

PHARMACOKINETICS

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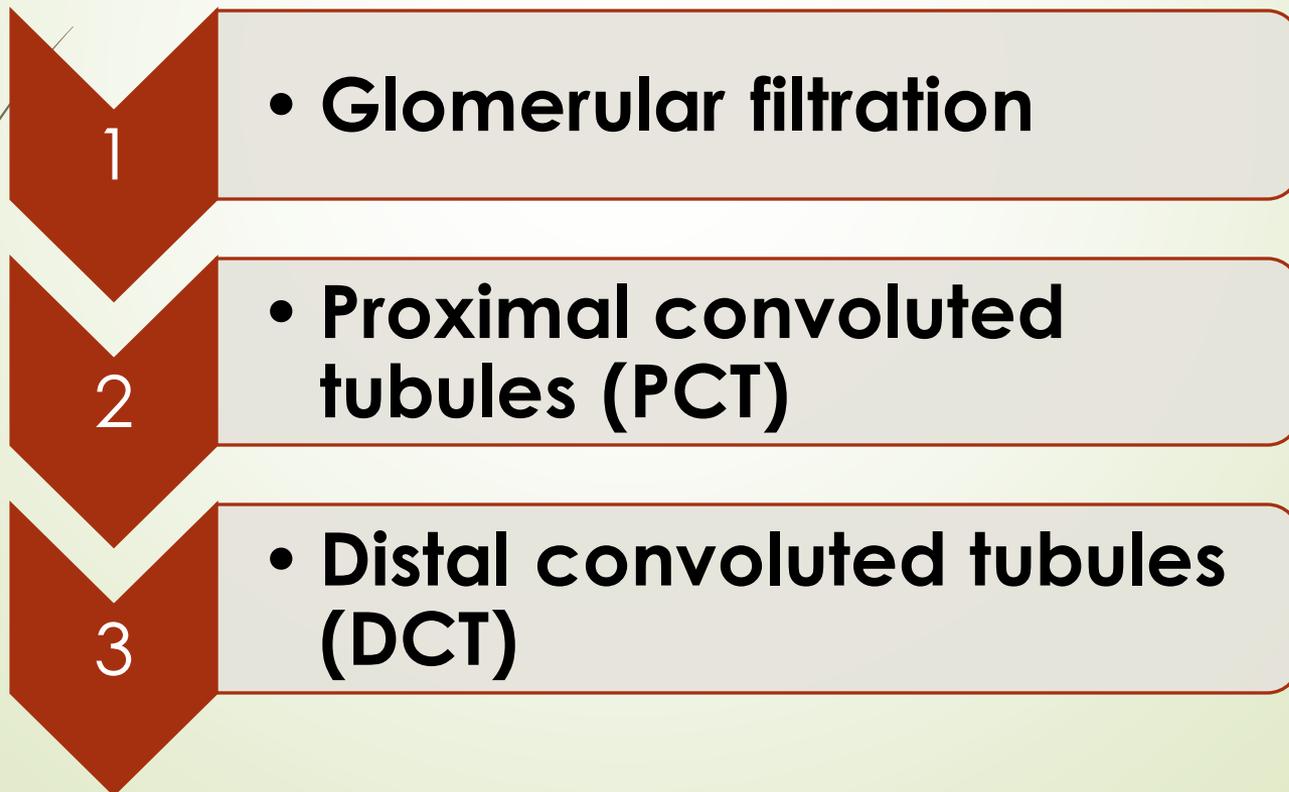
Pharmacokinetics

what the body does to the drug?

- Absorption
- Distribution
- Metabolism
- Excretion.

EXCRETION OF DRUGS

- **Kidney:** most important organ for excretion
- **Excretion occurs through:**



1-Glomerular filtration

- All free drug molecules whose size is **less** than the glomerular pores are filtered into Bowman's capsule.

2-Proximal convoluted tubules (PCT)

Active secretion occurs either through

- ❑ **acid carrier** e.g. for penicillin, probenecid, salicylic acid.
- ❑ **basic carrier** for amphetamine and quinine.

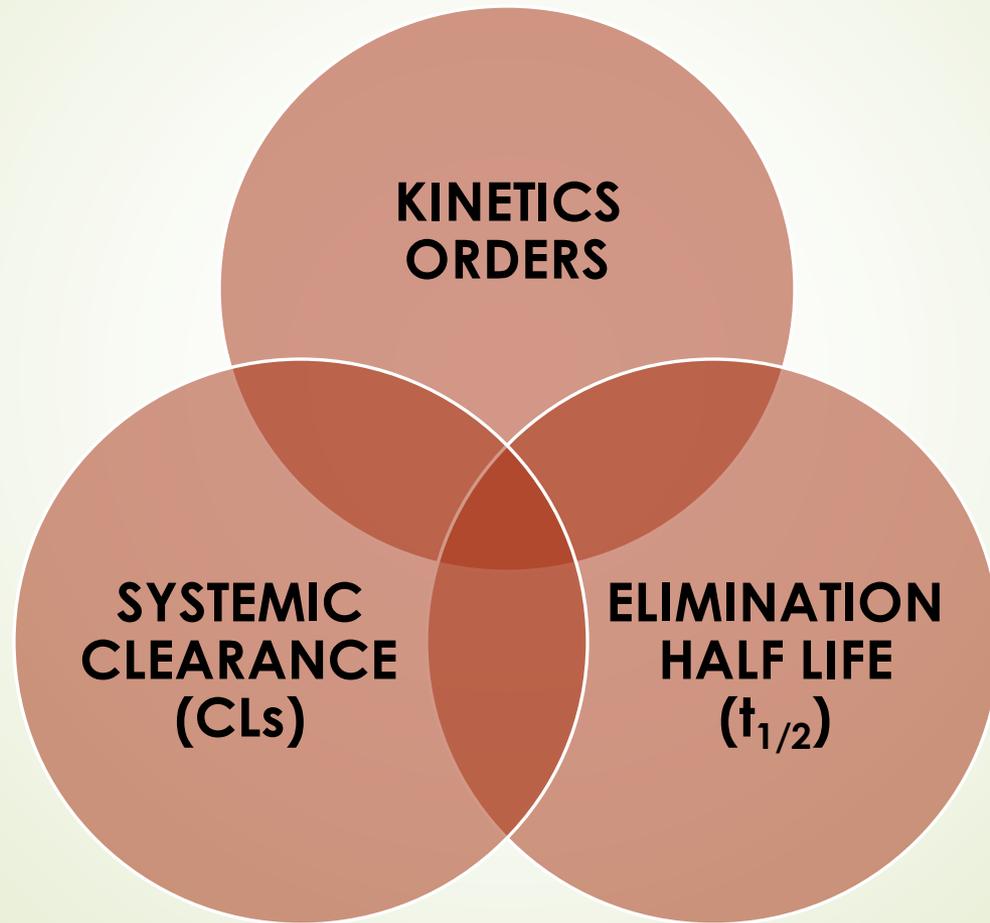
3-Distal convoluted tubules (DCT)

- Lipophilic drugs may be reabsorbed back to systemic circulation.
- **Alkalinization of urine** keeps acidic drugs ionized and increases their excretion.
- **Acidification of urine** keeps basic drugs ionized and increases their excretion.

Other sites of excretion:

- **Bile:** e.g. Doxycycline, azithromycin.
- **Lungs** e.g. Volatile anesthetics.
- **Saliva** e.g. Iodides.
- **Sweat** e.g. Rifampicin.
- **Milk:** this is important in lactating mothers.

PARAMETERS OF ELIMINATION



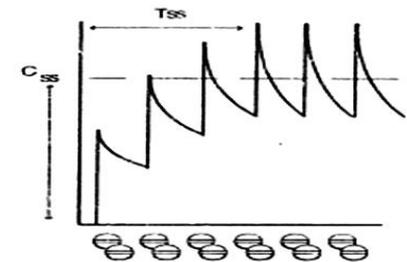
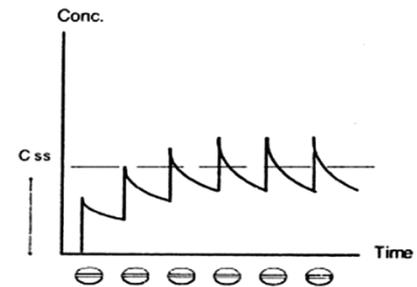
KINETICS ORDERS

First order kinetics

Zero order kinetics

First order kinetics (most drugs):

- Rate of elimination is directly proportionate to the blood concentration of drugs (***constant percentage*** of the drug is eliminated per unit of time)
- **Constant** " $t_{1/2}$ "
- Repeated dosing increases drug concentration and accordingly the rate of elimination increases till the rate of administration equals the rate of elimination.
- C_{ss} can be reached after 4-5 $t_{1/2}$
- C_{ss} is directly proportionate to the dose.



↑ dose → ↑ C_{ss}

Zero order kinetics

(phenytoin and salicylate)

- Rate of drug elimination is constant i.e. ***constant amount*** of drug is eliminated per unit of time.
- " **$t_{1/2}$** " (half life) is **not constant**.
- **No C_{ss}** is reached by repeated dosing.
- Any change of the dose may cause toxicity.
- Some drugs follow 1st order kinetics in small dose and zero order kinetic at large doses i.e. the elimination mechanism is said to be saturated (saturation kinetics).

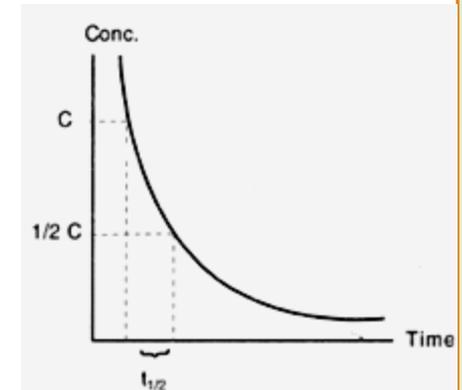


ELIMINATION HALF LIFE ($T_{1/2}$)

- It is the time required to reduce the plasma concentration of the drug to half the initial concentration (the time required for drug concentration to be changed by 50%).
- $T_{1/2} = 0.7 V_d / CLs$

Importance of elimination $T_{1/2}$:

- It determines the dosage interval (T).
- It indicates time required to attain C_{ss} (about 4-5 $t_{1/2}$):
- If " $t_{1/2}$ " is very short (minutes), the drug should be given by IV infusion [dopamine].
- If " $t_{1/2}$ " is long [digoxin], the drug should be administered in loading dose followed by maintenance dose



Factors affecting elimination " $t_{1/2}$ ":

- ❑ State of eliminating organs i.e. liver & kidney function.
- ❑ Delivery of drugs to the eliminating organs: affected by plasma protein binding and V_d of the drug.

SYSTEMIC CLEARANCE (CLs)

- *It is the volume of fluid cleared from the drug per unit of time.*
- *Systemic CLs = Renal clearance (CL_r) + non-renal clearance (CL_{nr})*

Significance of clearance:

- Calculation of the maintenance dose
- **Loading dose:** The dose required to achieve a desired plasma concentration (desired C_{ss}) rapidly, followed by routine maintenance dose.

$$\text{Loading dose} = V_d \times TC$$

- **Maintenance dose:** The dose given to maintain the desired C_{ss} .

$$\text{Maintenance dose} = CL_s \times TC \times \text{concentration.}$$

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Thank you!