

# **Pharmacokinetics**

**Yacoub Irshaid MD, PhD, ABCP**  
**Department of Pharmacology**

# Pharmacokinetics

- **Is what the body does to the drug.**
- **Deals with absorption, distribution, biotransformation and excretion of drugs:**
  - 1. Absorption: Is the movement of drug molecules from the site of administration into the circulation.**

# Pharmacokinetics

- 2. Distribution:** Is the movement of drug molecules from the circulation to tissues and between different parts of the body.
- 3. Biotransformation:** Is conversion of the drug from one chemical structure into another by the action of metabolic enzymes (metabolism).
- 4. Excretion:** Is the movement of drug molecules out of the body through urine and/or bile.

Cytochrome P<sub>450</sub>

depends on MW  
(↑ MW ⇒ moves through urine)

# Primary Principles

- The goal of therapeutics is to achieve a desired beneficial effect with the minimal adverse effects possible.

All drugs have Adverse effects → side effects  
harmful effects                      may be harmful, beneficial, no effect

- The clinician must determine the dose that most closely achieves this goal.
- A fundamental hypothesis of pharmacology is that a relationship exists between a beneficial or toxic effect of a drug and the concentration of the drug at the site of action (or in the blood).

toxic effect → Overdose (V. high Dose)  
Adverse effect → Therapeutic Dose (normal Dose)<sub>4</sub>

Dose of Drug cannot be measured at Site of Action (SOA)

But it can be measured in Blood ← Dose of Drug in bld is proportional to Dose at SOA (but it is not necessarily equal)

Drug must reach SOA to work

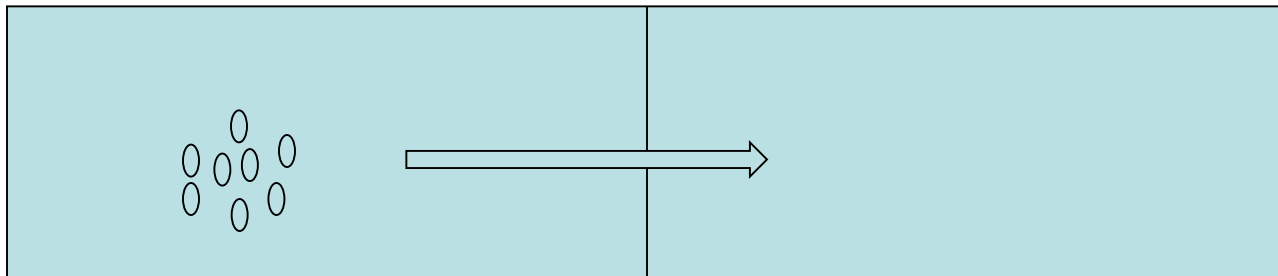
- \* Drug to treat UTI must pass Urinary Tract
- \* Drug that treats Brain injuries must pass BBB (Blood Brain Barrier)

# Mechanisms of Permeation of Drug Molecules

- The drug has to reach the site of action in order to be effective.
  - The movement of the drug between compartments in the body requires passage through membranes.
- 1. Lipid diffusion (Passive diffusion):** *no transporter required*
- The most important mechanism.
  - The drug dissolves in the membrane.

# Mechanisms of Permeation of Drug Molecules

- The more lipid soluble is a drug, the more will be its passage across membranes and vice versa.
- The drug has to be sufficiently water soluble to **reach** the membrane.
- The drug follows the concentration gradient.



Why doesn't drug move back into blood after it is absorbed?

Blood is constantly moving through body... drug would be washed away and drug would be wasted.

# Fick's Law of Diffusion

- It governs the passive flux of molecules across membranes.
- Flux (molecules/unit time) =  $C_1 - C_2 \times [(Area \times Permeability \ coefficient) / Thickness]$

Obviously note  $\uparrow$  Thickness  $\downarrow$  Flux

$C_1$  is the higher concentration and  $C_2$  is the lower concentration; area is the area across which diffusion occurs; permeability coefficient is a measure of the mobility of drug molecules in the medium of diffusion path; and thickness is the thickness or length of diffusion path.



# Mechanisms of Permeation of Drug Molecules

- Most drugs are either weak acids or weak basis.
- Therefore, the pKa of the drug and the pH of the medium will affect lipid solubility of the drug and its passage across membranes.
- Ionized drug molecules are polar and water soluble, whereas unionized drug molecules are nonpolar and lipid soluble.

*depend on pH of medium and pKa of drug*

# Mechanisms of Permeation of Drug Molecules

## Ionization of weak acids and basis:

- A weak acid is a neutral molecule that can reversibly dissociate into an anion (negatively charged molecule) and a proton (a hydrogen ion). *Lowry - Brønsted definition*



Lipid soluble

*Can pass membrane*



water soluble

*Doesn't cross membranes*

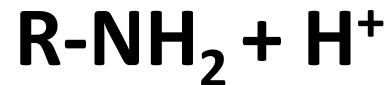
# Mechanisms of Permeation of Drug Molecules

- **A weak base** is a neutral molecule that can form a cation (positively charged molecule) by combining with a proton. *Lowry - Brønsted definition*



Water soluble

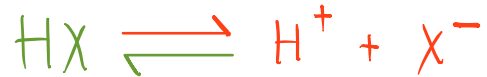
*Cannot pass  
membrane*



Lipid soluble

*Can pass Membrane*

# Mechanisms of Permeation of Drug Molecules



- These reactions move to the left in an acid environment and to the right in an alkaline environment.

## Henderson-Hasselbalch Equation:

ionized / Unionized

$$\text{Log} [\text{protonated/unprotonated}] = \text{pKa} - \text{pH}$$

- This equation applies to both acidic and basic drugs.

# Mechanisms of Permeation of Drug Molecules

## Examples:

1. **Pyrimethamine as a weak base drug with a pKa of 7.0.**

**What is the proportion of ionized and unionized drug in blood (pH = 7.4) and urine (pH = 6)?**

## Examples:

1. Pyrimethamine as a weak base drug with a pKa of 7.0.

What is the proportion of ionized and unionized drug in blood (pH = 7.4) and urine (pH = 6)?

$$\log \frac{[\text{Protonated}]}{[\text{Unprotonated}]} = \text{pKa} - \text{pH}$$

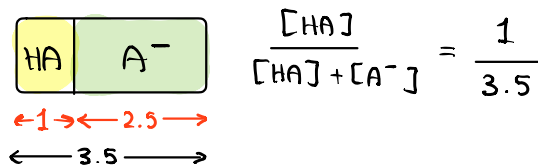
In Blood (pH = 7.4)

$$\log \frac{[\text{Protonated}]}{[\text{Unprotonated}]} = 7.0 - 7.4$$

$$\log \frac{[\text{Protonated}]}{[\text{Unprotonated}]} = -0.4$$

$$\frac{[\text{Protonated}]}{[\text{Unprotonated}]} = 10^{-0.4} = \frac{1}{10^{0.4}} < 1$$

$$\frac{1}{2.5} < 1$$



∴ Less protonated

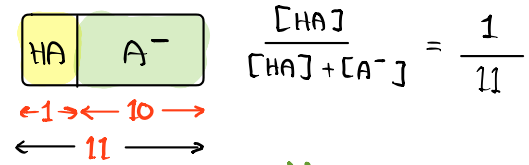
In Urine (pH = 6.0)

$$\log \frac{[\text{Protonated}]}{[\text{Unprotonated}]} = 7.0 - 6.0$$

$$\log \frac{[\text{Protonated}]}{[\text{Unprotonated}]} = 1.0$$

$$\frac{[\text{Protonated}]}{[\text{Unprotonated}]} = 10^{1.0} = 10^1$$

$$\frac{10}{1} > 1$$



∴ More protonated

# Mechanisms of Permeation of Drug Molecules

- **Blood:**

$$\text{Log (prot/unprot)} = \text{pKa} - \text{pH} = 7 - 7.4 = - 0.4$$

$$\text{Prot/unprot} = 10^{-0.4} = 0.4:1 = 0.4/1.4$$

- **Urine:**

$$\text{Log (prot/unprot)} = \text{pKa} - \text{pH} = 7 - 6 = 1$$

$$\text{Prot/unprot} = 10^1 = 10:1 = 10/11.$$

# Mechanisms of Permeation of Drug Molecules

2. Phenobarbital is a weak acid with a pKa of 7.4.

What is the proportion of ionized and unionized drug in blood (pH = 7.4) and urine (pH = 6)?

*Same idea as above*



# Mechanisms of Permeation of Drug Molecules

- **Blood:**

$$\begin{aligned}\text{Log (prot/unprot)} &= \text{pKa} - \text{pH} \\ &= 7.4 - 7.4 = 0\end{aligned}$$

$$\text{Prot/Unprot} = 10^0 = 1:1 = 1/2$$

- **Urine:**

$$\begin{aligned}\text{Log (prot/unprot)} &= \text{pKa} - \text{pH} \\ &= 7.4 - 6 = 1.4\end{aligned}$$

$$\text{Prot/Unprot} = 10^{1.4} = 25:1 = 25/26$$

# Mechanisms of Permeation of Drug Molecules

- **The lower the pH relative to the pKa, the greater will be the fraction of the drug in the protonated form.**
- **Acids in an acid environment are unionized (non-polar).**
- **Bases in an alkaline environment are unionized (non-polar).**

# Mechanisms of Permeation of Drug Molecules

- **The protonated weak acid is neutral and more lipid soluble.**
- **The unprotonated weak base is neutral and more lipid soluble.**
- **In an acid environment, the acidic drug is neutral while the basic drug is ionized.**
- **In an alkaline environment, the acidic drug is ionized while the basic drug is neutral.**

# Mechanisms of Permeation of Drug Molecules

## Application:

### Manipulation of drug excretion by the kidney:

- If the drug is filtered in urine in unionized form, it will be reabsorbed by renal tubules.
- If we want to accelerate excretion of drug from the body (in case of overdose), it is important to ionize the drug within the renal tubules to reduce reabsorption.

# Mechanisms of Permeation of Drug Molecules

- This can be accomplished by changing urine pH.
- Weak acids are excreted faster in alkaline urine. Urine can be alkalinized by sodium bicarbonate ( $\text{NaHCO}_3$ ) given orally or intravenously.
- Weak basis are excreted faster in acidic urine. Urine can be acidified by ascorbic acid (vitamin C) or ammonium chloride ( $\text{NH}_4\text{Cl}$ ).

releases  $\text{HCl}$ ,  $\text{NH}_3$

# Mechanisms of Permeation of Drug Molecules

## 2. Aqueous diffusion:

- Through aqueous pores in membranes.
- Also driven by the concentration gradient.
- Drugs bound to plasma proteins do not permeate aqueous pores.
- If the drug is charged, its flux is influenced by electrical fields (membrane potentials).

diameter of drug  $\downarrow$  diameter of pores

# Mechanisms of Permeation of Drug Molecules

## 3. Special carriers (carrier-mediated transport):

- Exist for substances that are important for cell function and are too large or too insoluble in lipids to diffuse passively through membranes (peptides, amino acids, glucose, etc).
- They bring about drug movement by active transport or facilitated diffusion. →

needs energy ←

Tryptophan Transporter ⇒ facilitated diffusion.

no need for energy

# Mechanisms of Permeation of Drug Molecules

- They are selective, saturable and inhibitable.
- Many cells contain less selective membrane carriers that are specialized in expelling foreign molecules including drugs:
  - A. ATP-binding cassette (ABC) family:**
    - It includes **P-glycoprotein** or the multidrug-resistance type 1 (MDR1) transporter found in the brain, intestine, testes, neoplastic cells, and other tissues.