

# Pharmacokinetics: The Basics

This program is paid for by  
Otsuka Pharmaceutical Development &  
Commercialization, Inc. and Lundbeck, LLC.

Speakers are paid consultants and/or employees of  
Otsuka Pharmaceutical Development &  
Commercialization, Inc.

# Objectives

---

- Explain the concept and clinical relevance of pharmacokinetics
- Describe drug bioavailability and the factors that affect systemic drug concentrations
- Elucidate the processes involved in the absorption, distribution, metabolism, and elimination of drugs
- Discuss the clinical application of the elimination rate constant and elimination half-life

# Pharmacokinetics<sup>1</sup>

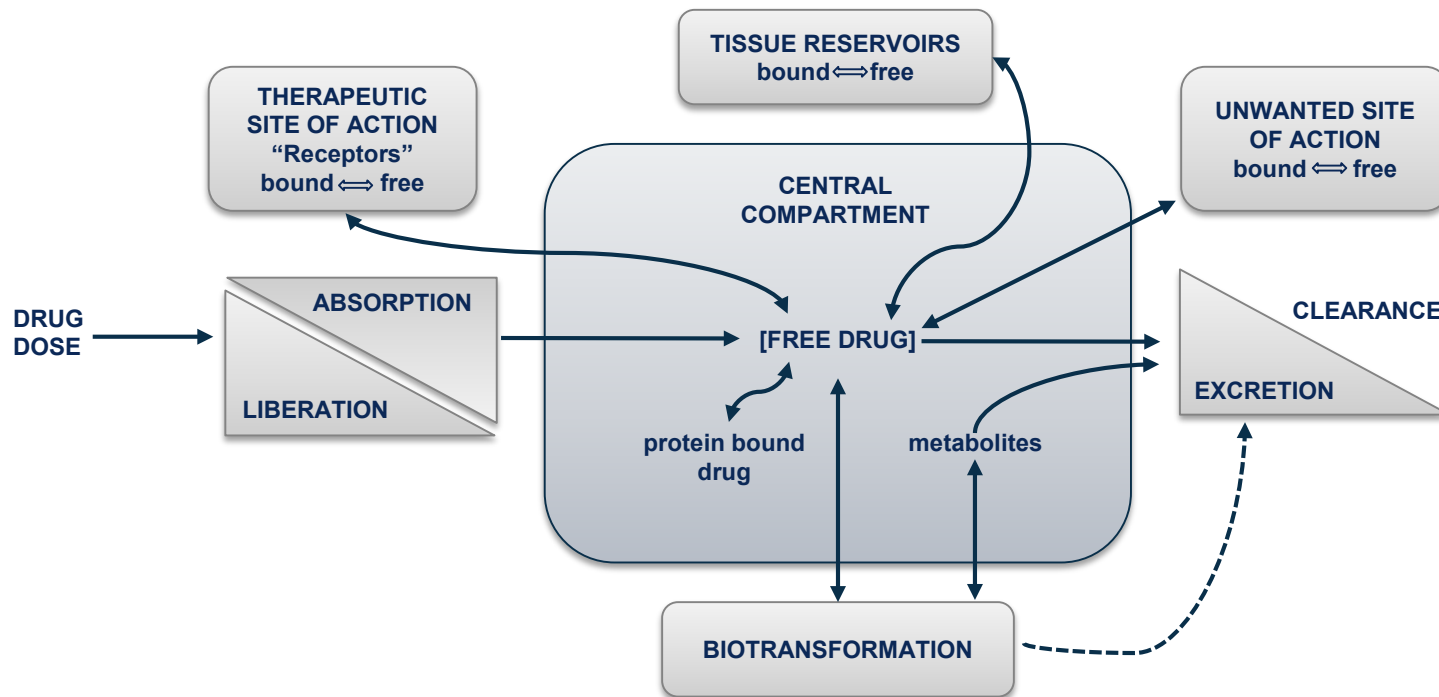


Image from: Brunton LL, et al; 2005<sup>1</sup>

1. Brunton LL, et al (eds). *Goodman & Gilman's The Pharmacological Basis of Therapeutics*. 11th ed. McGraw-Hill; 2005.

# Bioavailability

- Bioavailability is defined as the fraction of the administered dose that reaches systemic circulation<sup>1</sup>
- The factors that influence bioavailability include<sup>1</sup>:
  - Dissolution rate
  - Dosage form
  - Route of administration
  - Chemical stability of the active ingredient
  - Metabolism

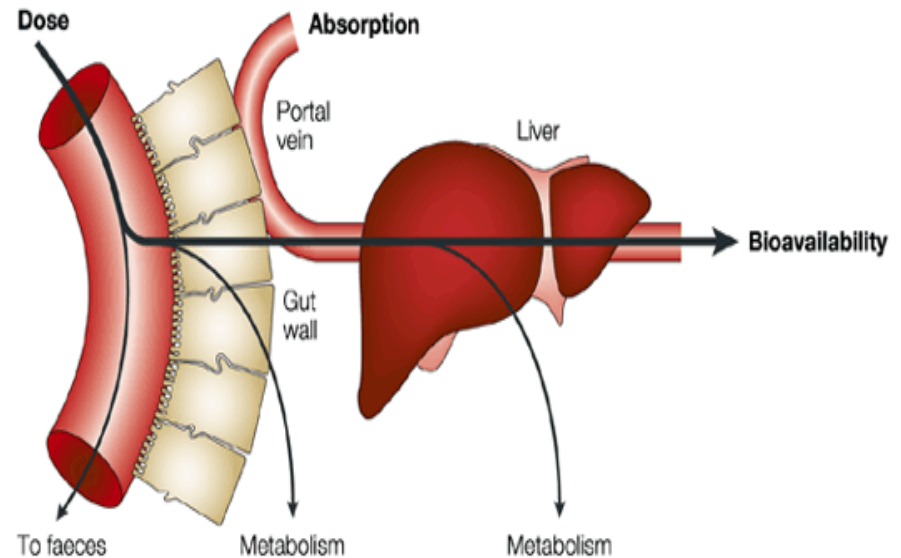


Image from: van de Waterbeemd H, et al.; 2003<sup>2</sup>

1. Winter ME (ed). Basic Clinical Pharmacokinetics. 5<sup>th</sup> ed. Lippincott Williams & Wilkins; 2010.
2. van de Waterbeemd H, et al. *Nat Rev Drug Discov*. 2003;2(3):192-204.

# Pharmacokinetics<sup>1</sup>

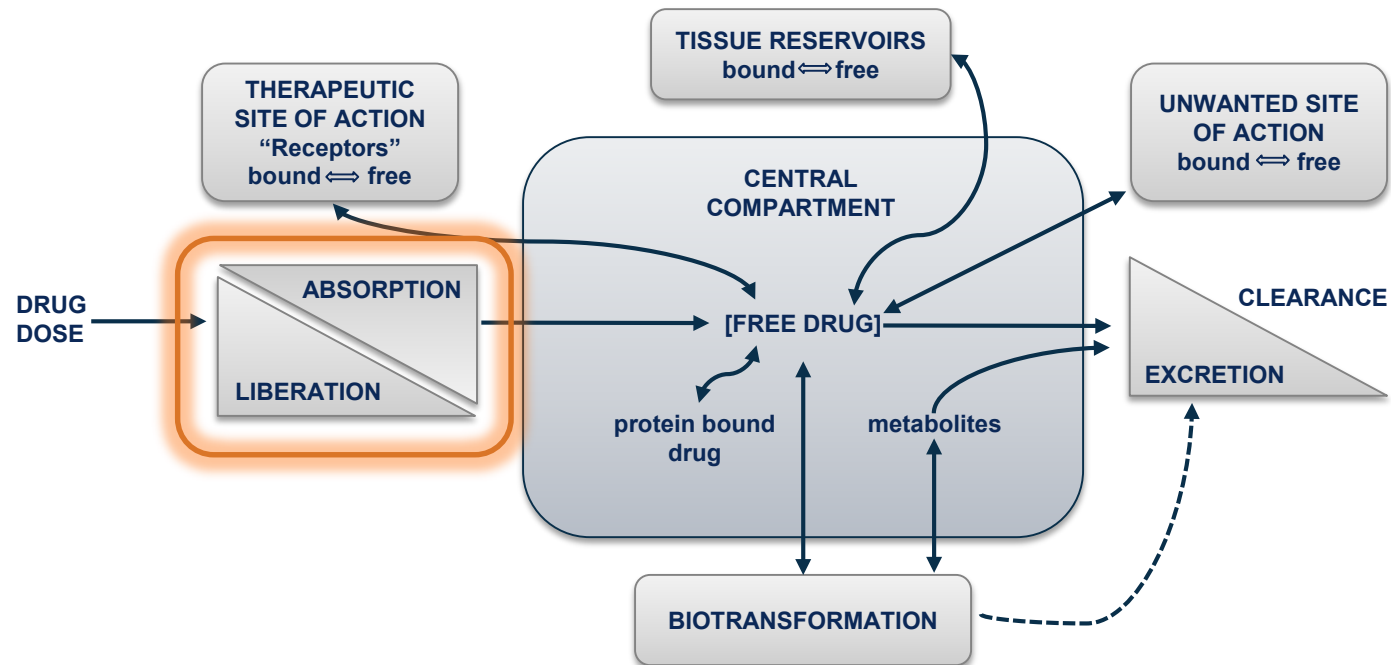


Image from: Brunton LL, et al; 2005<sup>1</sup>

1. Brunton LL, et al (eds). *Goodman & Gilman's The Pharmacological Basis of Therapeutics*. 11th ed. McGraw-Hill; 2005.

# Absorption

## Sites of Drug Administration and Absorption

Administration <sup>1</sup>	Site of Absorption <sup>1</sup>	Factors Influencing Absorption
Mouth	Oral cavity	Solubility, ionization state, molecular weight <sup>2</sup>
	Sublingual	Solubility, ionization state, molecular weight <sup>2</sup>
Oral	Stomach	Dosage form, lipophilicity, ionization state <sup>3</sup>
	Small intestine	Dosage form, lipophilicity, ionization state <sup>3</sup>
	Large intestine	Dosage form, lipophilicity, ionization state <sup>3</sup>
Inhalation	Lungs	Solubility and permeability <sup>4</sup>
Topical	Skin	Lipophilicity <sup>3</sup>
Intramuscular	Muscle	Solubility <sup>3</sup>
Subcutaneous	Skin/muscle	Solubility <sup>3</sup>
Intravenous	Not applicable	Not applicable <sup>3</sup>

1. Alavijeh MS, et al. *NeuroRx*. 2005; 2(4): 554–571.

2. Narang N, et al. *Int J Pharm Pharm Sci*. 2011;3(2):18–22.

3. Brunton LL, et al (eds). *Goodman & Gilman's The Pharmacological Basis of Therapeutics*. 11th ed. McGraw-Hill; 2005.

4. Ruge CA, et al. *Lancet Respir Med*. 2013;1(5):402–413.

# Pharmacokinetics<sup>1</sup>

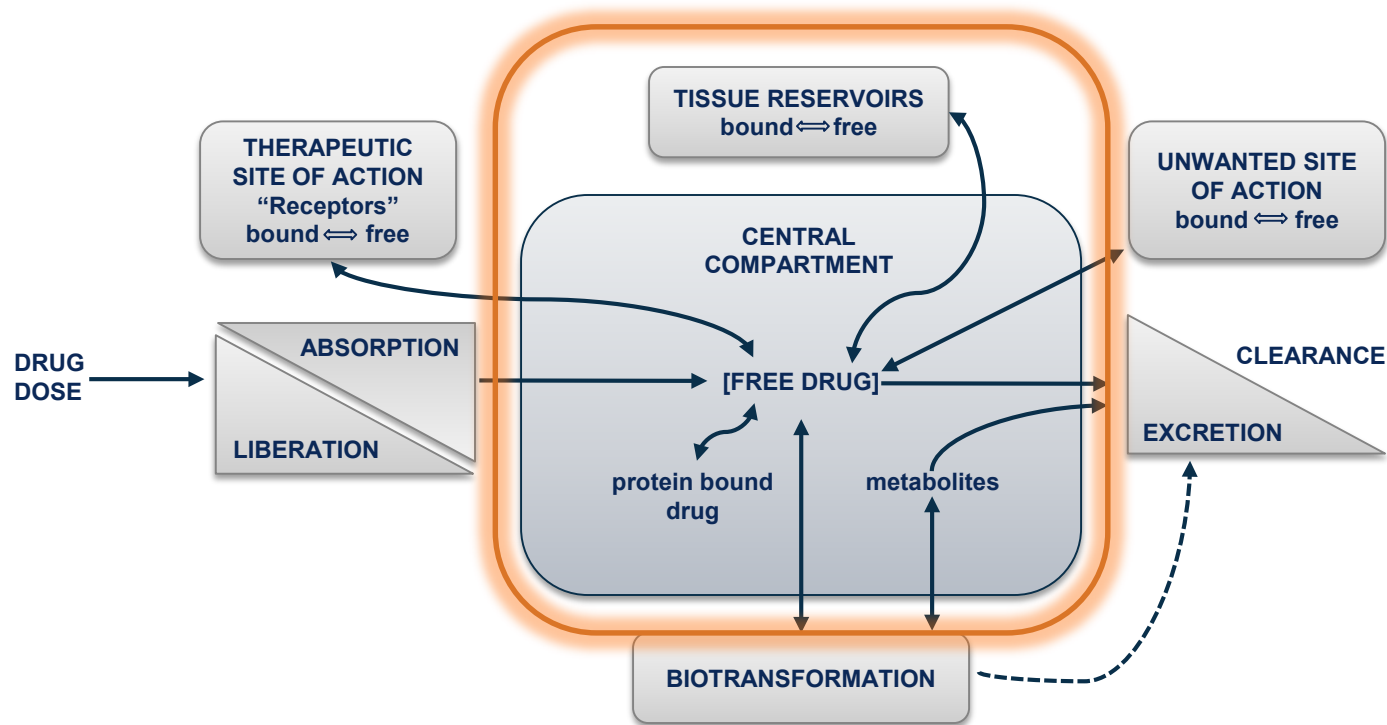


Image from: Brunton LL, et al; 2005<sup>1</sup>

1. Brunton LL, et al (eds). *Goodman & Gilman's The Pharmacological Basis of Therapeutics*. 11th ed. McGraw-Hill; 2005.

# Distribution

- Distribution is defined as the movement of drug from the site of absorption to the rest of the body (eg, plasma/tissues)<sup>1,2</sup>
- Drugs may distribute into the following fluid compartments<sup>3,4</sup>:
  - Plasma
  - Interstitial fluid
  - Intracellular fluid
- Volume of distribution is defined as the relationship between the amount of drug in the body and the plasma concentration of the drug<sup>4</sup>
  - Depends on lipid solubility and plasma/tissue protein binding properties<sup>5</sup>

$$\text{Volume of distribution}^5 = \frac{\text{Amount of drug in the body}}{\text{Plasma drug concentration}}$$

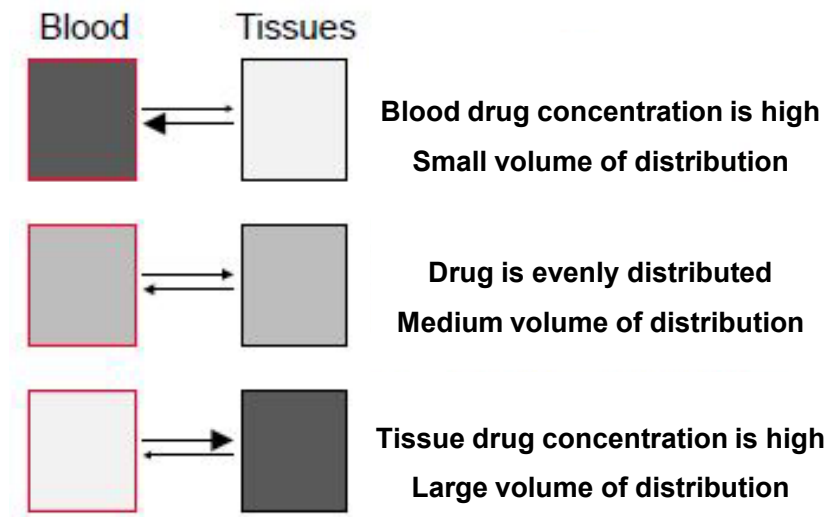


Image based on: Brunton LL, et al; 2005<sup>4</sup> and Winter ME, et al; 2010<sup>5</sup>

1. Wooten JM. *South Med J*. 2012; 105(8):437–445.
2. Gad SC (ed). *Preclinical Development Handbook: ADME and Biopharmaceutical Properties*. 1<sup>st</sup> ed. John Wiley & Sons, Inc.; 2008.
3. Rhoades RA, Bill DR (eds). *Medical Physiology: Principles for Clinical Medicine*. 4th ed. Lippincott Williams & Wilkins; 2012.
4. Brunton LL, et al (eds). *Goodman & Gilman's The Pharmacological Basis of Therapeutics*. 11th ed. McGraw-Hill; 2005.
5. Winter ME (ed). *Basic Clinical Pharmacokinetics*. 5th ed. Lippincott Williams & Wilkins; 2010.

# Pharmacokinetics<sup>1</sup>

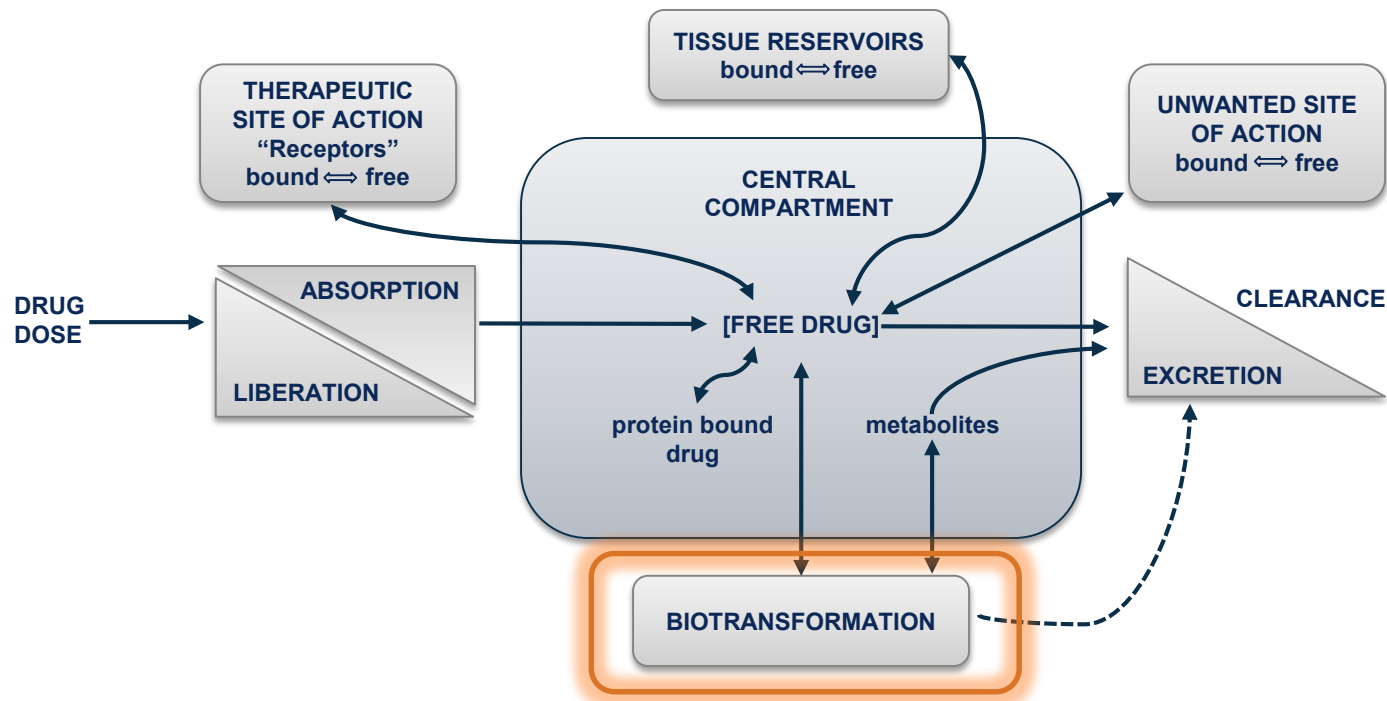


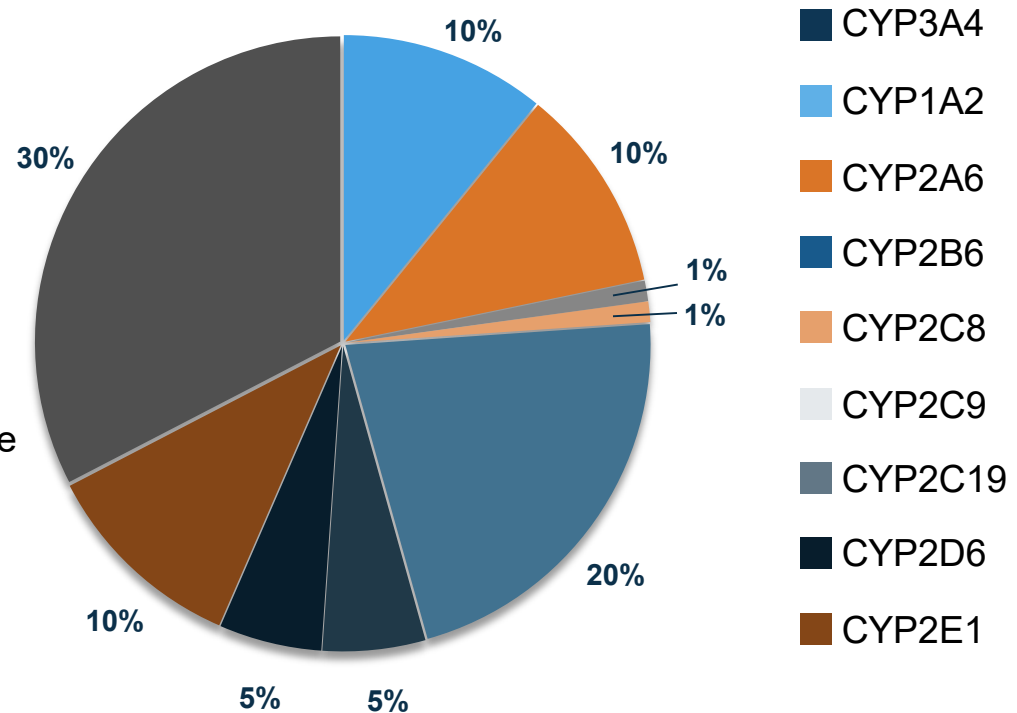
Image from: Brunton LL, et al; 2005<sup>1</sup>

1. Brunton LL, et al (eds). *Goodman & Gilman's The Pharmacological Basis of Therapeutics*. 11th ed. McGraw-Hill; 2005.

# Metabolism

- Metabolism—enhances water solubility and excretion of drugs<sup>1</sup>
- Two phases of drug metabolism<sup>2</sup>:
  - Phase I—functionalization:
    - Prodrug activation
    - Drug inactivation
    - Generate less active metabolites
  - Phase II—conjugation:
    - Enhance the hydrophilicity of the drug/phase I metabolites to facilitate elimination
- Cytochrome P450 enzymes are responsible for 75% of total drug metabolism<sup>3</sup>

Cytochrome P450 Isoform Relative Amounts in the Liver<sup>1</sup>



1. Alavijeh MS, et al. *NeuroRx*. 2005; 2(4):554–571.

2. Brunton LL, et al (eds). *Goodman & Gilman's The Pharmacological Basis of Therapeutics*. 11th ed. McGraw-Hill; 2005.

3. Wang JF, et al. *Current drug metabolism*. 2010;11(4):342-346.

# Pharmacokinetics<sup>1</sup>

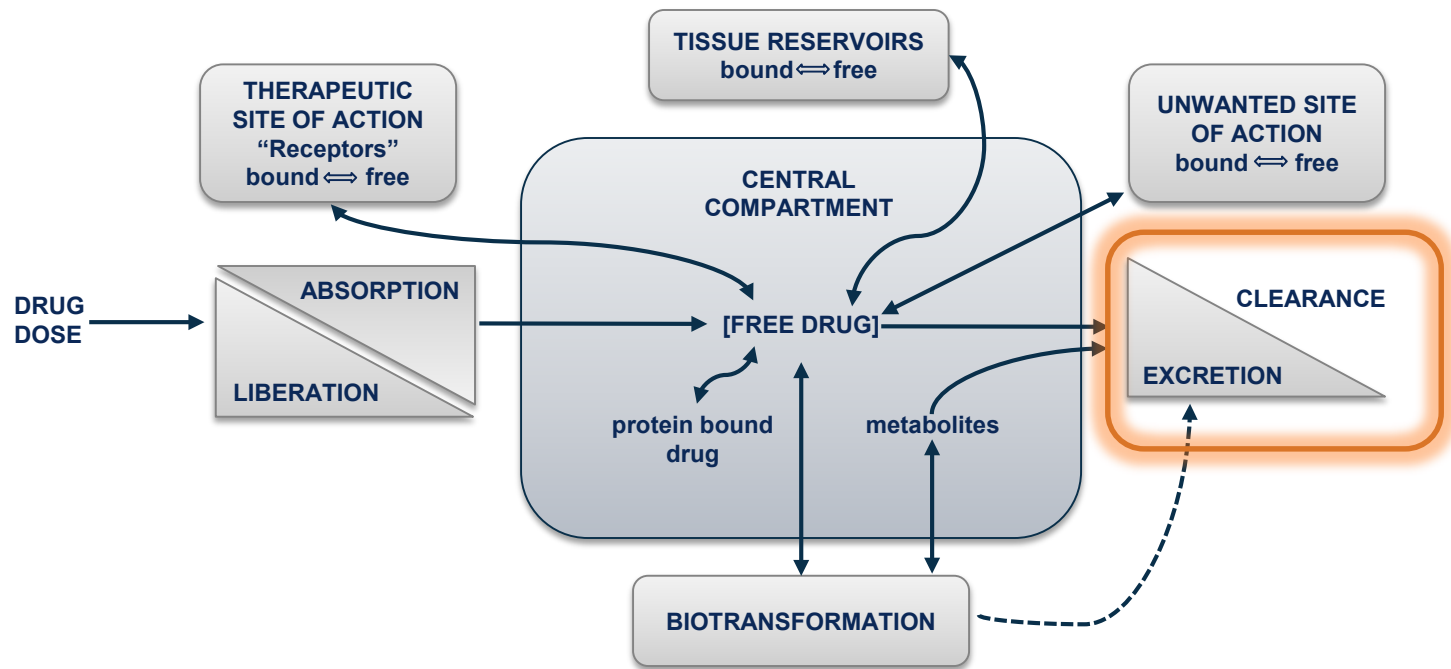


Image from: Brunton LL, et al; 2005<sup>1</sup>

1. Brunton LL, et al (eds). *Goodman & Gilman's The Pharmacological Basis of Therapeutics*. 11th ed. McGraw-Hill; 2005.

# Clearance

- Clearance is the theoretical volume of blood/plasma completely cleared of drug in a given time period<sup>1</sup>
- The bathtub provides a physical model to explain how clearance determines the rate of drug elimination<sup>2</sup>

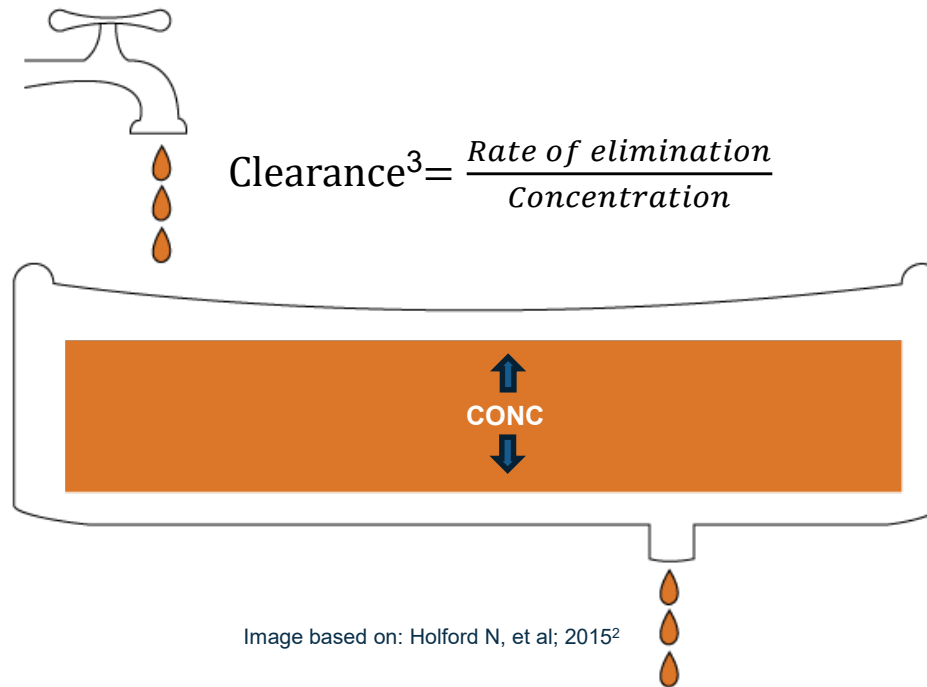


Image based on: Holford N, et al; 2015<sup>2</sup>

Conc, concentration.

1. Winter ME (ed). *Basic Clinical Pharmacokinetics*. 5th ed. Lippincott Williams & Wilkins; 2010.
2. Holford N, et al. *Translational and Clinical Pharmacology*. 2015;23(2):42-45.
3. Brunton LL, et al (eds). *Goodman & Gilman's The Pharmacological Basis of Therapeutics*. 11th ed. McGraw-Hill; 2005.

# Elimination

- Elimination is the irreversible loss of drug from the site of measurement (eg, blood, serum, plasma)<sup>1</sup>
- Elimination pathways<sup>2</sup>:
  - Renal clearance
  - Metabolic clearance
- Renal and metabolic clearance<sup>2</sup>:
  - Both processes are additive and assumed to be independent of one another
  - Both processes make up the total clearance

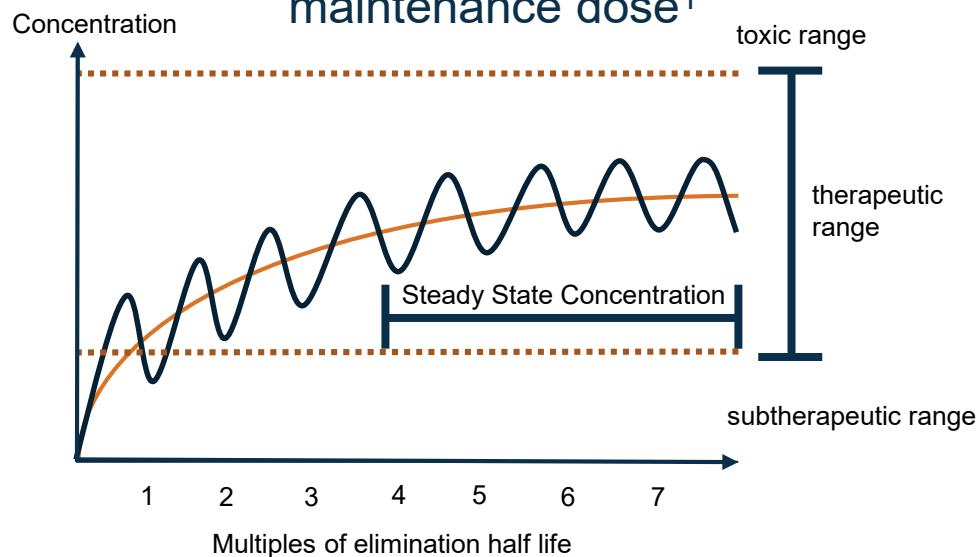
1. Jambhekar SS, et al (eds). *Basic pharmacokinetics*. 1st ed. Pharmaceutical Press; 2009.

2. Winter ME (ed). *Basic Clinical Pharmacokinetics*. 5th ed. Lippincott Williams & Wilkins; 2010.

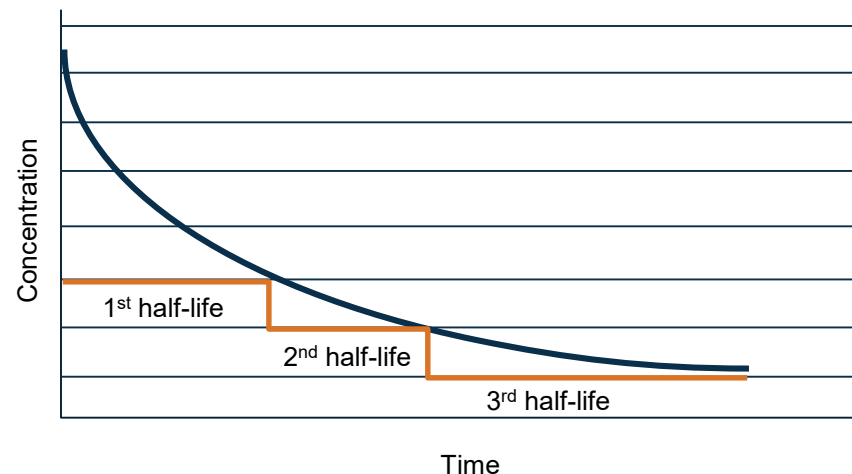
# Clinical Application of Elimination Rate Constant and Half-Life

The elimination rate constant and half-life can be used to:

Estimate the time to reach steady state plasma concentration after initiation or change in the maintenance dose<sup>1</sup>



Estimate the time required to eliminate all or a portion of the drug from the body once it is discontinued<sup>1</sup>



Figures based on: Winter ME; 2010<sup>1</sup> and Brunton LL, et al; 2005<sup>2</sup>

1. Winter ME (ed). *Basic Clinical Pharmacokinetics*. 5th ed. Lippincott Williams & Wilkins; 2010.
2. Brunton LL, et al (eds). *Goodman & Gilman's The Pharmacological Basis of Therapeutics*. 11th ed. McGraw-Hill; 2005.

# Important Concepts to Understand<sup>1</sup>

- Elimination half-life is the time required for the total amount of drug in the body to decrease by 50%
- Elimination rate constant is the fraction of drug eliminated in a given time period
  - Depends on clearance and volume of distribution
  - Often expressed in terms of drug's half-life
- At steady state, the rate of drug administration and rate of drug elimination must be equal
  - In most clinical situations, steady state can be assumed after three to five half-lives

1. Winter ME (ed). *Basic Clinical Pharmacokinetics*. 5th ed. Lippincott Williams & Wilkins; 2010.



# Pharmacokinetics: The Basics