# Absorption and distribution of drugs

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#### **Introduction to Biopharmaceutics**

**Absorption:** Mechanisms of drug absorption through GIT

, factors influencing drug absorption

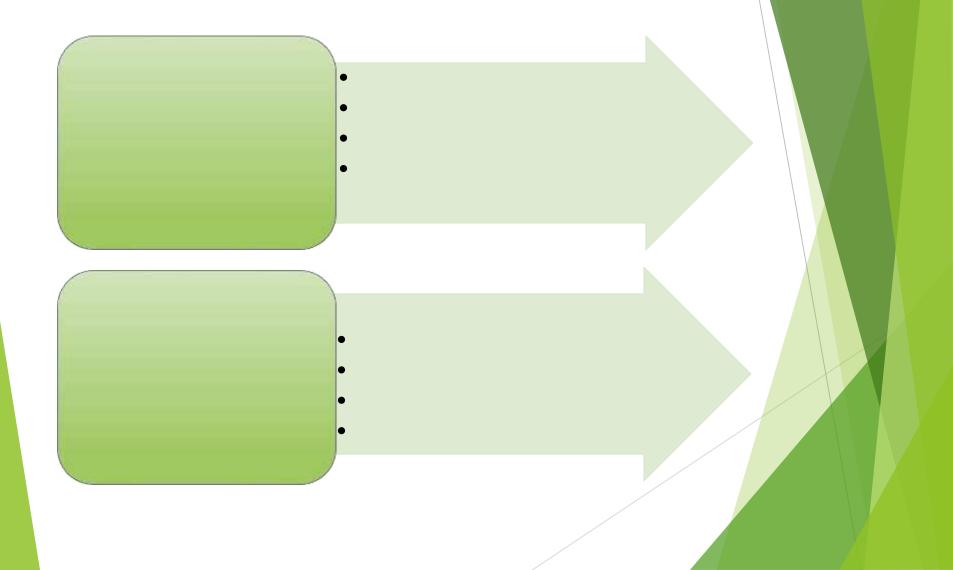
though GIT, absorption of drug from Non per oral extra

- vascular routes.

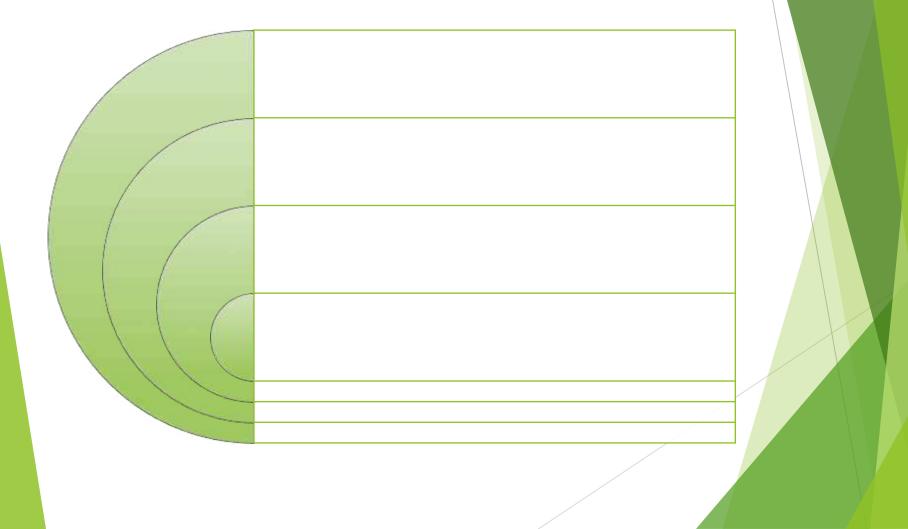
**Distribution:** Tissue permeability of drugs, binding of drugs, apparent, volume of drug distribution,

plasma and tissue protein binding of drugs, factors affecting protein-drug binding. Kinetics of protein binding, Clinical significance of protein binding of drugs.

### Overview



# Pharmacokinetics



## Absorption

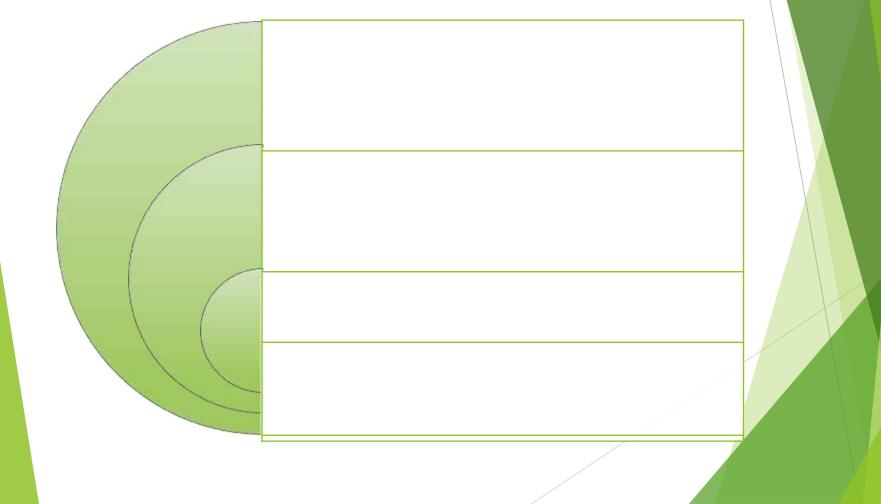
Movement of drug from its site of administration to central compartment & extent to which it occurs

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## Absorption via gastrointestinal tract



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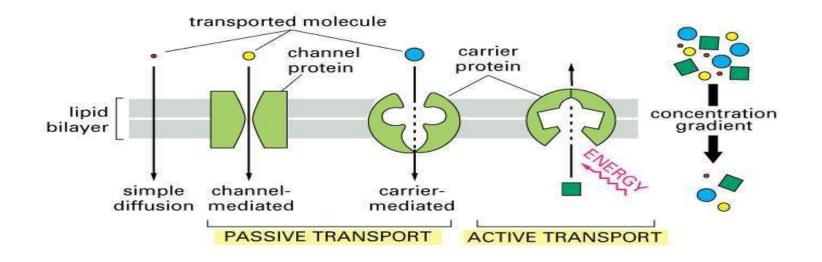
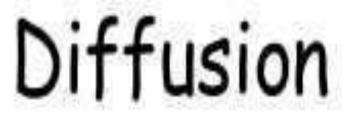


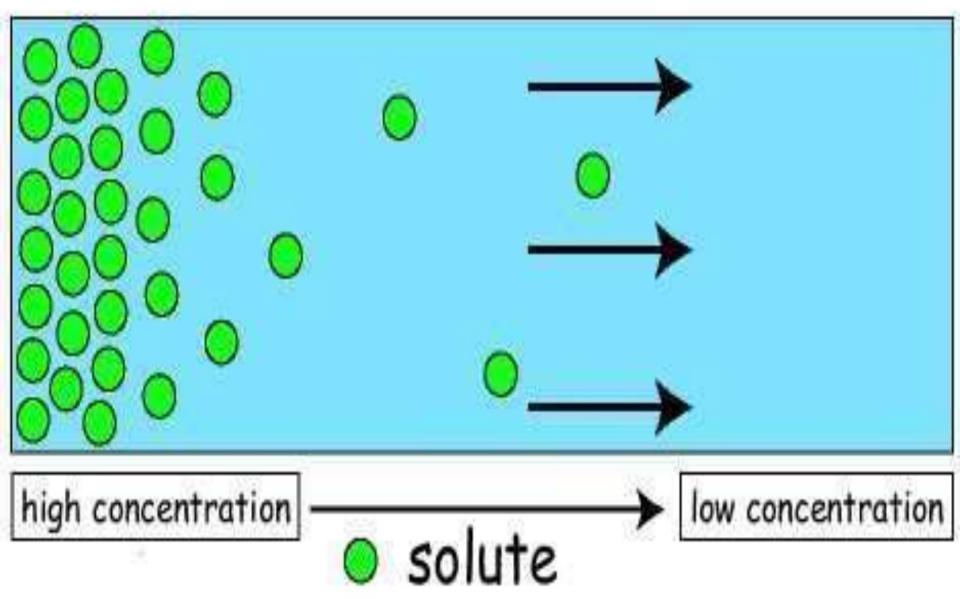
Figure 12-4 Essential Cell Biology, 2/e. (© 2004 Garland Science)

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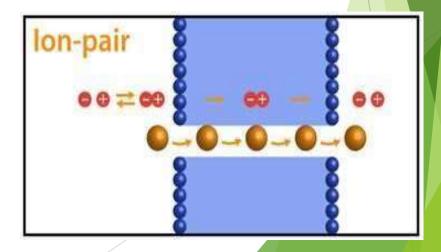
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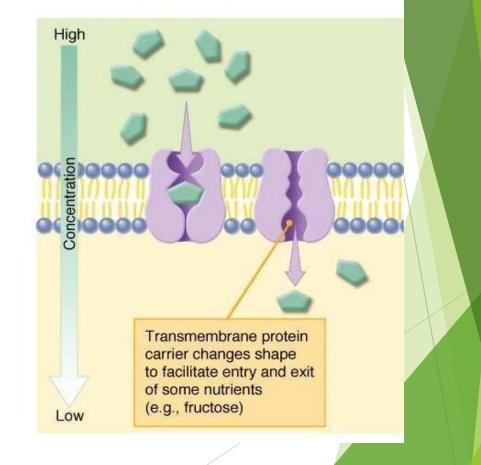


## Carrier mediated transport

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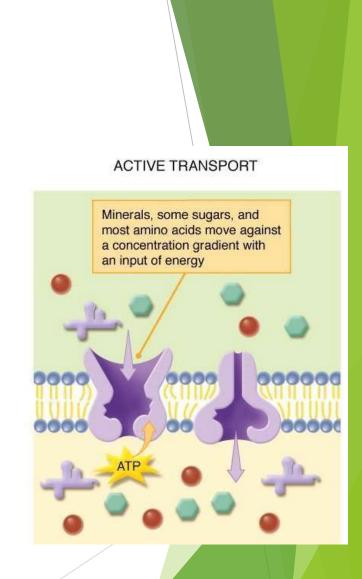
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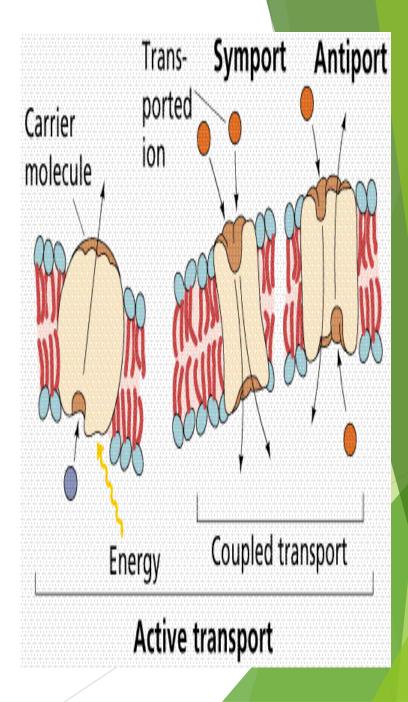
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Bioavailability of drugs

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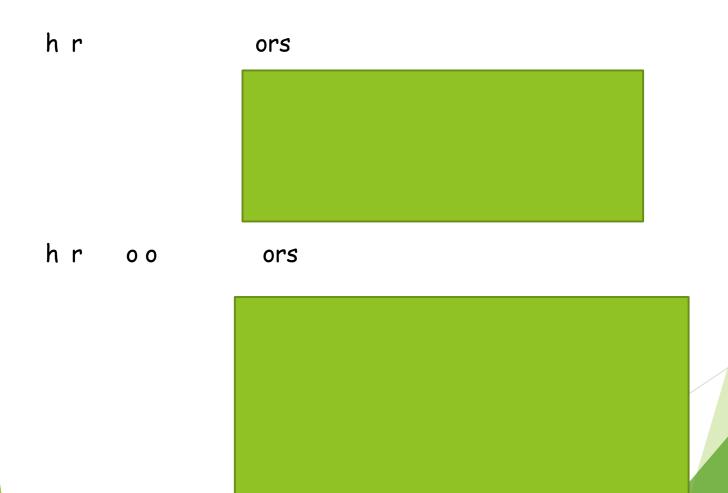
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Bioavailability - immaterial in drugs with higher safety margin example water soluble vitamins, antacids

Difference in bioavailability – Concern in drugs with steep dose response curve

Example - Drugs with zero order kinetics or mixed order kinetics and drugs with narrow safety margin

# Factors influencing absorption and bioavailability



## Pharmaceutical factors

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#### Particle size

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Poorly soluble and slowly dissolving drugs marketed in microfine or fine particles

#### Salt form

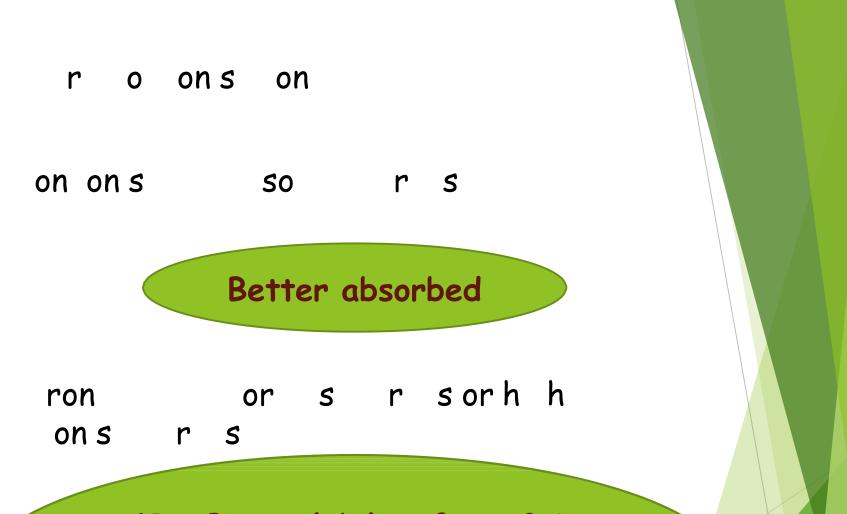
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> Salts of weakly acidic drugs are highly water soluble

Water of hydration

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> Anhydrous forms of caffeine , theophylline, Ampicillin – faster dissolution and better bioavailability



1] ↓ Bioavailability from GIT
 2] Examples - Streptomycin,
 neostigmine , acetylcholine and
 its analogue ,d-tubocurarine

## Pharmacological factors

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Gastric emptying promoted by 1)Fasting 2)Anxiety 3)Lying on right side 4)Hyperthyroidism 5)Gastro kinetic drugs

Gastric emptying retarded by 1)Fatty diet 2)Endogenous depression 3)Lying on left side 4)Pyloric stenosis 5)Hypothyroidism 6)Drugs – Atropine

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The loss of drug as it passes through GIT membrane, liver for the first time during the absorption process

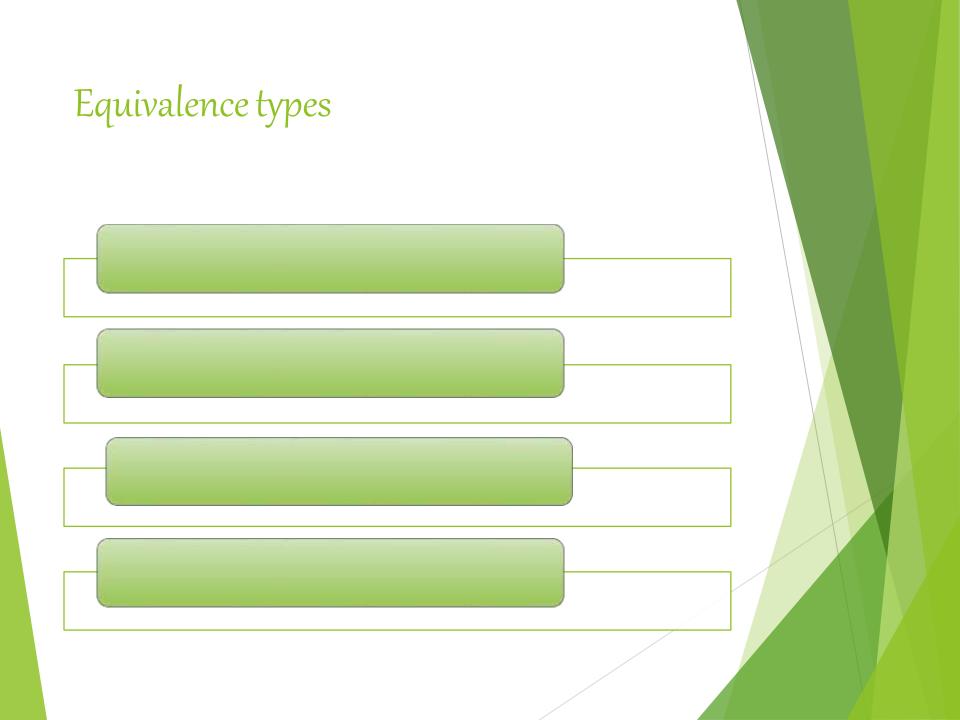
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Luminal enzymes: hs r n s r s n n snn n sronsnn sr ons h ro ss n r Gut wall enzymes: so S h os n rrsnn nnsnoon oho h ro ns Bacterial enzymes: ro or s n r s n n so hns nsn nsr hnoon s hs  $n \rightarrow s$  h r n 5 Hepatic enzyme: s r r n r o rs SS oshh r ons h n

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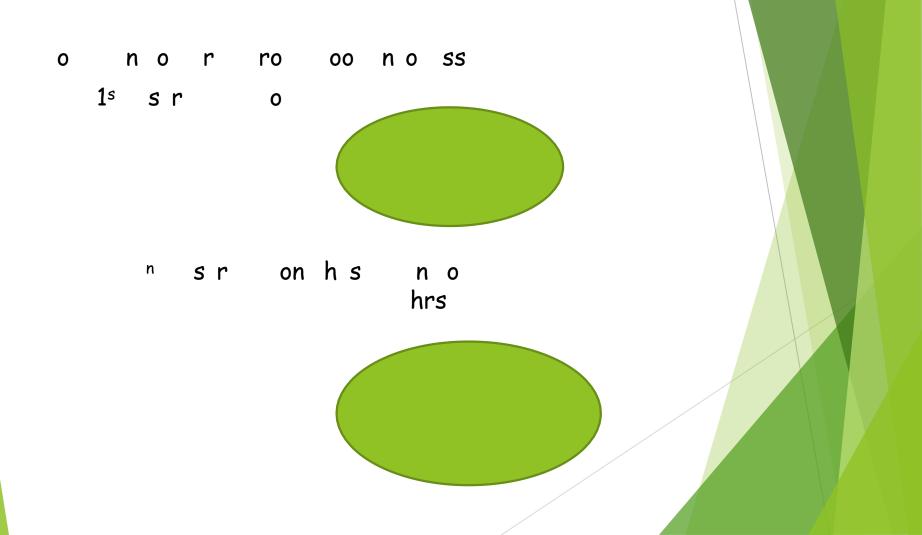
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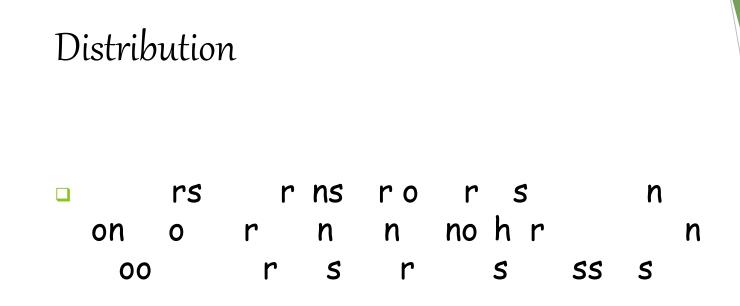
Morphine
 Nitroglycerine
 Isosorbide nitrate
 Propranalol

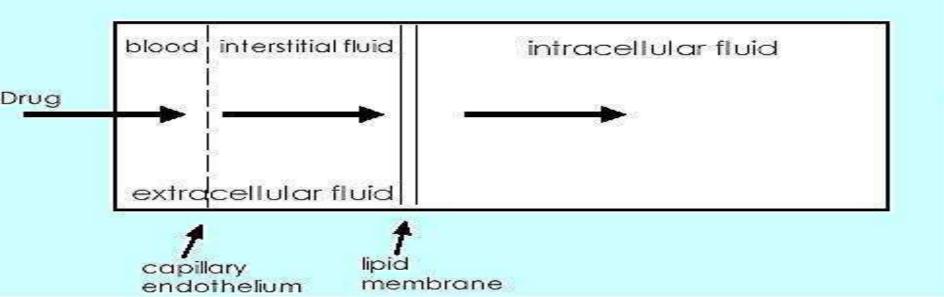


# Distribution of drugs

## Distribution of drugs







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Intercellular pores

**Tight junctions** 

- Basement membrane Lipid-insoluble polar drug

> Lipid-soluble nonpolar drug

Endothelial cells

**Usual capillary** 

Glial cell processes orchoroidal epithelium

Brain capillary

В

# Blood brain barrier

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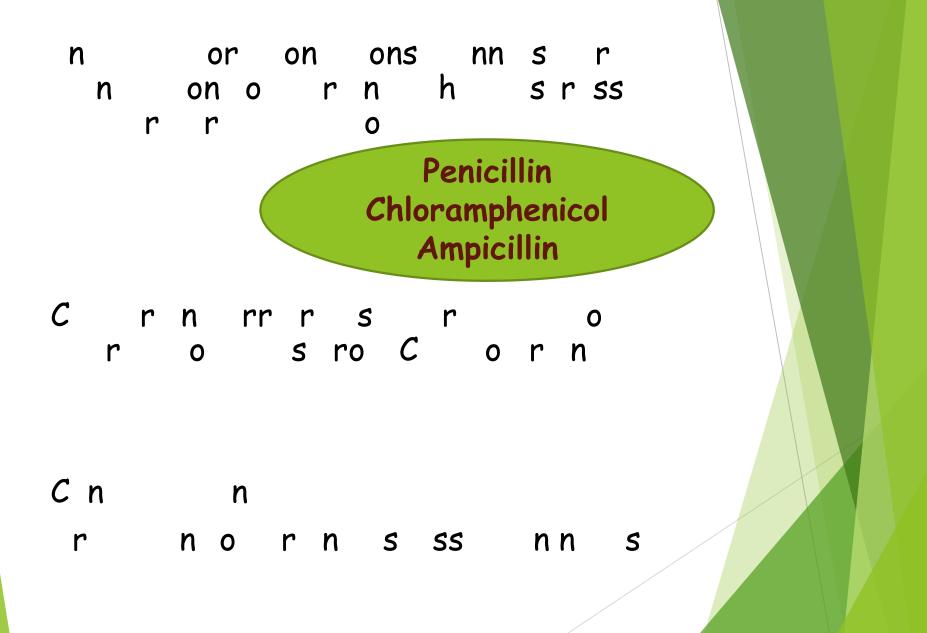
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# Placental barrier

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Drug administration should be severely restricted

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Thalidomide Phenytoin Trimethadione streptomycin Methotrexate

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Plasma protein binding as drug reservoir

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Capillary diffusion Metabolism Excretion

### ornronsh onrornn Plasma albumin (acidic drugs) 1.Warfarin 2.Penicillin 3.Sulfonamides 4.Tolbutamide

5. Salycylic acid

glycoprotien Acute phase reactant (basic drugs) 1.Quinidine 2. Imipramine 3. Lidocaine 4. Chlorpromazine 5. Propranalol

Alpha 1 acid

Drugs bound to tissue proteins and nucleoproteins (High aVd) Example

1. Digoxin

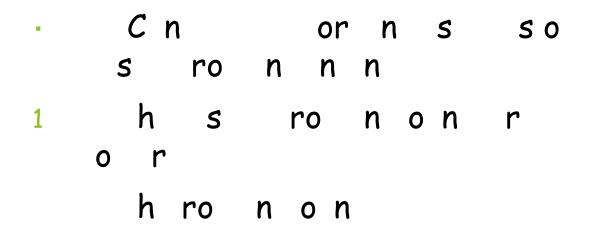
2. Emetine

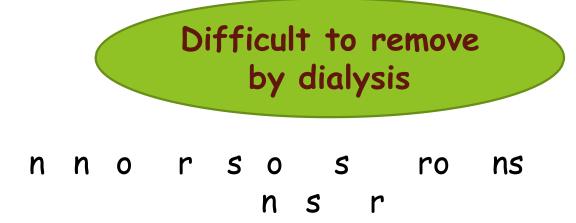
3. Chloroquine

Miscellanous protein binding

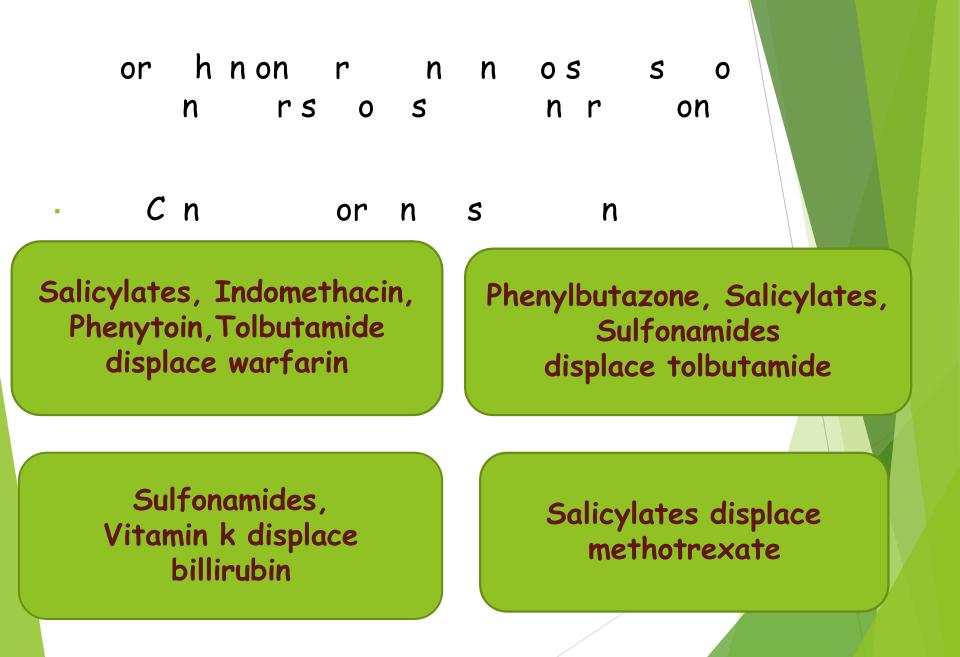
1.Corticosteroid -Transcortin globulin

> 2. Thyroxine-Alpha globulin





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