Pharmacokinetics

Elimination

pharmacokinetics

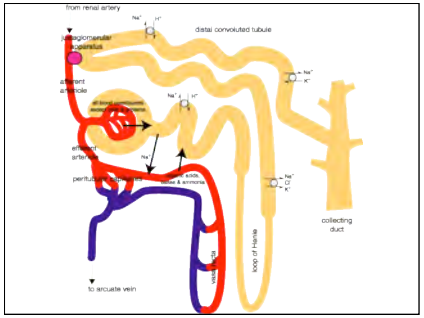
- absorption
- distribution
- metabolism
- elimination

elimination

- mainly metabolites
  - urine
  - bile
  - lungs
  - secretions

renal excretion

- depends on
  - glomerular filtration
  - active excretion
  - reabsorption



glomerular filtration

- 20% of kidney blood flow
- most drugs filtered except
  - large molecules (proteins)
  - protein bound drugs

active transport

- carriers in proximal tubule for
  - organic acids
  - organic bases
- requires energy
- saturable
- drugs may compete for sites
  - eg penicillin & probenecid

passive reabsorption

- lipid soluble drugs absorbed easily
- urine pH important
  - basic drugs trapped and excreted in acidic urine
  - acidic drugs trapped and excreted in alkaline urine

clearance

- the volume of plasma cleared of drug per unit time

clearance

- renal clearance Clr
- metabolic clearance Clmet
- plasma clearance = Clr + Clmet
- total body clearance Clt

biliary excretion

- important for some drugs
  - opioids
- usually glucuronides
- may cause enterohepatic recirculation

enterohepatic recirculation

- conjugated drug excreted in bile
- gut bacteria lop off conjugate
- drug reabsorbed
- prolonged effects / animal recovers then effects reappear

secretions

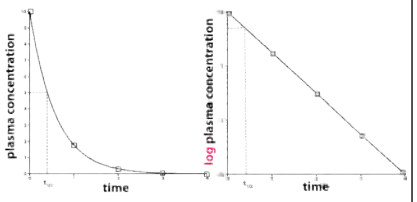
- milk
  - most lipid soluble drugs
  - most not in high enough concentration to harm the young animal

mathematical models to describe elimination of drugs

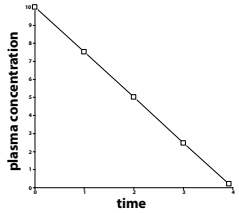
single compartment open model

- drug distributes evenly in one compartment
- volume of compartment is Vd
- plasma concentration falls as drug is cleared

first order kinetics



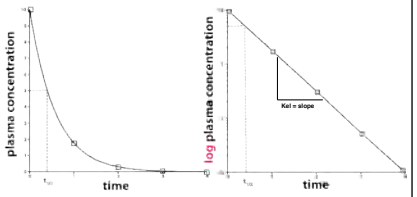
zero order kinetics



half life

- the time taken for the drug concentration to fall to / by half

half life & elimination rate constant



elimination rate constant

- the fraction of drug that would be eliminated per unit time
  - eg kel = 0.05 minutes-1
  - 5% of drug eliminated / min

elimination rate constant

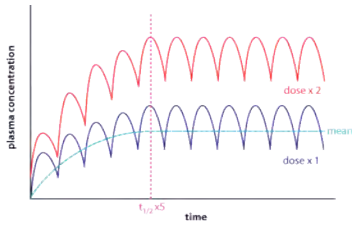
$$t_{1/2} = \frac{\ln 2}{k_{el}}$$

$$t_{1/2} = \frac{0.693}{k_{el}}$$

half life

- after 1 half life 50% of drug has gone
- after 2 half lives 75% of drug has gone
- after 3.3 half lives 90% of drug has gone
- after 5 half lives 97% of drug has gone and it is unlikely to have any more effect
- does not apply to drug residues!!!

repeated dosing



repeated dosing

- steady state (Cp ss) effectively reached after 5 half lives

dosage

- steady state reached when
  - drug in (dose) = drug out (clearance)

$$dose = Cl_p \; C_{p\,ss}$$

$$Cl_p = V_d \; k_{el}$$

oral dosage

$$\frac{dose \times F}{dose\ interval} = Cl_p \; C_{p\,av}$$

2 compartment open model

drug in

k_{12}

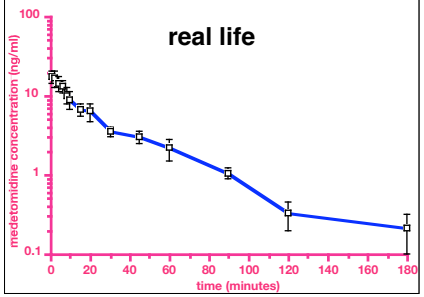
central compartment

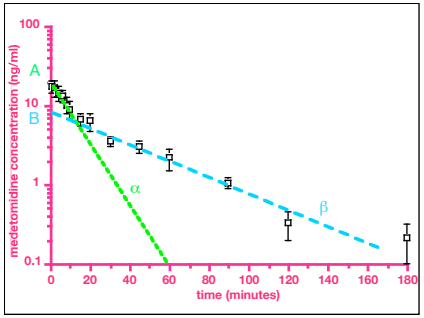
peripheral compartment

k_{21}

drug out

real life





therapeutic drug monitoring

- measurement of plasma levels of drug and adjusting dose to achieve target plasma levels

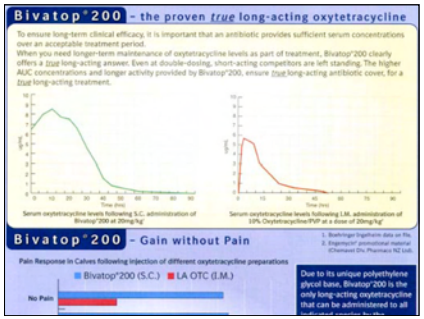
therapeutic drug monitoring

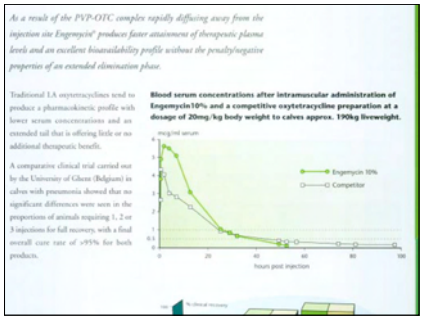
- why do it?

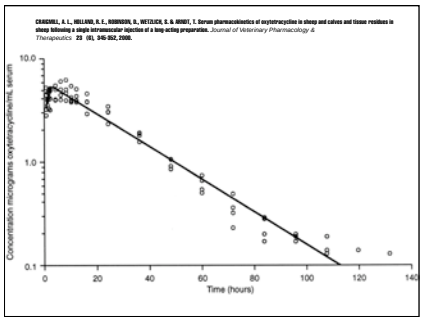
therapeutic drug monitoring

- when the drug has a low therapeutic index
- when the drug hasn't worked
- when the drug's effect is difficult to monitor
- when the drug's half life is likely to change
- when the pharmacokinetics cannot be predicted
- if you suspect that the owner hasn't given the drug correctly

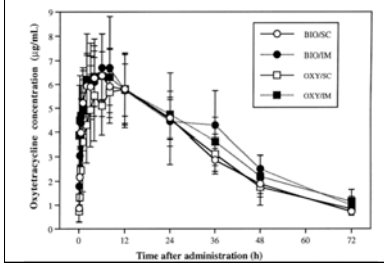
Who would you believe?







Clarke C. R.; Wang Z.; Cudd L.; et al. Pharmacokinetics of two long-acting oxytetracycline products administered subcutaneously and intramuscularly. *Journal of Veterinary Pharmacology and Therapeutics* 22 (1): 65-67 1999



elimination

- **the plasma concentration of most drugs falls exponentially**
- **half life is the time for drug concentration to fall by half**
- **the drug is effectively gone after 5 half lives**
- **with reapeated doses a steady state is reached after 5 half lives**
- **some drugs show a biexponential fall corresponding to distribution and elimination**