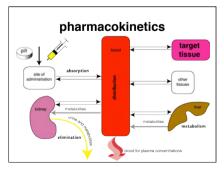
# **Pharmacokinetics**

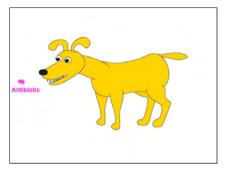
# pharmacokinetics

- · What the animal does to the drug
- Movement of the drug in the body

# pharmacokinetics

- absorption
- · distribution
- · metabolism
- elimination





#### basic assumptions

- drugs must cross membranes to get to target
- actions are proportional to plasma concentrations

#### routes of administration

- enteral
- via the gut
- parenteral
- by injection
- other

#### routes of administration

- enteral
- oral (po = per os)
- sublingual
- rectal

# routes of administration

- · parenteral
- intravenous (iv)
- intramuscular (im)
- · nb muscle becomes meat in food animals!
- subcutaneous (sc or SQ)
- intraperitoneal (ip)





#### routes of administration

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#### routes of administration

- inhalation
- topical
- intramammary
- intrauterine
- onto cornea
- · transdermal
- nasal
- · epidural / intrathecal

#### absorption

- dissolution
- · movement out of site of administration
- · movement into blood vessels

#### dissolution

- most drugs must dissolve in water and oil
- · ionisation important
- pH important

#### dissolution

- · main factors
- pills
- · coatings
- · disintegrants
- · vehicle
- all
- solute

# injection formulation

- · solutions in water
- rapid onset of action
- · suspensions of insoluble salts
- slower release
- mixtures of salts can be used
- not iv
- · solutions in oil
- slow release
- not iv

#### injection formulation

- · complexes with soluble carriers
- cyclodextrins
- polyvinyl pyrrolidine (PVP)
- propylene glycol
- used to get lipid soluble drugs into aqueous solution

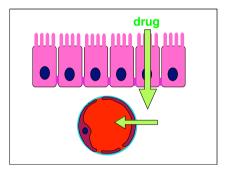
#### drug delivery devices

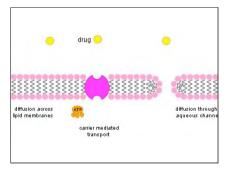
- · "solution" in silicone rubber
- very slow release
- · osmotic pumps
- predictable slow release
- · mechanical pumps
- variable rates of delivery
- can be computer controlled ± feedback



# barriers to absorption

- · after iv administration
- none
- · after oral administration
- gastric mucosa
- endothelium
- · after im or sc administration
- endothelium



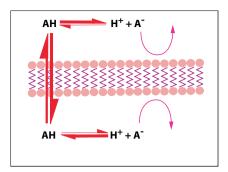


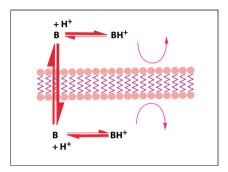
# effects of pH

- most drugs are either weak bases or weak acids
- · ionised forms are not lipid soluble

HA == H+ + A-

BH+<sup>+→</sup> H+ + B





# Henderson Hasselbach equation

for acids  $pH = pK_a + log \frac{A}{AH}$ 

for bases  $pH = pK_a + log \frac{B}{BH^+}$ 

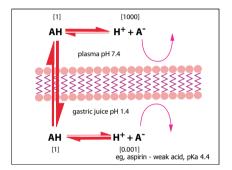
ie, when  $pH = pK_a$ , the drug is 50% ionised

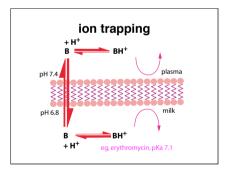
# effects of pH

- when pH < pKa, more protonated drug exists (AH & BH+)
- when pH > pKa, more unprotonated drug exists (A<sup>-</sup> & B)

# effects of pH

- · bases are ionised in acid solutions
- · acids are ionised in alkaline solutions





# other factors influencing oral absorption

- · blood flow
- reduced in shock
- · surface area
- intestine > stomach
- · contact time - reduced in vomiting & diarrhoea
- drugs may bind to food
- · carrier mediated transport
- both ways

# other factors influencing parenteral absorption

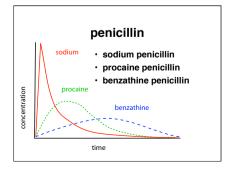
- · blood flow
- im medium speed
- exercise
- · intra-fat rather than im!
- sc slow and variable
  ambient temperature
- pH
- inflammation
- formulation

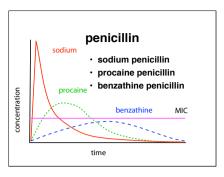
# iv "absorption"

- · absorption is bypassed by iv injection
- · rate of injection = rate of absorption
- if rate of absorption is critical to the patient, iv infusion can be used

# alterations in rate of absorption can have clinical effects

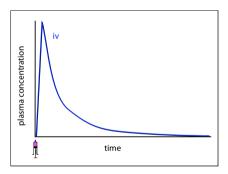
- · antibiotics
- · sedatives

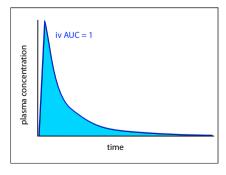


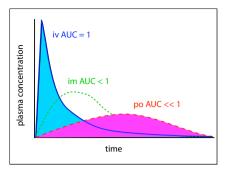


# bioavailability

 the fraction of a drug that reaches the systemic circulation

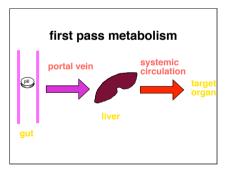






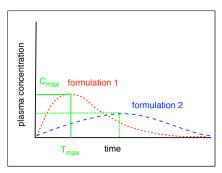
# low bioavailability

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



# bioequivalence

- · same bioavailability
- peak concentration (C<sub>max</sub>)
- . time to peak (T<sub>max</sub>)
- · same effects





# absorption

- · most drugs must be absorbed to act
- · iv administration bypasses absorption
- absorption depends on lipid solubility and ionisation
- drugs are often formulated to provide delayed absorption