

Pharmacokinetics

Distribution

by the end of this lecture you should be able to

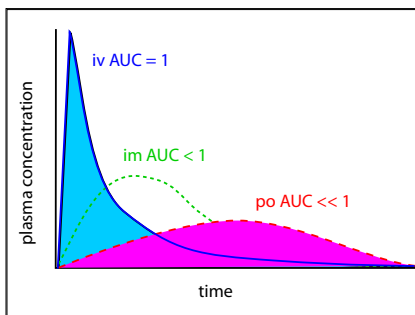
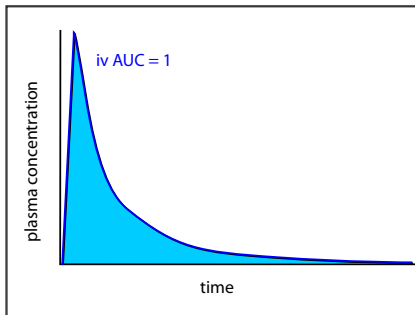
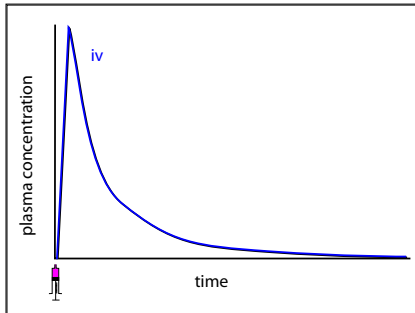
- use your knowledge of PKs to ensure that a drug gets to its intended site of action





bioavailability

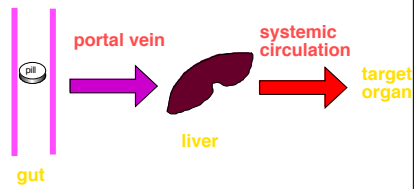
- the fraction of a drug that reaches the systemic circulation



low bioavailability

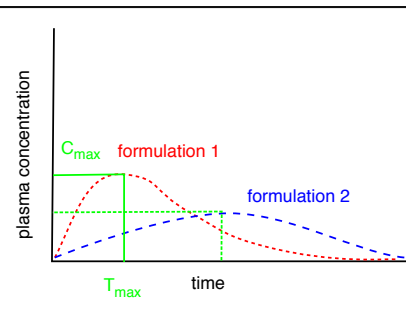
- poor absorption
 - very hydrophilic drug
 - chemical instability
 - drug formulation
- first pass metabolism

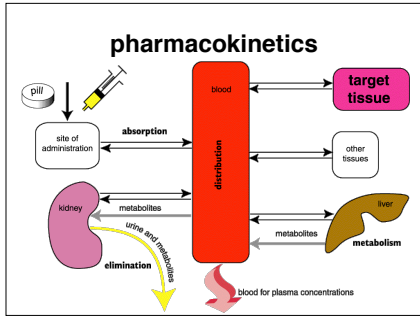
first pass metabolism



bioequivalence

- same bioavailability
- AUC
- peak concentration (C_{max})
- time to peak (T_{max})
- same effects



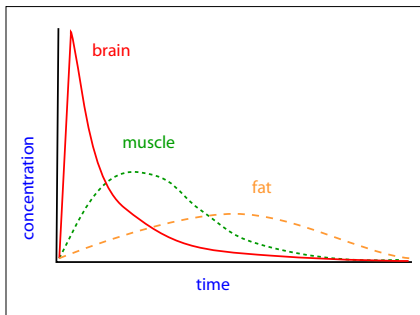


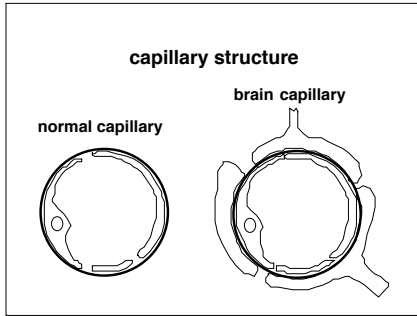
distribution

- the movement of drug from the circulation to the tissues and back

distribution

- blood flow
- capillary permeability
 - capillary structure
 - drug structure
 - carrier proteins (efflux pumps)
- protein binding





- blood brain barrier**
- no access for ionised drugs
 - aminoglycosides
 - penicillins
 - lipid soluble drugs rapidly equilibrate and rapidly redistribute
 - anaesthetics
 - P glycoprotein pumps many drugs out
 - also cancer cells
 - also bacteria

- drug structure**
- size
 - most drugs c 200Da
 - peptides c 5,000Da
 - proteins c 50,000 Da
 - lipid solubility
 - oil / water partition coefficients

- distribution**
- blood flow
 - capillary permeability
 - protein binding

protein binding

- many drugs are bound to albumin
- keeps drugs in circulation
- free drug concentration low
 - only free drug is active

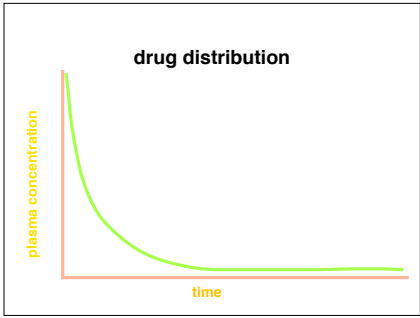
factors affecting protein binding

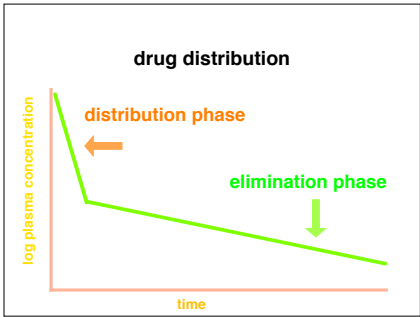
- other drugs
 - there are usually more binding sites than drug molecules, but if two highly bound drugs are given together, one drug may displace the other resulting in more free (active) drug than expected
 - sulphonamides often saturate binding sites
- hypoproteinaemia
 - liver disease
- (body temperature)
- (pH)

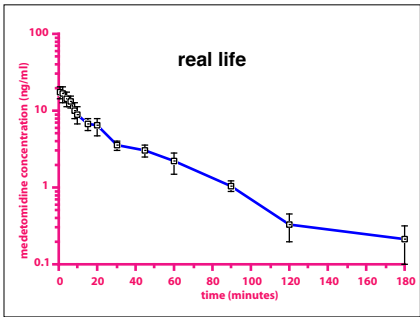


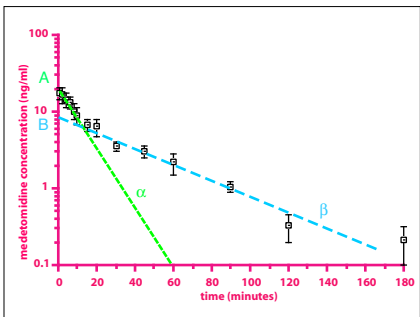
protein binding

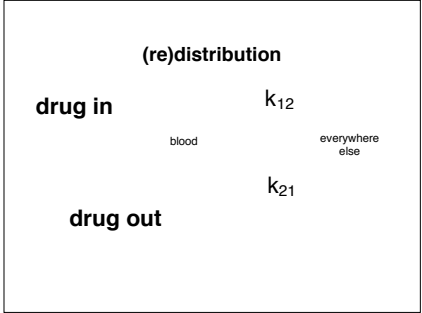
- needs phenylbutazone
- may be on warfarin
- may also need surgery
 - thiopentone

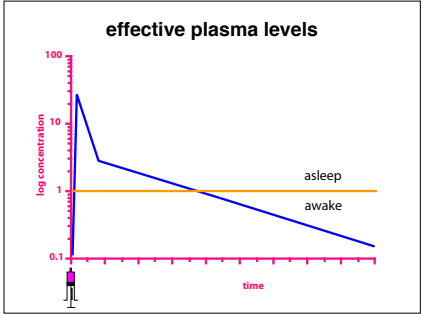


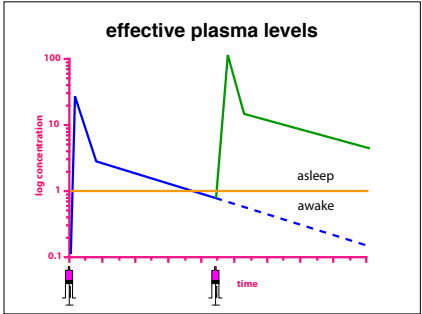


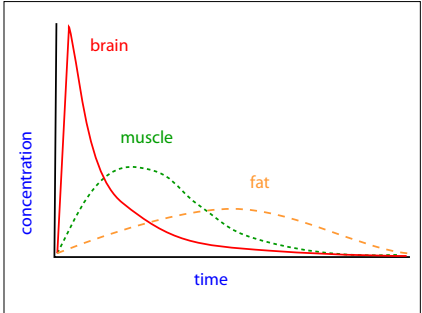


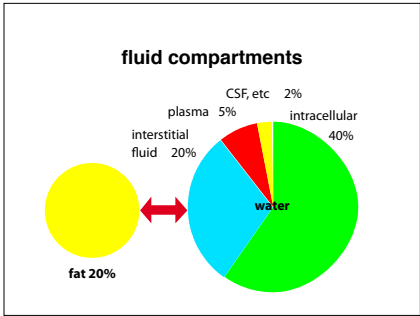












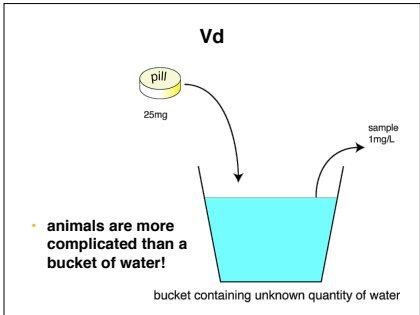
volume of distribution

- V_d is the volume a drug would occupy if it was evenly distributed at the same concentration as in the plasma

V_d

$$V_d = \frac{Q}{C_p}$$

If 25mg of drug results in a plasma concentration of 1mg/L then V_d = 25/1 = 25L



Vd

$$V_d C_p = Q$$

If $V_d = 25L$ and plasma concentration = 1 mg/L , then dose = 25mg

Vd

- Vd does not correspond to any anatomical or physiological compartment
- but - can provide some information on where drug goes

Vd

- heparin - 50 mL/kg ~ plasma volume
- gentamicin - 250 mL/kg ~ ECF volume
- diazepam - 650 mL/kg ~ total body water
- morphine 5 L/kg ~ ?

Vd

- a large Vd implies that the drug is preferentially distributed somewhere - usually to fat - and is unavailable

Vd

- used to calculate doses to achieve target plasma levels
- but
 - individual variation
 - pathology



listeriosis

- meningitis
- sensitive to penicillin
- penicillin is not lipid soluble
- what do you do?

listeriosis

- meningitis breaks down BBB
- penicillin gets in
- penicillin kills Listeria
- meningitis clears up
- penicillin no longer gets in

treatment

- high dose benzylpenicillin sodium iv
- saline iv
- anti-inflammatory drugs?

distribution

- drugs are usually distributed out of the blood to their site of action
- many drugs bind to plasma proteins and are unavailable for action or metabolism
- drugs are not distributed evenly throughout the body - each has a volume of distribution
