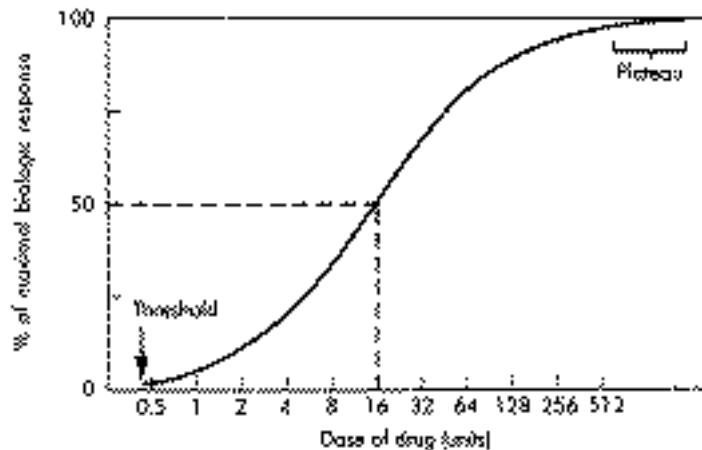


GRAPHIC ILLUSTRATIONS: PHARMACODYNAMICS & PHARMACOKINETICS

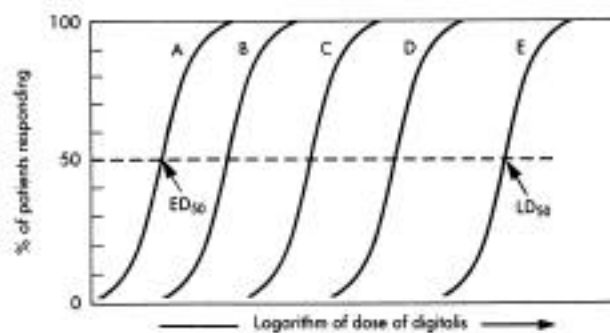
I. Dose-Response Curves

- demonstrates that a certain dose is required to achieve a response
- the degree of pharmacological response (measured in percentage of maximum biological effect) is plotted on linear scale on the vertical axis; whereas, the dose of the drug is measured is plotted on log scale on the horizontal axis
- the plateau is the part of the curve where increasing drug dose does not increase pharmacological (therapeutic) response



graph 1: log dose-response curve

- example: log dose-response curves for effects of digoxin (drug used in CHF)
 - curve A: increased force of contraction of heart (therapeutic effect)
 - curve B: nausea
 - curve C: visual disturbances
 - curve D: cardiac arrhythmias
 - curve E: ventricular fibrillation → death

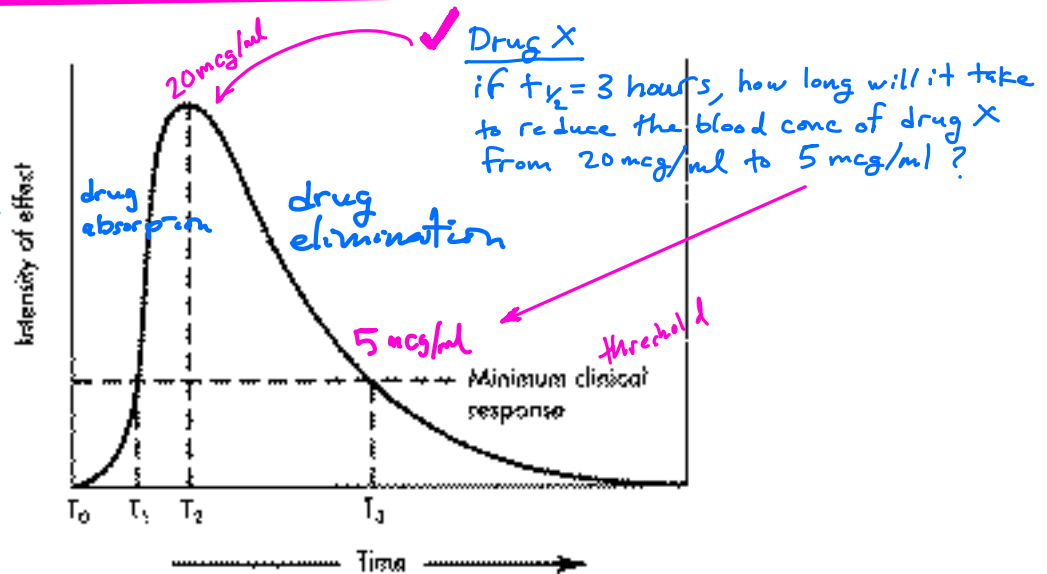


graph 2: log dose-response curves for effects of digoxin

II. Time Course of Drug Action

- **onset of action:** the time, after a drug is administered, to achieve a drug serum concentration required to produce a detectable response ($t_0 \rightarrow t_1$)
- **time to peak:** the time required for a drug to achieve its highest therapeutic serum concentration ($t_0 \rightarrow t_2$) *max effect of a drug*
- **duration of action (DOA):** the amount of time a drug is present in adequate serum concentration necessary to produce a therapeutic effect ($t_1 \rightarrow t_3$)
 - DOA depends on the rate of drug absorption and elimination
- **half-life ($t_{1/2}$):** the amount of time required for elimination processes to reduce the drug serum concentration by one-half (50%)

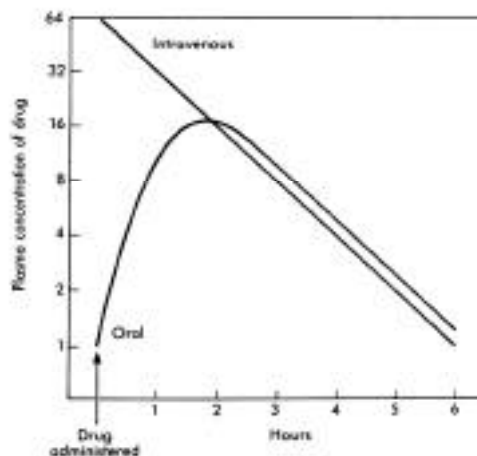
- ✓ onset of action $\rightarrow T_0 \rightarrow T_1$
- ✓ time to peak $\rightarrow T_0 \rightarrow T_2$
- ✓ max effect of drug = peak
- ✓ duration of action $\rightarrow T_1 \rightarrow T_3$



graph 3: time course of drug action

III. Oral vs Intravenous Graph

graph 4: PO vs IV Curves

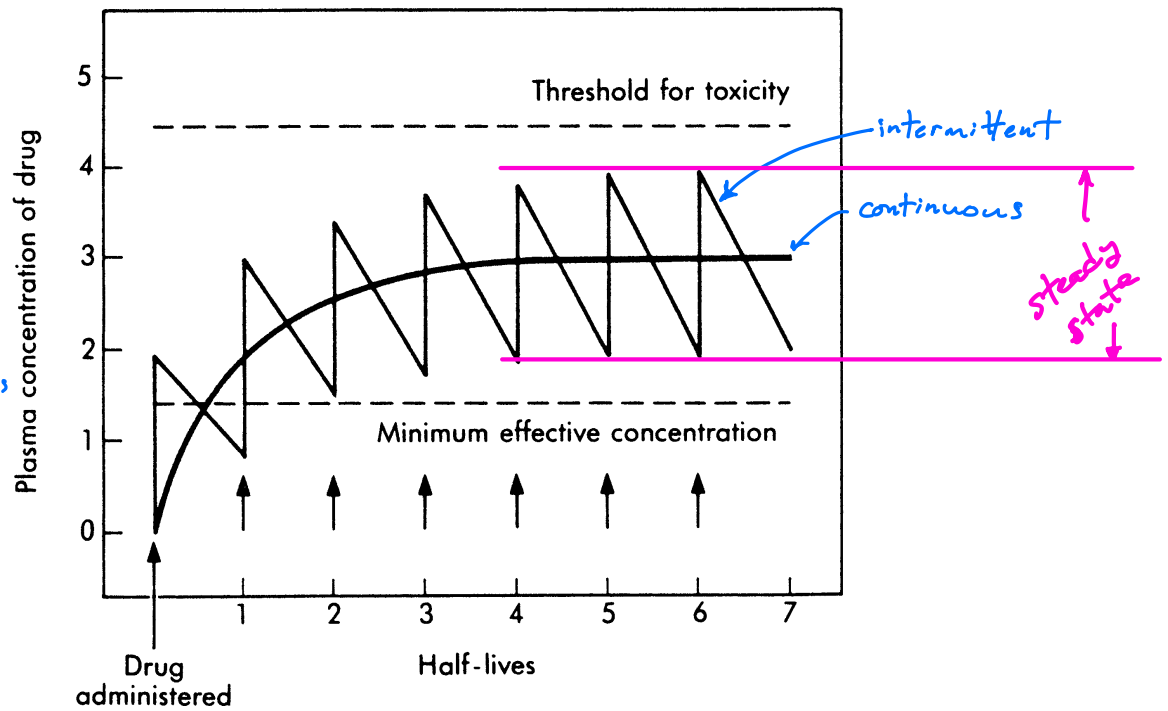


IV. Continuous vs Intermittent Drug Administration

Which of the following curves is "intermittent" vs "continuous" drug administration?

If the half-life of drug X is 6 hours, how long will it take to achieve steady-state levels of drug X?

$6 \times 4-5 = 24-30 \text{ hrs}$



V. Estimated Creatinine Clearance (for drug dosing considerations)

A. Calculation of Ideal Body Weight (IBW)

1. Female

$$\text{IBW} = (2.3 \times \text{inches above 5'}) + 45.5 \text{ kg}$$

2. Male

$$\text{IBW} = (2.3 \times \text{inches above 5'}) + 50 \text{ kg}$$

Chem-7 Panel
 Na (135-145)
 Cl (98-106)
 K (3.5-5.2)
 CO₂ (22-29)
 Glucose (90-110)
 BUN (7-18)
 Cr 0.9-1.1

B. Creatinine Clearance (CrCl) Formula

$$\text{CrCl (ml/min)} = \frac{(140 - \text{Age}) \times \text{IBW}}{\text{sCr} \times 72}$$

(sCr = serum creatinine level)

$$\text{CrCl}_{\text{female}} = \text{CrCl} \times 0.85$$

C. Adjusted Body Weight (ABW)

$$\text{ABW} = \text{IBW} + 0.4 (\text{Actual Body Wt} - \text{IBW})$$

CREATININE CLEARANCE SAMPLE PROBLEM

NOTE: The CrCl formula will be provided to students during the exam. The emphasis will be on application and making the right assessment.

Jane Smith (JS) is a 69-year old female who was admitted to University Hospital complaining of UTI symptoms. Dr. Urobact, Jane's physician, would like you to recommend an appropriate dose of Keflex (cephalexin), based on Jane's kidney function.

Jane's HT / WT = 5' 4" / 152 LBS.

A blood chemistry panel reported the following values:

Na = 145

K = 3.8

Cl = 101

Glucose = 98

CO₂ = 24

BUN = 27

Cr = 1.5

QUESTIONS

1. Calculate Jane's IBW (ideal body wt)
2. Calculate her CrCl (creatinine clearance).
3. Recommend the appropriate dose of Keflex for Jane.

KEFLEX (Cephalexin) Package Insert

According to the package insert of Keflex (cephalexin), 500 mg every 6 hours is recommended for a CrCl > 50 ml/min. But, if the patient's kidney function reflects a range of 10 to 50 ml/min, the dose of cephalexin should be reduced to 500 mg every 8 to 12 hours. For CrCl < 10 ml/min, the recommendation is 250 to 500 mg every 12 to 24 hours.

ANSWERS:

1. Jane's IBW = 54.7 kg

2. Jane's CrCl = $(140-69)(54.7) / (1.5)(72) = 35.96$ ml/min

NOTE: Since females have 15% less kidney function than males, you must subtract 15% from Jane's CrCl result.

$(0.85)(35.96) = 30.5$ ml/min

3. Since Jane's CrCl (30.5 ml/min) falls within the 10 to 50 ml/min range of the dosage guideline of Keflex, the recommended dose is: 500 mg every 8 to 12 hours.

CREATININE CLEARANCE SAMPLE PROBLEM

NOTE: The CrCl formula will be provided to students during the exam. The emphasis will be on application and making the right assessment.

Joe Smith (JS) is a 72-year old male with a past medical history of COPD. Today he presents to the ED complaining of shortness of breath and wheezing. A respiratory culture from last week reported the presence of Streptococcus pneumoniae, consistent with community-acquired pneumonia. Levofloxacin (Levaquin) was ordered, requiring dosage adjustment in a patient with renal insufficiency. Recommend a dosage regimen for levofloxacin (Levaquin), based on Joe's renal function.

A blood chemistry panel reported the following values:

Joe's HT / WT = 5' 9" / 175 LBS.

Na = 148

K = 4.8

Cl = 102

Glucose = 112

CO₂ = 24

BUN = 52

Cr = 1.9

QUESTIONS

1. Calculate Joe's IBW (ideal body wt)
2. Calculate his CrCl (creatinine clearance).
3. Recommend the appropriate dose of levofloxacin for Joe.

Levofloxacin (Levaquin) Monogram

For patients with a CrCl greater than 50 ml/min, the dosage recommendation is levofloxacin is 750 mg IV/PO daily. For patients with CrCl 20-49 ml/min, levofloxacin 750 mg IV/PO every other day (i.e., every 48 hours) is recommended. Patients with a CrCl 10-19 ml/min require a dosage adjustment of levofloxacin 500 mg every other day.

ANSWERS:

1. Joe's IBW = 70.7 kg

2. Joe's CrCl = $(140-72)(70.7) / (1.9)(72) = 35.14$ ml/min

Note: Since Joe is a male patient, we will NOT take into account a 15% reduction in his calculated CrCl value. Female patients would require us to multiply the CrCl result by 0.85 .

3. Since Joe's CrCl value of 35.14 ml/min falls within the 20 to 49 ml/min range in the drug monogram, the recommended dose of levofloxacin is 750 mg IV/ PO every other day (i.e. every 48 hours).