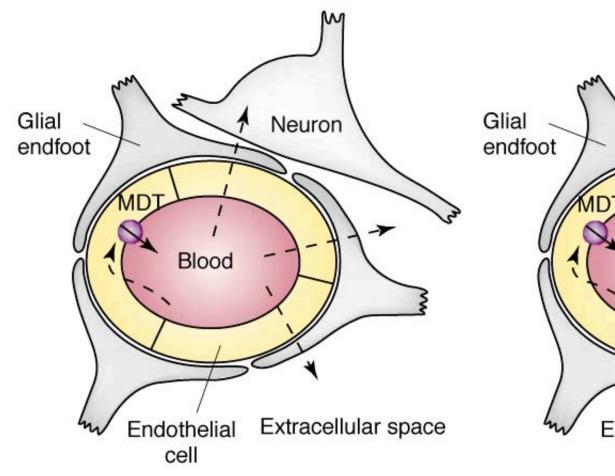
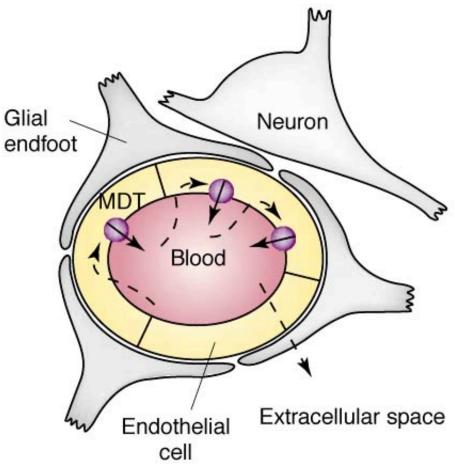




(a)
Normal expression of multidrug transporters

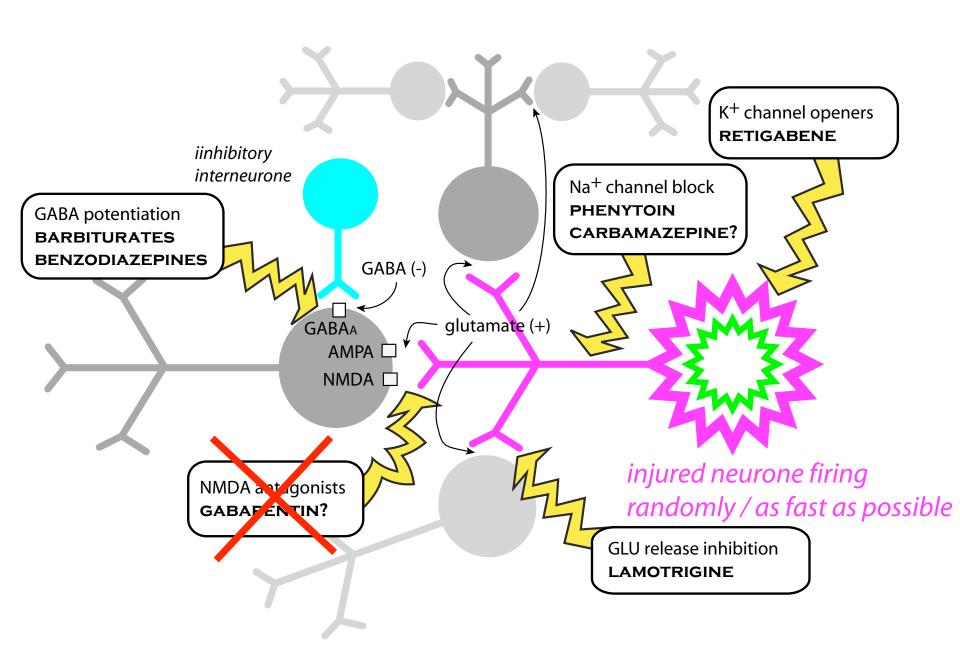
(b)
Overexpression of multidrug transporters

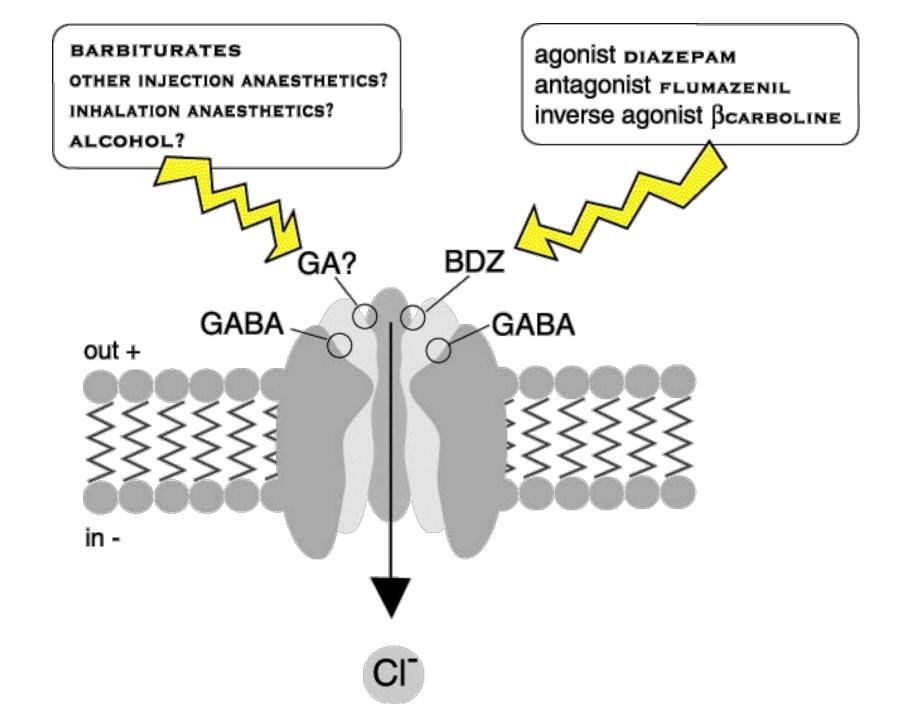




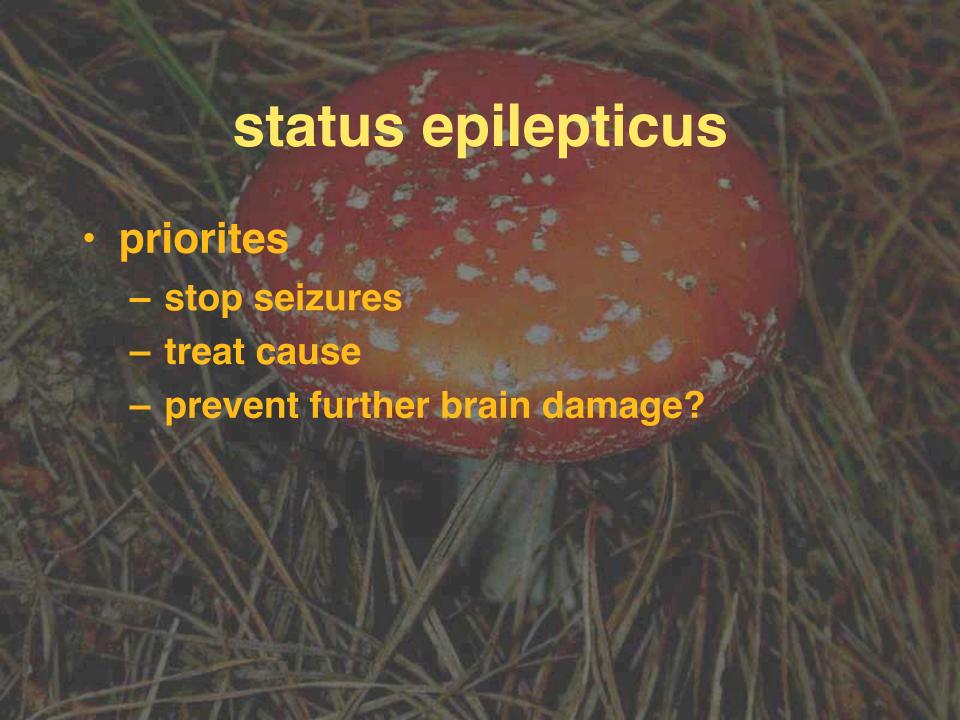
TRENDS in Pharmacological Sciences

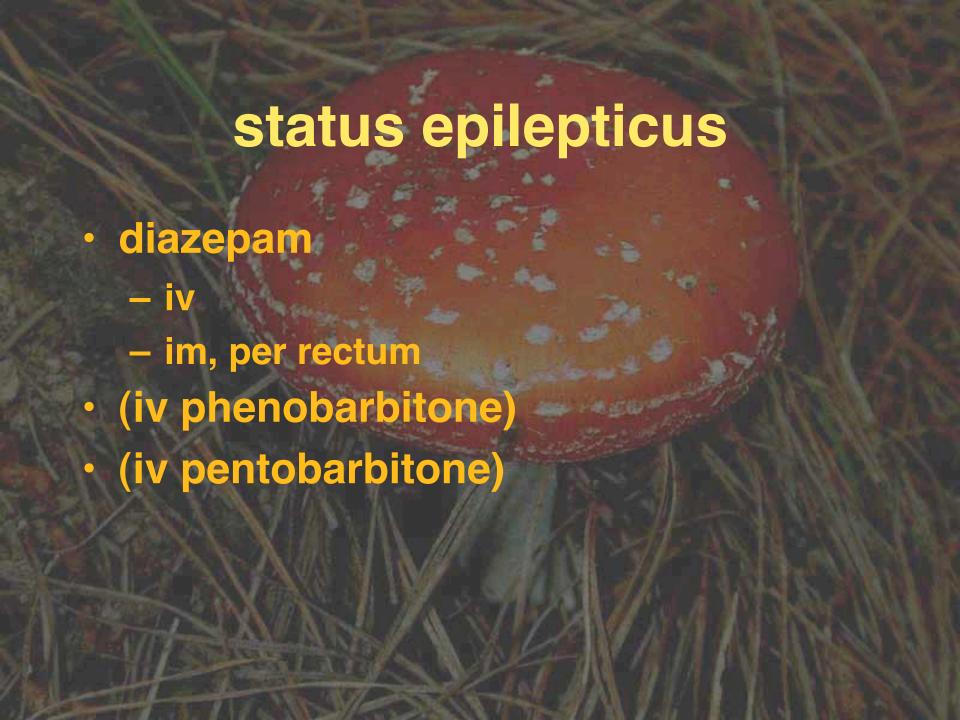










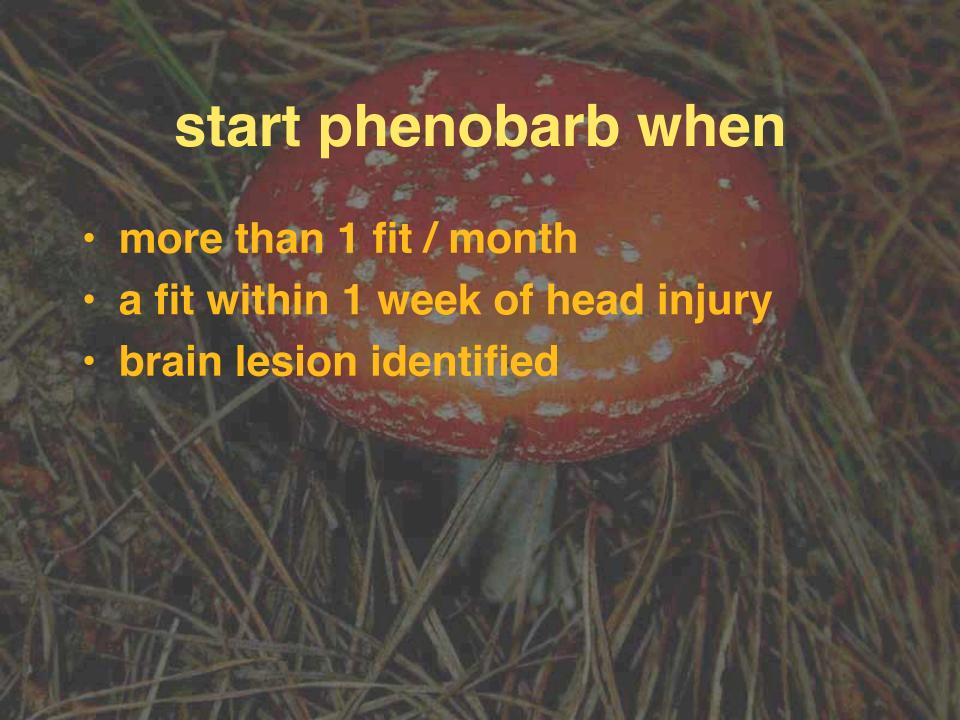








- cytochrome P450 induction
 - initial half life in dog about 100 h
 - half life after induction about 24 h
- polyuria / polydipsia
- raised liver enzymes
- very rarely liver failure





phenytoin

- does not work reliably
- zero order kinetics at high doses
- short half life
- induces P450
- liver damage
- (teratogenic)
- newer analogues better (not in NZ)
 - fosphenytoin



new drugs

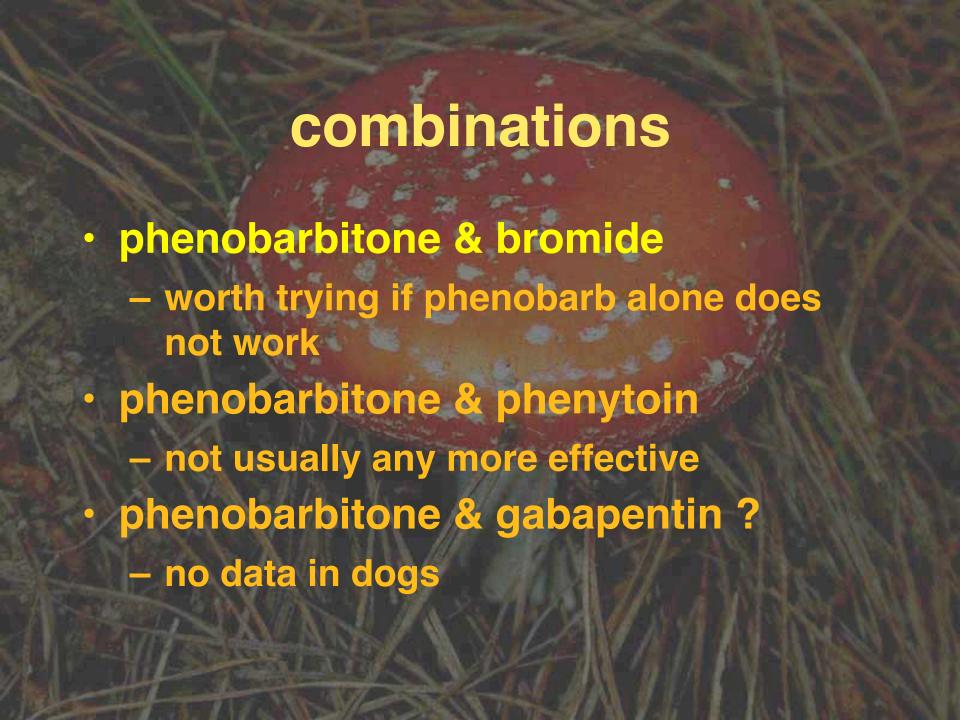
- gabapentin
 - unknown mechanism Na+ channel blocker??
- lamotrigine
 - sodium channel blocker
- vigabatrin
 - GABA transaminase inhibitor
- felbamate ?
 - not available in NZ



half lives

phenobarbito	dog ne 42 - 100 (24 - 30)	cat 34 - 43	man 70 - 100
primidone phenytoin carbamazepine valproate	9 - 12 ' 2 - 4	24 - 108 8.5	6 - 12 15 - 24 24 - 48 8 - 15
ethosuxamide	17	2	16 - 70
diazepam	2 - 5		24 - 72
clonazepam	1 - 5		24 - 36
felbamate	12	s!	23
bromide	25 - 46 day		11 days

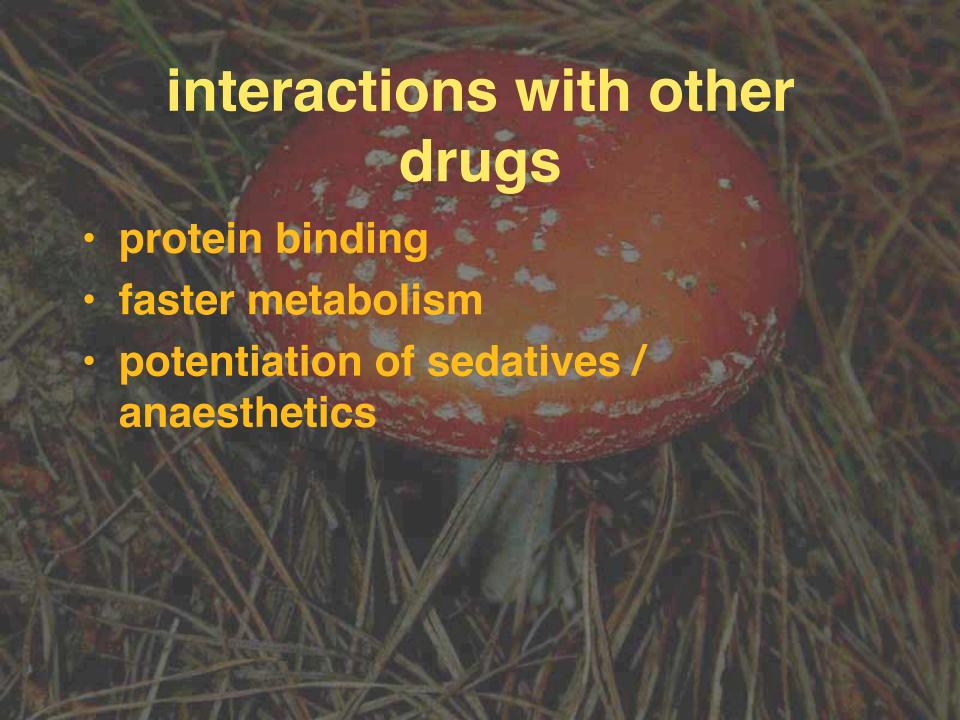






if drugs fail

- check owner compliance
- plasma levels
 - check every 6 12 months
- increase dose
- try combinations
 - bromide
 - gabapentin
- avoid precipitating factors



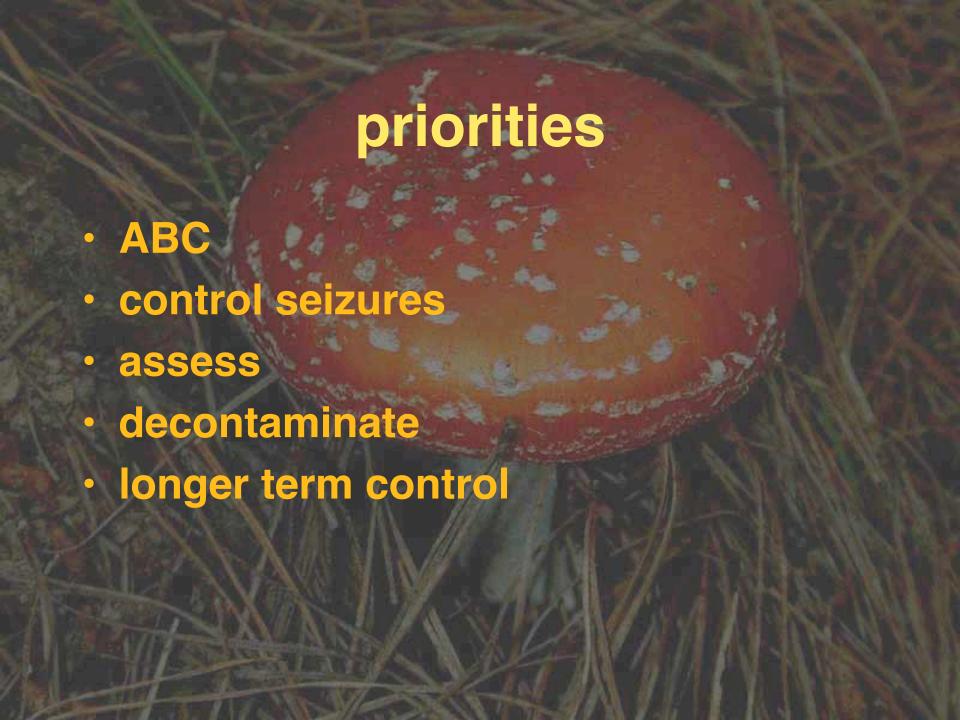


the future?

- P glycoprotein inhibitors?
- high fat diets?
 - ketones prevent fits
- nerve stimulation?
 - vagus / implanted brain electrodes
- * K⁺ channels?
- surgery???







anticonvulsants

- anticonvulsants control seizures: they do not cure epilepsy
- phenobarbitone works best for prevention of fits in most cases but induces cytochrome P450
- diazepam is used for status epilepticus
- anticonvulsants potentiate anaesthetics & sedatives