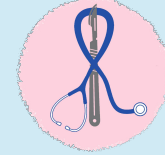




Revised & Reviewed
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MED441
KING SAUD UNIVERSITY

Bioavailability and Distribution

Important

Main Text

Male slides

female slides

Extra information

Doctors notes

For any future corrections [Editing file](#)

If you didn't understand any part from this lecture [Click here](#)

Objectives

Major body fluid compartments

Concept of compartments

Apparent volume of distribution (v_d)

Plasma protein binding

Tissue binding

رغم كل الصعوبات
والحواجز في ممارسة
مهنة الطب ، إلا أن إرتداء
المعطف الأبيض
ومساعدة الناس يستحق
كل هذا العناء

is?

The amount of **unchanged** drug that enters systemic circulation after administration and becomes available to produce pharmacological actions (treatment)

Bioavailability

I.V. provides 100% bioavailability i.e. F=1
Subcutaneous, intramuscular, oral, rectal, and other extravascular routes of administration require that the drug be absorbed first, which can reduce bioavailability.

equation

$$\text{Bioavailability (F)} = \frac{\text{AUC (oral)}}{\text{AUC (I.V.)}} \times 100$$

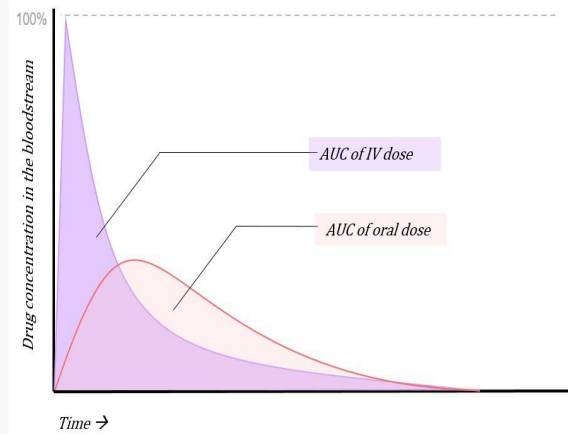
AUC = Area Under the Curve

Notes:

Bioavailability = توافر الدواء في الدورة الدموية
unchanged = (ماتغير بعد ما مرّ بالكبد ، بشكل عام (دواء لم يتغير =

Intravenous = (I.V.) = دائماً ال Bioavailability
100% لأنه يُحقن في الدم مباشرةً عكس الطرق الأخرى

systemic circulation = blood systemic circulation



Notes

الربليٲف مُقارنة بين نفس الادوية ولكن من شركات تجارية مختلفة عشان نعرف اي الدوائين افضل



Bioavailability

Absolute

Relative

The bioavailability of a drug after administration by any route is compared to its **intravenous standard** formulation. the equation in the previous slide

is determined when two products are compared to each other, not to an intravenous standard. It has to be the same route , it cannot be I.V

This is commonly calculated in the drug industry to determine that the generic formulation is bioequivalent to another formulation.

e.g Tylenol (paracetamol 500 mg) compared to panadol (paracetamol 500 mg).

is important to get an idea of how different formulations or routes of administration differ in their **bioavailability**.

dosage adjustment is required when changing formulations or routes of administration.

Bioequivalence

Two pharmaceutically products are **bioequivalent** when the rate and extent of bioavailability of active ingredients in two products are the **same**.

Bioequivalence = bioavailability التساوي من حيث



What are the Factors that affect bioavailability?

factors that controlling drug absorption "Dosage forms, Molecular weight, Food"
Lecture 1 Slide 20

First pass effect

Distribution

Is the process by which drugs leave blood circulation and enters the interstitium and/or the cells of the tissues.

- Lipid soluble drugs are distributed in the intracellular region. Because they can cross the cell membrane
- Water soluble drugs are distributed in the extracellular region. Because they can not cross the cell membrane . [Med439](#)

Notes

Not necessary to pass through all stages may stop at the stage of blood only

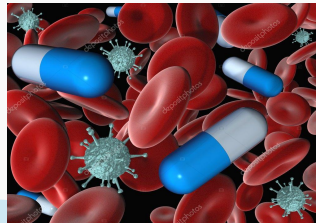
Drug Administration



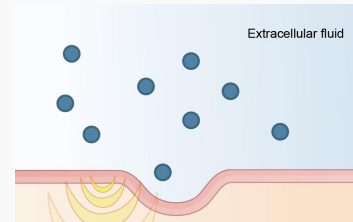
Absorption



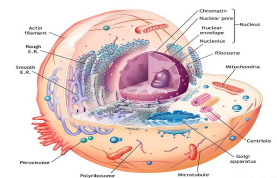
Blood



Extracellular



Intracellular



Apparent Volume of Distribution (Vd)

(VD) : is the ratio of drug amount **in body** (dose) to the concentration of drug **in blood** (plasma concentration)

$$VD (L) = \frac{\text{Dose (mg)}}{\text{Plasma concentration (mg/L)}}$$

Why is Vd important?

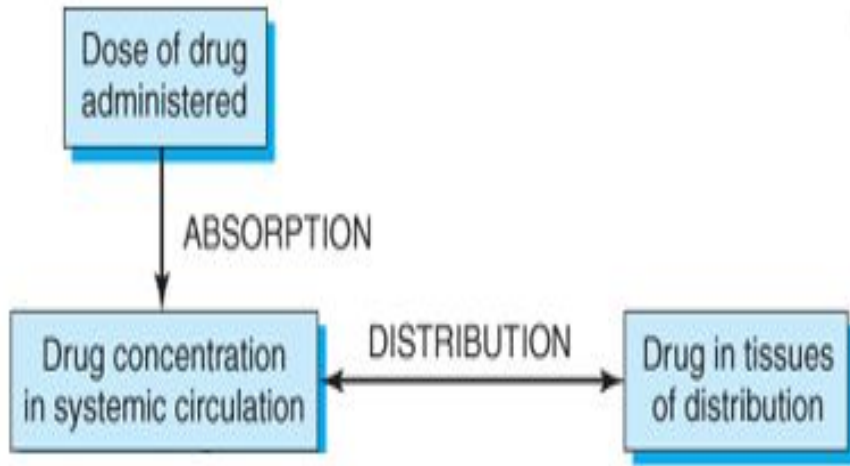
1

To calculate loading dose

2

Large Vd = means long duration of action

Loading dose is the large initial dose that is given to achieve rapid therapeutic plasma level



The major body fluid compartments

Extracellular Fluid(22%)

* In male slides (21%)

1-Plasma

(5% of body weight =4L)

2-Interstitial fluid

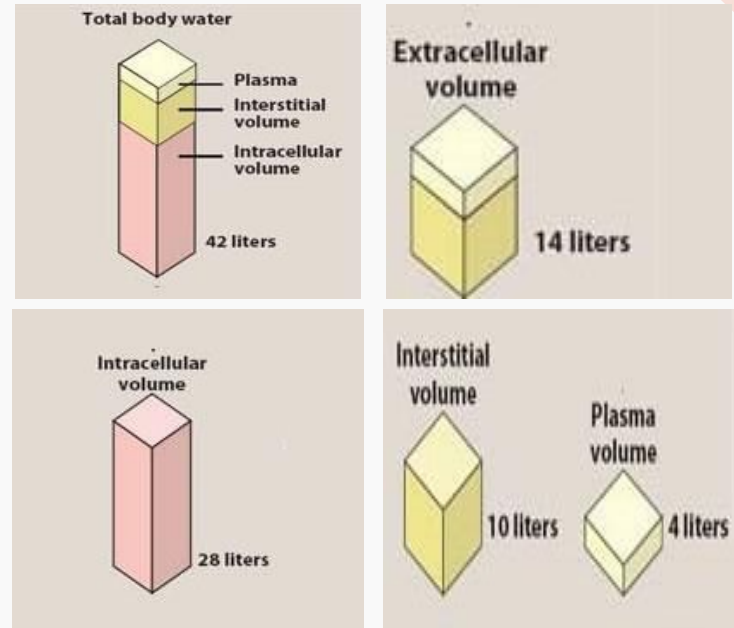
(16%=10L)

Intracellular Fluid (35%)

fluid present inside all cells in the body (28 L).

Extra information : ECF is 22% of the body fluids the plasma(5%) and interstitial fluids(16%) = 21% (اللي يوصلها drug)
The remaining 1% is for TCF (Transcellular fluids)

volume of distribution (vd)



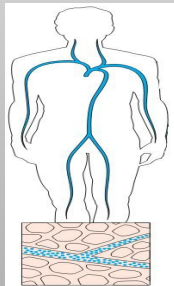
Drugs may distribute through

Plasma compartment

(one compartment)

- Vd: around 4 L
- Very high molecular weight drugs, or drugs that bind (محبوس او مرتبط) to plasma proteins
- Can not move across endothelial cells of capillaries
- Drugs are trapped in blood
- Example: heparin 4L

يستخدم مانع لتجلط يعطي تأثيره بس الدم (anticoagulant)

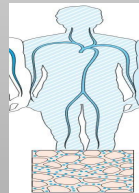
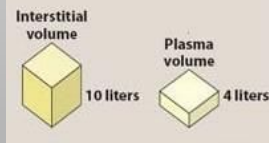


Extracellular fluid

(two compartment)

- Distribute through extracellular fluids.
- Pass endothelium into interstitial fluids BUT **can not cross** cell membranes to intracellular fluids. (but they can cross the endothelial cells)
- Drugs that have a **low molecular weight** but are hydrophilic.
- Vd: between 4 and 14 L.
- E.g. atracurionium 11 L

يستخدم مع عقاقير أخرى للقيام بإرخاء العضلات خلال العمليات الجراحية

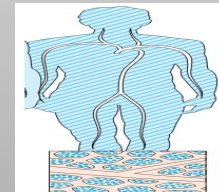


Total body water = extracellular and intracellular

(multi-compartments)

- Diffusion to **intracellular** fluid
- For **lipid soluble** drugs
- Vd **equal** to total body water.
- Ethanol 38 L (34-41)**
- Drug that **binds** strongly to **tissues**. Vd higher than total body water.
- Digoxin: 385 L

يستخدم لعدد كبير من الأمراض القلبية مثل الرجفان الأذيني وفشل القلب الاحتقاني



Drugs with low Vd

- distributed in **extracellular** compartments (plasma & interstitial fluid).
- Polar comp or lipid **insoluble** drugs.
- e.g.
gentamycin, atracurium
- High MW e.g. heparin – insulin.
- High plasma protein binding e.g. warfarin (anticoagulant).
- Do not cross **BBB** (Blood Brain Barrier) or **placental barriers**.

These types of drugs are safe for pregnant women to use because they can not cross to placental barrier



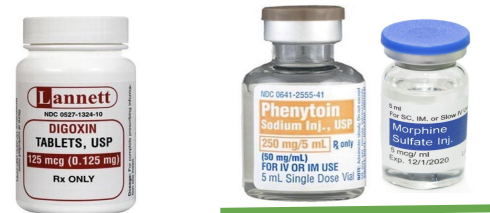
Volume of Distribution (vd)

Drugs with high Vd

- Have **higher** concentrations in **tissues** than in **plasma**.
- Lipid soluble.
- Distributed intracellularly

e.g. digoxin, phenytoin, morphine
(يستخدمونهم لعلاج الصرع والتشنجات)

They have an effect on the central nervous system



FACTORS AFFECTING DISTRIBUTION

Cardiac
output and
blood flow

علاقة طردية بينه وبين
distribution

Capillary
Permeability

Physical
and
chemical
properties
of the
drug

Plasma
protein
binding

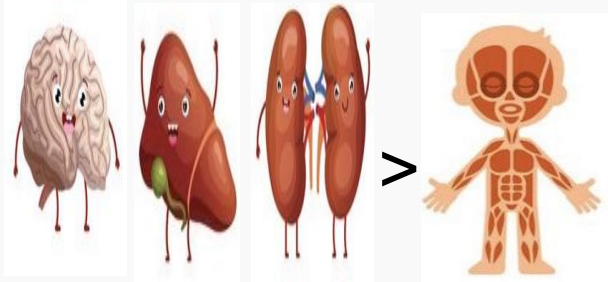
the highest plasma
protein binding the
least distribution

Tissue
binding

علاقة طردية بينه وبين
distribution

1-Cardiac output and blood flow

- Drugs distribute **more rapidly** to Brian -liver -kidney > more than skeletal muscles - fat.



- The **greater** the blood flow to tissues, the **more** distribution that occurs from plasma to interstitial fluids.

Factors affecting Distribution

2- Physical and chemical properties of the drug

- Molecular weight (علاقه عكسيه مع distribution)
- Pka.
- Lipid solubility (علاقه طرديه)
- Most lipid soluble drugs (**unionized, uncharged, nonpolar**) **cross** biological membranes
- Hydrophilic drugs (**ionized, charged, polar**) **do not readily cross** membranes but go through slit junctions in endothelial cells of capillaries.

Factors affecting Distribution



3-Capillary permeability

4-Tissue binding

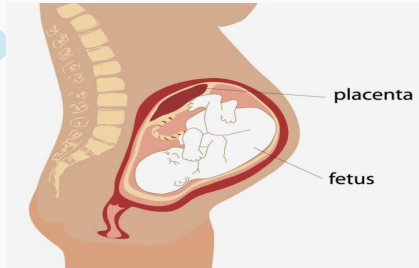
5-Plasma protein binding

Endothelial cells of capillaries in tissues **other than brain** have wide slit junctions allowing easy movement, permeation and distribution.

- Drugs can bind to specific tissues and will have high volume of distribution (Vd)
- Tetracycline bind to **bone**

Placental barrier

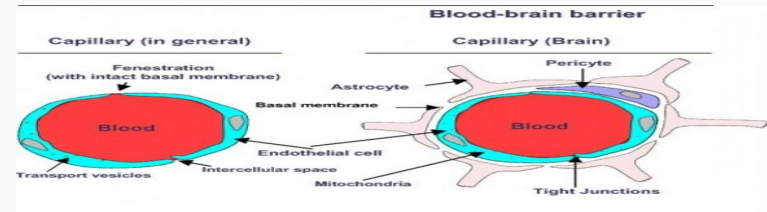
Lipid soluble drugs can cross placental barrier and enter the fetal blood.

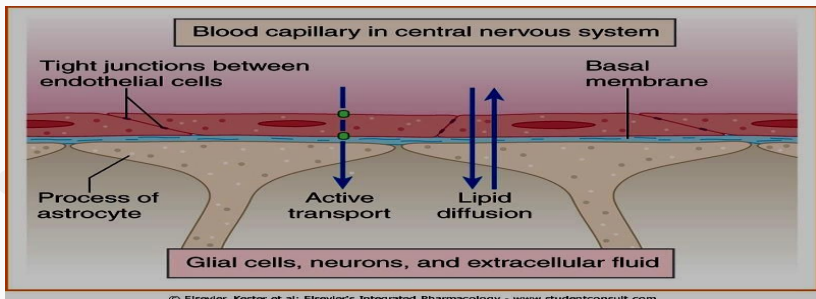
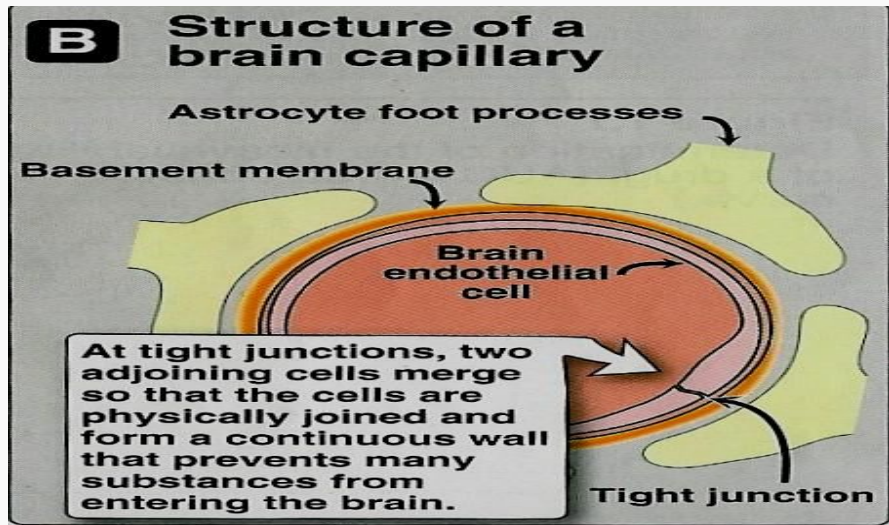
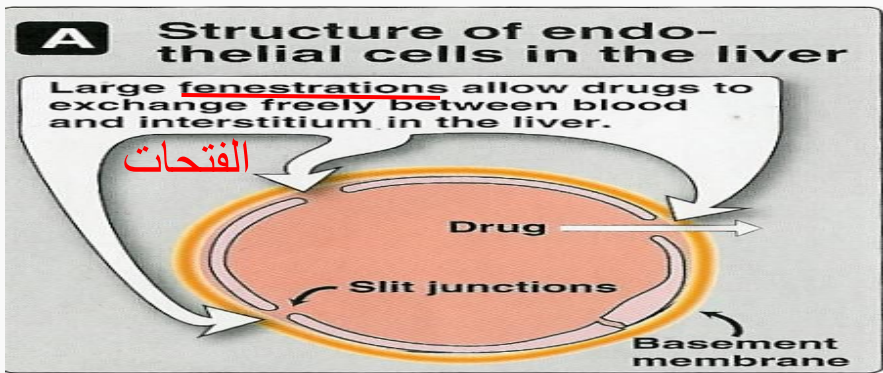


Blood brain barrier (BBB)

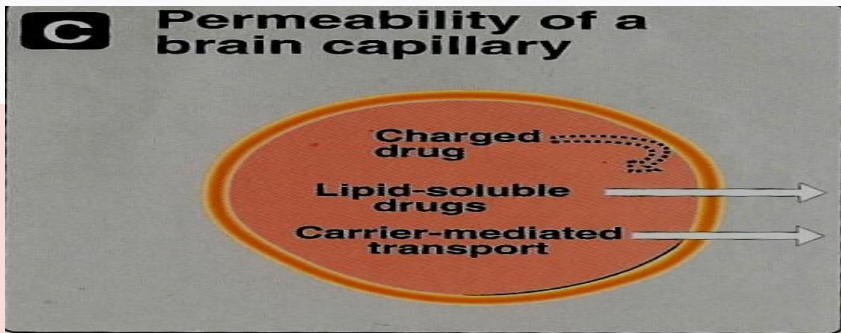
- Brain has tight junction Brain Barrier (BBB)
- **Only lipid soluble** drugs or **actively transported** drugs **can cross BBB**.
 - Hydrophilic drugs (ionized or polar drugs) **can not cross BBB**.
 - Inflammation as in meningitis **increase** permeability to hydrophilic drugs
 - e.g. **penicillin & gentamycin**

If these medicines are given to a healthy person can not cross BBB but in the inflammation can cross





Tight junction they are similar to soldiers because they do not allow anything to enter the brain but some specific things



Plasma protein binding

- Extensive plasma protein **binding** will cause more drug to **stay in the blood compartment** .
- Therefore, drugs which **bind** strongly to plasma protein tend to have lower distribution (Vd).

بيكون الدواء محبوس وممسوك داخل الدورة الدموية واللي بتكون حابسة البروتين



Examples of plasma proteins

Albumin

Has affinity for **acidic drugs** as warfarin, phenytoin, aspirin

Alpha 1- acid glycoprotein

Has affinity for **basic drugs** (cationic) as diazepam, quinidine.

- drugs which bind strongly to plasma protein tend to have lower distribution (Vd).
- In blood, drugs exist in two forms bound and unbound forms in equilibrium

Unbound drug (free) \longleftrightarrow bound drug

Unbound drug
إذا أثر على الجسم وخلص يتخفى هذي الجهة
(bound drug) وتعطيه الجهة الثانية

bound drug
يكون مثل المخزن كل ماتخلص
الجهة الثانية بتأخذ منه بدون ما ياتر
على الجسم

Bound form of drug

non diffusible form

can not cross endothelial barrier

can not combine with receptors
يعني مايعطي اي تأثير

inactive

not available for metabolism & excretion

has **long** duration of action ($t_{1/2}$).

Unbound form of drug(free)

diffusible form

cross endothelial barrier

combine with receptors

active

available for metabolism & excretion

has **short** duration of action ($t_{1/2}$).



In the next lectures

Characters & consequences of Binding

Usually reversible

determines volume of distribution (vd)

Slows drug metabolism & excretion.

Prolongs duration of drug action ($t_{1/2}$).

Result in clinically important drug interactions

Example of Drug-Drug Interactions

Displacement

Competition between two drugs for the **same binding site** on the plasma proteins may cause → displacement of one drug & increasing its concentrations & effects.

Aspirin + Albumin-warfarin
Albumin-aspirin + free warfarin → bleeding.

Explanation: Replacement of warfarin by aspirin Will cause an abundance of free warfarin (anticoagulant) in the blood circulation and that will lead to bleeding Med439

Extra info: The reason for displacement is the difference in protein affinity to drugs. The affinity of albumin to aspirin is higher than the affinity of albumin and warfarin. That's why when aspirin is freely present in the circulation. It throws warfarin out of albumin and binds to it instead Med439

QUIZ!

MCQs

Q1. Which one of these drugs does not require to be absorbed ?

A)Oral B)intravenous C)rectal

Q2. A drug is distributed through 2 compartments is found in

A)Plasma B)ICF C)ECF

Q3. A drug with large V_d mean that the drug has ?

A)Short duration of action B)Long duration of action C)No action

Answer

Q1=B

Q2=C

Q3=B

QUIZ!

SAQ

1. When the rate and extent of bioavailability of active ingredients in two products are the same the two pharmaceutically products called ?
2. Drug exists in blood in two forms, what are they?
3. Name 3 factors affecting distribution.
4. In what compartment do lipid soluble drugs get absorbed in?

Answers

1-Bioequivalent

2-Bound & unbound

3-capillary permeability , plasma protein binding & tissue binding

4-in the intracellular compartment

Thank you

كل آتٍ قريب وكل همٌّ يلقي فرج



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