

# PHA 5127 Dose Optimization I

## Case Study 2 Answer Key

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1. Drug A and drug B are both lipophilic drugs and of low molecular weight. The plasma protein binding for drug A is 95% and for drug B is 5%. Both drug A and drug B have a tissue binding 75%. The same doses (200mg) of the two drugs are given to a healthy volunteer through i.v bolus at two different times (2 weeks of wash out period in between), assume  $V_p=3L$ ,  $V_T=38L$  for both drugs.

- 1.1 Calculate the volume of distribution and initial free drug concentration of drug A and drug B.

Since both drug A and drug B are lipophilic drugs,  $V_p=3L$ ,  $V_T=38L$

$$f_u(A) = 1 - 0.95 = 0.05$$

$$f_{u,T}(A) = f_{u,T}(B) = 1 - 0.75 = 0.25$$

$$f_u(B) = 1 - 0.05 = 0.95$$

$$V_d(A) = V_p(A) + V_T(A) \cdot \frac{f_u(A)}{f_{u,T}(A)} = 3 + 38 \cdot \frac{0.05}{0.25} = 10.6L$$

$$C_0(A) = f_u(A) \cdot \frac{Dose}{V_d(A)} = 0.05 \cdot \frac{200}{10.6} = 0.94mg / L$$

$$V_d(B) = V_p(B) + V_T(B) \cdot \frac{f_u(B)}{f_{u,T}(B)} = 3 + 38 \cdot \frac{0.95}{0.25} = 147.4L$$

$$C_0(B) = f_u(B) \cdot \frac{Dose}{V_d(B)} = 0.95 \cdot \frac{200}{147.4} = 1.29mg / L$$

- 1.2 Suppose the healthy volunteer got liver disease, which results in a two-fold decrease of plasma protein binding for both drug A and drug B (assume tissue binding remains the same), recalculate the volume of distribution and initial free drug concentration of drug A and drug B. What conclusions could you make?

$$f'_u(A) = 1 - \frac{0.95}{2} = 0.525$$

$$f'_u(B) = 1 - \frac{0.05}{2} = 0.975$$

$$f_{u,T}(A) = f_{u,T}(B) = 0.25$$

$$V'_d(A) = V_p(A) + V_T(A) \cdot \frac{f'_u(A)}{f_{u,T}(A)} = 3 + 38 \cdot \frac{0.525}{0.25} = 82.8L$$

$$C_0'(A) = f_u'(A) \cdot \frac{Dose}{V_d'(A)} = 0.525 \cdot \frac{200}{82.8} = 1.27 \text{ mg / L}$$

$$V_d'(B) = V_p(B) + V_T(B) \cdot \frac{f_u'(B)}{f_{u,T}(B)} = 3 + 38 \cdot \frac{0.975}{0.25} = 151.2 \text{ L}$$

$$C_0'(B) = f_u'(B) \cdot \frac{Dose}{V_d'(B)} = 0.975 \cdot \frac{200}{151.2} = 1.29 \text{ mg / L}$$

*By looking at the initial free drug concentration before and after disease, we could see that for drug with high plasma protein binding (drug A), the initial free drug concentration changed a lot (approximately 35%), but for drug with low plasma protein binding (drug B), the initial free drug concentration remains the same (1.29 mg/L), therefore we came to the conclusion that the free drug levels of drugs with high plasma protein binding are more prone to be affected by changes in plasma protein binding.*

## 2. TRUE (T) or FALSE (F)

**T**    **F**    Volume of distribution decreases with time because there will be less and less drug remaining in the body.

**T**    **F**    Lipophilic drugs will be able to distribute throughout the body, so their volume of distribution cannot be smaller than total body water volume (41L).

**T**    **F**    A water-soluble drug will pass across muscle membranes faster than across brain membranes (assume permeability-rate limitations).

**T**    **F**    Low molecular weight, lipophilic drugs are generally taken up fast by highly perfused organs.

**T**    **F**    A weak acid, whose unionized form shows a high partition coefficient, is likely to cross most membrane barriers.

**T**    **F**    Assume a drug is substrate of a specific transport protein. Transporters only eliminate drugs from the body.

**T**    **F**    Assume a drug is substrate of a specific transport protein. Transporters do not use energy.

**T**     **F**     If two patients differ in the  $V_d$  (volume of distribution); the patient with the smaller  $V_d$  will show a higher starting concentration  $C_0$  after i.v bolus injection (the same dose for both patients).

**T**     **F**     Consider a patient with myocardial infarction. The increase in plasma alpha-1- glycoprotein will result in movement of free drug to plasma and an increase in  $f_{uT}$  and a decrease in the  $f_u$  in plasma.

**T**     **F**     Assuming that a protein drug does not bind to plasma and tissue component, the volume of distribution is likely to be 41 liters.