

Pharmacokinetics

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Recommended lectures

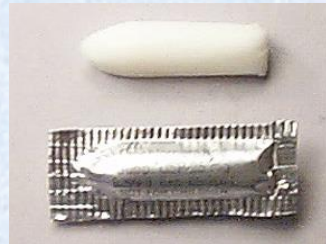
- S. G. Gilbert: A small dose of toxicology (Taylor & Francis, 2005)
- M. J. Neal: Medical Pharmacology at a Glance (8th edition, Wiley, 2016)
- Gyires Klára, Fürst Zsuzsanna (szerk.): A farmakológia alapjai (Medicina, 2011)

- Written exam at the end of the semester

Drug administration types

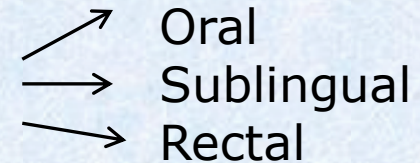
Local

- Skin
- Mucosa
- Eye

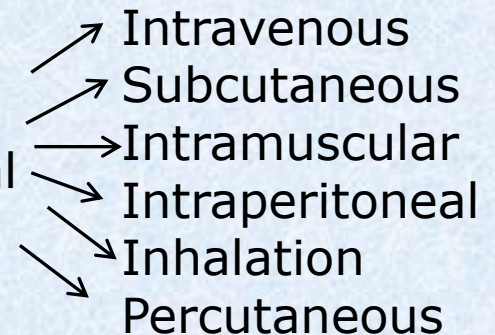


Systemic

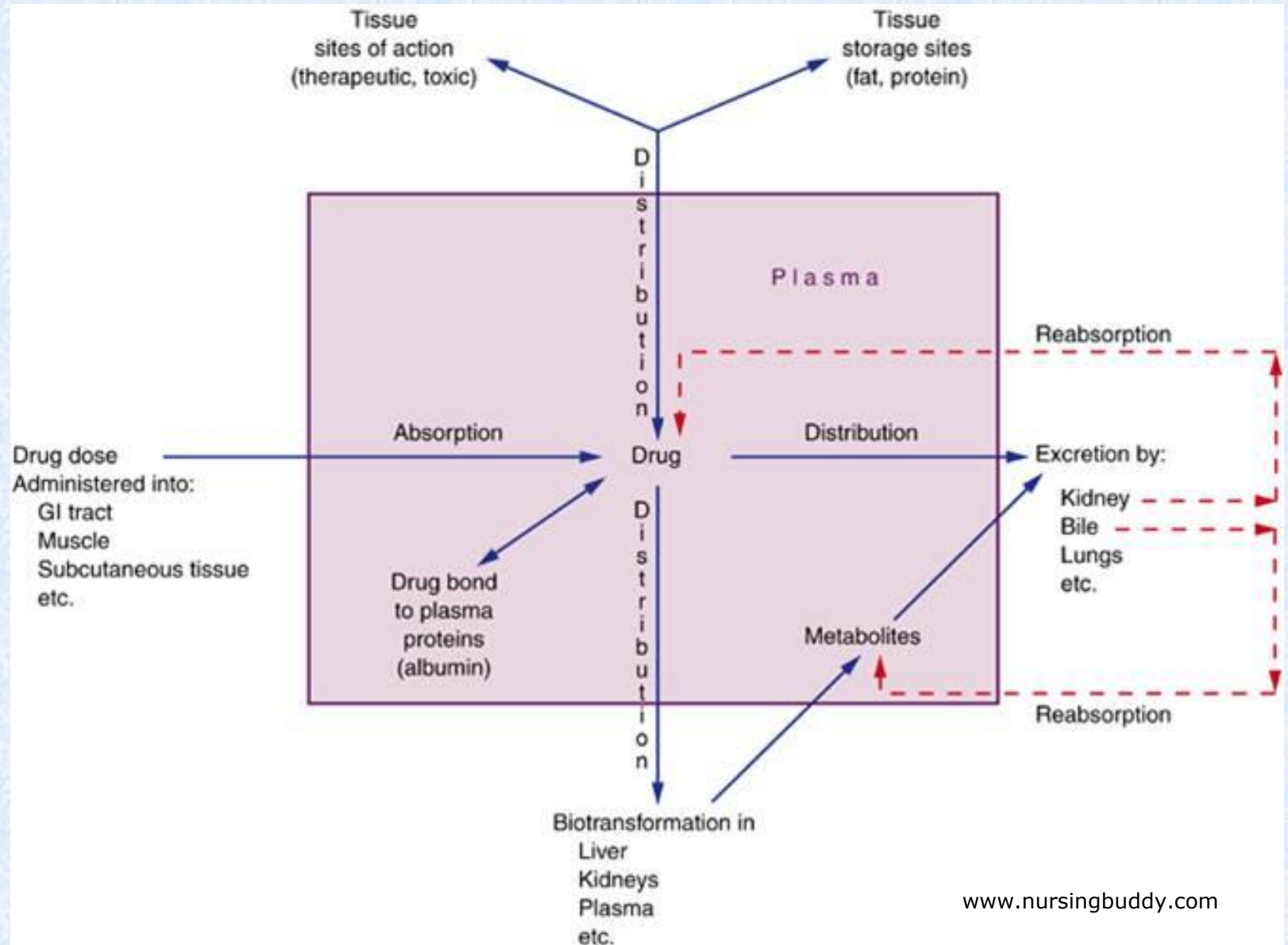
- Enteral



- Parenteral



Fate of drugs in the body



Fate of drugs in the body

ADME: **a**bsorption, **d**istribution, **m**etabolism, **e**limination

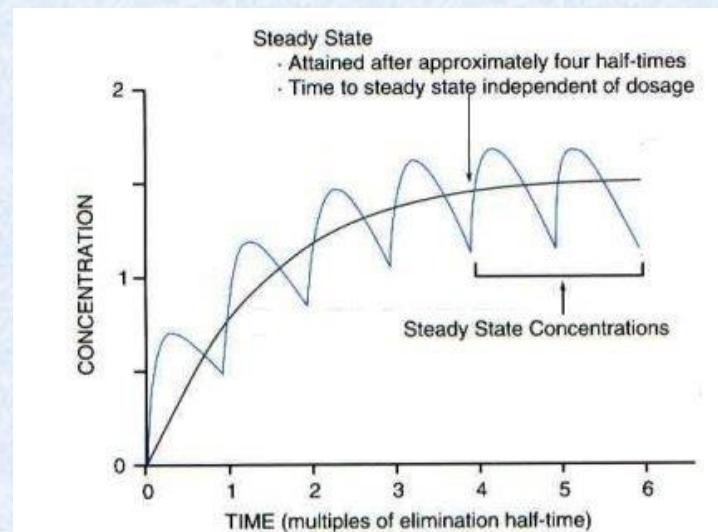
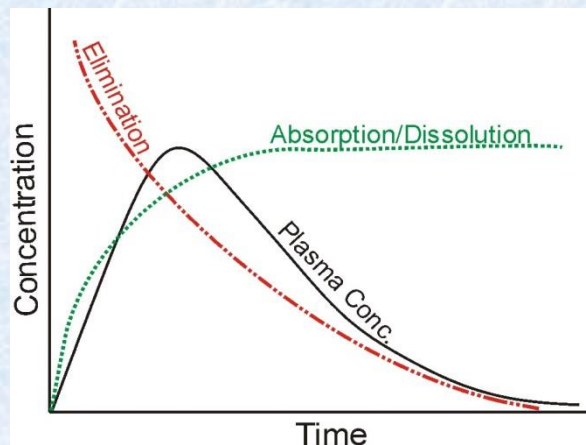
Biological effect correlates with concentration in blood

Drugs: xenobiotics

Therapeutic effect \longleftrightarrow toxic side effect

ADME parameters are very important for drug effect, primordial research area in drug development

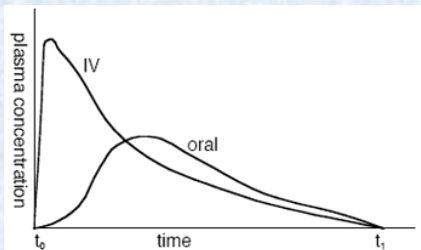
ADME parameters determine the necessary frequency of drug administration



Absorption

Absorption: process during which the substance enters the systemic blood vessels

Influenced by: - route of administration (i.v. bypasses absorption barriers, sublingual, rectal bypasses first-pass metabolism...)

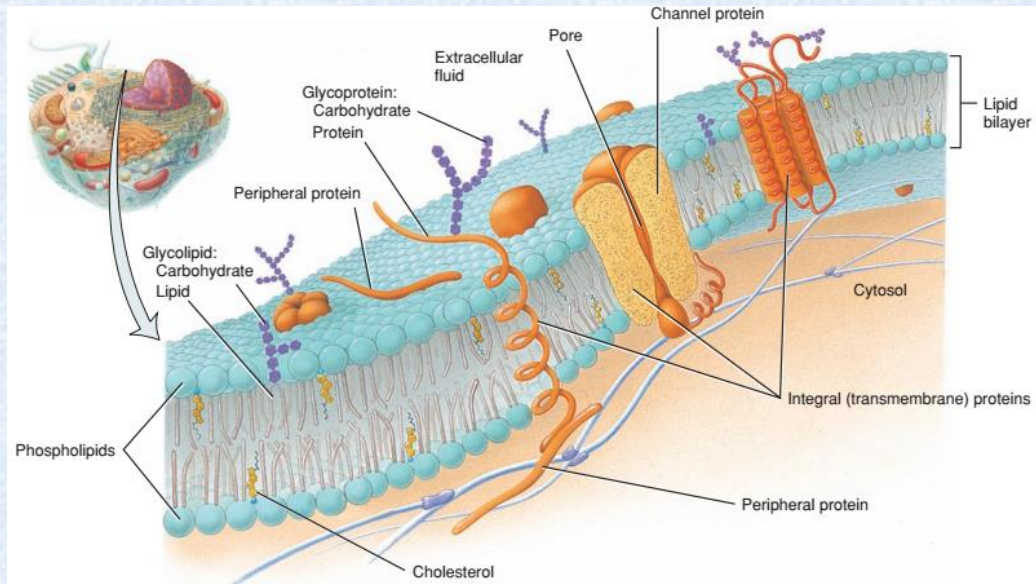


- formulation of the drug, resistance to gastric acid, enzymes
- size of the molecule
- solubility of the molecule (hydrophilic/lipophilic)
- pH of the environment → ionic /nonionic form
- intestinal motility, fullness of stomach...

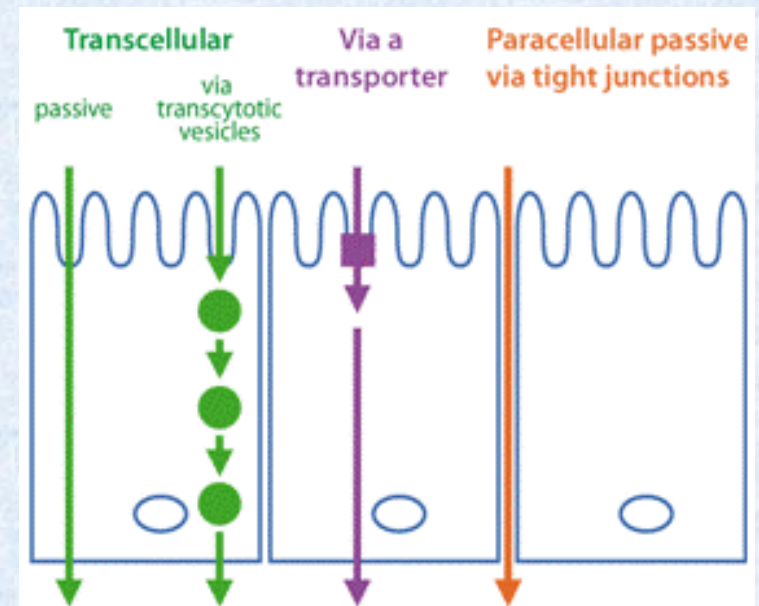
Translocation through barriers

Cell membranes: lipid barriers

- Diffusion through intercellular space
- Through plasma membranes
- Passive diffusion
- Endocytosis
- Transporter/carrier



Tortora & Derrickson, 2012

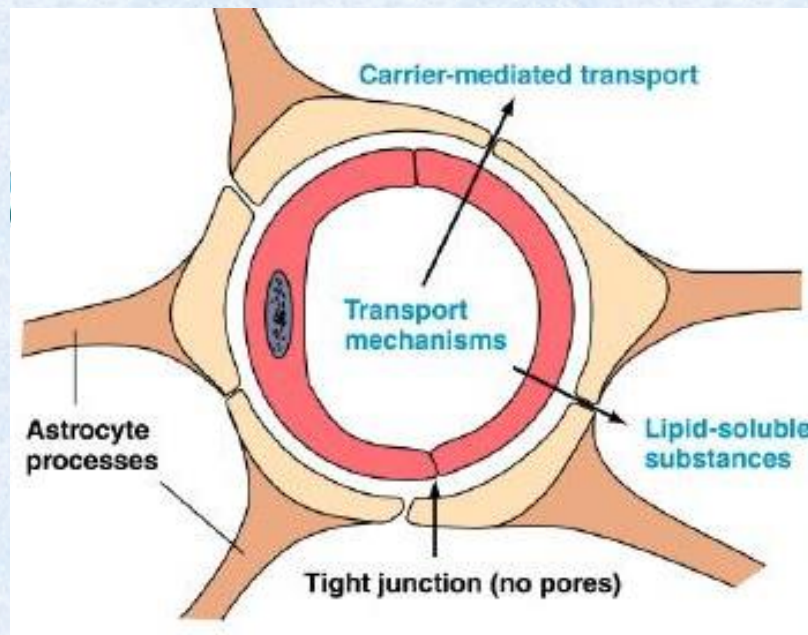
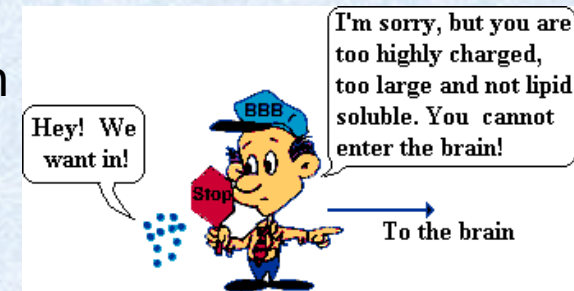


www.inra.fr

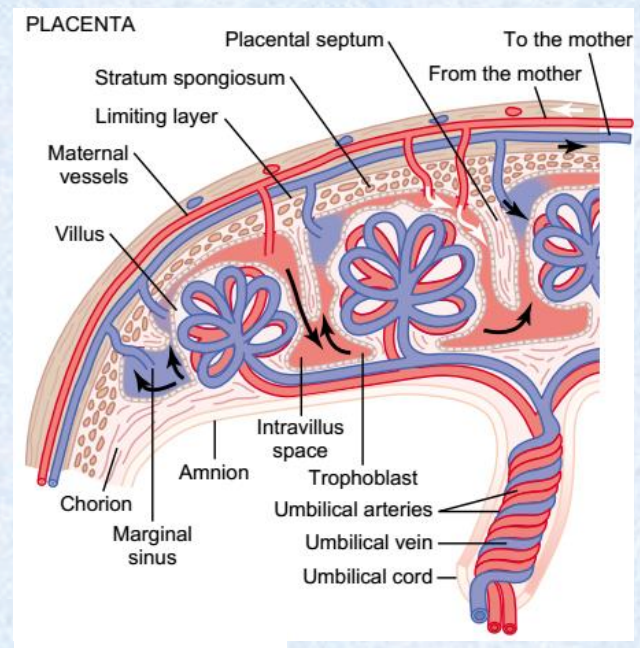
Absorption barriers

Tight junctions between cells – diffusion between cells not possible, only through endothelium

- Blood-brain barrier
- Placental barrier – small lipophilic molecules cross, foetus insufficient metabolism, may accumulate



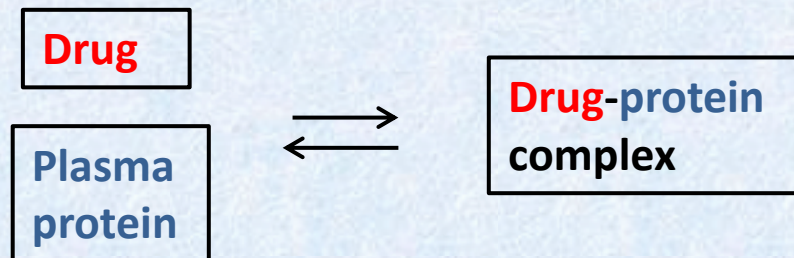
as.wvu.edu



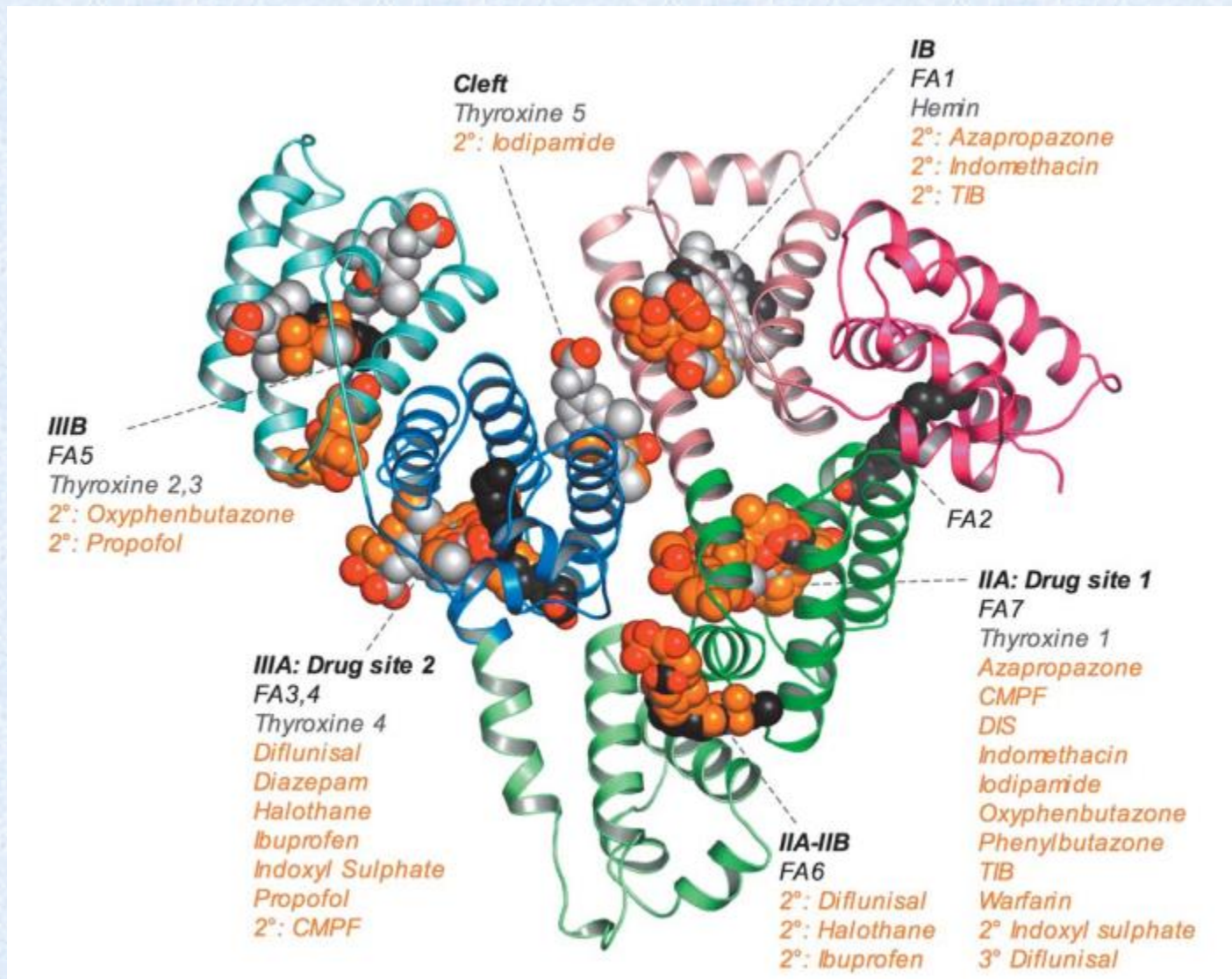
Guyton, 2006

Binding to plasma proteins

- Albumins, globulins, transferrin etc. (endogenous ligands: fatty acids, hormones, hemoglobin metabolites...)
- Protein bound drug ineffective
- “Store”, prolongation of effect, slower metabolism, elimination
- Nonspecific binding, competition between drugs (displacement)
- Warfarin anticoagulant – 97% bound to protein!
- Decrease of blood plasma protein level (malnutrition, liver disease), renal disease may increase free drug concentration



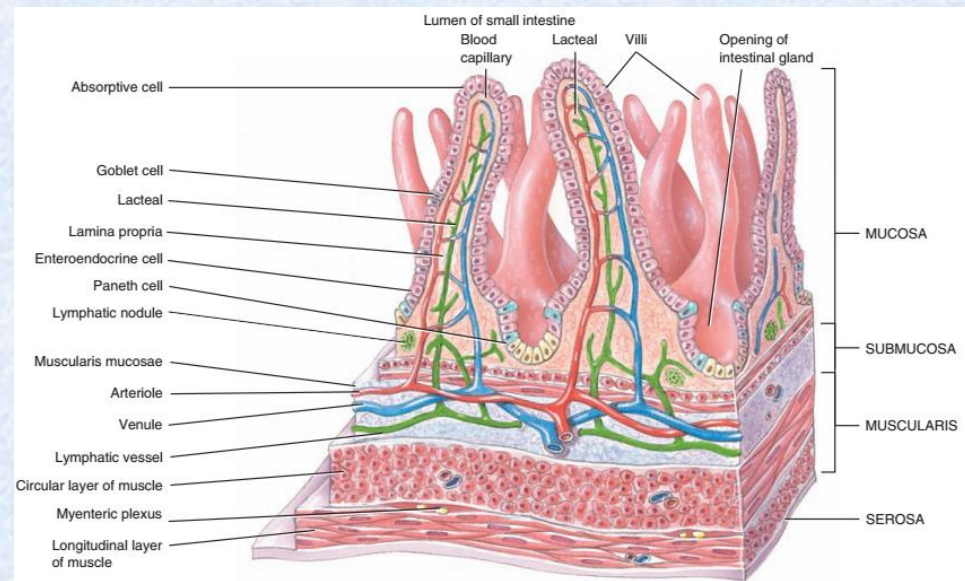
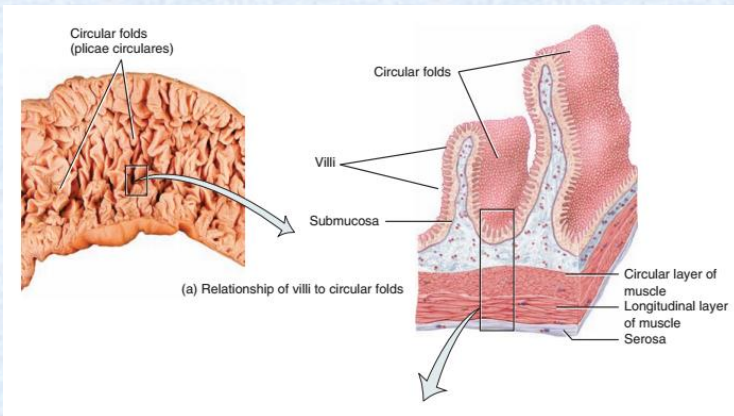
Binding to albumin



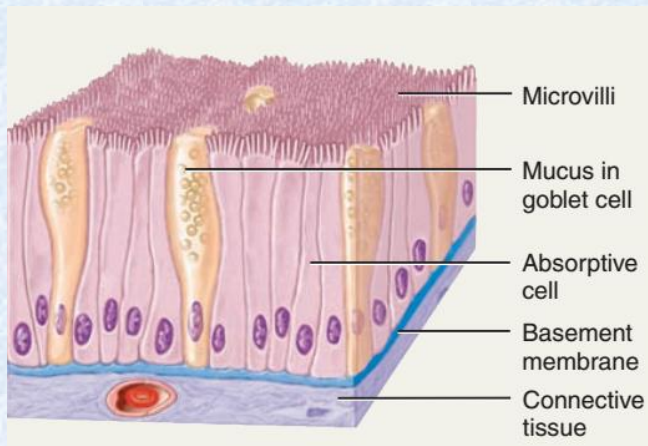
Oral administration

Absorption usually from small intestine (~nutrients)

Absorption from stomach – caffeine, ethanol



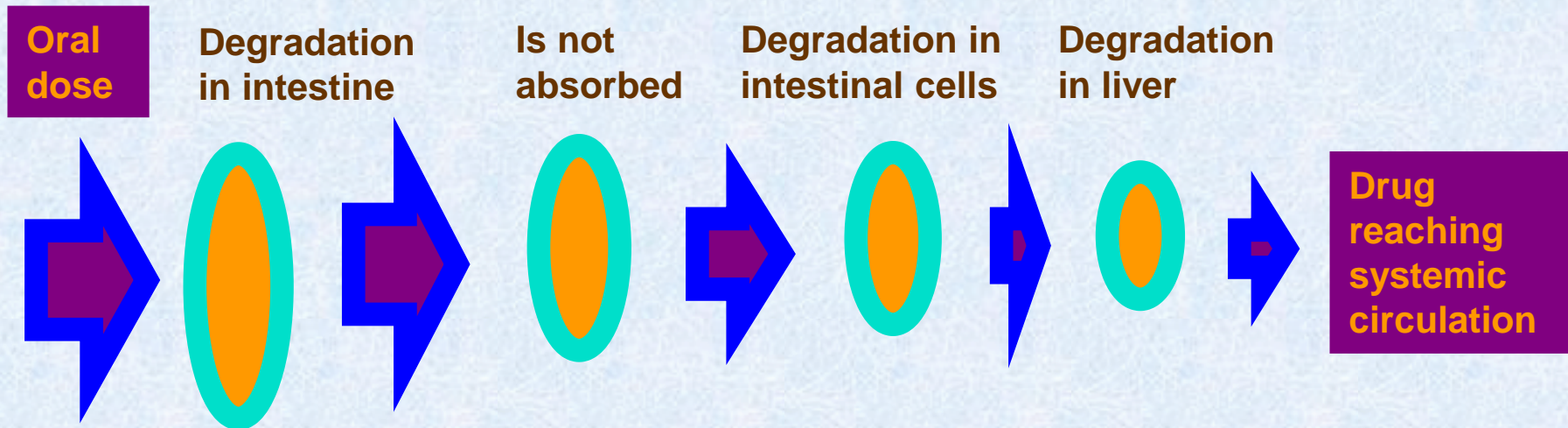
Tortora Derrickson 2012



Bioavailability

Bioavailability – fraction of administered drug reaching systemic circulation (0-1)

Intravenous injection: bioavailability=1 (100%)



Distribution

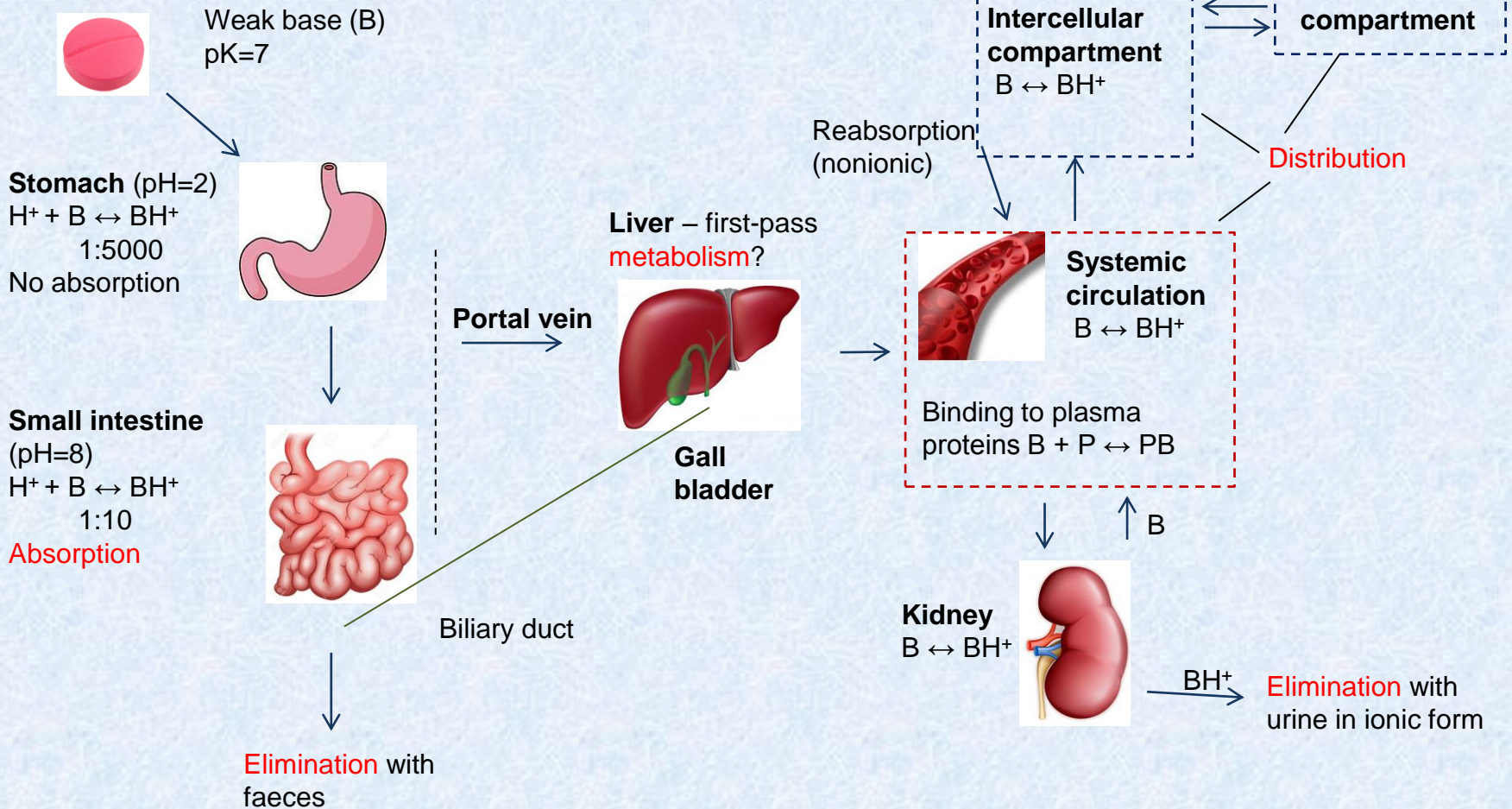
Distribution between the different compartments of the body.

Blood ↔ intercellular (interstitial) space ↔ intracellular space

- Lipophilic substances pass easily into the cell.
- Ionic substances usually stay in intercellular space.
- Substances with strong plasma protein binding/big molecules stay in blood.
- Lipophilic agents may accumulate in brain, fat tissue (e.g. pesticides, other pollutants).

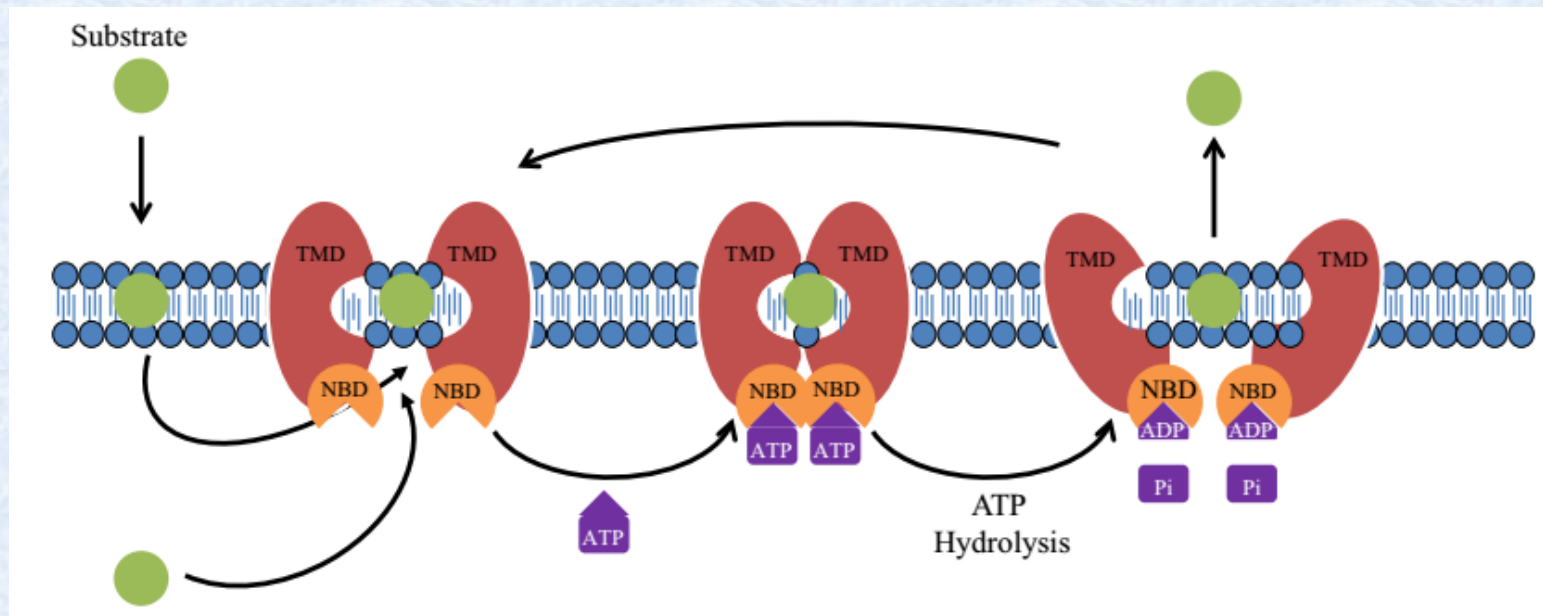
Fate of drug depending on pH

Oral administration



Multidrug transporters

- ATP binding cassette (ABC) transporters, pumps (active trp.)
- Multidrug transporters – MDR, MRP protein families
- Expressed at “pharmacological barriers” (intestine, kidney, bile canaliculi, BBB...)
- Multidrug resistance phenotype – MDR overexpression
- Wide range of hydrophobic compounds, xenobiotic protection



Metabolism

Metabolism (biotransformation): process during which the body modifies a substance molecule to render it less toxic/more easy to eliminate (metabolites as active as drug: diazepam → oxazepam, pro-drug: levodopa → dopamine)

Liver enzymes

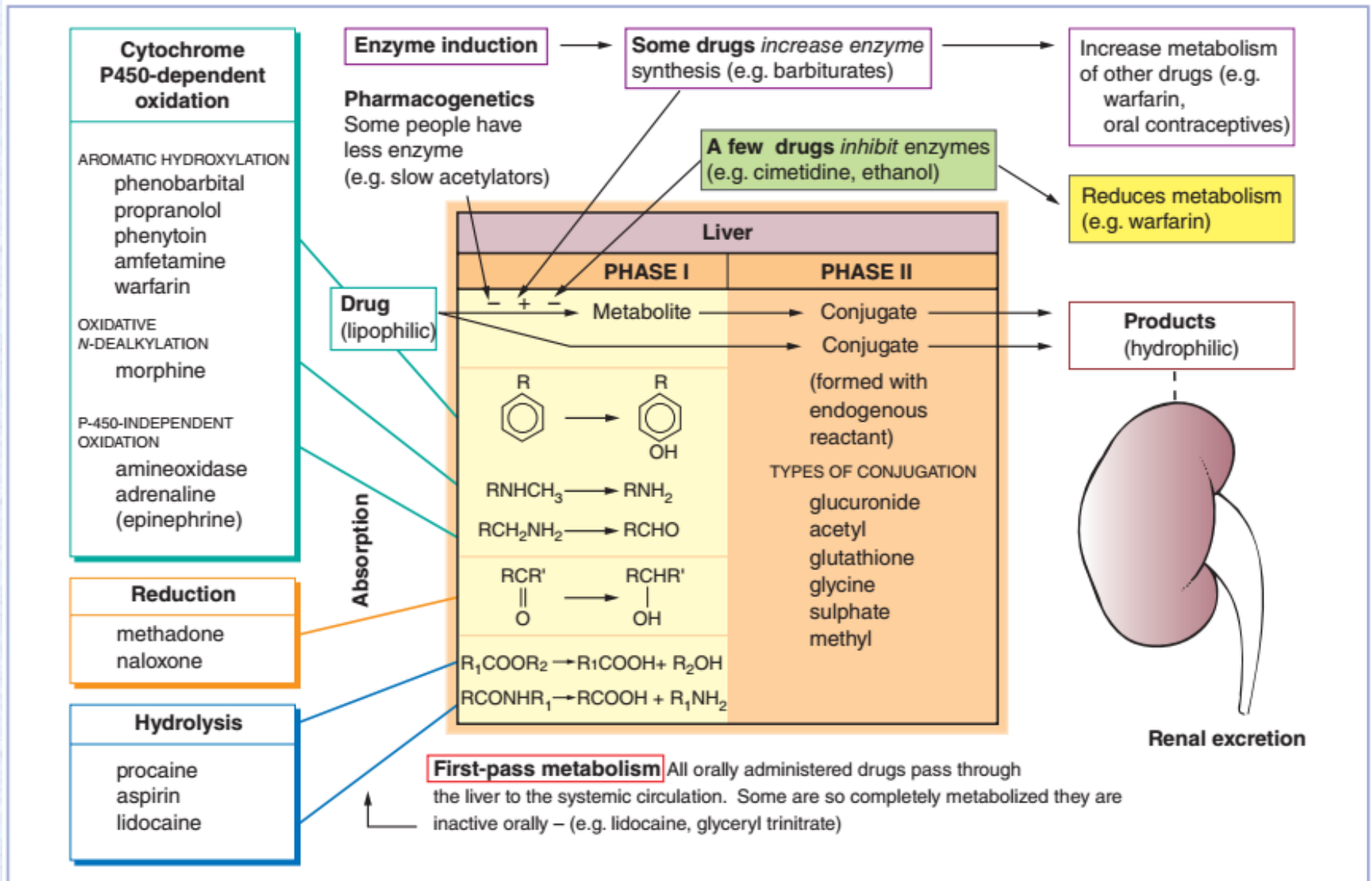
Phase I → more polar metabolite

- Oxidation – cytochrome P450 superfamily
- Hydrolysis
- Reduction

Phase II → more hydrophilic metabolite

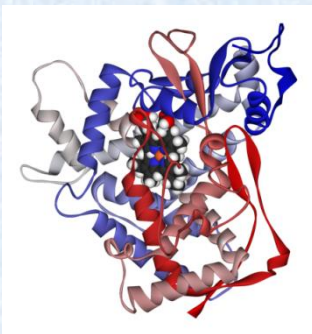
- Conjugation with endogenous compounds (glucuronide, acetyl-, methyl-, sulphate-...)

Metabolism

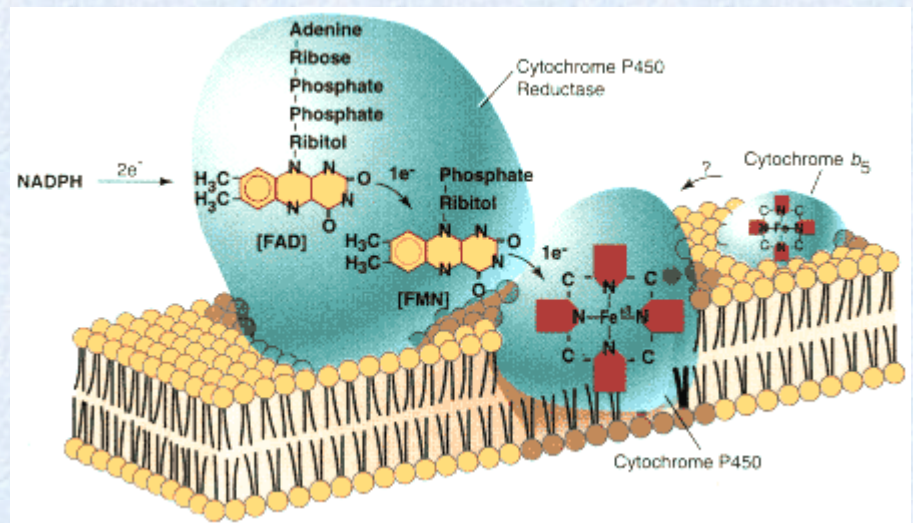


CYP450 enzymes

- Cytochrome P450 superfamily (a dozen enzymes of CYP1, CYP2, CYP3 families responsible for 70-80% of drug metabolism, most important: CYP3A)
- MFO: mixed function oxidase complex, microsomal membrane (smooth endoplasmic reticulum)
- Weak substrate specificity, >60 reactions catalysed
- Hem cofactor
- Human liver > 40 isoforms



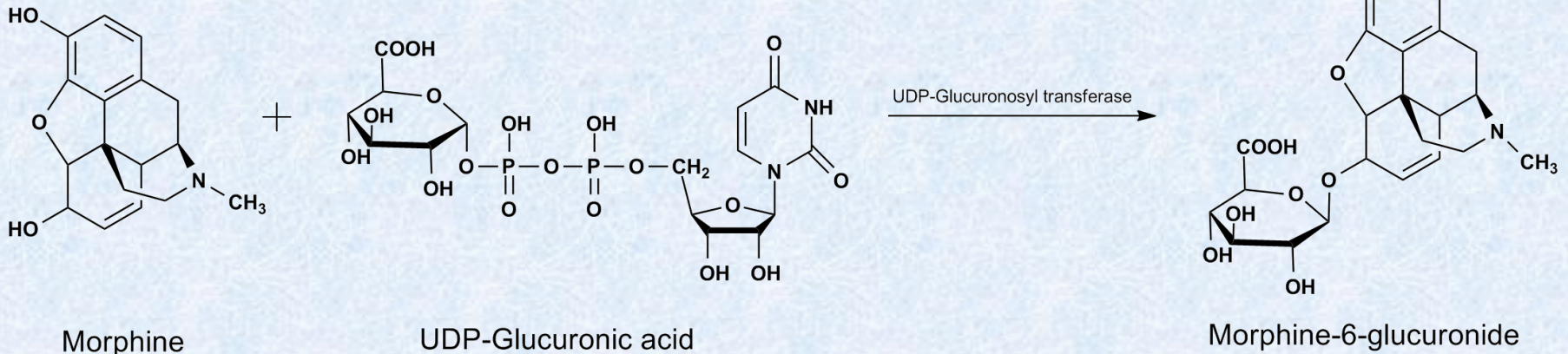
Wikipedia.org



lion.freeoda.com

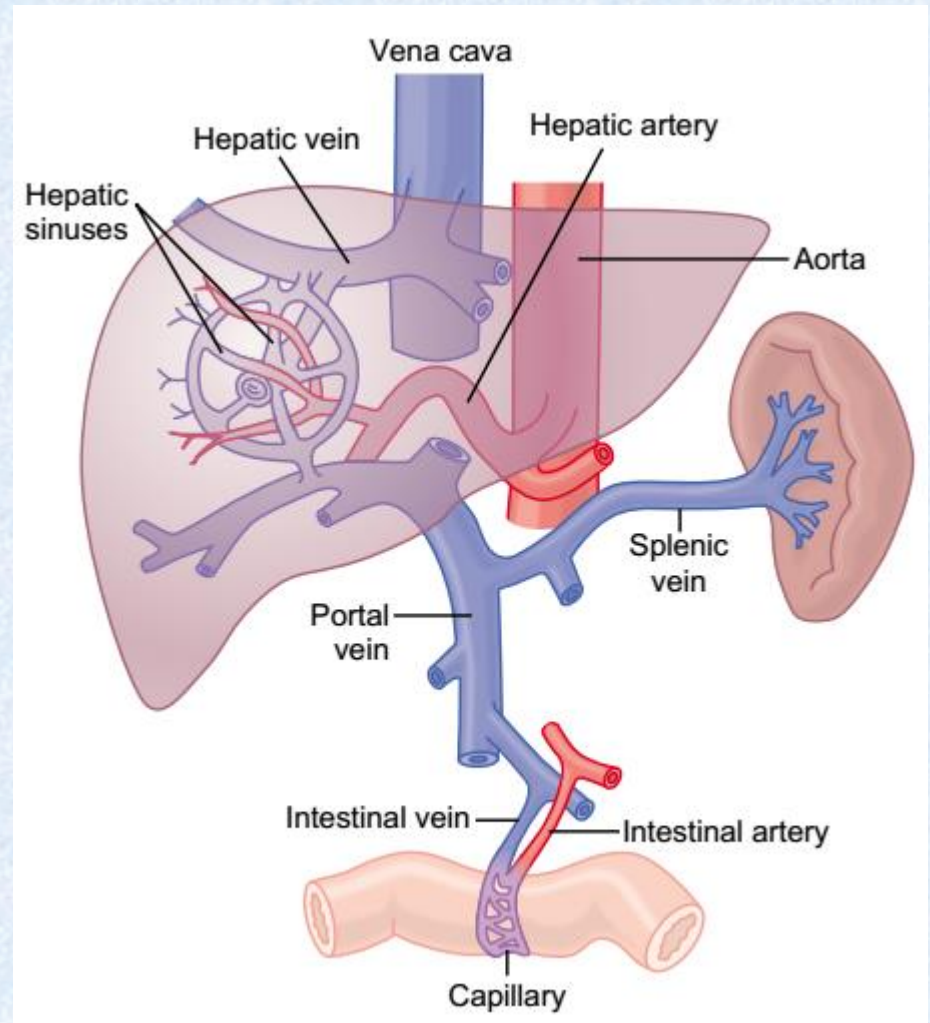
Glucuronide conjugation

- Catalysed by enzymes
- Fast, common reaction in hepatocytes
- Same drug molecule can conjugate to several glucuronides
- Metabolite mostly (but not always!) inactive
- Low in neonates and children (rather sulphatation)



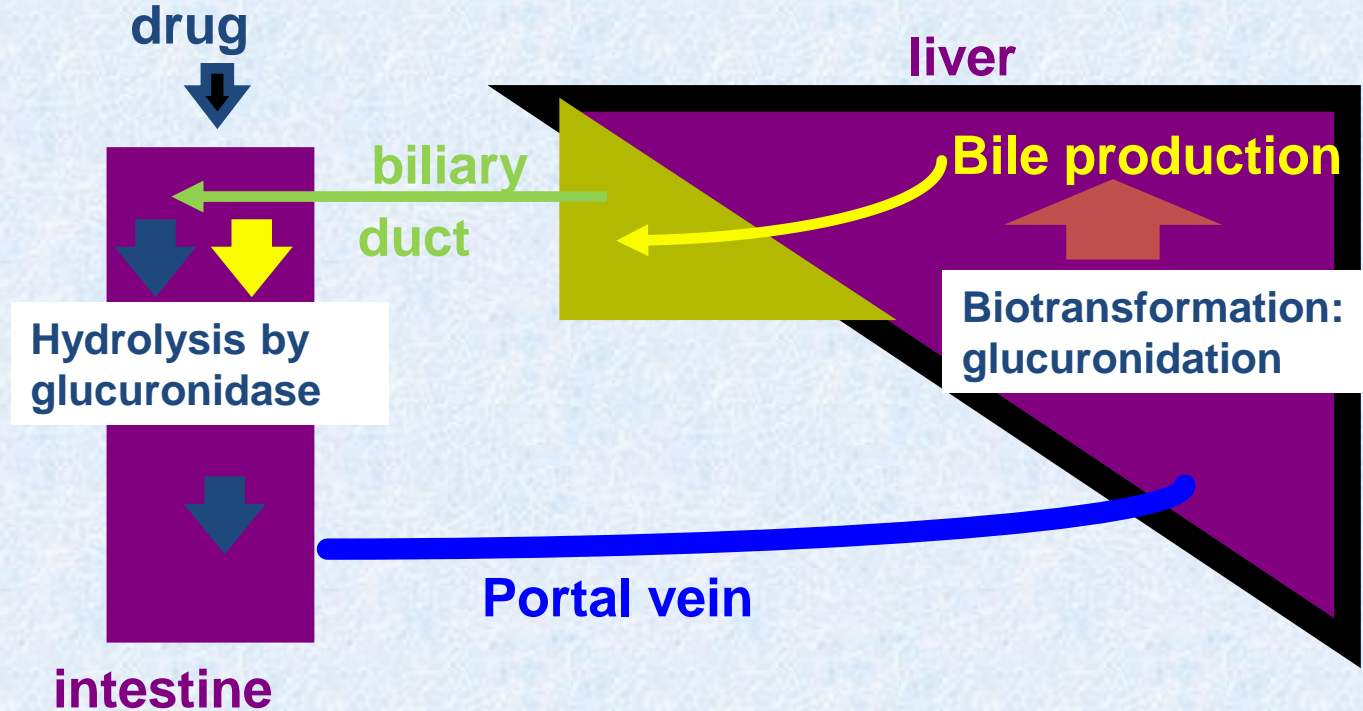
First-pass metabolism

- Anatomical basis:
capillaries of small intestine → portal vein
→ liver
- Extensive metabolism
in liver/intestine
e.g. lidocaine, morphine



First-pass metabolism

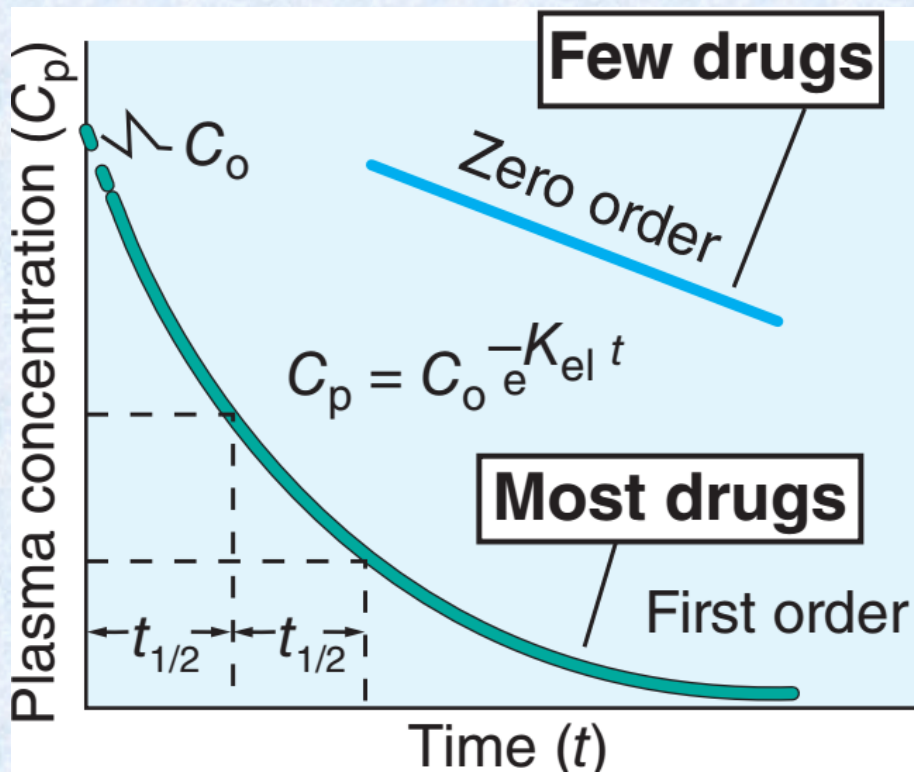
Enterohepatic recirculation



Elimination

Elimination: substance is degraded or leaves the body.

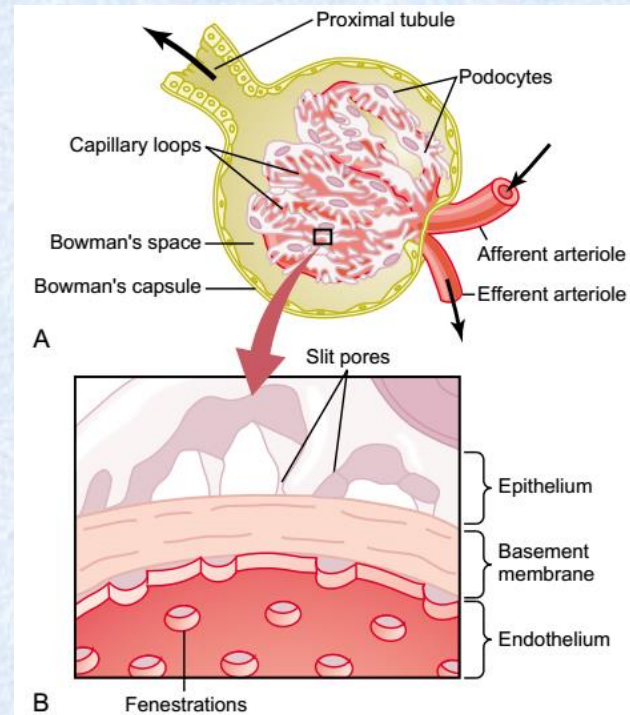
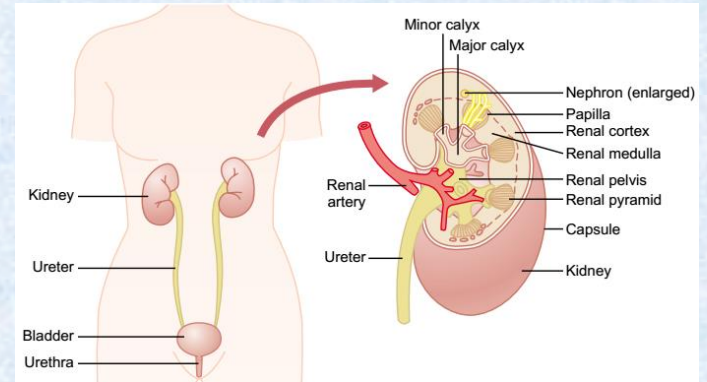
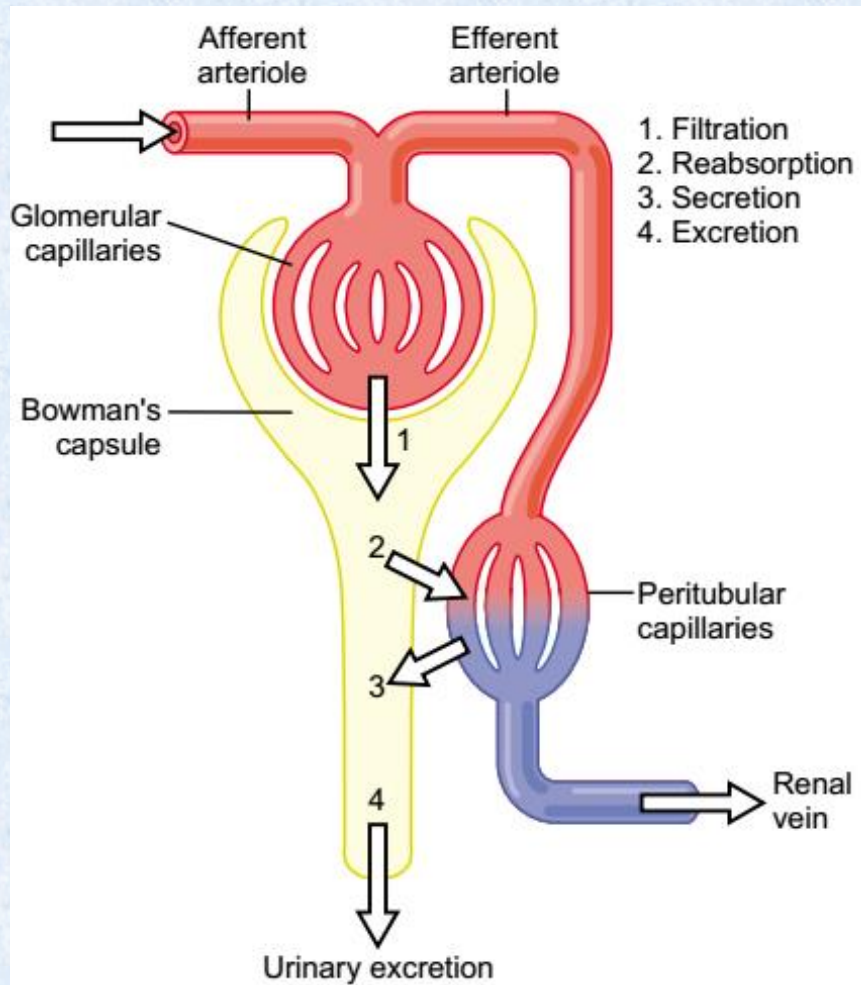
Half-life ($t_{1/2}$): time taken for a substance to reduce its blood level by half.



- First-order elimination kinetics: elimination rate proportional with concentration.
- Zero-order elimination kinetics: elimination rate not proportional with concentration, saturation of an eliminating process.

Elimination

Excretion via kidney

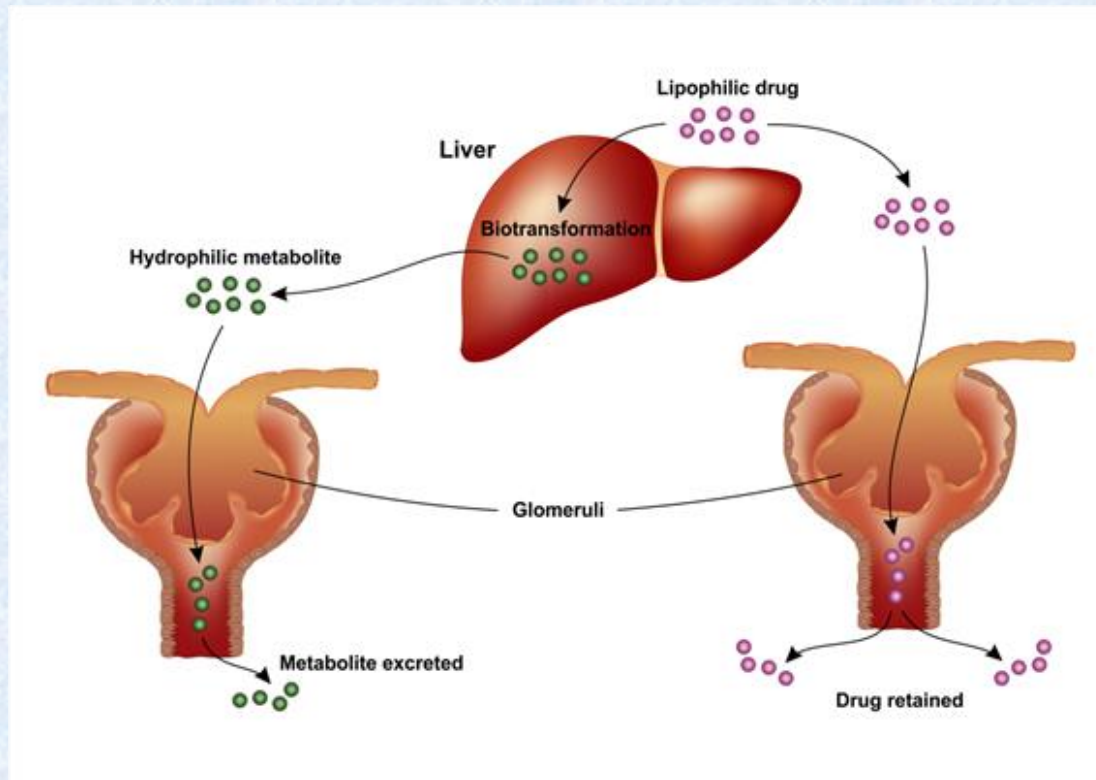


Elimination

Excretion via kidney

Small hydrophilic drugs/metabolites

Age: 65 years, GFR ↓ by 30%, every year 1-2% ↓



Elimination

Other organs

- Bile and faeces
- Lungs: volatile substances (alcohol test)
- Skin: sweat glands, mammary glands!

