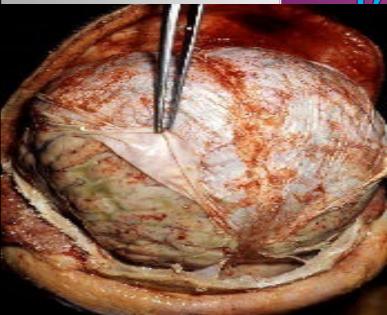
DRUGS USED IN MENINGITIS

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OBJECTIVES

- At the end of the lecture, students should be able to:
- Describe briefly common types of meningitis
- Describe the principles of treatment
- List the name of antibiotics used for the treatment of meningitis
- Describe the mechanism of action & adverse effects of the individual drugs.

DEFINITION

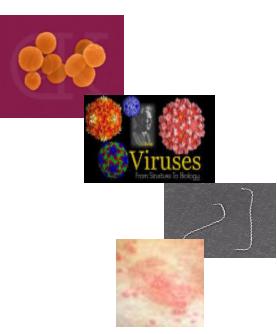
Meningitis is an inflammation of the protective membranes covering the brain and the spinal cord (meninges).

CAUSES OF MENINGITIS

- -Bacterial Infections
- -Viral Infections
- -Fungal Infections

(Cryptococcus neoformans Coccidiodes immitus)

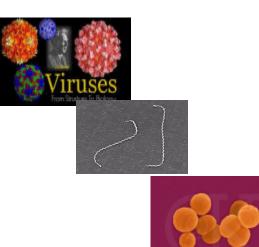
- -Inflammatory diseases (SLE)
- Cancer
- -Trauma to head or spine.



CAUSES OF MENINGITIS

Infectious

- Viruses
- Fungi
- Bacteria



Non-infectious

- Cancer (malignant meningitis)
- Inflammatory diseases (SLE)
- Trauma to head or spine

WHAT ARE CAUSES OF BACTERIAL MENINGITIS?

Bacterial meningitis is caused by several different types of bacteria, including:

- Streptococcus pneumoniae ****** (Pneumococcal)
- Neisseria meningitidis ** (Meningococcal)
- Haemophilus influenzae, also called Hib
- Pseudomonas aeruginosae
- Staphylococcus aureus
- Listeria monocytogenes
- Mycobacterium tuberculosis (tuberculous)

ROUTE OF TRANSMISSION

Most bacteria that cause this form of infection are spread through close personal contact, such as:
coughing
sneezing
Kissing

 Infection occurs when the pathogens spread from the <u>respiratory tract</u> to the <u>blood stream</u> and to the nervous system and cause <u>bacterial</u> meningitis. SYMPTOMS OF BACTRIAL MENINGITIS

•High fever

• acute onset of severe headache

Stiff neck

- Nausea
- Vomiting
- Photophobia Sensitivity to bright light
- Confusion
- a rash of purple discoloration.

 Meningitis, caused by a bacteria, is life threatening and requires urgent medical attention & treatment with antibiotics
 Emergency hospitalization

• Antibiotics

• Measures for treatment of complications.

BACTERIAL MENINGITIS

- Is a serious, life threatening disease.
- Without treatment, bacterial meningitis can cause serious consequences
- Cognitive deficits
- > Deafness
- > Hydrocephalus
- paralysis

> stroke, seizures, sepsis, and even death.

ANTIBIOTICS

 Antibiotic selected must penetrate adequately into the CSF.

 Regimen chosen must have potent activity against known or suspected pathogens & exert a bactericidal effect (Empiric?)

ANTIBIOTICS FOR TREATMENT OF BACTERIAL MENINGITIS

INHIBITORS OF CELL WALL SYNTHESIS (B-LACTAMS)

PENICILLINS

Penams

Carbapenems

CEPHALOSPORINS

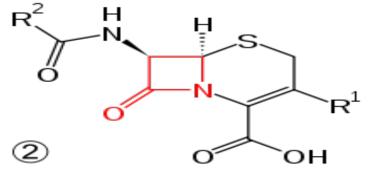
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B-LACTAM ANTIBIOTICS

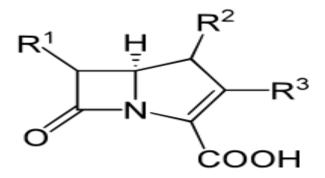
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1) PENICILLINS

2) CEPHALOSPORINS



3) Carbapenems





Mechanism of action:

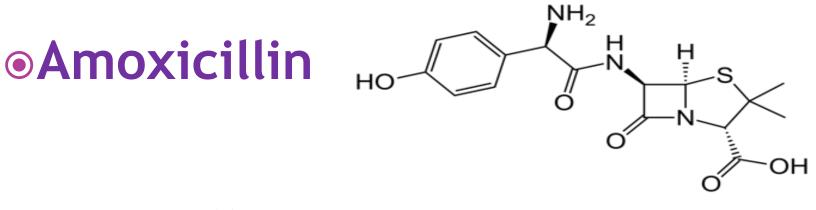
Inhibit bacterial cell wall synthesis by inhibiting the peptidoglycan layer of bacterial cell wall (bactericidal).

NARROW SPECTRUM PENICILLIN

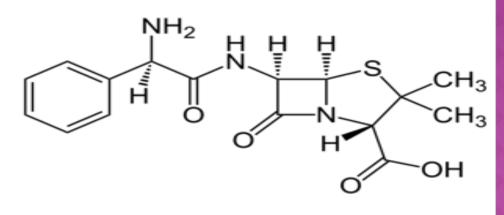
Penicillin G (benzyl penicillin)

- Narrow spectrum of activity
- Has poor oral absorption.
- Destroyed by gastric acidity
- Given by intravenous infusion
- β- lactamase sensitive (penicillinase sensitive)
- Short acting (4-6 hrs)
- Half- life 30-60 min.

EXTENDED SPECTRUM PENICILLINS AMINOPENICILLINS



•Ampicillin



EXTENDED SPECTRUM PENICILLINS AMINOPENICILLINS

- Broad spectrum of activity than penicillin G
- Active against gram positive & gram negative microorganism.
- Not active against pseudomonas aeruginosa.
- Amoxicillin and ampicillin are acid stable (effective orally).
- Can also be given parenterally (I.V or I.M)
- Amoxicillin is better absorbed from the gut & not affected by food.

EXTENDED SPECTRUM PENICILLINS AMINOPENICILLINS

- **•** Inactivated by β-lactamase enzyme
- combination with β-lactamase inhibitors are available
 - e.g. Amoxicillin + Clavulanic acid
 - e.g. Ampicillin + Sulbactum
- This combination is intended to:
 - Prevent enzymatic hydrolysis by β-lactamase
 - Extend antimicrobial activity.

ADVERSE EFFECTS

- Hypersensitivity reactions (Anaphylactic reactions)
- Antibiotic-associated diarrhea.
- Super-infections or secondary infections (candidiasis, oral thrush).
- Nephritis
- High dose in renal failure (seizure).

CEPHALOSPORINS

- Ord generation Cephalosporins
 - Cefotaxime
 - Ceftriaxone
 - Ceftazidime

>Both of them are given by intravenous infusion

MECHANISM OF ACTION

Inhibit bacterial cell wall synthesisBactericidal

BACTERIAL SPECTRUM OF 3RD GENERATION CEPHALOSPORINS

- Highly effective against Gm –ve bacilli
- Against Pseudomonas (ceftazidime)
- Highly resistant to *β-lactamases*.
- Used for treatment of bacterial meningitis caused by pneumococci, meningococci, and Haemophilus influenzae.

ADVERSE EFFECTS

Allergy

- Thrombophlebitis at site of injection
- Renal toxicity
- Super-infection
- GIT Upset & diarrhea
 GIT
 GIT Upset & diarrhea
 GIT
 G

CARBAPENEMS

Imipenem

Inhibits bacterial cell wall synthesis(bactericidal).

 Has a wide spectrum of activity (aerobic & anaerobic gram negative and gram positive bacteria, including pseudomonads)

 \odot Resistant to most β -lactamases

PHARMACOKINETICS

Not absorbed orally, taken by I.V.
 Penetrates body tissues and fluids including CSF

• Excreted primarily by the kidney.

• Doses must be reduced in renal failure.

•Half-life about 1 hr.

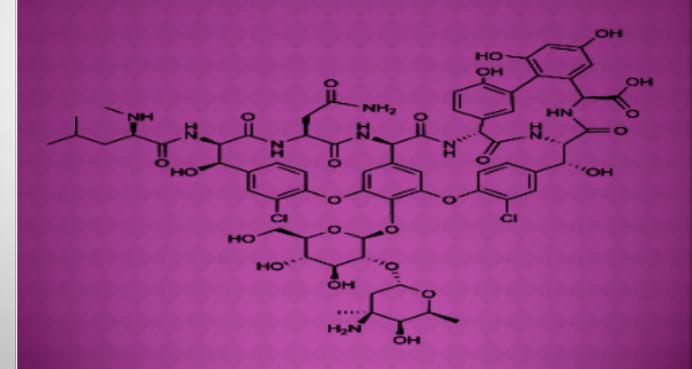
• It should be used in combination with cilastatin? Why?

Inactivated by <u>dehydropeptidase</u> in renal tubules to a nephrotoxic metabolites, so it is co formulated with the <u>dehydropeptidase inhibitor</u> cilastatin for clinical use (Imipenem/cilastatin)

ADVERSE EFFECTS

- Nausea, vomiting, diarrhea
- Skin rash and reaction at the site of infusion
- High doses may cause seizure in patients with renal failure
- Patients allergic to penicillins may be allergic to carbapenems .

OTHER CELL WALL SYNTHESIS INHIBITORS VANCOMYCIN



VANCOMYCIN

- Bactericidal
- Cell wall synthesis inhibitor
- Poorly absorbed orally
- Used orally to treat GIT infections caused by clostridium difficile e.g. pseudomembranou colitis.
- Given intravenously for the treatment of meningitis

VANCOMYCIN

- Active only against Gm+ve bacteria
- Used against Methicillin resistant S. aureus (MRSA).
- Used in combination with 3rd generation cephalosporins for treatment of meningitis caused by penicillin resistant pneumococci.
- May be combined with ampicillin or ceftazidime as an initial therapy of meningitis in infant, elderly and immunocompromised patients.

ADVERSE EFFECTS

Output Philosophie Philosop

- Ototoxicity
- Nephrotoxicity
- Histamine release due to nonspecific mast cell degranulation leading to:
 - Red man syndrome" or "red neck

syndrome"

Hypotension (minimized if injected slowly over 60 minutes).

AMINOGLYCOSIDES

Gentamicin

- **Mechanism of action**
- Inhibit protein synthesis (30s subunit).

HO

 $H_3($

 H_2

 NH_2

OH

32

 NH_2

- Bactericidal.
- Not absorbed orally
- Given by injection i.v.

ADVERSE EFFECTS OF GENTAMICIN

- Ototoxicity
- Nephrotoxicity
- Neuromuscular blockade (very high dose)

PREVENTION BETTER THAN CURE

- Haemophilus influenzae type b (Hib) bacterium, is a leading cause of bacterial meningitis in children.
 - Hib vaccines available as part of the routine childhood immunization schedule have greatly reduced cases of this type of meningitis.
- Pneumococcal polysaccharide vaccine (PPSV) for older children and adults(protects against meningitis caused by S.pneumonia)
- Meningococcal conjugate vaccine, used for people going to Hajj(protects against meningitis caused by N. meningitides)

