

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

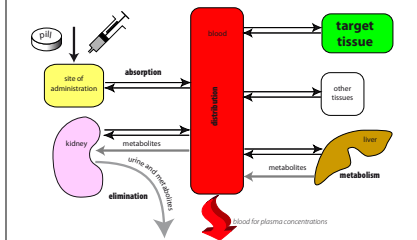
- What the animal does to the drug
- Movement of the drug through the body

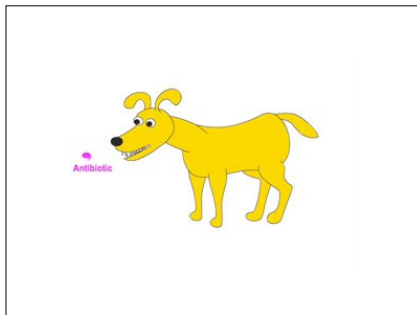


pharmacokinetics

- absorption
- distribution
- metabolism
- elimination

pharmacokinetics





basic assumptions

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

routes of administration

- 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)





routes of administration

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routes of administration

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



absorption

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

dissolution

- 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

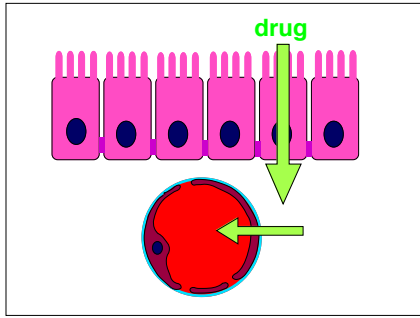
drug delivery devices

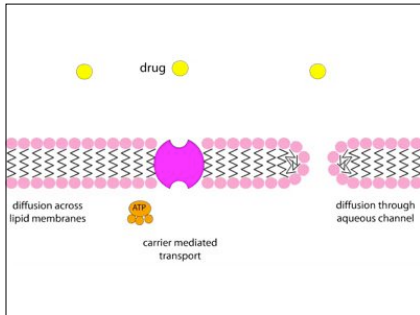
- "solution" in silicone rubber
 - very slow release
- osmotic pumps
 - predictable slow release
- mechanical pumps
 - variable rates of delivery
 - can be computer controlled \pm feedback



barriers to absorption

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

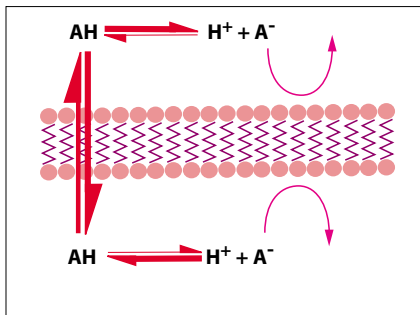


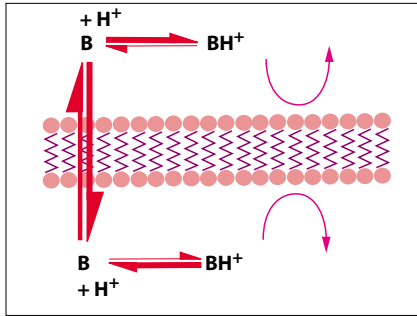


effects of pH

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

$HA \rightleftharpoons H^+ + A^-$
 $BH^+ \rightleftharpoons H^+ + B$





Henderson Hasselbach equation

for acids $pH = pK_a + \log \frac{A}{AH}$

for bases $pH = pK_a + \log \frac{B}{BH^+}$

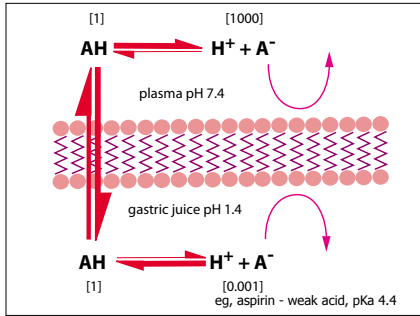
ie, when $pH = pK_a$, the drug is 50% ionised

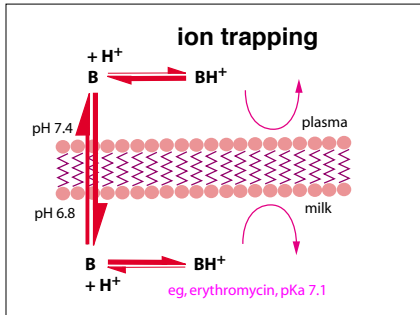
effects of pH

- when $pH < pK_a$, more protonated drug exists (AH & BH⁺)
- when $pH > pK_a$, more unprotonated drug exists (A⁻ & B)

effects of pH

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





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**

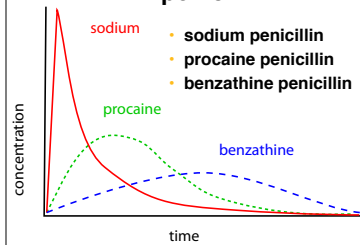
iv "absorption"

- 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

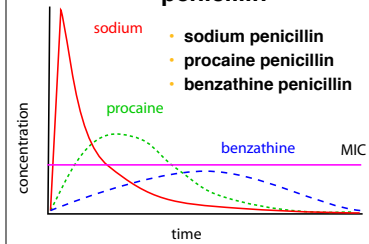
alterations in rate of absorption can have clinical effects

- antibiotics
- sedatives

penicillin



penicillin





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
