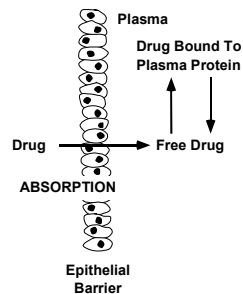


## Drug Absorption

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## Definition of Drug Absorption



**Drug absorption** is the movement of the drug from its site of administration into the bloodstream.

## Definition of Bioavailability

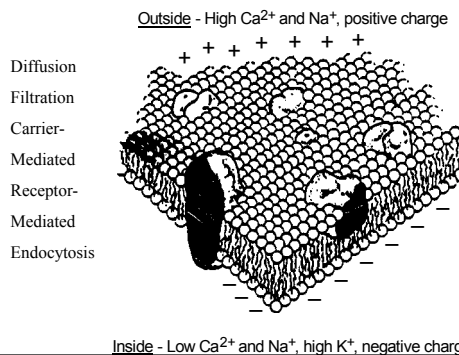
**Bioavailability (F)** is the fraction of administered drug that reaches the systemic circulation.

Bioavailability is 1 (100% absorption) for intravascular drug administration and usually less than 1 for oral drug administration.

Drug Bioavailability is a key factor in the onset of drug Action.

## Model of Membrane Structure

Lipid-Globular Protein Mosaic Model of Membranes



## Fick's Law of Passive Diffusion

**DIFFUSION RATE = - DAK (Cout-Cin) / ΔX**

**Diffusion Constant (D)** is inversely proportional to drug's weight.

**Area (A)** of the membrane.

**Lipid partition coefficient (K)**, a measure of lipid solubility.

**Cout - Cin** is concentration gradient across membrane (downhill).

**ΔX** thickness of membrane.

## Henderson-Hasselbach Equation

**pH = pKa + log Base[A<sup>-</sup>; B] / Acid[HA; BH<sup>+</sup>]**

**weak acids = [HA ↔ H<sup>+</sup> + A<sup>-</sup>]** Acid is a proton donor

**weak bases = [B + H<sup>+</sup> ↔ BH<sup>+</sup>]** Base is a proton acceptor

**H-H equation** is used to calculate the percent ionization of a drug in cellular compartments of different pH.

**Understanding how changes in pH alter the ionization of drugs is very important since unionized drugs cross membranes.**

### Percent Ionization of Aspirin [Stomach]

pKa of Aspirin [weak acid] = 3.4 (50% HA and A<sup>-</sup> at pH 3.4)

pH stomach = 1.4    pH blood = 7.4

$\text{pH} = \text{pKa} + \log \frac{[\text{A}^-]}{[\text{HA}]}$  [H-H equation]

$\text{pH} - \text{pKa} = \log \frac{[\text{A}^-]}{[\text{HA}]}$

$1.4 - 3.4 = -2$      $\log$  of 0.01 = -2 (stomach)

$\text{A}^- / \text{HA} = 0.01 / 1$  so HA is 100 fold greater than A<sup>-</sup>

HA moves from the stomach into the blood (good absorption)

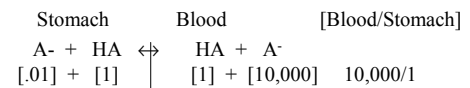
### Percent Ionization of Aspirin [Blood]

Stomach (pH=1.4)    Blood (pH=7.4)

$\text{pH} - \text{pKa} = \log \frac{[\text{A}^-]}{[\text{HA}]}$

$7.4 - 3.4 = 4$      $\log$  of 10,000 = 4 (blood)

$\text{A}^- / \text{HA} = 10,000 / 1$  so A<sup>-</sup> is 10,000 fold greater than HA



**Aspirin is readily absorbed from stomach into blood.**

### Percent Ionization of Codeine [Stomach]

**CODEINE (weak base) pKa = 7.9**

Stomach pH=1.9    Blood pH=7.4

$\text{pH} - \text{pKa} = \log \frac{[\text{B}]}{[\text{BH}^+]}$  [H-H equation]

$1.9 - 7.9 = -6$      $\log$  0.000001 = -6 [Stomach]

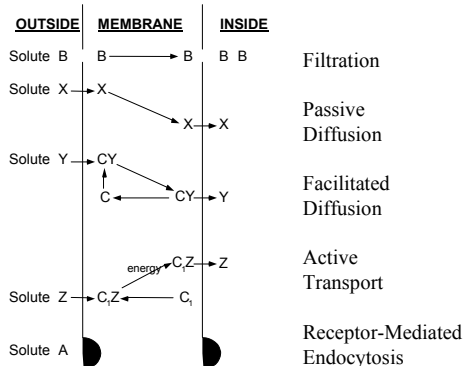
$\text{B} / \text{BH}^+ = 0.00001 / 1$  so BH<sup>+</sup> is 1,000,000 fold greater than B.

Little B (codeine) is absorbed into the blood (poor absorption)..

### Percent Ionization of Drugs

pH	Weak Acids % ionization of aspirin	Weak Bases % ionization of codeine
3 units > pKa	99.9% $\log [\text{A}^-/\text{HA} = 1000/1]$	0.1% $\log [\text{B}/\text{BH}^+ = 1000/1]$
2 units > pKa	99% $\log [\text{A}^-/\text{HA} = 100/1]$	1% $\log [\text{B}/\text{BH}^+ = 100/1]$
1 unit > pKa	90.9% $\log [\text{A}^-/\text{HA} = 10/1]$	9% $\log [\text{B}/\text{BH}^+ = 10/1]$
pH = pKa	50% $\log [\text{A}^-/\text{HA} = 1/1]$	50% $\log [\text{B}/\text{BH}^+ = 1/1]$
1 unit < pKa	9% $\log [\text{A}^-/\text{HA} = 1/10]$	90.9% $\log [\text{B}/\text{BH}^+ = 1/10]$
2 units < pKa	1% $\log [\text{A}^-/\text{HA} = 1/100]$	99% $\log [\text{B}/\text{BH}^+ = 1/100]$
3 units < pKa	0.1% $\log [\text{A}^-/\text{HA} = 1/1000]$	99.9% $\log [\text{B}/\text{BH}^+ = 1/1000]$

### Membrane Transport Processes

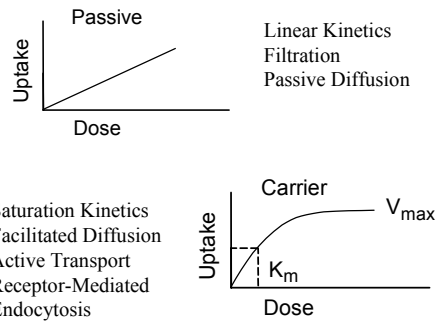


### Site-Specific Drug Delivery

Radioactive Iodine to treat thyroid disorders.

Liposome entrapped drugs taken up by liver and spleen.

## Kinetics of Transport Processes



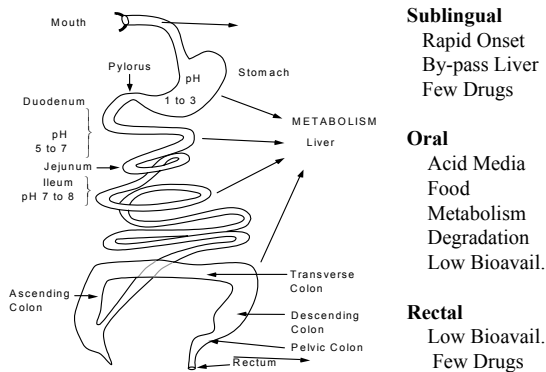
## Enteral Drug Administration

**Drug absorption from mouth throughout gastrointestinal tract.**

**Advantages:** safe, economical

**Disadvantages:** slow onset, noncompliance, low bioavailability

## Enteral Routes of Drug Administration



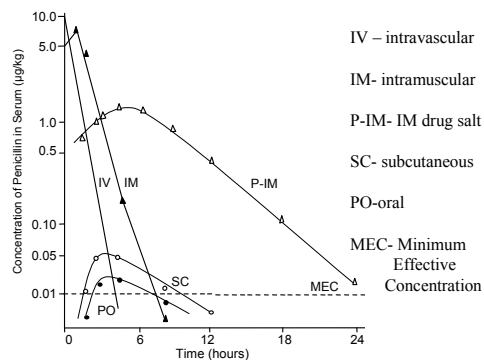
## Parenteral Drug Administration

Drug administration to various sites by injection techniques.

**Advantages:** compliance, rapid onset of action, high bioavailability, avoid first-pass liver effects.

**Disadvantages:** expensive, more dangerous

## Route of Drug Administration Alters Bioavailability



## Intravascular Drug Administration

**Intravascular (IV)** [drug administered into venous blood]

**Rapid and complete delivery**, no absorption problems (100%)

**Fastest rate of drug delivery and onset of action**

## Intravascular Drug Administration

Flexible rate of drug administration

No way to stop response to drug (**no recall**)

Some problems with IV route: **anaphylaxis and infection.**

## Intramuscular Drug Administration

**Intramuscular (IM)** [gluteus maximus, vastus lateralis, deltoid]

Rapid absorption and onset of action. [**lower rate in elderly**]

Uptake of drug is rapid or slow depending on drug solubility.

## Intramuscular Drug Administration

Good blood flow to muscle sites enhances drug uptake.

Drug uptake from all muscle sites is similar in men

**Women have slower uptake from gluteus maximus**

Pain and limited volume (4-5 ml) are disadvantages.

## Subcutaneous Drug Administration

**Subcutaneous** (under the skin)

Uptake is similar to IM but rate is slower and more erratic

Administer sustained release drugs (**disulfiram**)

Pain and tissue damage are disadvantages

## Parenteral Drug Administration

**Intra-arterial** (into arterial blood)

Difficult technique; used for local tissue effect

**Intrathecal** (into spinal column)

Difficult and dangerous technique (spinal injury)

Useful for CNS infections and spinal block (childbirth)

## Other Routes of Drug Administration

**Intraperitoneal** (into peritoneal cavity)

Drug administration to laboratory animals but not humans.

**Topical** (applied to the skin as transdermal patch)

Limited to potent, lipid soluble compounds such as **nitroglycerin** for angina and **scopolamine** for motion sickness.

Absorption may be **increased in elderly** due to thinning of dermal layer.

## **Intranasal Drug Administration**

**Intranasal** (into nasal cavity)

Rapid uptake of decongestants, hormones and cocaine.

## **Pulmonary Drug Administration**

Limited to gaseous and volatile compounds (**general anesthetics**)

Rapid and efficient absorption of many drugs

Passive diffusion across alveolar membrane.

Large surface area and good blood flow enhance drug uptake

## **Pulmonary Drug Administration**

**Blood/air partition coefficient ( $\lambda$ ) influences onset of action**

**Methoxyflurane** has a high  $\lambda$  (12) and the onset of action is slow.

**Nitrous oxide** has a low  $\lambda$  (0.5) and the onset of action is rapid.

**Onset of drug action is inversely proportional to  $\lambda$**