

# Pharmacokinetics

## DISTRIBUTION

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- **Sources**
- **Lippincott Illustrated Reviews: Pharmacology 7th Edition**
- **Katzung ; Basic & Clinical Pharmacology 14th Edition**
- **Bennett & Brown ; Clinical pharmacology 11th edition**
- **Essentials of Medical Pharmacology; Lafi 09**

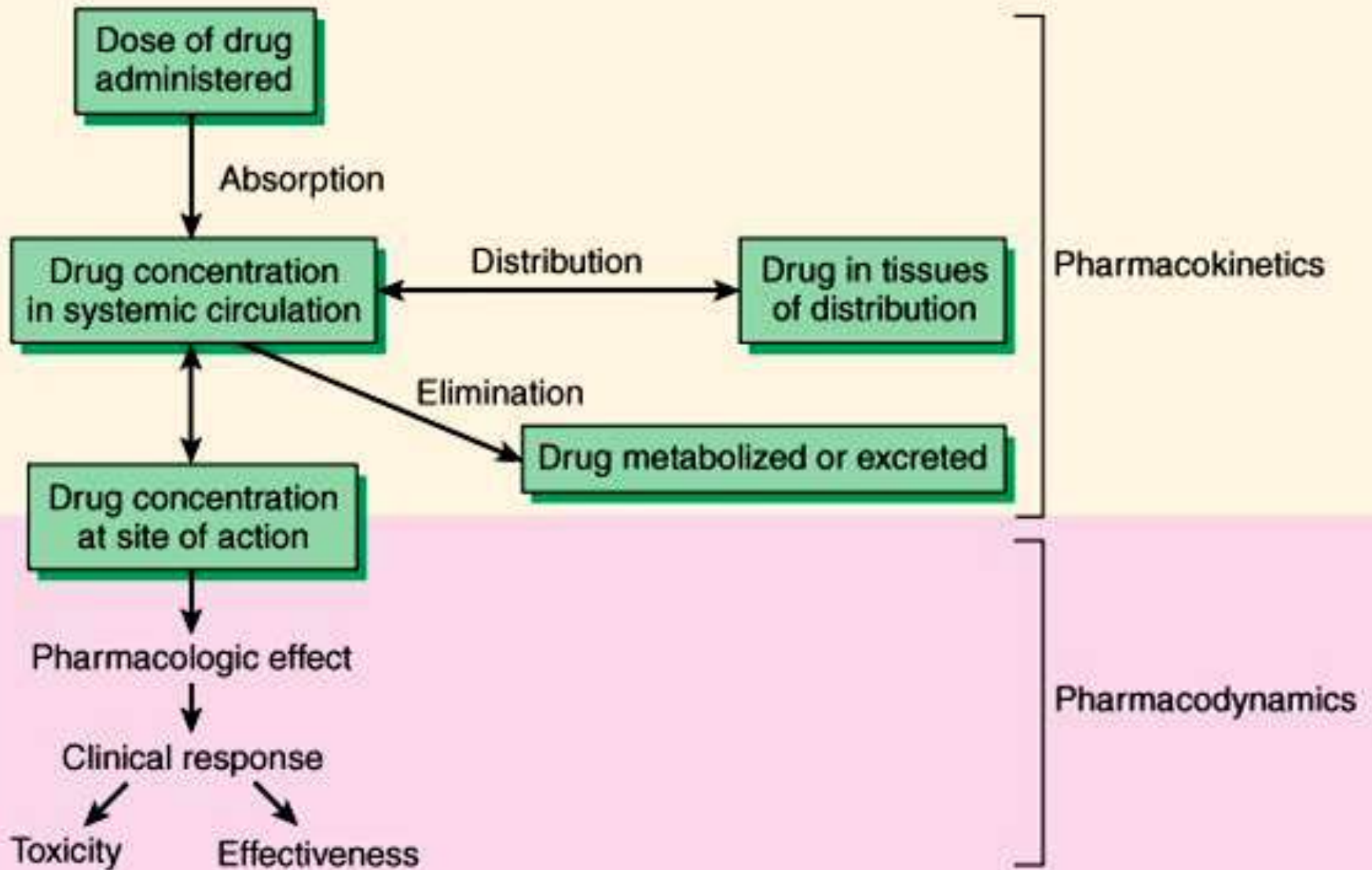
# Pharmacokinetics

**ABSORPTION**

**DISTRIBUTION**

**METABOLISM**

**Excretion**



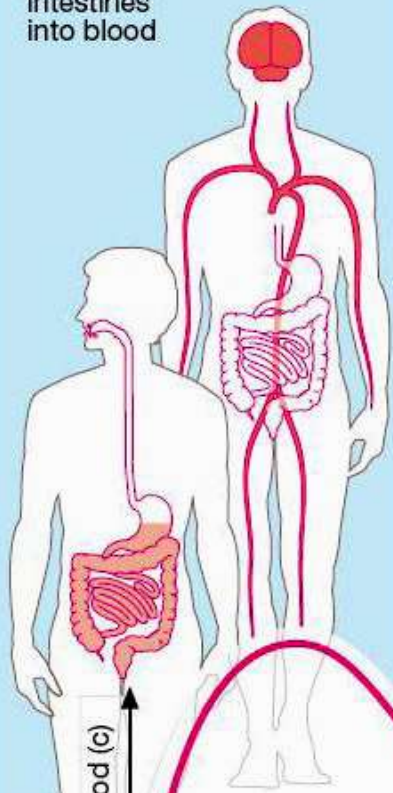
# Pharmacokinetics vs. Pharmacodynamics

"Drug"      "motion"      "power"

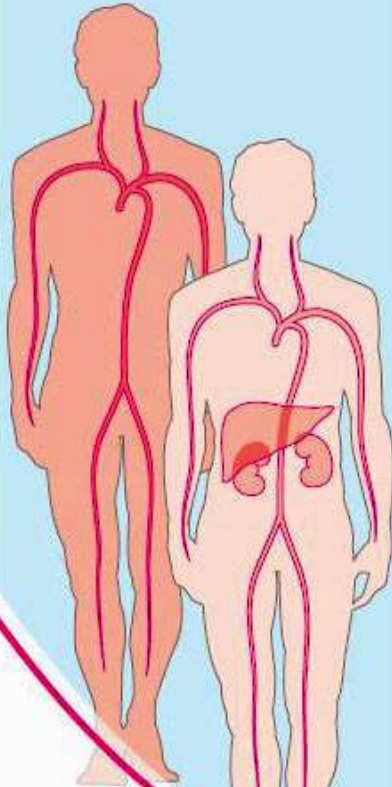
- PK: How does the **drug concentration change** as it **moves** through the different compartments of your body
- PD: How does the drug **exert its effect** on your body  
*potency, drug-receptor interactions*
- Book Definition:
  - PK: What your **body** does to the **drug**
  - PD: What the **drug** does to your **body**

- PK:
  - The change in drug **concentration** as it moves through the different compartments of the body
- Absorption:
  - The process of a substance entering the **systemic** circulation
  - Depends on the **route of administration**

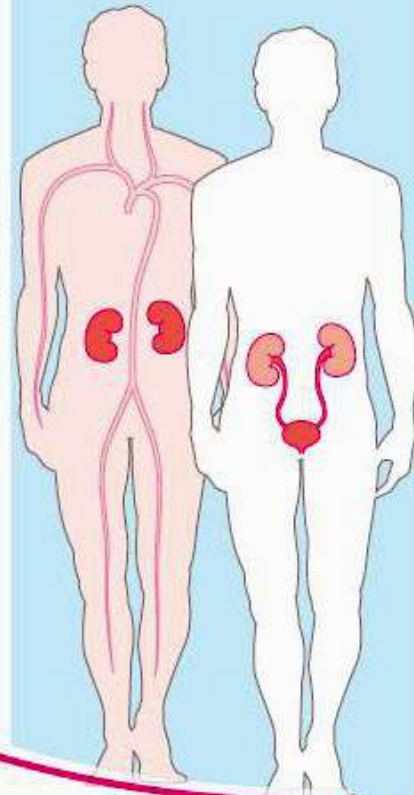
**Absorption**  
Uptake from  
stomach and  
intestines  
into blood



**Distribution**  
into body  
tissues:  
 $\alpha$ -phase



**Elimination**  
from body by  
biotransformation  
(chemical alteration),  
excretion via kidney:  
 $\beta$ -phase



Drug concentration in blood (c)

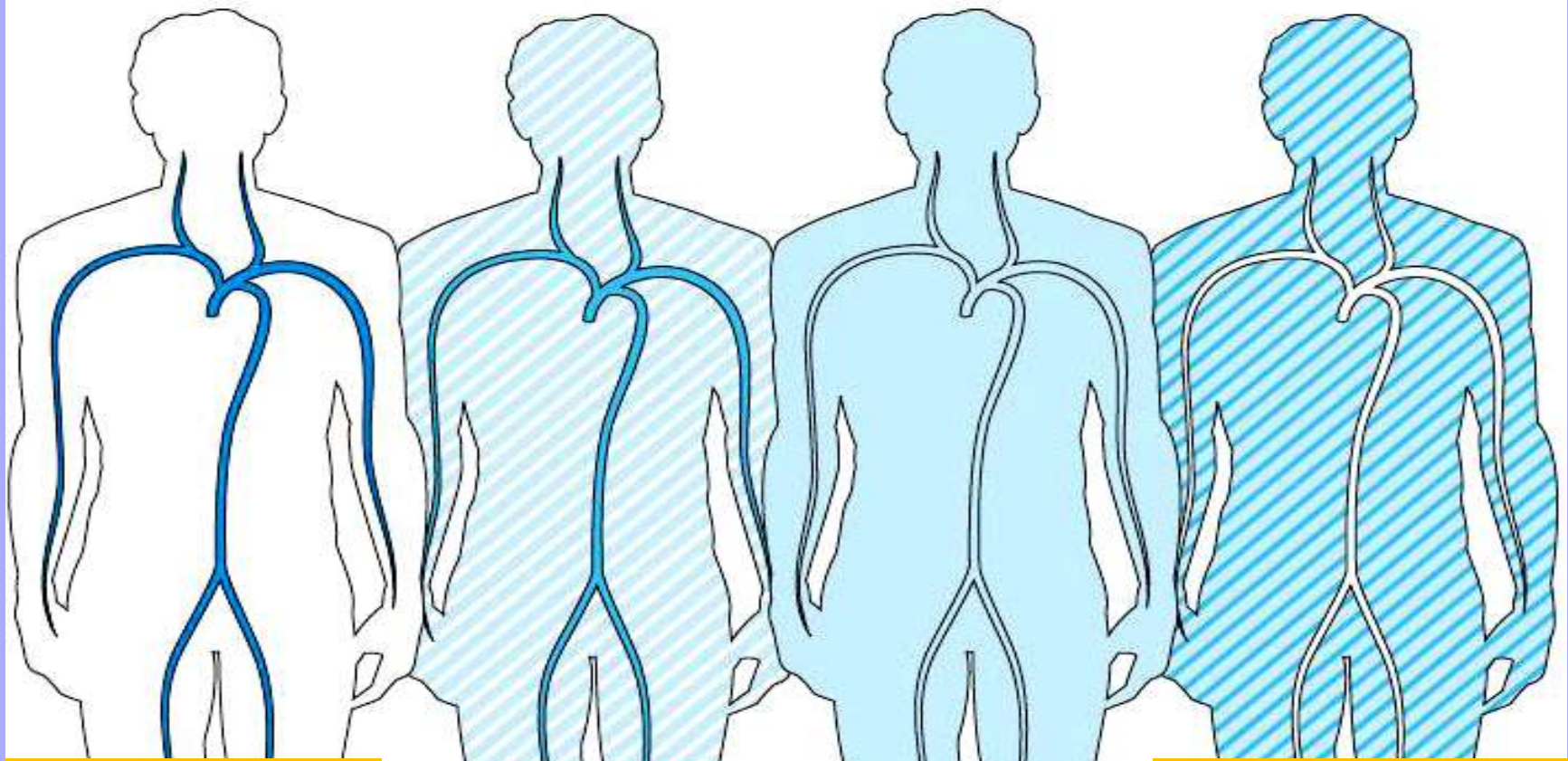
Bateman-function

$$c = \frac{\text{Dose}}{-V_{\text{app}}} \times \frac{k_1}{k_2 - k_1} \times (e^{-k_1 t} - e^{-k_2 t})$$

Time (t)

Time course of drug concentration





**Plasma**

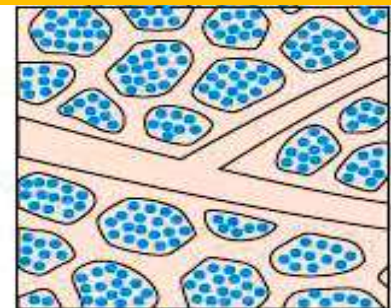
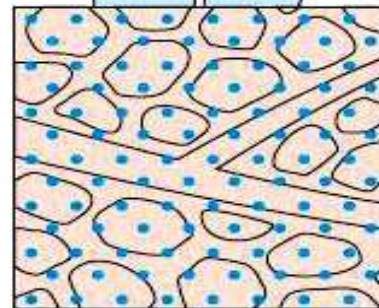
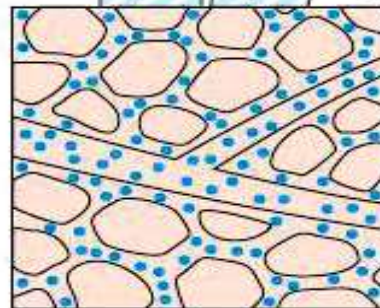
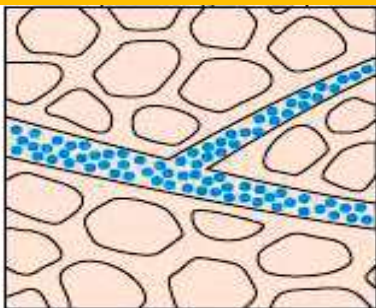
**3L**

**Interstitial fluid**

**11L**

**IC fluid**

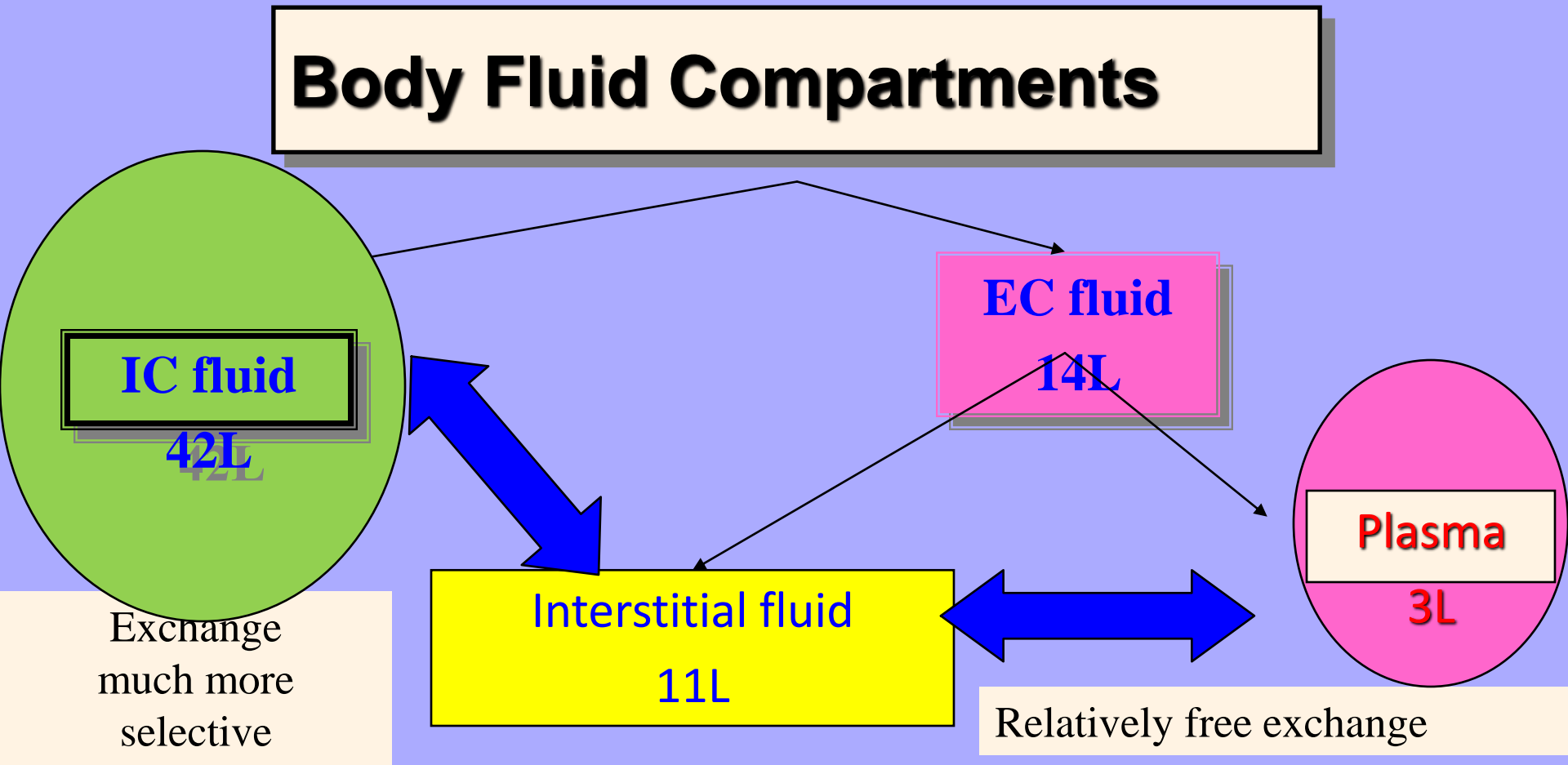
**42L**



Distribution in tissue

# DISTRIBUTION

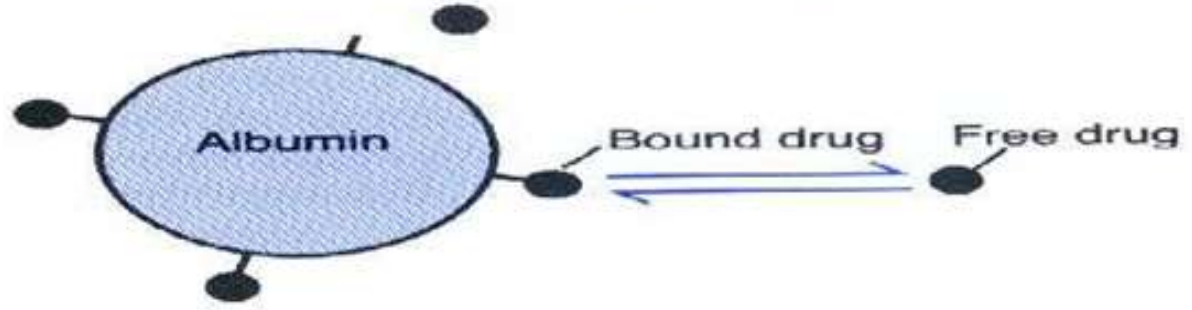
The movement of a drug from the systemic circulation to organs and tissue.



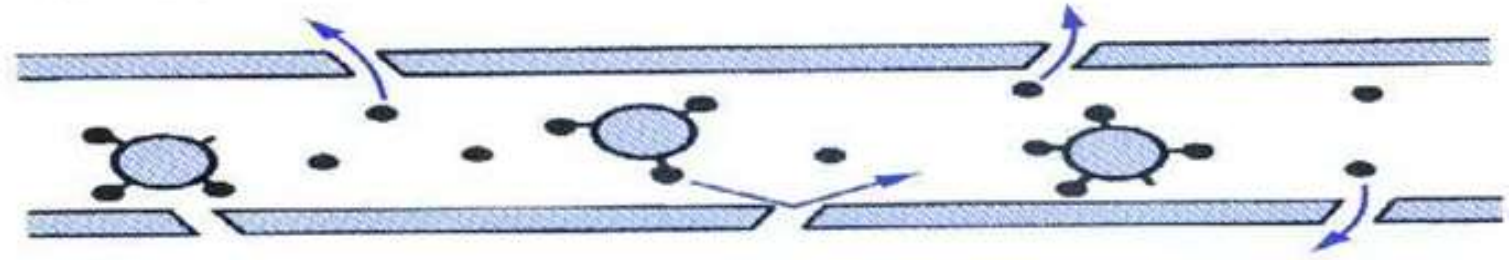


**- Many drugs bind to plasma proteins, including albumin, with an equilibrium between bound and free molecules**

**A Reversible Binding of a Drug to Albumin**



**B Retention of Protein-Bound Drug Within the Vasculature**



**(only unbound drugs cross biomembranes )**

**-Competition between drugs for plasma protein-binding sites may increase the "free fraction," possibly enhancing the effects of the drug displaced.**

**- Example: sulfonamides and bilirubin in a neonate with physiological jaundice**

# Special Barriers to Distribution

- **Placental—most**

small molecular weight drugs cross the placental barrier or lipid-soluble drugs

- **Blood-brain**

permeable only to lipid-soluble drugs or those of very low molecular weight.



## Volume of Distribution



## Volume of Distribution



- Volume of distribution tells us how extensively drug is distributed to the rest of the body compared to the plasma.



Here is any volume  
of water, measured  
in liters.

Drug



Let's add any amount of drug, (dose) measured in mass units.



Let's add any amount of drug, (dose) measured in mass units.





We now have a  
*concentration* of  
drug in solution,  
measured in  
  
dose / volume



Here is any volume of water, measured in liters, we can call it a “compartment”.



So when we put  
drug into a single  
compartment



we can easily surmise  
amount of drug in  
"total body".

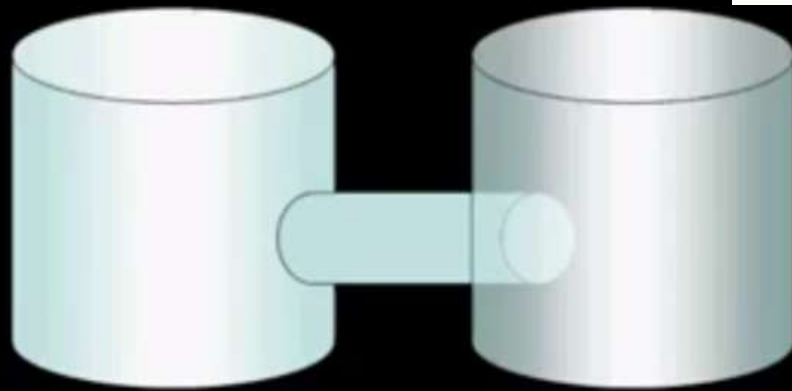
dose / volume



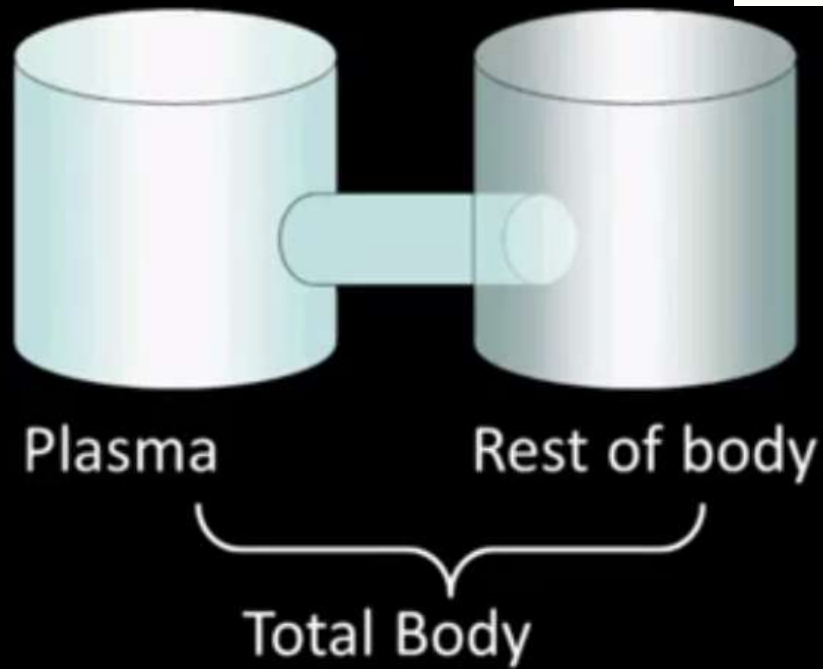


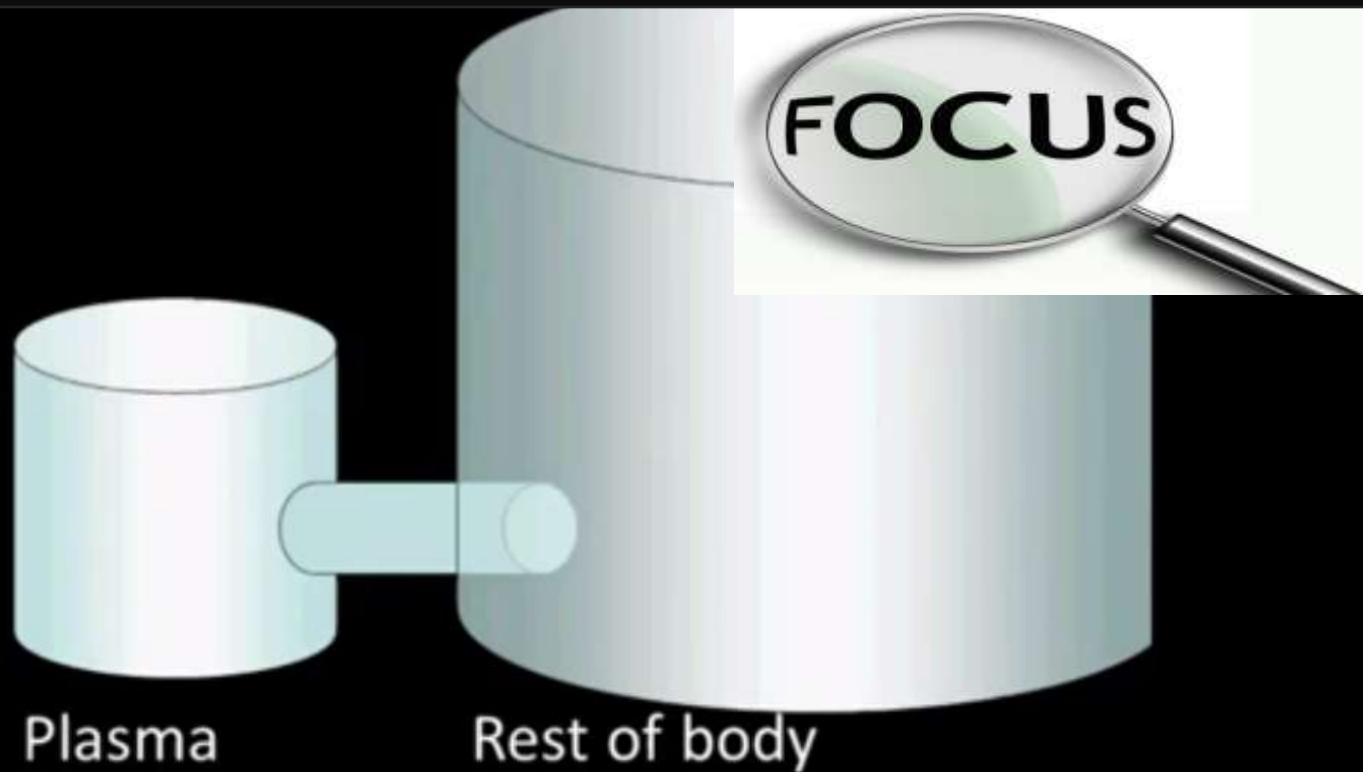
we can easily surmise  
amount of drug in  
"total body".

dose / volume



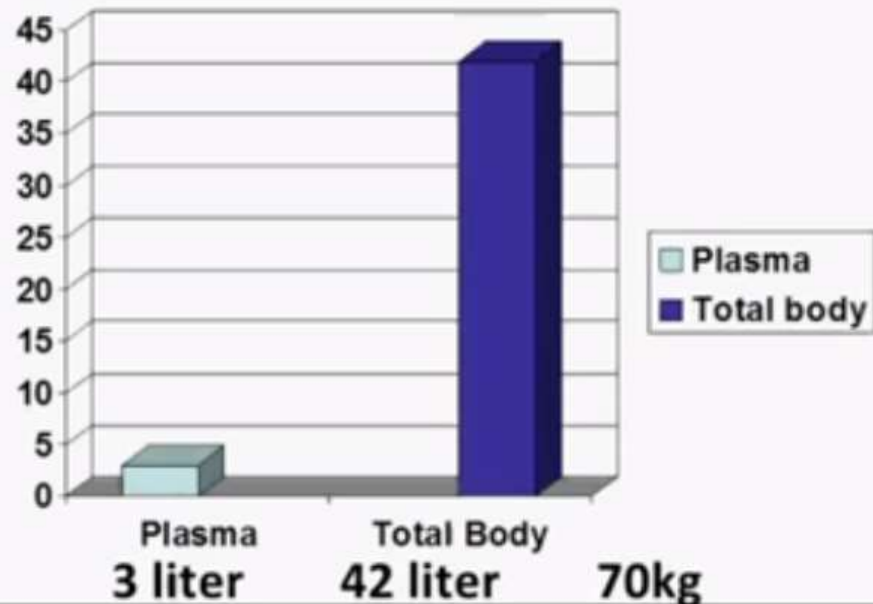
Let's divide the "total body"  
compartment into 2 compartments.

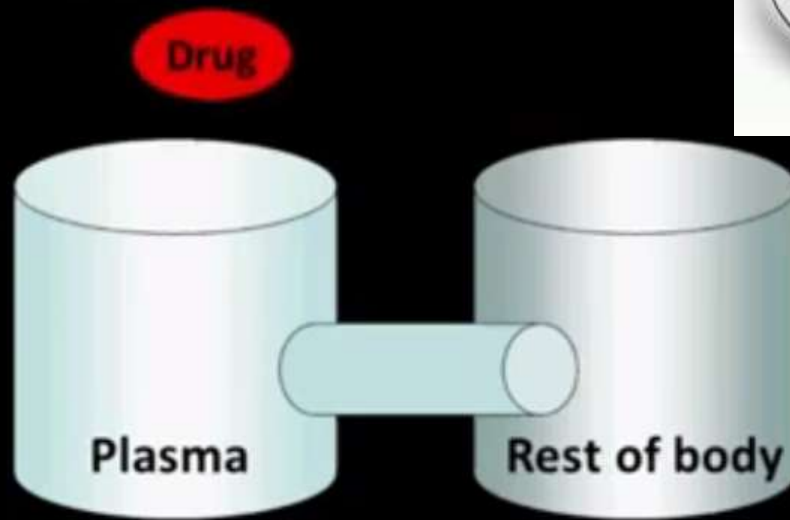




(not the same size)

## Volume of Water Compartments

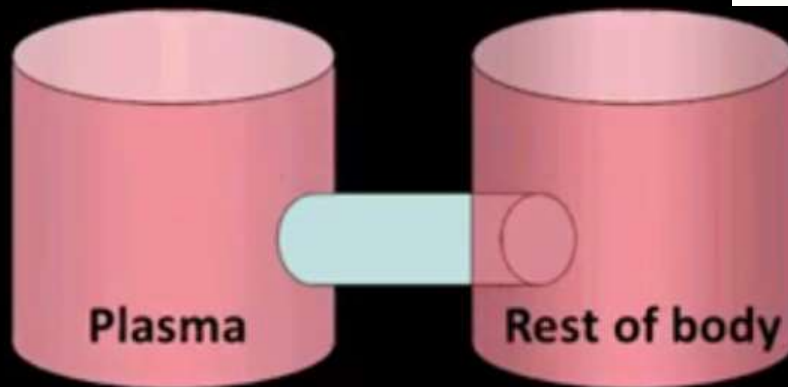




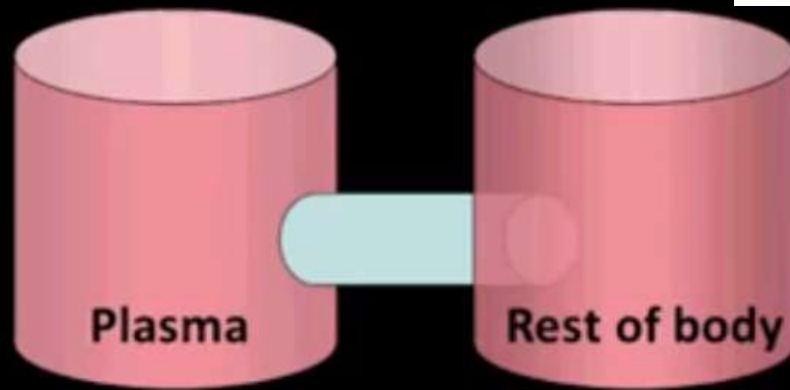
It would be simple if the drug was distributed evenly, as if a single compartment.



**FOCUS**

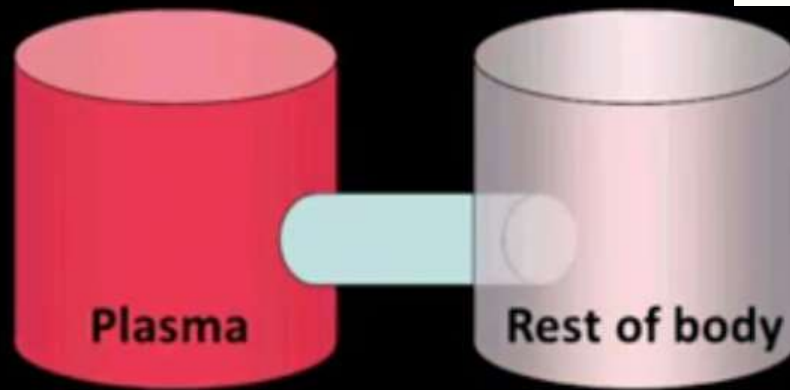


It would be simple if the drug was distributed evenly, as if a single compartment.

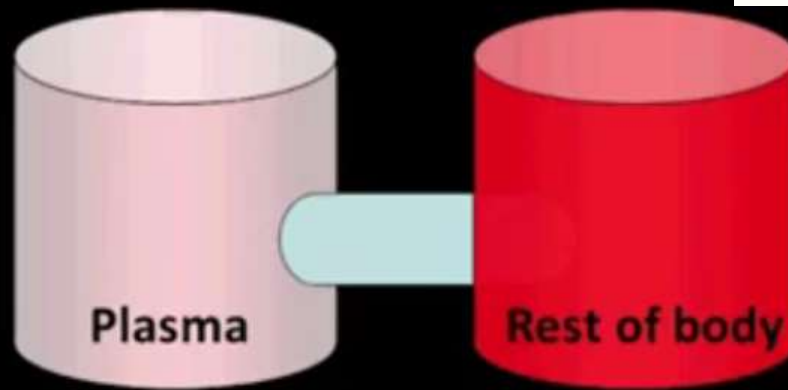


But rarely is a drug distributed evenly.





Some drugs remain mostly in plasma.



Some drugs are extensively distributed to other parts of the body.

## Volume of Distribution



Volume of distribution tells us how extensively drug is distributed to the rest of the body compared to the plasma.

## Volume of Distribution



Volume of distribution is defined by the ratio of the amount of drug in total body to the concentration of drug in plasma.

## Volume of Distribution



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

Volume of  
Distribution



$$V = \frac{A}{C}$$

## Volume of Distribution



So if a dose of 50 mg of Drug A  
results in a plasma concentration of  
0.1 mg per liter

Volume of  
Distribution



$$V = \frac{50 \text{ mg}}{0.1 \text{ mg/liter}}$$



## Volume of Distribution



If a 50 mg dose of Drug A results in a plasma concentration of 0.1 mg per liter.

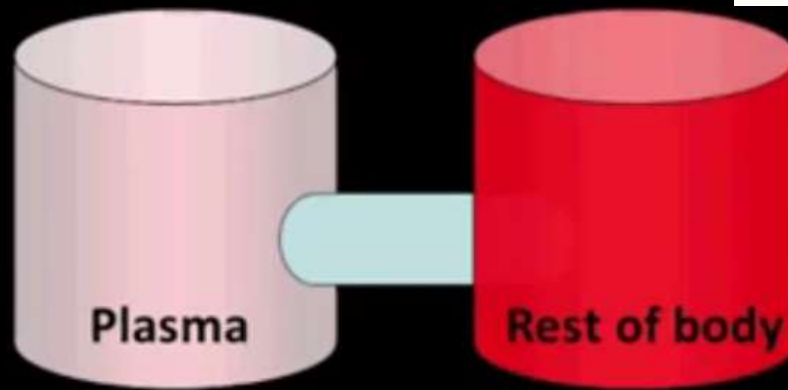
The Volume of distribution for Drug A is  
500 liters

## Volume of Distribution

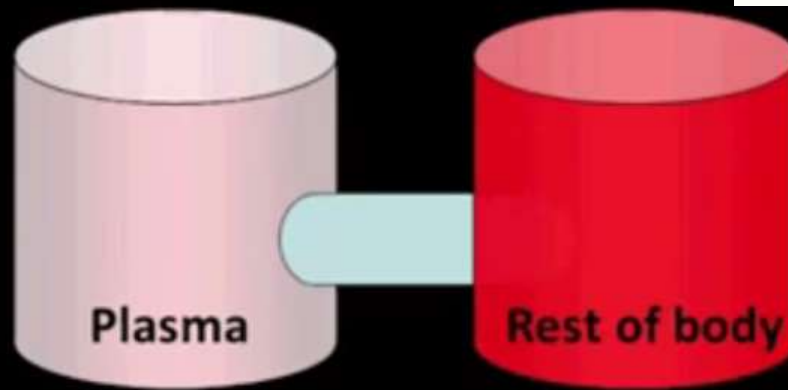


If the Volume of distribution of Drug A is  
500 liters

How is it that the volume of distribution of  
Drug A is far greater than any actual  
compartment volume?



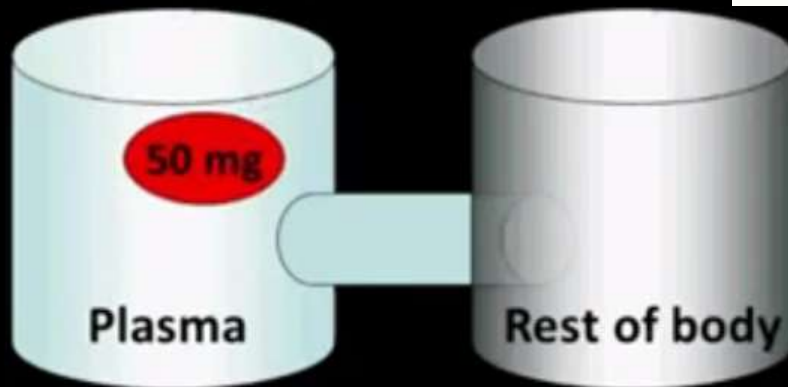
Drug A is extensively distributed to other parts of the body.



In this situation it is due to extensive tissue binding of Drug A in the rest of the body .



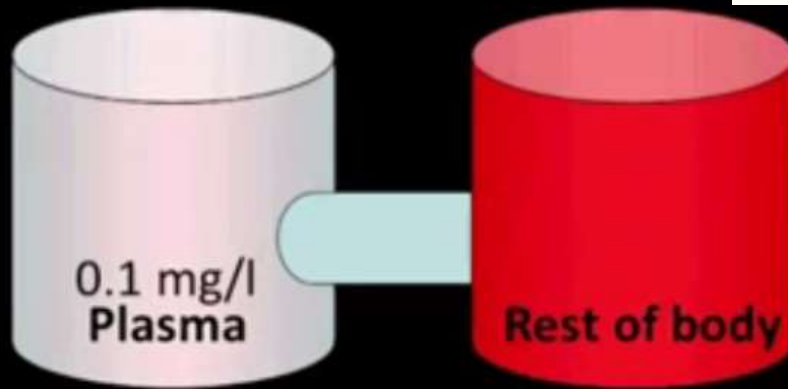
**FOCUS**



If we add 50mg of Drug A, resulting in a plasma concentration of 0.1 mg/liter.



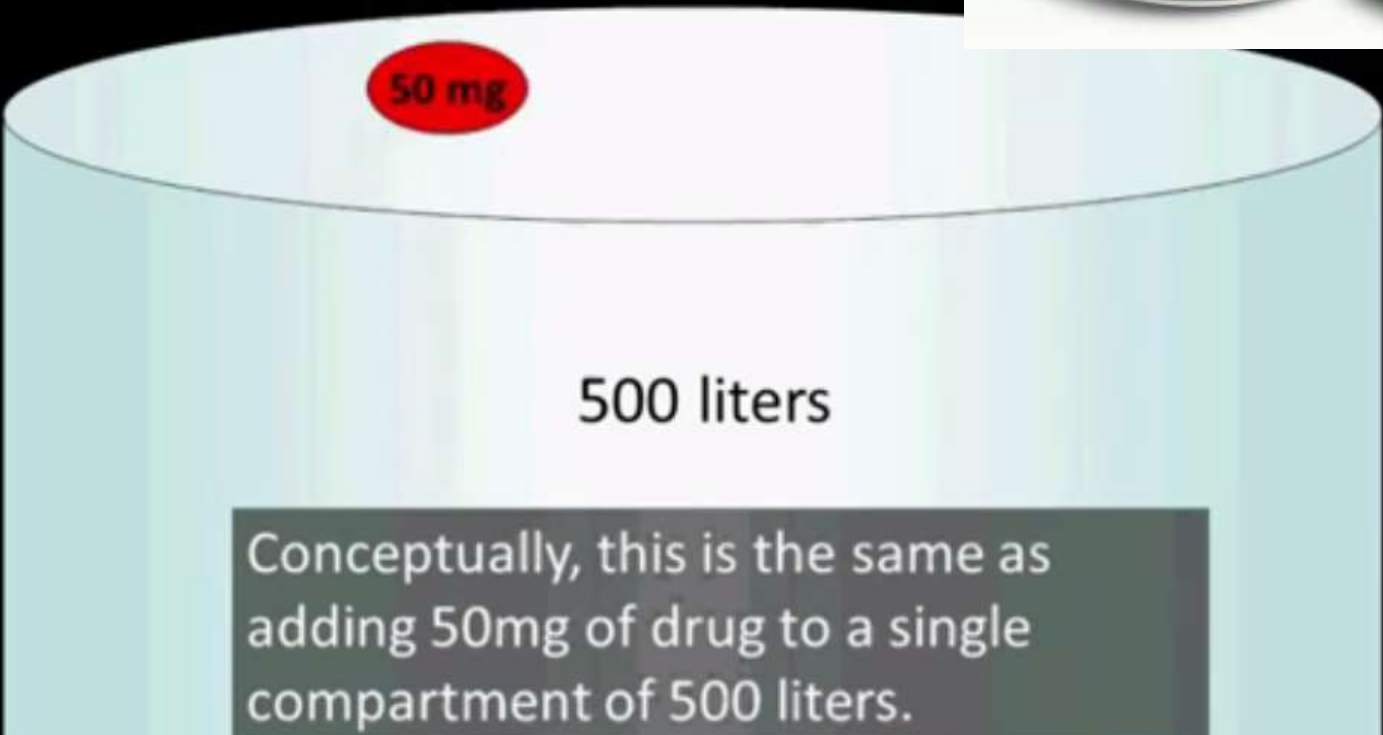
**FOCUS**



If we add 50mg of Drug A, resulting in a plasma concentration of 0.1 mg/liter.



**FOCUS**



50 mg

500 liters

Conceptually, this is the same as adding 50mg of drug to a single compartment of 500 liters.

## Volume of Distribution



- Volume of distribution tells us how extensively drug is distributed to the rest of the body compared to the plasma.



## Volume of Distribution



- Volume of distribution *abstractly* describes this in terms of the plasma as a single lone compartment.
- It is NOT an actual volume, so it may be much higher than any real body volume.

## Volume of Distribution



- Because it is based on easily measured parameters, volume of distribution is an essential component of many pharmacotherapeutic equations.

## Volume of Distribution



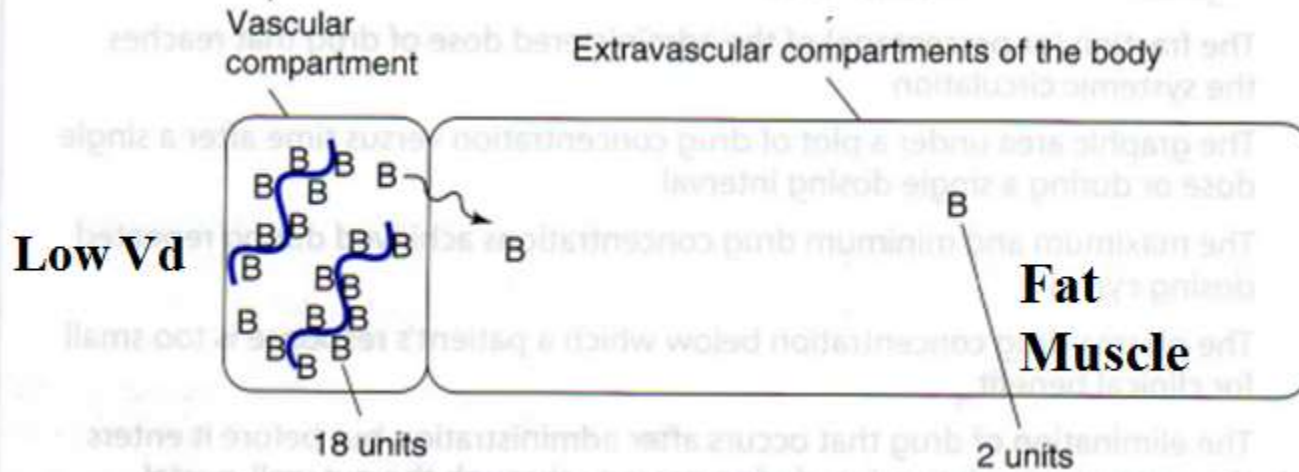
Volume of distribution =  $\frac{\text{Amount of drug in body}}{\text{Plasma concentration}}$

$$V = \frac{A}{C}$$

# **Apparent volume of distribution ( $V_d$ )**

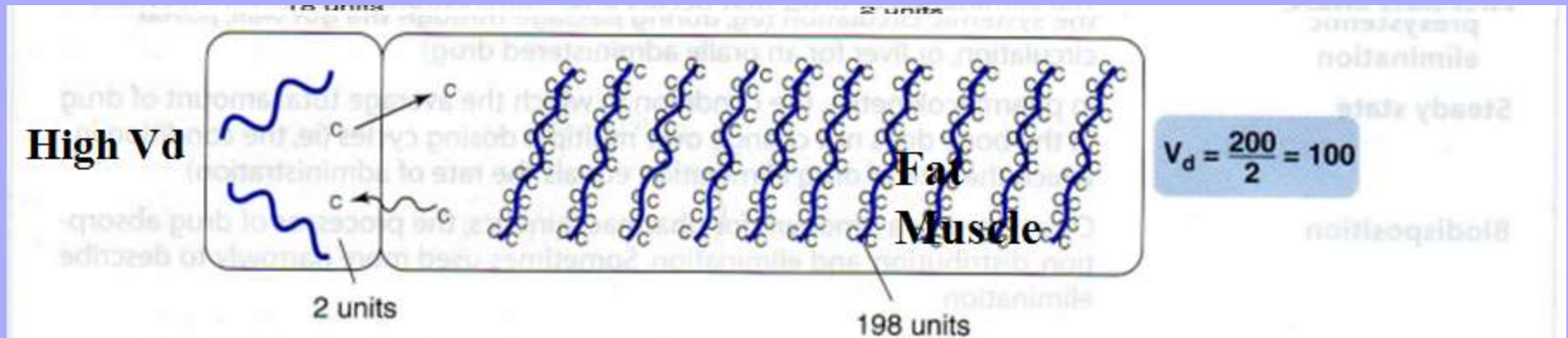
**This is a theoretical volume of fluid,  
which would be required to contain the total  
body content of a drug at a concentration equal  
to the plasma concentration.**

$$V_d = \frac{\text{Amount of drug in the body}}{\text{Concentration in the blood}}$$



$$V_d = \frac{20}{18} = 1.1$$

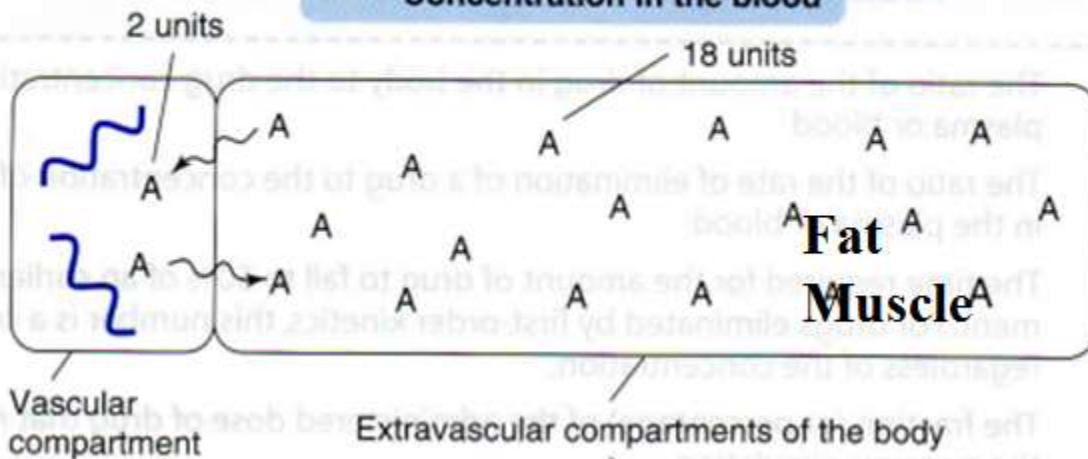
- $V_d$  is **low** when a high percentage of a drug is bound to **plasma proteins**.



- $V_d$  is *high* when a high percentage of a drug is being *sequestered in tissues*.

$$V_d = \frac{\text{Amount of drug in the body}}{\text{Concentration in the blood}}$$

Med Vd



$$V_d = \frac{20}{2} = 10$$

# Important Point:

- Why do we care about plasma drug concentration?
- Because we assume that the plasma drug concentration is proportional to the target tissue concentration *exceptions: inhaled, ~~top~~ lotion, eyedrop*



# Clinical applications of $V_d$

- It is useful to calculate the amount of drug needed to achieve a desired plasma concentration: (loading dose)
- Ex Digoxin
- $V_d$  500 L

- the value of  $V_d$  of a drug can influence the **rate of elimination**

- Assuming a drug with a large  $V_d$ , most of this drug is in the extraplasmic space and is unavailable to the excretory organs.

- Therefore, a drug with a large  $V_d$  would be **expected to have a**

- long  $t^{1/2}$  and
- extended duration of action and
- difficulty or slow excretion in cases of overdose

Clinically, the knowledge of  $V_d$  of a drug may be useful

when over dosage occurs.

Removing a drug by haemodialysis is likely to be of benefit if a major proportion of the total amount of the drug is in the plasma.

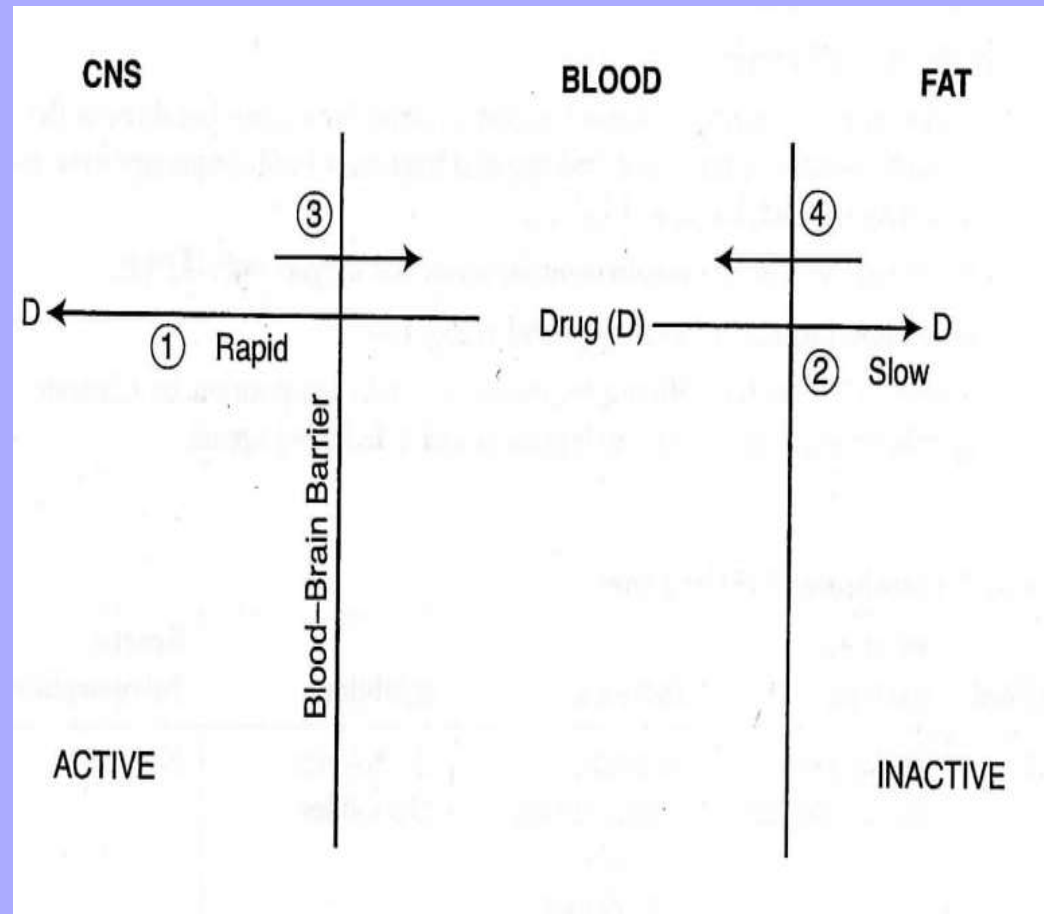
Example:

- For **salicylate**, which has a small  $V_d$ , (11L) haemodialysis is appropriate treatment;
- while for **pethidine**, which has a large  $V_d$ , (28L) is not appropriate one.
- ????? **Digoxin** Fab

# Redistribution

of lipid-soluble drugs

In addition to crossing the blood-brain barrier (BBB),  
**lipid-soluble drugs redistribute into fat tissues prior to elimination**



# Redistribution

of lipid-soluble drugs

In the case of CNS drugs , the duration of action of **an initial dose** may depend more on the redistribution rate than on the half-life.

With a second dose , the blood/fat ratio is less; therefore, the rate of redistribution is less and the **second dose has a longer duration of action** .

**Ex thiopental in general anaesthesia**



**Thank you**