Antibiotics

Aminoglycosides

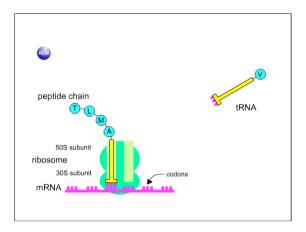
· old drugs

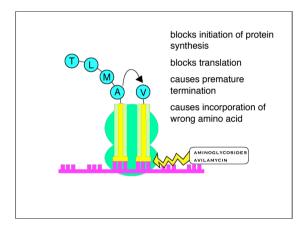
drugs

- streptomycin / dihydrostreptomycin
- neomycin (Framycetin)
- · newer drugs
- gentamicin
- amikacin
- tobramycin
- netilmicin
- · aminocyclitols
 - apramycin
 - spectinomycin

mechanism

- · block peptide synthesis
- rapidly bacteriocidal
- effect concentration dependent
- post antibiotic effect





mechanism

- · must get into cell to act
 - -oxygen dependent polyamine carrier
 - -not present in anaerobes
 - blocked by low pH, Ca⁺⁺, Mg⁺⁺, hyperosmolar conditions

resistance

- develops quickly
 - -especially Staphs
- · cross resistance not complete
 - -amikacin not easily broken down

resistance

- inactivation
- at least 9 enzymes
- plasmid transmitted
- · failure to get into cells
 - cell wall damaging drugs
 - chloramphenicol
- · alterations in binding site
 - chromosomal mutation

spectrum of activity

- aerobic Gram negatives
 - -Pseudomonas
- · (Staphs)
- · (Mycobacteria)
- not Streps

side effects

- · ears
 - -deafness
 - -loss of balance
- kidneys
 - -failure
- · (neuromuscular blockade)

ears

- deafness
 - -dihydrostreptomycin
 - -neomycin
 - -amikacin
 - -people & cats most sensitive
- loss of balance
 - -streptomycin
 - -gentamicin

kidneys

- · all aminoglycosides
- potentiated by
 - -dehydration
 - -frusemide
 - -low blood pressure
 - -NSAIDs?

pharmacokinetics absorption

- · highly polar
 - -not absorbed from gut
 - -do not penetrate CNS / eye / secretions
 - -useful concentrations in synovial fluid

administration

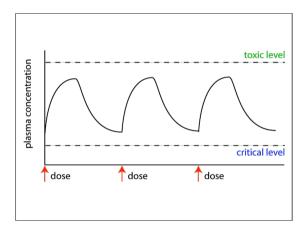
- · usually given parenterally
 - -im or sc 90% bioavailable
 - -im injections painful
- other preparations
 - -intramammary
 - -oral

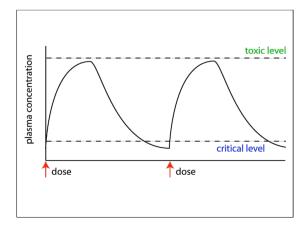
distribution

- · to extracellular fluid
 - -not into cells
- · rapid
- · not protein bound

elimination

- parenteral
 - -glomerular filtration
- oral
 - -faeces
- · short half lives 2 3 hours
- · inactivated by pus





administration

- give a big dose once daily rather than small doses often
- · reduce the dose in kidney failure
- · monitor creatinine

residues

- hangs around in kidneys for years
- · long witholding times

use

- used to be main treatment for Gaerobes
- fluoroquinolones now 1st choice
 - -less toxic in most species
 - -horses?

indications

- streptomycin
 - -leptospirosis
 - -(TB in people)
- · gentamicin etc
 - -serious G- infections
 - Pseudomonas infections
 - -mainly horses

combinations

- · penicillin & gentamicin
 - -broad spectrum
- -sometimes used for difficult G+
- penicillin, gentamicin & metronidazole
 - -covers most bacteria
 - -peritonitis etc

abuse

- mastitis
 - -no evidence of efficacy in NZ
- · neonatal diarrhoea
 - -use fluids instead
- horticulture
 - -fireblight
 - -use declining

precautions

- · fluid balance
 - -ensure animal is not dehydrated
 - -watch blood pressure
 - -avoid nephrotoxic drugs
- working dogs

interactions

- penicillins
 - -synergy?
 - -chemically incompatible
- some cephalosporins
- frusemide
 - -nephrotoxicity

3 yr old thoroughbred

- · injured knee 3 days ago
- · knee now swollen, hot & painful
- TPR normal

diagnosis

- septic arthritis
 - -bacteria unknown

treatment

- · flush joint
- intra-articular penicillin & gentamicin
- · systemic penicillin & gentamicin

aminoglycosides

- · G- aerobes
- toxic to kidneys and ears
- give a big dose once daily rather than small doses often
- may be synergistic with penicillins under some conditions