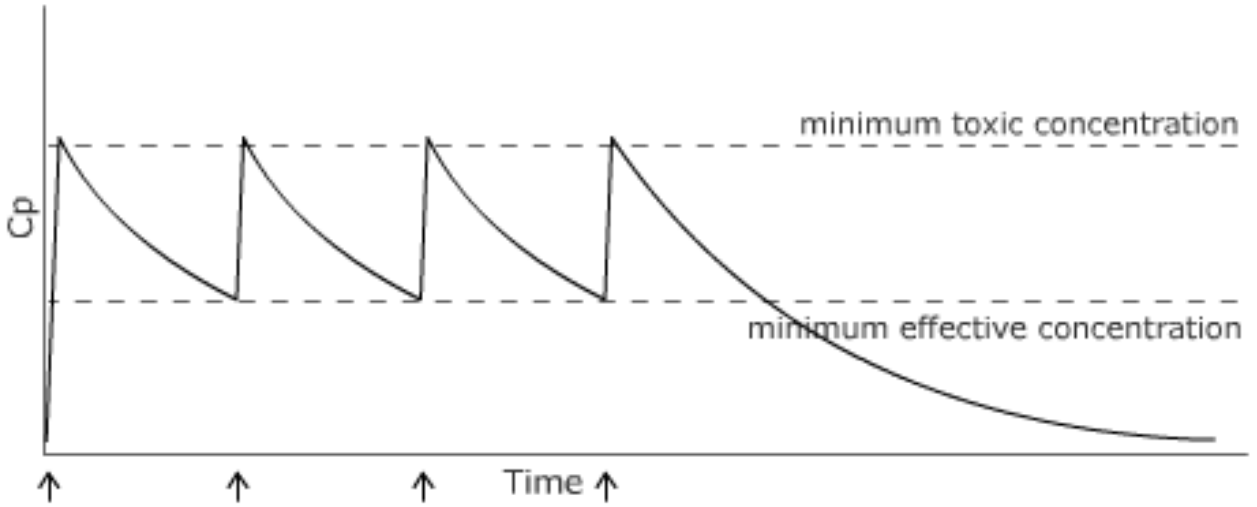
1) F – bioavailability – repeated administration is typical for p.o. administration

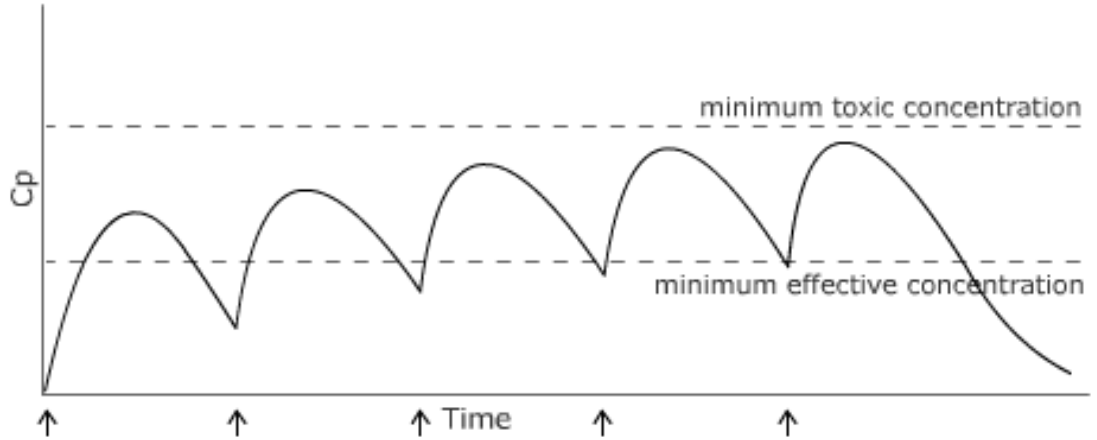
2) τ – dosage interval – plasmatic concentrations are fluctuating among minimal and maximal numbers – after reaching steady state this fluctuation is stabilized between $Cmax_{plato}$ and $Cmin_{plato}$



Repeated administration

intra- (repeated intravascular injection) or **extravascular** (i.e. per os)





Basic pharmacokinetic parameters (+ computations)

c_{max} = maximal plasmatic concentration

t_{max} = time when c_{max} is reached

k_a = absorption rate constant

k_e = elimination rate constant

$$AUC = \frac{D}{Cl} = \frac{c_0}{k_e} = \frac{D}{k_e . Vd} \ [mg . l^{-1} . h]$$

$$k_e = \frac{\ln c_1 - \ln c_2}{t_2 - t1} \ [h^{-1}]$$

$$t_{1/2} = \frac{\ln 2}{k_e} = \frac{0,7}{k_e} \ [h]$$

$t_{1/2}$ = biological halflife

Vd = volume of distribution

$$Vd = \frac{D . F}{C_0} = \frac{F . D}{AUC . ke} \ [l]$$

Cl = clearance

$$Cl_{TOT} = \frac{D}{AUC} = ke . Vd = Cl_{REN} + Cl_{HEP} + Cl_{PUL} \ ... [l . h^{-1}]$$