## Lecture 1: Physicochemical Properties of Drugs and Drug Disposition

Key objectives:

- 1. Be able to explain the benefits of oral versus IV drug administration
- 2. Be able to explain the factors involved in drug absorption
- 3. Be able to state if a drug possesses a charge at a given pH value
- 4. Be able to explain the effect of lipophilicity on drug absorption

## Drug administration

Oral and topical administration can be very convenient routes of administration. However, oral administration can be hindered by poor absorption of the drug or by extensive metabolism by the liver and/or intestines. And topical administration can also be limited by drug penetration through the skin such that only small amounts enter. This can limit topical administration to treating only skin conditions, or some special systemic conditions provided that the drug is very potent.





Figure 1. Oral and topical drug administration

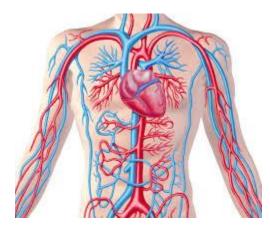


Figure 2a. Heart, arteries, and veins

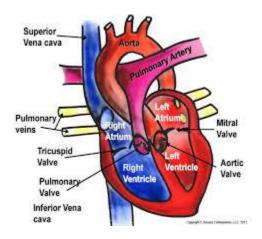
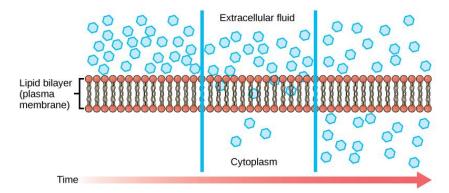


Figure 2b. Heart components

Sometimes the best way to introduce drugs into the human body is by direct injection into veins (Figure 2a). Many accessible veins exist in the hands, arms, and feet. This approach achieves high concentrations of drugs in the blood immediately. This approach requires no drug absorption. It also avoids initial chemical breakdown and/or metabolism of the drugs by the stomach, liver and intestines.

For some medical purposes, direct injection (infusion typically) of drugs into a vein (e.g. superior vena cava) near the heart is done (Figure 2b). This approach is very common in cancer treatments for the delivery of several oncology agents because of the direct toxicity of the agents, or to avoid first pass metabolism by the liver. The heart chambers handle large volumes of blood every minute, and this can help with rapid dilution of the drugs. This can reduce the local toxic effects of certain drugs.

Examined on a lower level, many drugs must still pass through cell membranes. These membranes are lipid bilayers (Figure 3) which must be crossed in order for drugs to reach their targets and achieve their therapeutic effects. Over time when a drug encounters a cell membrane it will slowly pass through the membrane to reach the interior (cytoplasm) of the cell. Some drugs target sites within the cell nucleus and in these cases, the drugs must pass through two membrane barriers.

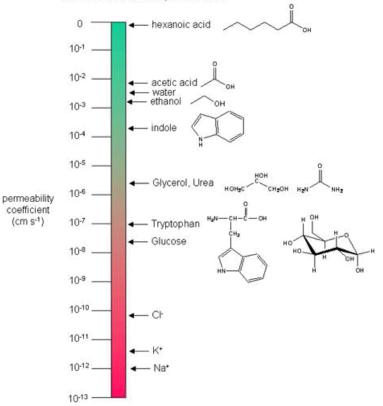


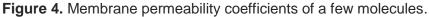
**Figure 3**. Cell membrane (lipid bilayer) with solutes (in blue) in the extracellular and cytoplasmic compartments

Fortunately, we can use our knowledge of molecular charge, lipophilicity, and molecular size to understand the absorption of drugs across cell membranes into the cytoplasm of the cells.

Drugs (all molecules) can be classified in terms of their membrane permeability coefficient which is a function of lipophilicity and molecular charge (Figure 4). Coefficients that are very small (highly negative exponents) indicate poor permeability, while coefficients that are high (slightly negative exponents) indicate good permeability.

Membrane Permeability Coefficents





Drugs can pass through cell membranes by several mechanisms: passive diffusion, facilitated diffusion, and active transport; the latter mode requiring energy in the form of ATP (Figure 5).

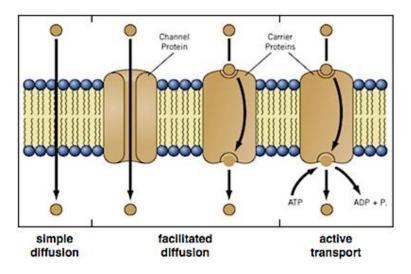


Figure 5. Different modes of diffusion through a membrane

## Drug solubility, permeability and charge

<u>Solubility</u>: Drugs that are charged (either positive or negative) and/or are very polar can dissolve relatively well in water. We define such drugs as "soluble" but we really mean they are "water soluble". Gastric fluids and the plasma of blood are largely composed of water. Being water

soluble (soluble) is beneficial for oral dosing, because the very first step that must happen is for the drug to dissolve and become solvated by water molecules. Drug molecules pass through membranes individually, not as groups or clumps.

For IV dosing, water soluble (soluble) drugs are easier to formulate. Drugs that are not water soluble (drugs that are lipophilic and don't possess any ionizable groups) require unusual formulating techniques and components. Oftentimes, the components of these unusual formulations cause undesirable effects. There will be more discussion of this in later lectures.

<u>Permeability</u>: Drugs that are highly charged (either positive or negative) and/or are very polar do NOT pass through membranes very well. They are not very permeable. Approximately 80% of drugs will possess a charge, depending on the pH of the medium and the pKa of the functional group(s) on the drug.

Here are the pH values for various fluids (or locations) in the human body:

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Blood and intracellular fluid pH = 7.4

CSF = 7.3

Urine = 5-8 (normal is ~7)

Gl tract = 1-7

-stomach ~1

-duodenum ~ 5

-ileum ~ 7

-colon ~8-10
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The transition from low pH to high pH in the GI tract is important to understand as it influences where most absorption will be for a given drug.

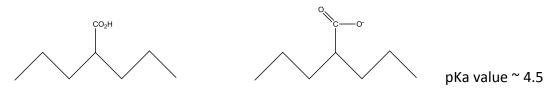
The equation that explains the charge that can exist on a molecule (or drug) is called the **Henderson-Hasselbach equation**:

pKa = pH - log [conjugate base][conjugate acid]

We can rearrange the equation to make it more user-friendly as follows:

[conjugate base] =  $10^{(pH - pKa)}$ [conjugate acid]

An example can be the drug valproic acid (VPA; an anticonvulsant drug) shown below in Figure 6 in both its conjugate acid and conjugate base forms.



Conjugate acid form

Conjugate base form

Figure 6. The two forms of VPA.

Note the following: If the pH value = pKa value, then 10 to the zero power = 1, and the concentration of the conjugate base must equal the concentration of the conjugate acid form.

So we are primarily interested in the **ratio of unionized drug to ionized drug** so we also need to know whether the conjugate base is charged (carboxylic acid type) or the conjugate acid is charged (amine type).

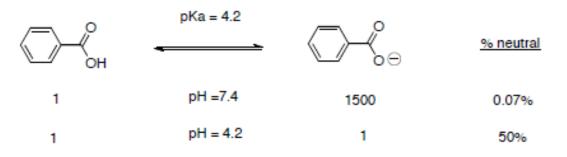
It is important to differentiate between the two types of ionized drugs, the amine type and carboxylic acid type (Figure 7).

Carboxylic acid type AH - + H+

Amine type BH+ B + H+

Figure 7. The two types of charged drugs

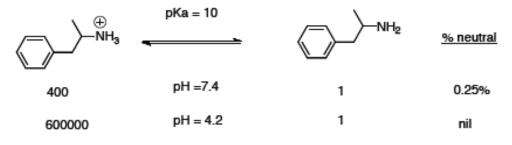
Carboxylic acid (benzoic acid) example:



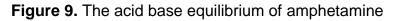
Lower pH favors the neutral conjugate acid

Figure 8. The acid base equilibrium of benzoic acid

## Aliphatic amine (amphetamine) example:



Lower pH favors the charged conjugate acid



The pKa of amphetamine is 10; thus the charged conjugate acid predominates at most physiological pH values. The neutral conjugate bases of amine drugs are generally highly lipid soluble and most simple amines are absorbed in the distal GI where the pH value is higher.

Again, always remember:

- 1. First determine if the functional group is the amine type or the carboxylic acid type.
- 2. Then compare the pH value to the pKa value.

Let's return to the Henderson-Hasselbach equation one final time.

 $pKa = pH - \log [conjugate base]$  This is the traditional way it is written. [conjugate acid]

If it is rearranged, it looks like this:

[conjugate base] =  $10^{(pH - pKa)}$ [conjugate acid]

If the pH = pKa value, then 10 raised to the zero power = 1, and the [conjugate base] must equal the [conjugate acid].

If the pH > than pKa value, then the [conjugate base] form must be > [conjugate acid] form. If the pH < than pKa value, then the [conjugate base] form must be < [conjugate acid] form.

Finally, some drugs have multiple functional groups. For example, the antibiotic drug ciprofloxacin (Figure 10) has three different types of functional groups. Aliphatic amine (pka ~ 9-10), aromatic amine (pka ~ 4-5), and carboxylic acid (pka ~ 4-5).

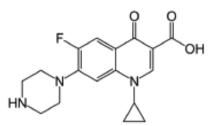


Figure 10. Structure of ciprofloxacin

Ciprofloxacin has zwitterionic character, meaning it can possess both positive and negative charges at the same time. As a consequence, the drug passes through membranes poorly by passive diffusion. If not for active transport, this drug would have very poor absorption.