METABOLISM

Ali Alhoshani, B.Pharm, Ph.D. <u>ahoshani@ksu.edu.sa</u> Office: 2B 84

Metabolism

By the end of this lecture, you should:

- Recognize the importance of biotransformation
- □ Know the different sites for drug metabolism
- Define the major phase I and phase II metabolic reactions.
- Describe the modulation of liver microsomal enzymes by inducers and inhibitors
- Mention two drugs that are known as enzyme inducers and inhibitors.
- Know the impact of first pass metabolism on drug bioavailability Question

Drug Metabolism (Biotransformation)

Definition

Chemical reactions which occur in the body to change drugs from <u>nonpolar lipid soluble forms</u> to <u>polar water soluble forms</u> that are easily excreted by the kidney.

by the kidney.

Importance of Metabolism

- Inactivation or termination of drug action (most drugs).
- Detoxification Biotransformation is required for
 - protection of body from toxic metabolites
- Activation of prodrug (convert inactive form of drug to active form)
 - e.g. levodopa carbidopa, prednisone prednisolone

- □ Liver (the major site).
- Intestinal Mucosa and Lumen
- Plasma
- □ Kidney
- Skin
- Lung

Intestinal Mucosa and Lumen

Gut Mucosa

MonoAmine Oxidase (MAO).

Gut lumen (bacterial flora)

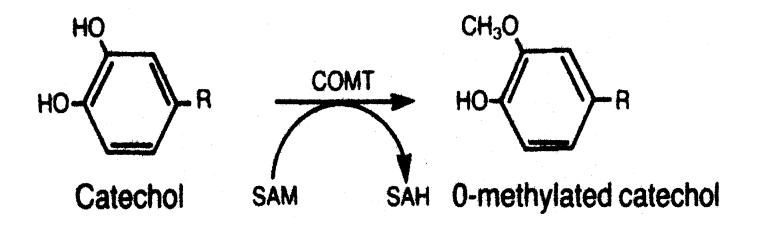
Glucouronidase.

Plasma

Enzymes	substrate
Catechol o-methyl transferase (COMT)	catecholamines (adrenaline)
Esterases	Esters Local anesthetics
Amidases	amides Local anesthetics

Plasma

Catechol o-methyl transferase (COMT)



Cellular sites of drug metabolism

- Cytoplasm
- Mitochondria
- Lysosomes
- Microsomes

Cellular sites of drug metabolism

Cytoplasm

e.g. Alcohol dehydrogenase: $NAD^+ \rightarrow NADH$

Alcohol \longrightarrow Aldehyde \longrightarrow Acid

Ethanol \longrightarrow acetaldehyde \longrightarrow acetic acid.

CH3CH2OH \rightarrow CH3CHO \rightarrow CH3COOH.

Cellular sites of drug metabolism

Mitochondria
 N-acetyl transferase:

 Introduction of acetyl group (CH3COO-)
 Monoamine oxidase enzyme (MAO):

Oxidation of catecholamines as adrenaline

Cellular sites of drug metabolism

Microsomes

Microsomal enzyme system = Cytochrome P-450.

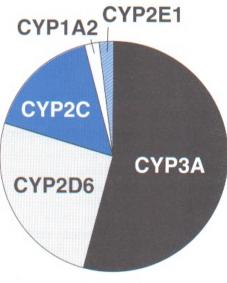
There are more than 20 families

Sub-families are identified as A, B, and C etc.

In human: only 3 isoenzyme families are important CYP1, CYP2 and CYP3

Oxidation - Cytochrome P-450

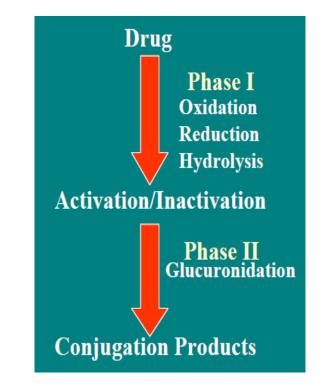
CYP 3A4/5 carry out biotransformation of the largest number (30–50%) of drugs.
 Expressed in liver and intestine (responsible for first pass metabolism at this site).



Two phases of hepatic metabolic reactions

Phase I : Phase I metabolite may be active or inactive

- Oxidation.
- Reduction.
- Hydrolysis.
- Phase II: metabolites are inactive
- Conjugation reactions



Phase I reactions :

- Oxidation
 - Is addition of oxygen or removal of hydrogen.
 - Is the most important drug metabolizing reaction.
 - May be **microsomal** or **non-microsomal**

Phase I reactions :

- Oxidation
 - Microsomal occurs in microsomes, e.g. cytochrome P450 enzymes, NADPH and oxygen
 - Non-microsomal occurs in cytosol or mitochondria,

e.g.

- Alcohol Dehydrogenase
- Adrenaline Monoamine Oxidase
- Xanthine Xanthine oxidase

Phase I reactions :

Oxidation

Non-microsomal occurs in cytosol or mitochondria,e.g.

Alcohol – Dehydrogenase

Alcohol dehydrogenase & aldehyde dehydrogenase

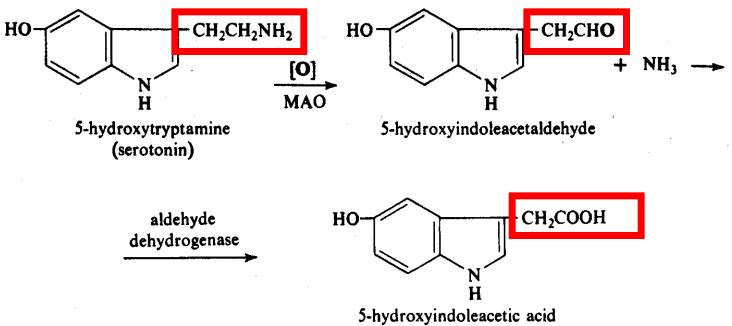
Phase I reactions :

- Oxidation
 - **Non-microsomal** occurs in cytosol or mitochondria,e.g.
 - Serotonin and Adrenaline Monoamine Oxidase (MAO):
 - Metabolism of catecholamines as adrenaline and serotonin
 - e.g. Moclobemide is MAO inhibitor and used as antidepressant since it increases serotonin in brain.

Phase I reactions :

- Oxidation
 - **Non-microsomal** occurs in cytosol or mitochondria,e.g.





Phase I reactions :

Oxidation

Non-microsomal occurs in cytosol or mitochondria, e.g.

Xanthine – Xanthine oxidase

Metabolism of xanthine , e.g.

Hypoxanthine $\xrightarrow{\text{oxidase}}$ xanthine $\xrightarrow{\text{oxidase}}$ uric acid

uric acid accumulation \longrightarrow GOUT

Allopurinol is an inhibitor of xanthine oxidase and used in

treatment of gout.

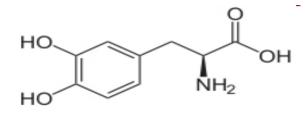
Phase I reactions :

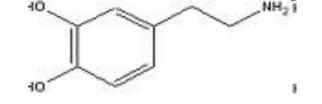
Reduction

Removal of oxygen or addition of hydrogen.

may be microsomal or non microsomal.

Examples: levodopa



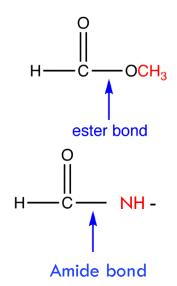


Dopamine

DOPA- decarboxylase



- Phase I reactions :
 - Hydrolysis
 - All are <u>non microsomal</u>
 - occurs by addition of water molecules in presence of enzymes
 - as (esterases & amidases)
 - Esterases: hydrolyze drugs that are esters
 - Amidases: hydrolyze drugs that are amides



Phase I reactions :



Esters as acetylcholine (neurotransmitter).

Ester + H₂0

Acid + Alcohol

esterase

Acetylcholine \longrightarrow acetate + choline.

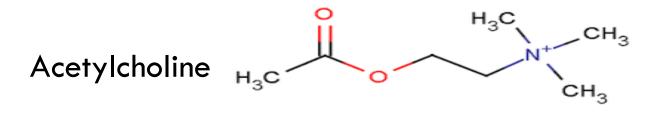
Amides as lidocaine (used as local anesthetic)



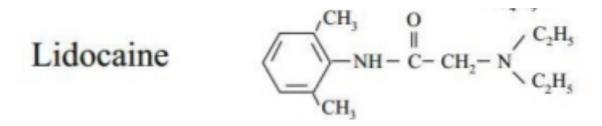
Acid + amine

Phase I reactions :

- Hydrolysis
 - Esters as acetylcholine (neurotransmitter).



Amides as lidocaine (used as local anesthetic)



Phase I reactions can result in :

- Inactivation of drug (termination of action)
- Activation of pro-drug
 - e.g. levodopa to dopamine
- Conversion of active drug to active metabolite
- Conversion of nontoxic drug to toxic metabolite
 - Paracetamol → hepatotoxic metabolite (hepatic necrosis)
- Product might undergo phase II

Phase II reactions :

Conjugation

Conjugation of metabolite coming from (phase I) with endogenous substance as methyl group, acetyl group, sulphate, amino acid or glucouronic acid to produce conjugate that is water soluble and easily excreted in urine or bile.

Phase II reactions :

Conjugation

Conjugation reaction	Enzyme required
glucouronide conjugation	Glucouronyl transferase
Acetylation (CH ₃ COO ⁻)	<u>N-acetyl transferase</u>
Sulphation (SO ₄)	Sulfo transferase
Methylation (CH ₃)	<u>methyl transferase</u>
Amino acids conjugation	Glycine conjugation

Phase II reactions :

- □ All are non microsomal <u>except glucouronidation</u>
- Glucouronide conjugation is a microsomal process (the most common).
- Deficient of glucouronyl transferase enzyme in neonates may result into toxicity with chloramphenicol (Gray baby syndrome).

Phase II reactions :

Characteristics of its Products

Usually pharmacologically inactive.

Polar

- More water soluble.
- Easily excreted in urine

Factors affecting metabolism

- □ Age: ↓ rate of metabolism in neonates & elderly
- Diseases: vate of metabolism in liver diseases
- Concurrent use of drugs: Induction & inhibition
- Nutrition: malnutrition ↓ rate of metabolism

Factors affecting metabolism

- □ Genetic polymorphism
 - Isoniazid (Anti-TB), etc.
 - **Slow acetylator** phenotype \rightarrow peripheral neuropathy
 - **Rapid acetylator** phenotype \rightarrow hepatitis

- Liver microsomal enzymes inducers: drugs that increase activities of liver microsomal enzymes & increase the metabolism of drug itself and other drugs taken with the inducer at the same time.
- Liver microsomal enzymes inhibitors: drugs that decrease activities of liver microsomal enzymes & decrease the metabolism of the drug itself and other drugs.

Enzyme inducers

Alcohol

Cigarette smoking

Phenobarbitone hypnotic

Phenytoin (antiepileptic)

Rifampicin (Anti TB)

Enzyme inhibitors

Grape fruits Cimetidine

Erythromycin (antibiotic)

Ketoconazole (antifungal)

Enzyme induction may result in:

- ↑ the metabolism and excretion of the inducer drug itself and co-administered drugs.
- the action of the inducer drug itself & coadministered drugs.
 - e.g. oral contraceptives & phenytoin (inducer).
 - Failure of oral contraceptive may lead to pregnancy if combined with phenytoin.
- Tolerance may occur: decrease in the pharmacological action of the drug by repeated administration.

Enzyme inhibition may

- Delay the metabolism and excretion of the inhibitor drug and co-administered drugs.
- Prolong the action of the inhibitor drug & coadministered drugs.
 - e.g. warfarin & erythromycin (inhibitor).
 - Inhibition of warfarin metabolism may lead to increase its anticoagulant effect (bleeding).