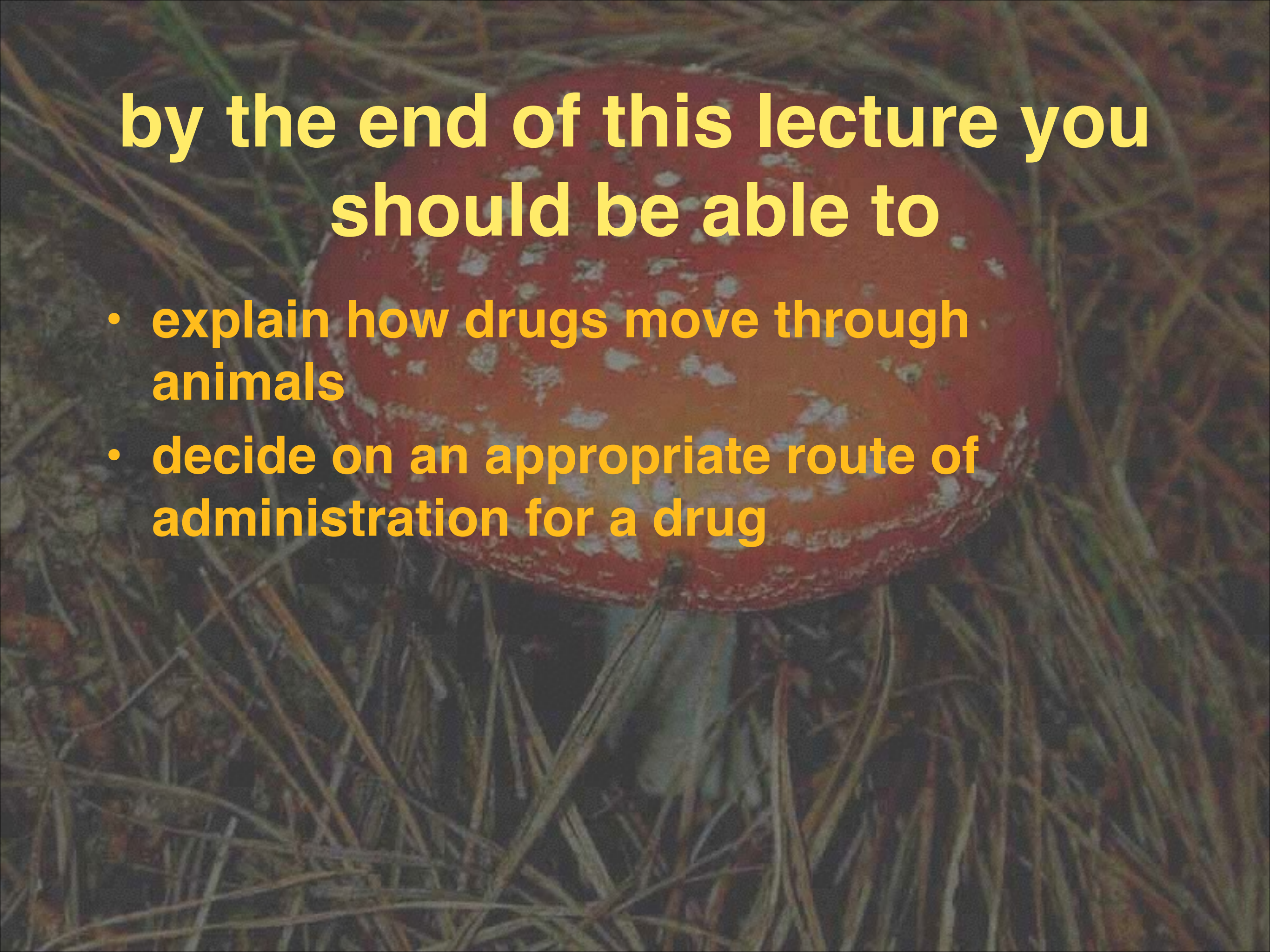


A photograph of a large, red mushroom with white spots, likely a Amanita muscaria, growing on a bed of dry pine needles. The mushroom is the central focus, with its bright red cap and white spots contrasting sharply with the brown, needle-covered ground. The text 'Pharmacokinetics' is overlaid in a bold, yellow font across the middle of the mushroom's cap.

Pharmacokinetics



**by the end of this lecture you
should be able to**

- **explain how drugs move through animals**
- **decide on an appropriate route of administration for a drug**

pharmacokinetics

- **What the animal does to the drug**
- **Movement of the drug through the body**



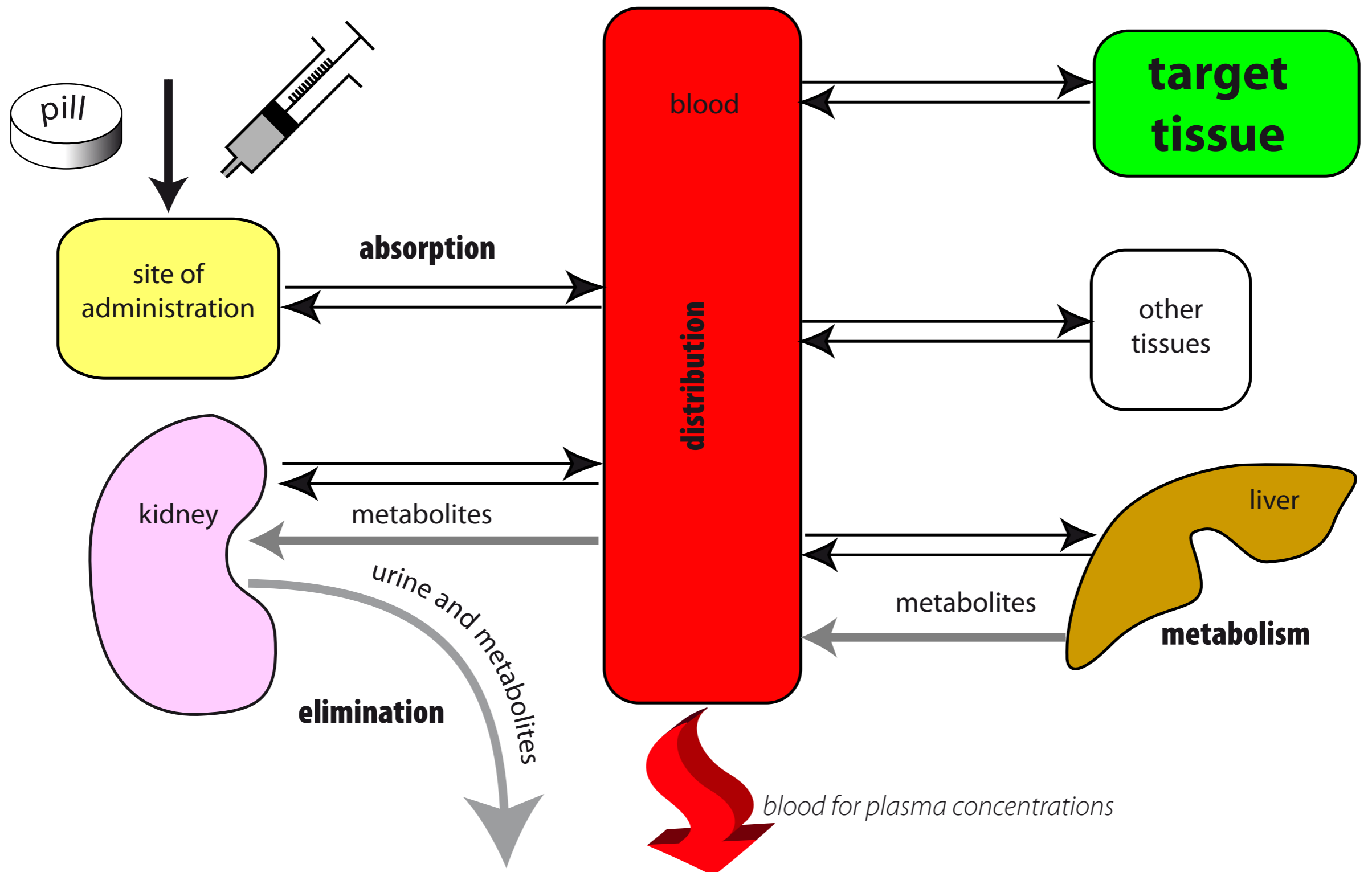
How would you get an antibiotic to here?

pharmacokinetics

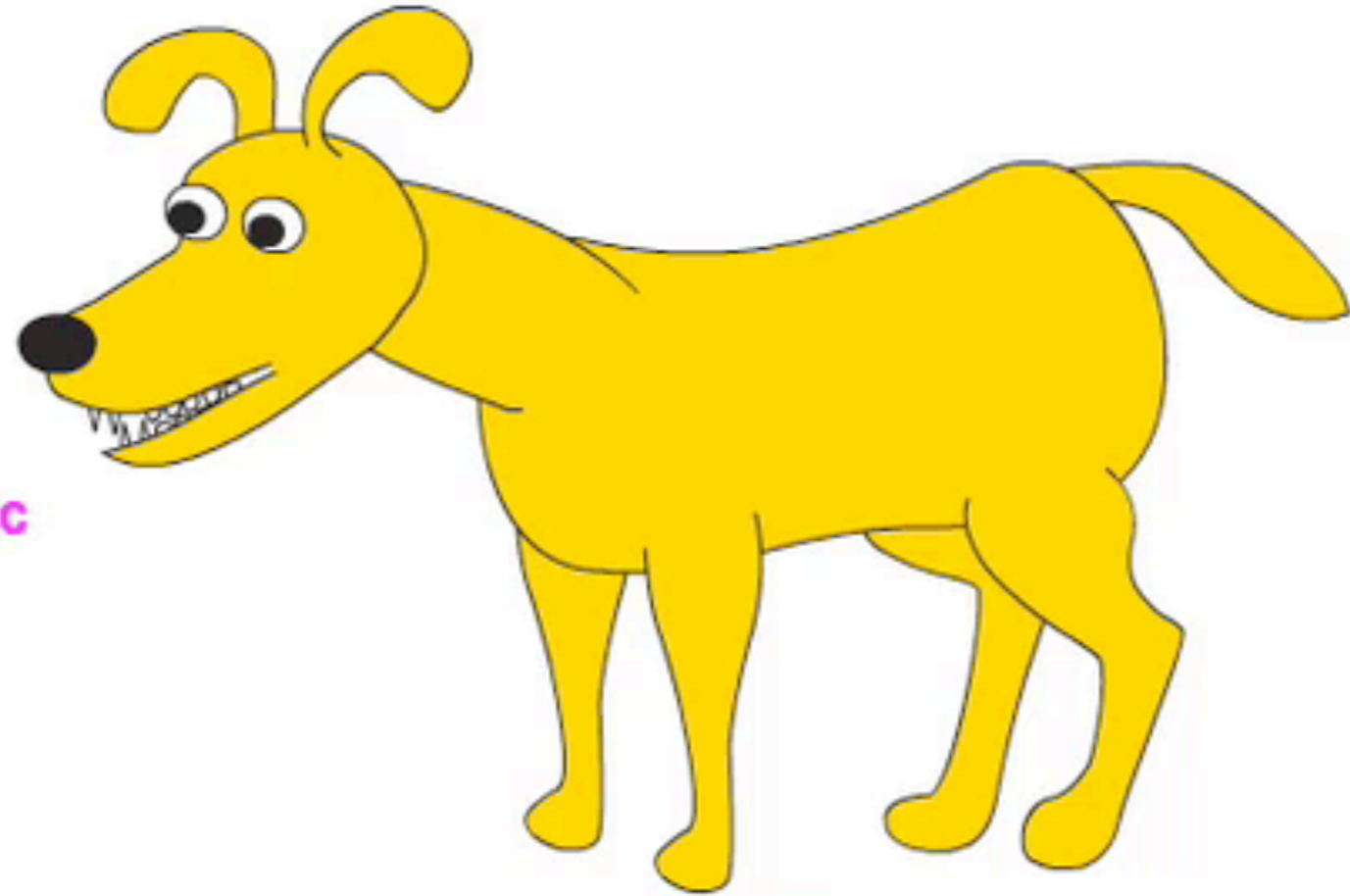
A large, red, spotted mushroom with a white stem, growing in a field of dry grass. The mushroom is the central focus of the image, with its cap showing a vibrant red color and white spots. The stem is thick and white. The background is a dense field of dry, brown grass.

- **absorption**
- **distribution**
- **metabolism**
- **elimination**

pharmacokinetics



Antibiotic



basic assumptions

- **drugs must cross membranes to get to target**
- **actions are proportional to plasma concentrations**
- **not always true!**

routes of administration

A large, red, mushroom-shaped pill with white speckles, resting on a bed of dry grass. The pill is the central focus of the image, with its stem visible at the bottom. The background is a dense field of dry, brown grass.

- **enteral**
 - via the gut
- **parenteral**
 - by injection
- **other**

routes of administration



- **enteral**
 - oral (po = *per os*)
 - sublingual
 - rectal

routes of administration

- **parenteral**
 - intravenous (iv)
 - intramuscular (im)
 - **nb muscle becomes meat in food animals!**
 - subcutaneous (sc or SQ)
 - intraperitoneal (ip)

iv injection



im injection



routes of administration

- **parenteral**
 - intravenous (iv)
 - intramuscular (im)
 - nb muscle becomes meat in food animals!
 - subcutaneous (sc or SQ)
 - intraperitoneal (ip)

routes of administration



- **inhalation**
- **topical**
 - **onto skin**
 - **intramammary**
 - **intrauterine**
 - **onto cornea**
- **transdermal**
- **nasal**
- **epidural / intrathecal**



How would you get an antibiotic to here?

absorption

- **dissolution**
- **movement out of site of administration**
- **movement into blood vessels**

dissolution

A large, red, textured mushroom cap with white spots, resting on a bed of dry pine needles. The mushroom is the central focus of the image, with its gills visible at the bottom. The background is a dense layer of dry, brown pine needles.

- **most drugs must dissolve in water and oil**
- **ionisation important**
 - **pH important**

dissolution



- **main factors**
 - **pills**
 - **coatings**
 - **disintegrants**
 - **vehicle**
 - **all**
 - **solute**
 - **gastric juice**
 - **rumen contents**
 - **interstitial fluid**

injection formulation

- **solutions in water**
 - rapid onset of action
- **suspensions of insoluble salts**
 - slower release
 - mixtures of salts can be used
 - **not iv**
- **solutions in oil**
 - slow release
 - **not iv**

injection formulation

- **complexes with soluble carriers**
 - cyclodextrins
 - polyvinyl pyrrolidone (PVP)
 - propylene glycol
- **used to get lipid soluble drugs into aqueous solution**

drug delivery devices

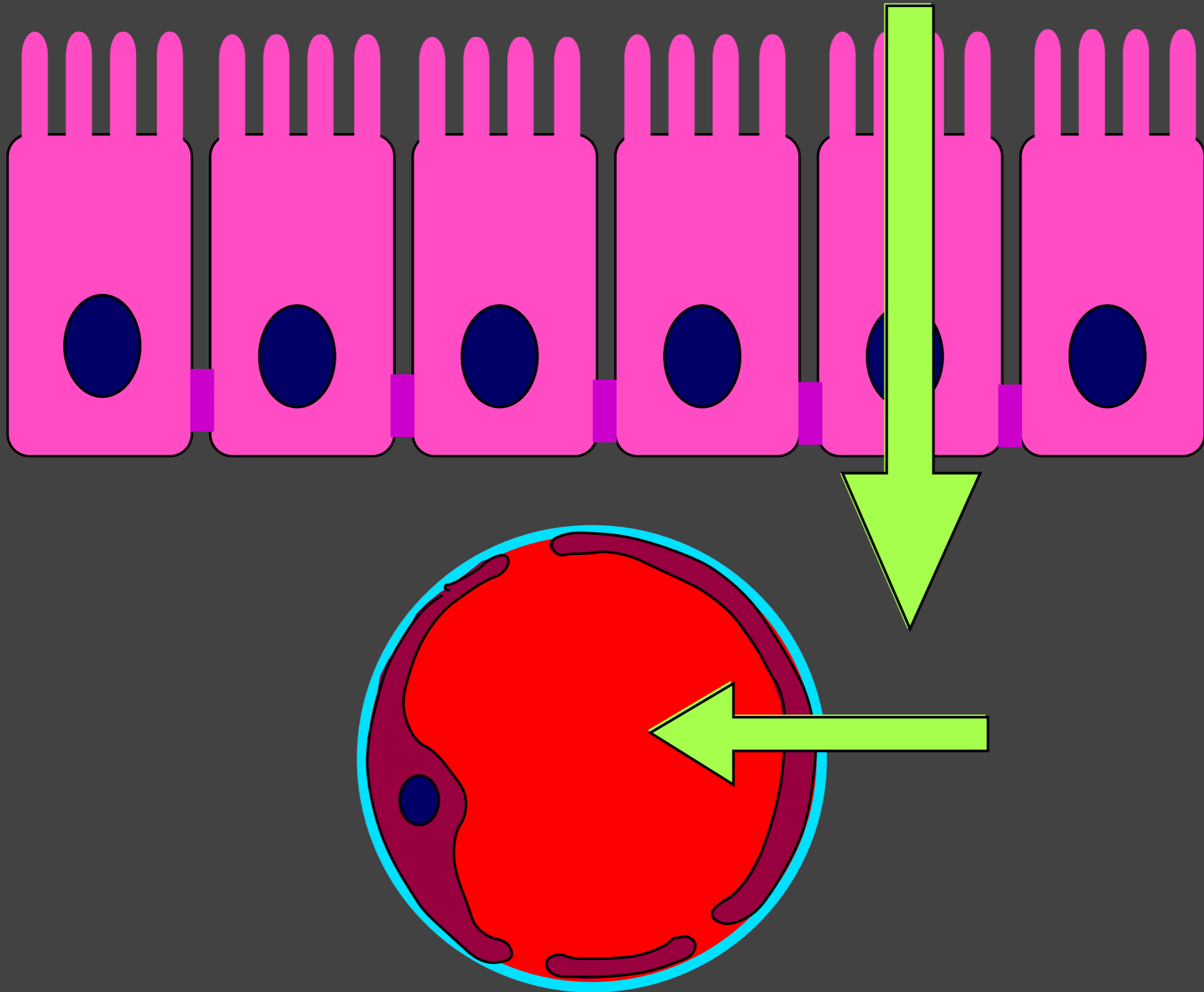
- **“solution” in silicone rubber**
 - very slow release
- **osmotic pumps**
 - predictable slow release
- **mechanical pumps**
 - variable rates of delivery
 - can be computer controlled \pm feedback



barriers to absorption

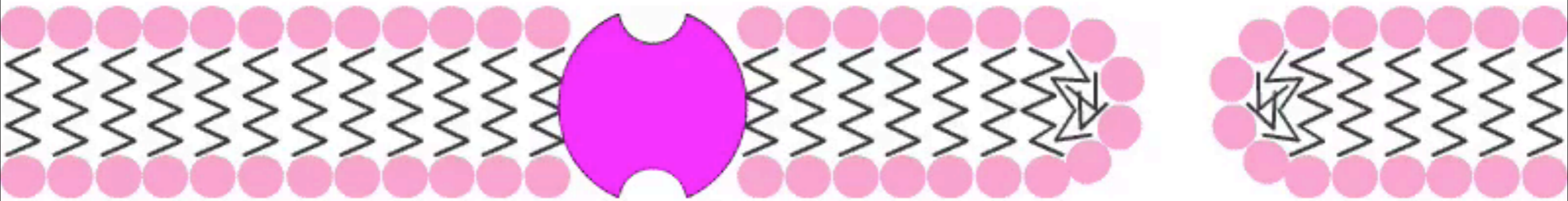
- **after iv administration**
 - **none**
- **after oral administration**
 - **gastric mucosa**
 - **endothelium**
- **after im or sc administration**
 - **endothelium**

drug





drug



diffusion across
lipid membranes



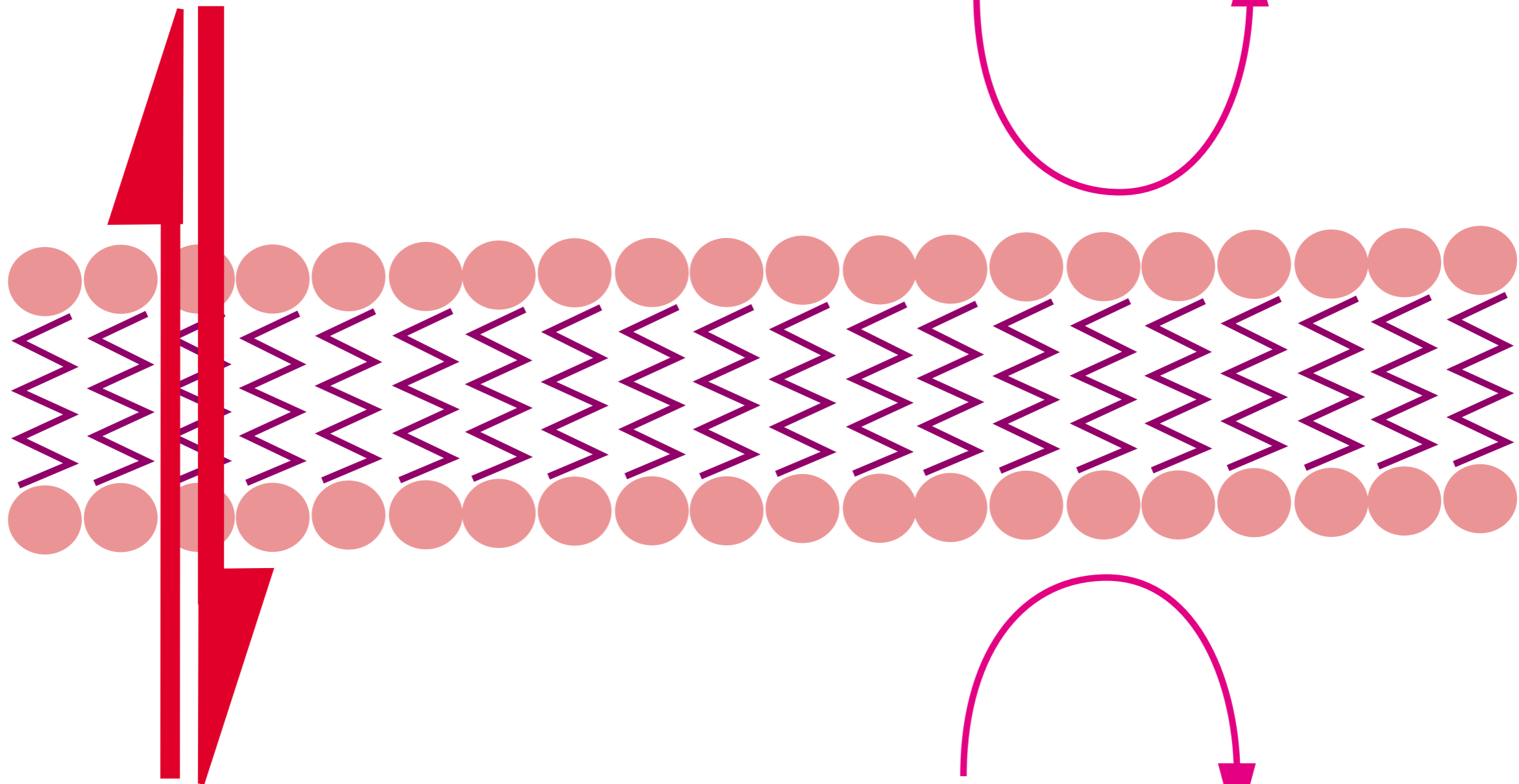
carrier mediated
transport

diffusion through
aqueous channel

effects of pH

- most drugs are either weak bases or weak acids
- ionised forms are not lipid soluble



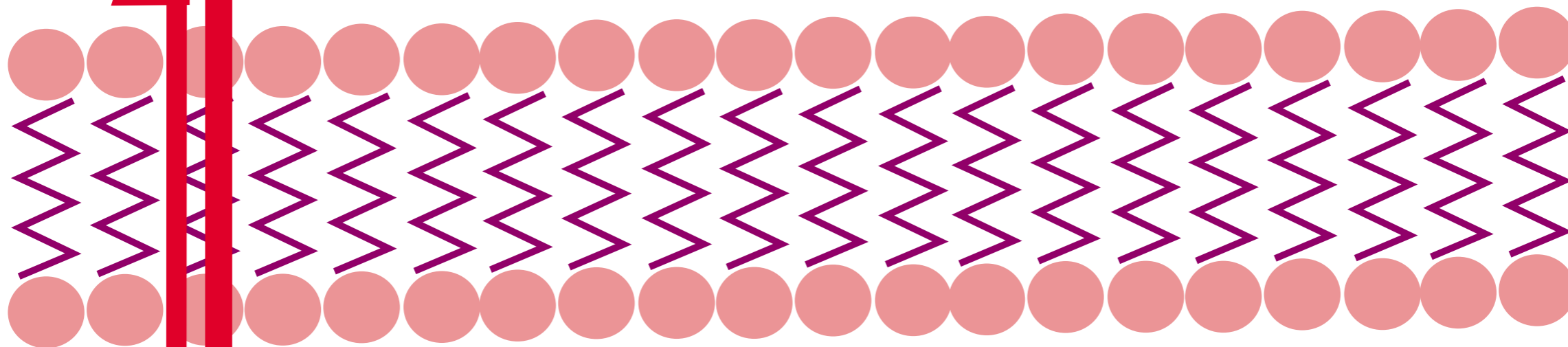
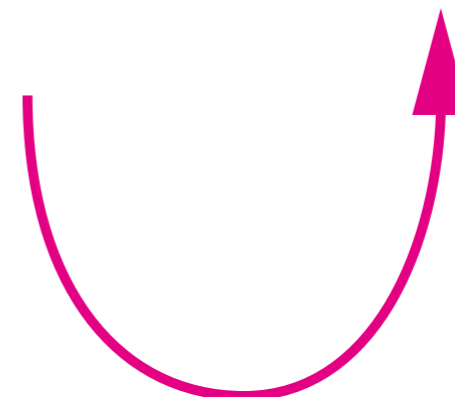


+ H⁺

B



BH⁺

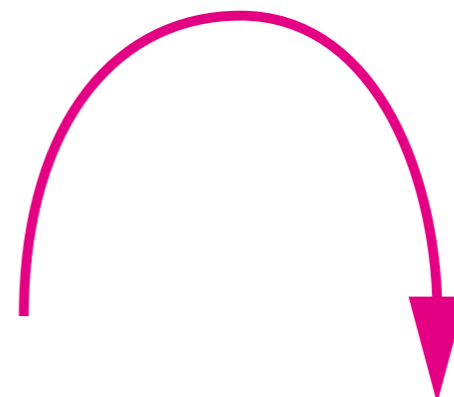


B

+ H⁺



BH⁺



Henderson Hasselbach equation

for acids $\text{pH} = \text{pK}_a + \log \frac{\text{A}}{\text{AH}}$

for bases $\text{pH} = \text{pK}_a + \log \frac{\text{B}}{\text{BH}^+}$

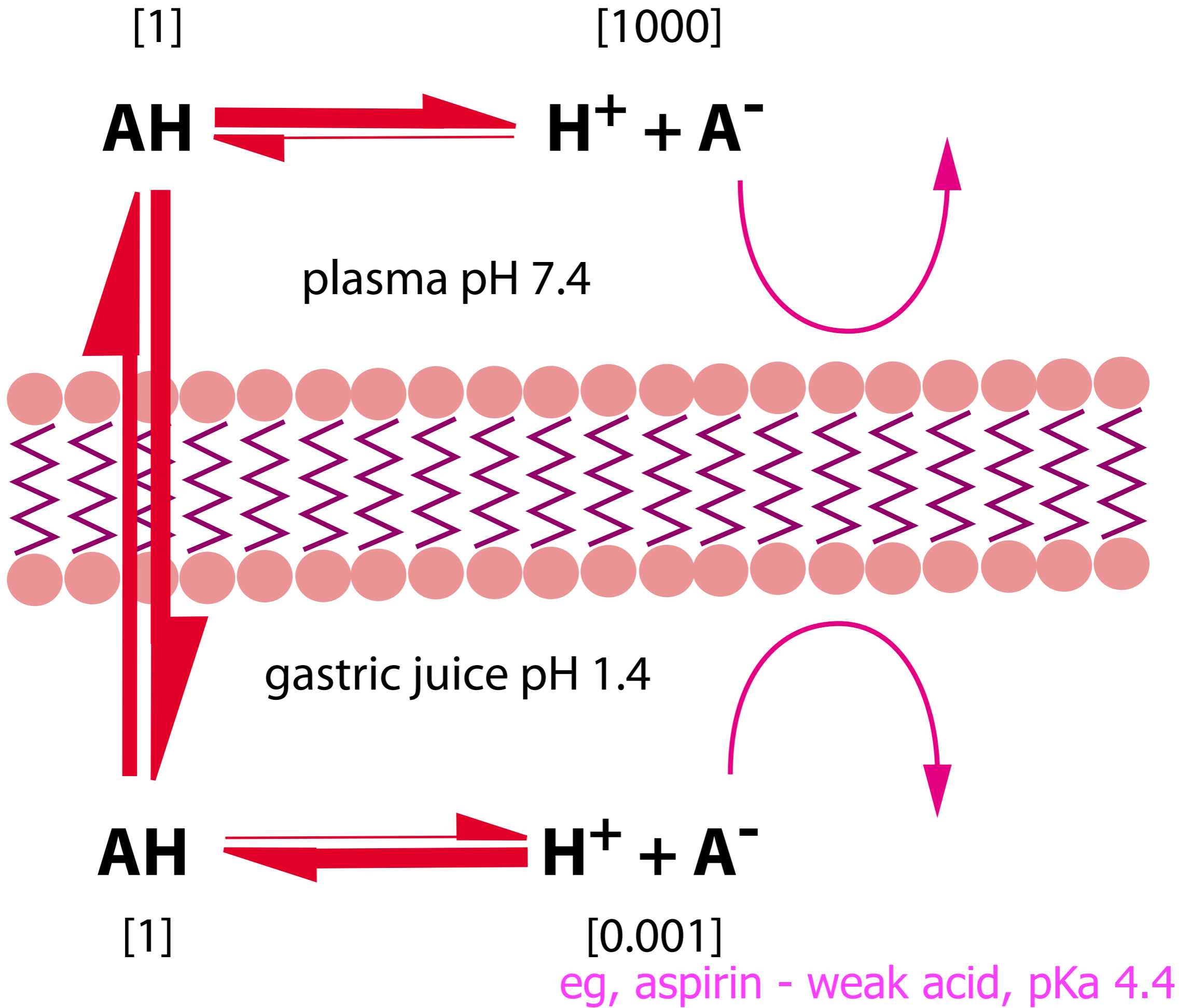
ie, when $\text{pH} = \text{pK}_a$, the drug is 50% ionised

effects of pH

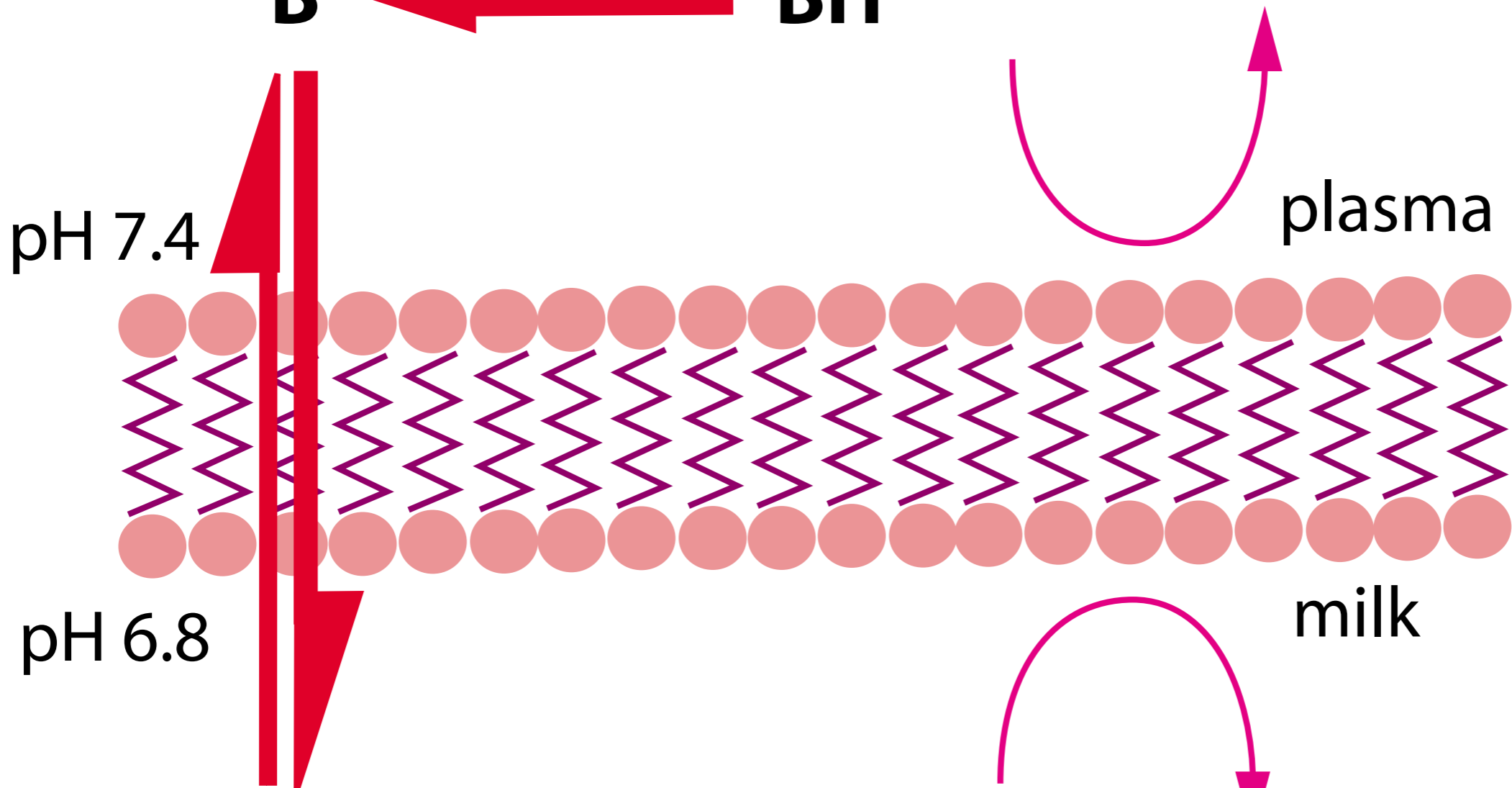
- when $\text{pH} < \text{pKa}$, more protonated drug exists ($\text{AH} & \text{BH}^+$)
- when $\text{pH} > \text{pKa}$, more unprotonated drug exists ($\text{A}^- & \text{B}$)

effects of pH

- **bases are ionised in acid solutions**
- **acids are ionised in alkaline solutions**



ion trapping

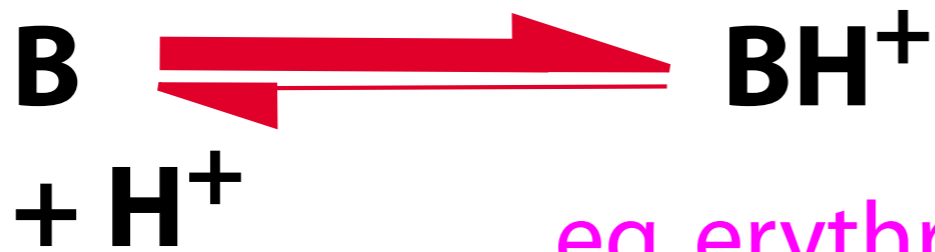


pH 7.4

plasma

pH 6.8

milk



eg, erythromycin, pKa 7.1

other factors influencing oral absorption


- **blood flow**
 - reduced in shock
- **surface area**
 - intestine > stomach
- **contact time**
 - reduced in vomiting & diarrhoea
- **food**
 - drugs may bind to food
- **carrier mediated transport**
 - both ways

other factors influencing parenteral absorption

- **blood flow**
 - **im - medium speed**
 - exercise
 - intra-fat rather than im!
 - **sc - slow and variable**
 - ambient temperature
- **pH**
- **inflammation**
- **formulation**

iv "absorption"

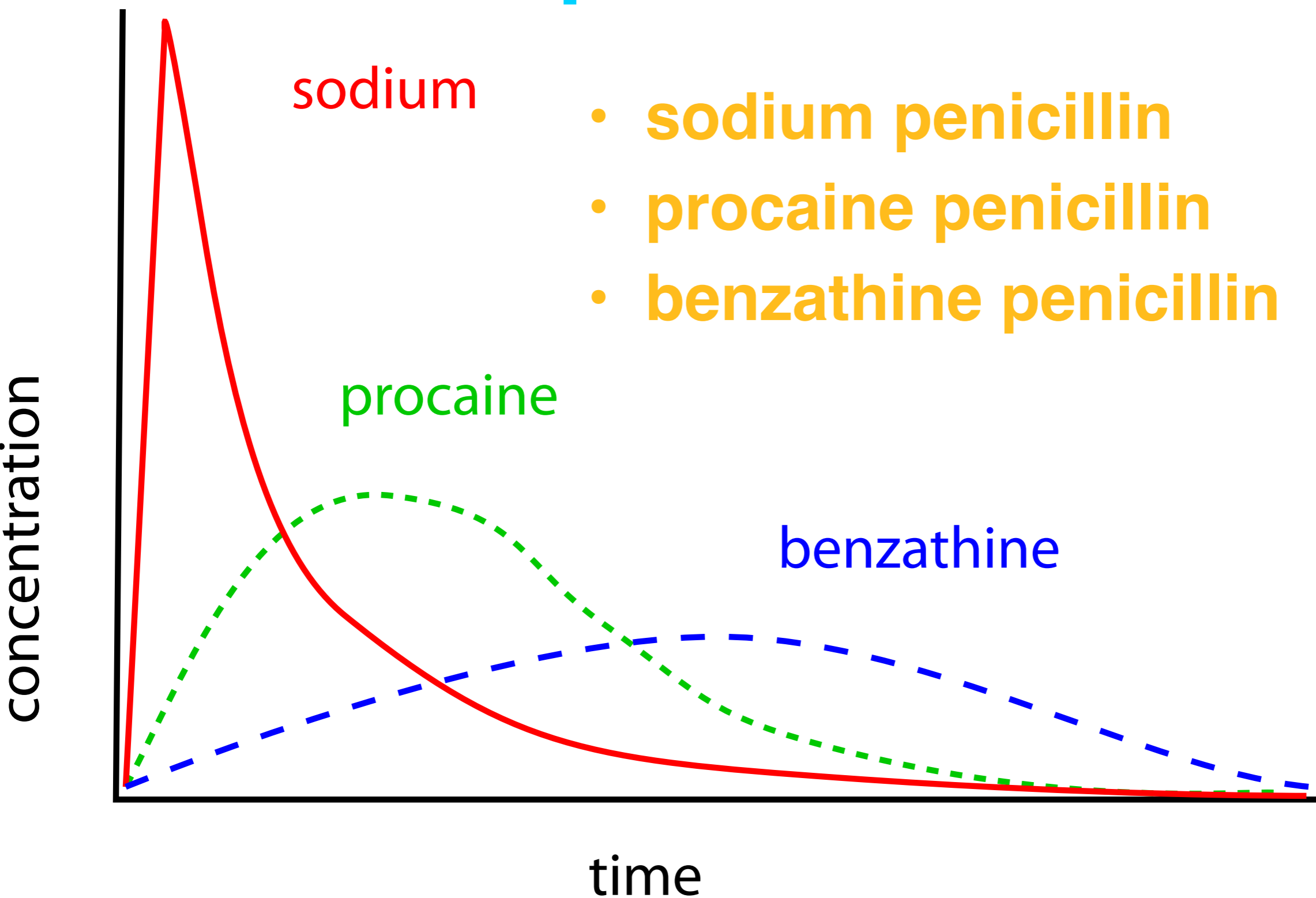
- **absorption is bypassed by iv injection**
- **rate of injection = rate of absorption**
- **if rate of absorption is critical to the patient, iv infusion can be used**



**alterations in rate of
absorption can have clinical
effects**

- **antibiotics**
- **sedatives**

penicillin



penicillin

sodium

- sodium penicillin
- procaine penicillin
- benzathine penicillin

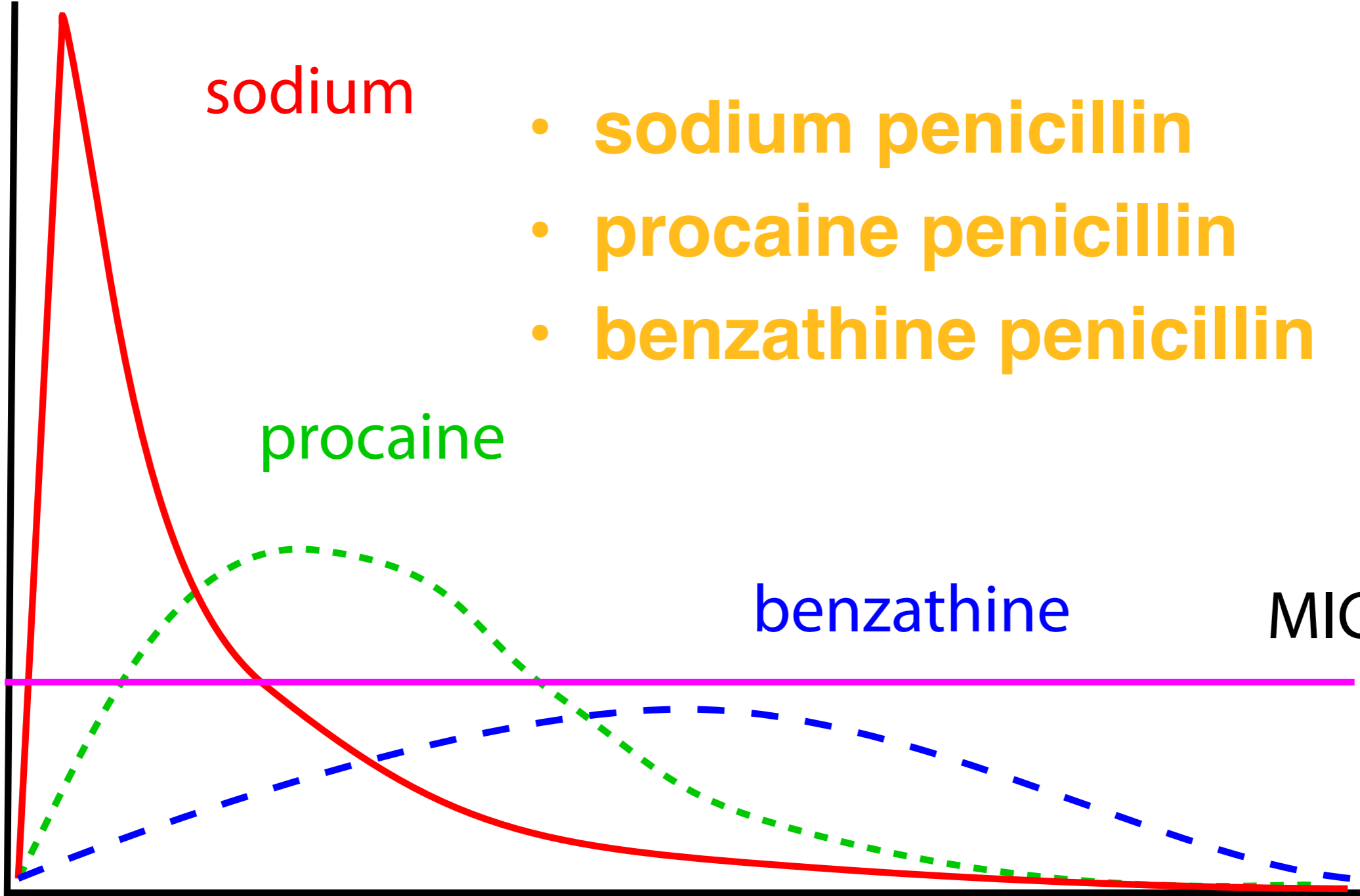
procaine

benzathine

MIC

concentration

time





How would you get an antibiotic to here?

absorption

- **most drugs must be absorbed to act**
- **iv administration bypasses absorption**
- **absorption depends on lipid solubility and ionisation**
- **drugs are often formulated to provide delayed absorption**