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## Clinical Significance of pKa

- **1. GIT:** knowing site of drug absorption:
- Acidic drugs (e.g. Aspirin) become mostly unionized in acidic pH
- Basic drugs (e.g. Amphetamine) become mostly unionized in alkaline pH
- Streptomycin has a very high pKa→ always ionized→ very poor oral absorption
- Ion trapping of aspirin: Aspirin (pKa = 3.5) in the empty stomach (pH = 1.5) → more unionized → more absorbable into gastric cells, but once entered the cells (pH = 7.4) becomes more ionized → trapped inside these cells (aspirin trap) → death of the cells inducing "peptic ulceration".

# 2. Kidney: treatment of drug toxicity

- In drug poisoning, changing urinary pH → increases drug ionization and inhibits tubular reabsorption: Some drugs made the kidney alkaline
  - Alkalinization of urine is useful in acidic drug poisoning e.g. aspirin.
  - Acidification of urine is used in basic drug poisoning, e.g. amphetamine.

To treat toxicity:

Not useful G

1-decrees the drug absorbtion

2- treat the important thing like in case of coma

3-increase the excretion in kidney

8

stomatch pH = 105

$$2 = 109 \frac{un}{E}$$

$$100 = 4n = 109$$

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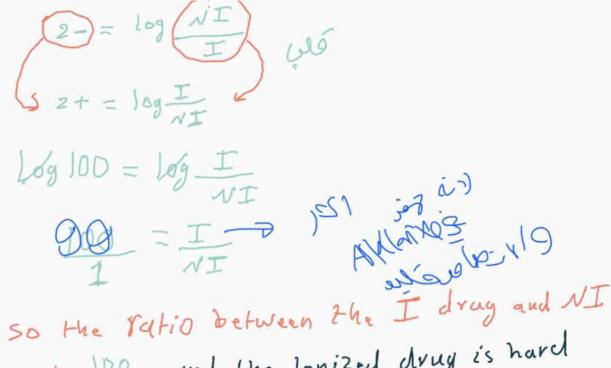
So the Patio between the nonionized and the ionized

Aspirin in the stomatch is 100-0 nonionized

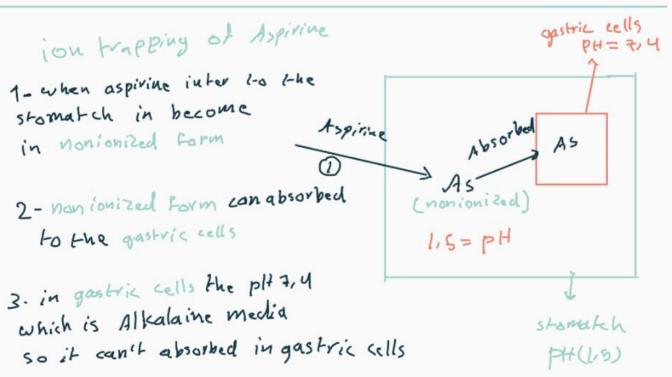
1 -> jourzed

And we know that the absorbed drug is the ionized this proved that the acidic drug most absorbed in the acidic media

now If we put aspirin in media which plea= 5/5  $2.5 = 5/5 + \log \frac{NT}{J}$   $2- = \log \frac{NT}{T}$ 



so the ratio between the I army and stand drag is 100 and the lonized drag is hard to absorbe that proved if the acidic drag not absorbed in basic media



Will change the 1st and gastric fells will be Acidic then aspiring absorbed

IV is the fastest rout of administratio n but has No absorption phase (drug is delivered directly to the systemic circulation)

## **B.** Factors related to patient:

اسرع route

- (1) Route of administration: IV > Inhalation > IM > SC > Oral > Skin
- 2. Absorbing surface:
  - a. Vascularity: Alveoli > skeletal muscle > subcutaneous
  - b. Surface area: Intestine > Stomach Because of microvilli
  - c. State of health: Diarrhea & malabsorption ↓↓ oral absorption
- 3. Systemic circulation: Shock & heart failure \ \ \ absorption
- 5. Presence of other drugs: vit.C ↑ absorption of iron
  - Activated charcoal ↓↓ oral absorption of most of drugs

من شن سامي ه القدم لأنه بما مكان بالجيم بقدر استخدم فيه ادرينالين السيه في الامر السيه في الامر

مثال على الaspirin هو

حمضى فالامتصاص الافضل

بكون بالstomach و لكن

intestine و كمان لانه

الكميه الاكبر بال

Injection by subcatenous route

- Adrenaline SC → VC → المصابع في اليل و القدم absorption of local anesthetics → longer ري الأصابع في اليل و القدم

رثية بالكرية الكرية المتاحة بالديال

vailable to affect

\* Bioavailability (Biological Availability)

بشوف الكميه المتاحه بالدم الي بتعطي ال biological effect

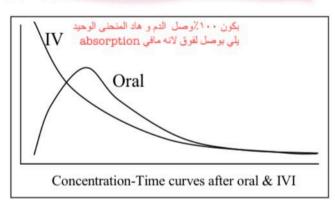
-It is the percentage of unchanged drug reaching the systemic circulation after any route and becomes available for biological effect.

-It is calculated by: (AUC) after any route of administration X 100 (AUC) after IVI.

بكون وصل ١٠٠٪ للدم في حاله ال IV

(AUC = the <u>Area Under the blood concentration-time Curve</u>)

نض الجرعه يلي اعطيتها I'v بعطيها مكان اخر مثل Oral و بصير امتصاص و بعدها decrease بنحسب المساحه تحت المنحنى و يلي بتعير عن الكميه يلي بالدم



absorption انعكاس ال bioavailability route بحسبها حسب ال oral bioavailability 1.\ rectal bioavailability.2

### **Factors Affecting Bioavailability**

- I. Factors Affecting Drug Absorption from GIT (oral absorption)
  - A. Factors related to drug: ......
  - B. Factors related to patient: .....+

#### 4. Presence of food:

و في استثناء زي الفيتامين د يزيد امتصاصه مع الدهون

- Empty stomach → ↑absorption (BUT it is bad if irritant drug e.g. Aspirin)
- Milk (calcium) ↓↓ oral absorption of tetracyclines
- **5. pH:** gastric acidity ↑ absorption of aspirin and barbiturates
  - intestinal alkalinity ↑ absorption of amphetamine and ephedrine
- 6. Gut motility: marked alterations e.g. diarrhea ↓ absorption

الوقت يلي بتحتاجه في انتقل الدواء م الstomach الى ال intestine فو صار تاخير بالانتقال رح يتاخر الامتصاص في ال intestine

intestine 🗢 7. Gastric emptying: لو صار تاخير

- a. Metocloperamide → accelerates gastric emptying →
  - ↑ absorption of paracetamol (rapid rate of disintegration & لو اختته مع ال metocloperamide هاي النتيجه dissolution)
- b. Atropine → slowdowns emptying → the REVERSE effects → Aosovition

بمنع شغل الparasympathetic system

metabolism to

the drug قبل وصوله للدم فبتكون ال bioavailability

first past

## II. First-Pass Effect (First-Pass Metabolism; Presystemic Elimination)

• It is the metabolism of some drugs in a single passage through the liver, gut wall or the lungs before reaching the systemic circulation.

A. Hepatic 1<sup>ST</sup> pass effect: drugs absorbed from the GIT are carried first in the portal circulation to the liver. Some drugs are extensively metabolized in their first-pass e.g. nitroglycerin & propranolol.

و ممكن تصير بمكان تاتى زي ال mucosa و اثناء مرورها و هي رايحه للنم و ممكن حموضة المعده يكون الها اثر بال first past effect

### B. Gut 1ST pass effect:

Gastric acidity: benzyl penicillin بس لاته لو اخذناه oral رح يتكسر بسبب حموضه injection بن وخذه

ادویه بنتکسر بال liver

- Digestive enzymes: insulin & pituitary hormones عثان ما ينهضم لهيك ما باخذه oral عثان ما ينهضم لهيك ما باخذه
- Mucosal enzyme: L-dopa, alpha-methyldopa .Oral . لا يؤخذ

موجود بالدخان و بصير له C. Pulmonary metabolism: after aerosol inhalation (nicotine). و fast past effects باثر على به المالية

## How to overcome the First-pass Effect

- 1. Increase oral dose
- 2. Other routes: Sublingual Parenteral Rectal (to some extent) عني بال blood supply لانه بصيرله أمتصاص على طول م