

Factors affecting absorption

related to pt

related to drug

Route of administration

IV + inhalation > IM > S.C. >

Water + lipid solubility

Oral > topical (creams)

Lipid partition co magnitude \propto absorption
water

Absorbing surface

Vascularity direct correlation

Pharmaceutical Preparation

Surface area \propto

Dosage form solution \rightarrow suspension \rightarrow tablet

Pathological conditions

shape, size of particle + rate of

Diarrhea \downarrow oral absorption

dissolution of tablet

Systemic circulation

Shock \downarrow oral + SC

Ionization of the drug

absorption

Ionization \downarrow Lipid solubility

Specific Factor

Uncharged / Non ionized \uparrow absorption

why gastric sleeve pt take

depend on pKa of drug + pH of medium

vitamin B12 IV? such

$-NR_4^+$ ionized \rightarrow poor absorption

Surgery leads to intrinsic

- streptomycin have $+3$ charge \rightarrow ionized

factor deficiency ...

always \rightarrow not absorbed

Co-administration of other

Weak acids absorbed in acidic media

drugs + food

\Rightarrow base = = basic =

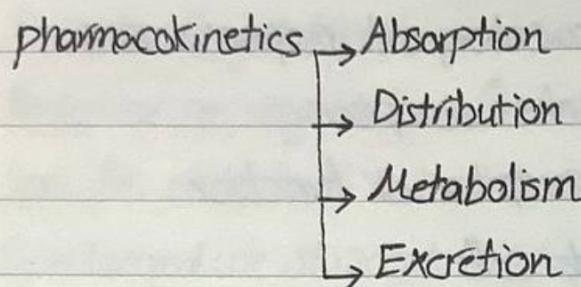
avoid Ca^{2+} with antibiotics ...

pKa: the pH at which

take adrenalin SC + local anesthetics

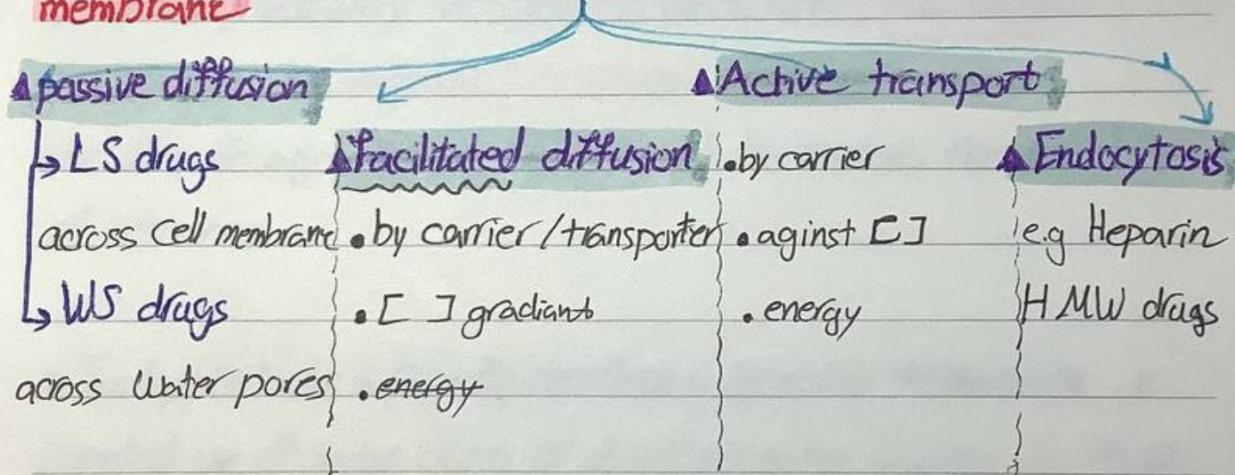
[ionized forms] = [unionized one]

NO Date 4th cc: pharmacokinetics - I. what body does to drug?



- **Absorption**: passage of drug from site of administration to systemic circulation

- **Mechanism of Absorption / How drug cross biological membrane**



* Bioavailability: (F)

percentage of drug that reaches the systemic circulation and becomes available for biological effect

$$F = \frac{AUC_{\text{oral}}}{AUC_{\text{IV}}} \times 100$$

→ Hepatic
→ Intestinal

F is affected by → 1st pass metabolism → pulmonary
→ extent of drug absorption