

Antifungal drugs

dispensed more than antiprotozoal (especially the topical ones)

Pharmacology 3

Dr. Rawan Abudalo

Department of Clinical Pharmacy and Pharmacy Practice

Faculty of Pharmaceutical Sciences

Hashemite University

(Flucand → Fluconazole

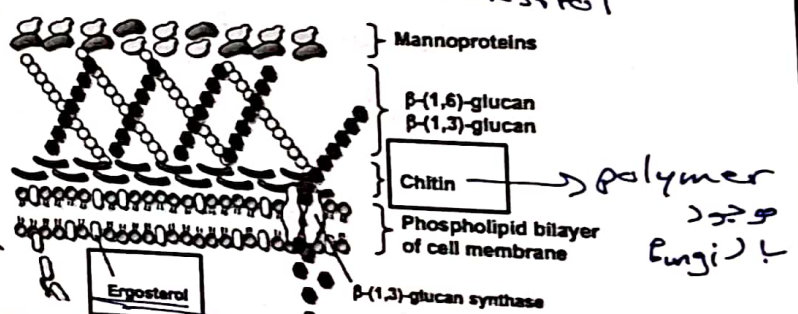
(oral → parenteral)

Fungi—Basic Concepts

- Fungi are eukaryotic like their human hosts.
- Have ergosterol in their membrane which fungal cells contain in place of cholesterol in human cell membranes
- Have cell wall, which human cells lack

① cell wall ← Fungi
② cell membrane functional units (phospholipids) ← Fungi
Cell membrane and cell wall from cholesterol

فونجيك صا، عناقفة
ومين عني يستقلو
ergosterol cell wall
chitin



micro-
tubules

nucleic acids

rather than cholesterol

Fungal Infections

mycotic infection

Mycoses: Infectious diseases caused by fungi, they are often chronic in nature.

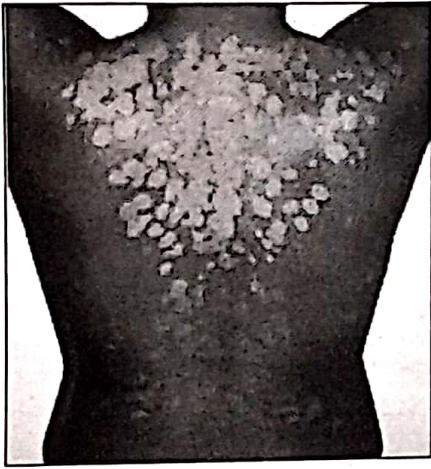
- ① severity (الخطورة) ② Site of infection (موقع العدوى) ③ post factors (عوامل لاحقة)
- superficial (common): Candidiasis (thrush), dermatophytosis, onychomycosis. (superficial because it affects the epidermis of skin and nails) (local + infection, candidiasis)
 - Subcutaneous Mycoses: Sporotrichosis (affect dermis + subcutaneous)

- Systemic (deep) fungal infections (serious): aspergillosis (disseminated) (affect dermis + subcutaneous) (local + infection, candidiasis)
- فقد هيك في حالات local يكون صعبة (درجات ضايف) immune compromised (عوامل لاحقة) (disseminated) (تكون منتشرة) (على سطح الجلد) (تكون منتشرة) (systemic)

Clinical Classification of Mycoses

Classification	Site Infected	Example
Superficial	Outermost skin and hair	Malasseziasis (tinea versicolor)
Cutaneous	Deep epidermis and nails	Dermatophytosis
Subcutaneous	Dermis and subcutaneous tissue	Sporotrichosis
Systemic	Disease of more than one internal organ	Candidiasis
Opportunistic	مشكلتها opportunist (انتهازية) (ما المرضين يكون immunocompromised) (تكون احتمالية الإصابة very high خاصة بمرضى cancer)	Cryptococcosis
Nonopportunistic		Aspergillosis
		Mucormycosis
		Histoplasmosis
		Blastomycosis
		Coccidioidomycosis

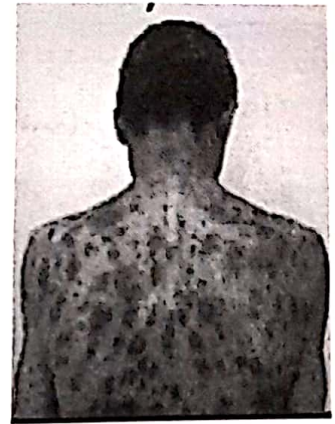
Fungal Infections



Tinea Versicolor



Sporotrichosis



Histoplasmosis

مع وجود اختلاف مع الانسان مع هذا

Fungal infections treatment are more difficult than bacterial infections treatment, why ?????

1-Fungi has a cell wall which is quit rigid → chitin + cell membrane contain ergosterol → barrier of treatment
ergosterol targeted by anti fungal drugs.

في الاظفار + scalp

2-Fungal infections occur in poorly vascularized tissues or avascular structures such as superficial layer of the skin, hair, nails.
هذه الأماكن تسمى avascular areas لأنها لا تملك إمداداً وظيفياً

3- Fungi are slow growing (cant target cell division)

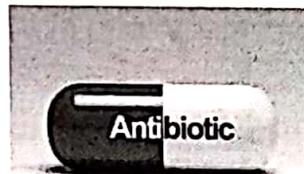
لأنهم ينموون ببطء (لا يمكنهم استهداف انقسام الخلايا)

4- they are opportunistic infections (انتهازية)

Risk Factor



دس بيشوف
Fungal
infection
التي تسببها



immuno -
compromized
including:

Cancer, diabetes,
AIDs, نقل الأعضاء،
والتي تضعف

Corticosteroid



DIABETES

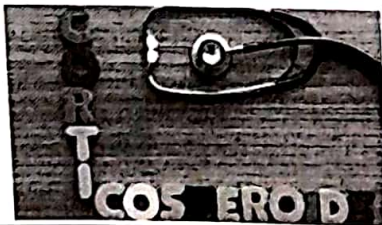


HIV/AIDS

oral
Candidiasis

بطلع

inhalal corticosteroid
التي تسببها
corticosteroid

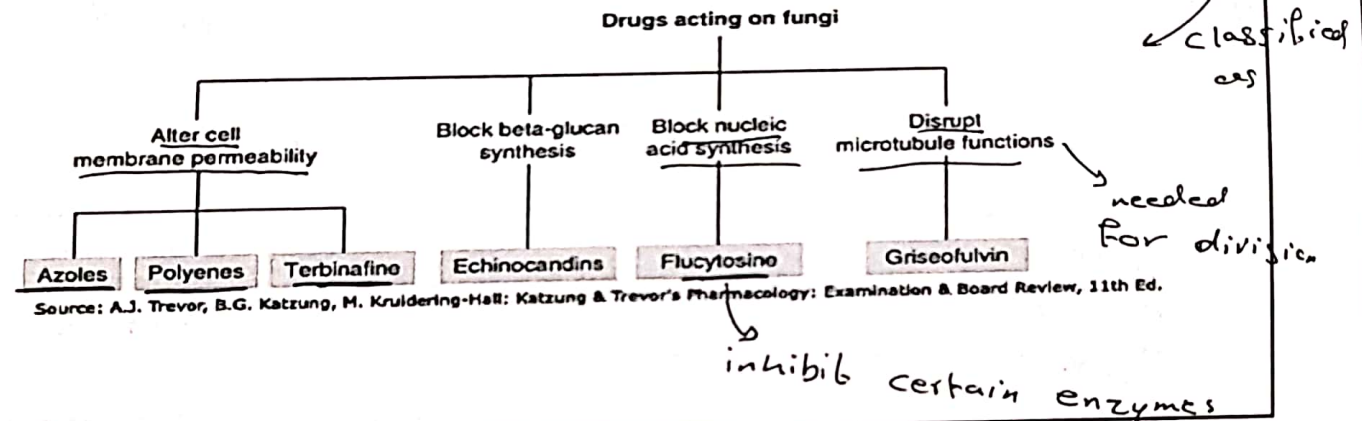


Suppression of the immune system

المناعة
Fungi
infection
تسببها

Antifungal drugs.

depending in their structure + their site of action



thiamidine (نوكليوتيد) (nucleic acid bases)

Antifungal drugs.

depending on their route of administration

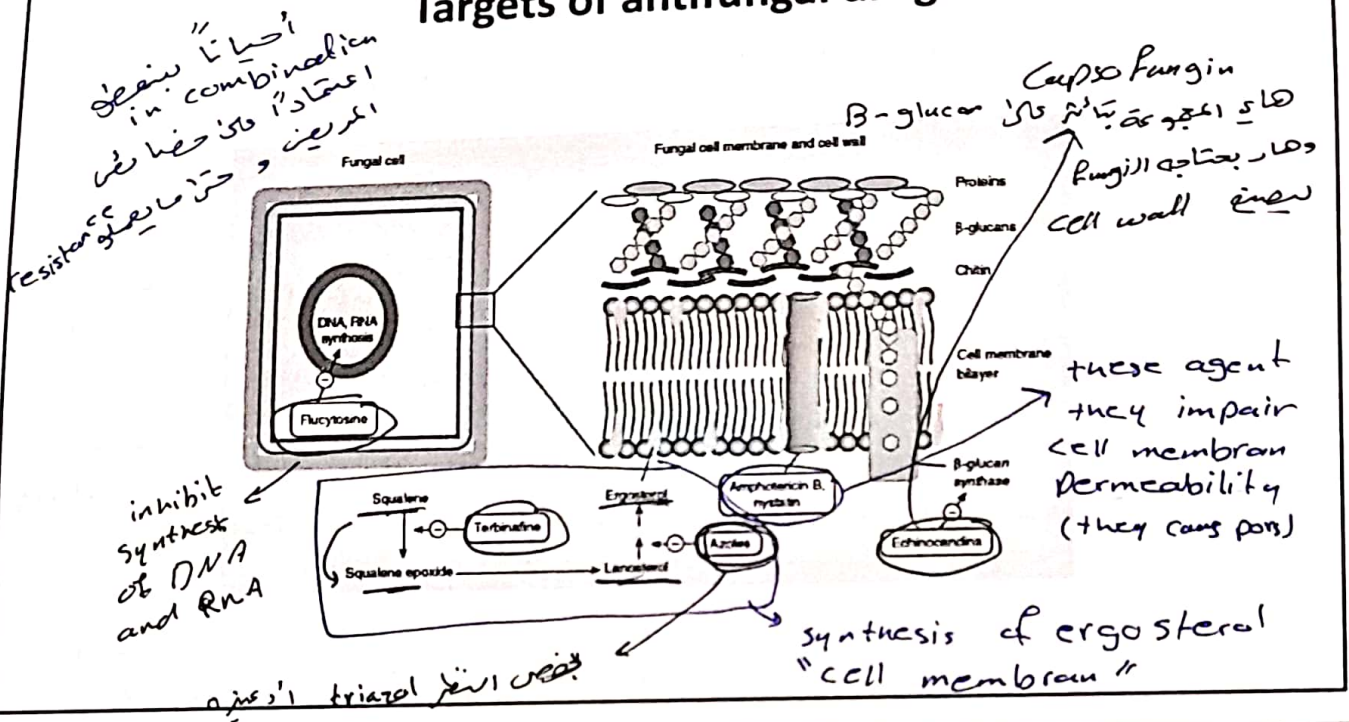
• Systemic antifungal drugs for systemic infections:

- Amphotericin B.
- Flucytosine
- echinocandins
- Azoles(triazoles).

Oral systemic antifungal drugs for cutaneous infections: Terbinafine, Griseofulvin.

- Topical antifungal therapy: for topical use only (موضعي) orally systemic toxicity
- ❖ Nystatin.
- ❖ topical azoles(imidazoles): موضعي
Clotrimazole, Miconazole. Ketoconazole.
- ❖ topical allylamines: Terbinafine.

Targets of antifungal drugs.



Drugs for Subcutaneous and Systemic Mycotic Infections

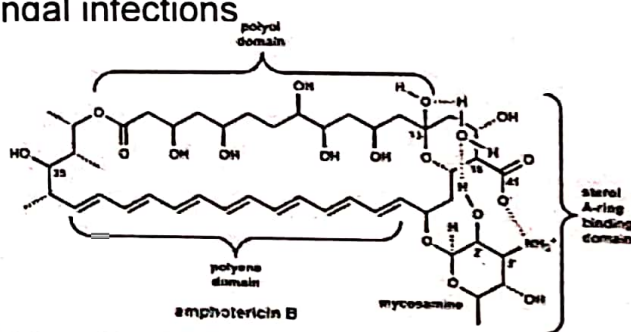
> Amphotericin B:

• A naturally occurring polyene antifungal produced by *Streptomyces nodosus*

• Target: ergosterol (cell membrane)

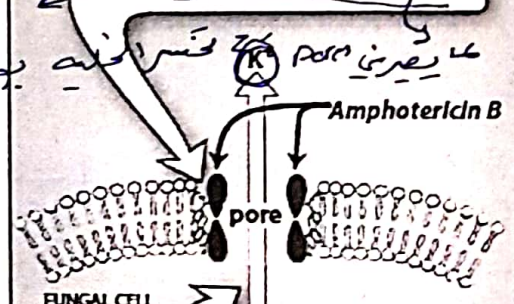
• Fungicidal $\rightarrow$ يقتل الخلية

• Treating progressive and potentially life-threatening fungal infections



Mechanism of action:

1 Amphotericin B interacts hydrophobically with ergosterol in the fungal cell membrane, forming a pore.



2 Potassium and other small molecules are lost through the pore, causing cell death.

extrusion of electrolytes K⁺
altering membrane permeability,
cell death

Amphotericin B

□ Poorly absorbed from GIT.

Orally only for GI fungal infections (FI).

so giving parentally
لكن
فقط
oral
سيفضل
على GIT

neomycin
orally
لن يستعمل

- Amphotericin B is usually given by slow intravenous infusion at a dosage of 0.5–1 mg/kg/d, but in fungal meningitis intrathecal administration.

سواء شوي برفوعا
لكن يادة بغير scaling

□ Highly ptn. Bound, poor penetration to body fluids and tissues.

because
of risk of
dose related
adverse reaction

□ Slow elimination in urine and bile → long t_{1/2} (2ws).

Protein

* لستأكدوا انهماني عند الطريف hyper-sensitivity
ويراقبوه اذا في
مع 1 بس

هو highly protein bound
طويلة كثر واله long
distribution half life
poor tissue

دهار فلي فانف
تخلص منه
dialysis

الكل فون
symptomatic

Amphotericin B

في حالة
over dose
و يرضه علوش
antidote

Control
+
fluids

□ Given parentally:

- IV infusion- systemic FI: against Candida albicans and Cryptococcus neoformans; the organisms causing endemic mycoses, including Histoplasma capsulatum, Blastomyces dermatitidis,

الو اكثر من target في

• IT – fungal meningitis.

• Intra articular – fungal joint infections.

• Eye drops – fungal corneal ulcer.

• Irrigation of bladder – fungal cystitis.

IV ببطي
meningitis
poorly
distributed

IV ببطي

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poorly

most of patient gathering (تجمعات)

amphotericin B ← "thrombophlebitis" (تصلب عروق الوريد)

"Painful"

generalized hypotension ← "histamine"

Adverse effects

slow infusion (تدفق بطيء)

Infusion related (immediate reactions):

shake and bake syndrome

renal problems (مشاكل كلوية) → dose must be adjusted (يجب تعديل الجرعة)

fever, chills, muscle spasm, shock-like fall in BP. hypotension

Slow infusion, start with small dose (a test dose of 1 mg IV)

Premedication with: antihistamine, antipyretics. + corticosteroid

Dose-related (Cumulative Toxicity): nephrotoxicity, anemia due to reduced erythropoietin production by damaged renal tubular cells.

a bolus infusion of normal saline before and after amphotericin

Neurotoxicity: Intrathecal administration of amphotericin B may cause seizures.

→ affect kidney function

→ cause damage of renal tubules

fluids & electrolytes secretion

They will alter erythropoietin release

Conventional (العادي) محدود الفاعلية

Three lipid formulations of amphotericin B: amphotericin B colloidal dispersion, amphotericin B lipid complex, and liposomal amphotericin B.

They have been developed in an attempt to reduce the toxicity profile of this drug and to increase efficacy.

by → solubility (الذوبانية) + Lipid (الدهن) in Lipid

Prior to reconstitution Amphotericin B Intravenous should be stored in the refrigerator, protected against exposure to light. The reconstituted solution may be stored in the dark, at room temperature for 24 hours, or at refrigerator temperatures for 1 week with minimal loss of potency and clarity.

Any unused material should then be discarded. Solutions prepared for intravenous infusion should be used promptly after preparation and should be protected from light during administration.

➤ Echinocandins → the

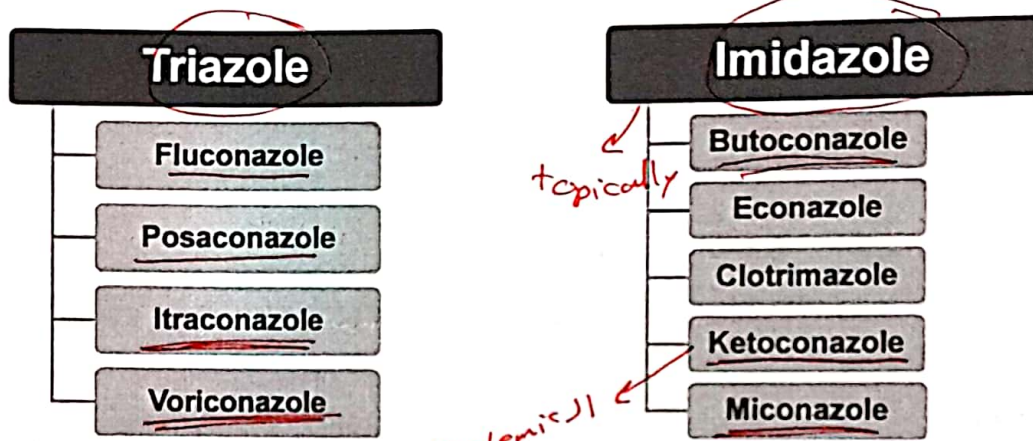
- Echinocandins are the newest class of antifungal agents to be developed.
- Caspofungin, micafungin are the only licensed agents in this category of antifungals. → they affect β -glucan that is needed for the synthesis of cell wall
- Caspofungin is used for **disseminated and mucocutaneous Candida infections** in patients who fail to respond to amphotericin B.
 (اذا كان ار ل topical infection + اذا كان ارين)
 amphotericin سيجب دقتش دوا استجاب سيجم
- they are well tolerated. Infusion-related effects of caspofungin contraindications include headache, GI distress, fever, rash, and flushing (histamine release). Less common than amphotericin renal impairment
 (amphotericin release)
 سبب impairment كلى
- Combined use of echinocandins with cyclosporine may elevate liver transaminases.
 (immune suppressant)
 سبب

(synergistic effect) fluctuation

➤ Flucytosine (5-FC)

- nucleic bases → antimetabolite
 acids →
 (شغل)
 amphotericin → pores
 to increase the uptake of
 (تهدد)
- Synthetic pyrimidine is often used with amphotericin B for the treatment of systemic mycoses and meningitis caused by Cryptococcus neoformans and Candida albicans.
- Orally, distributed to most body tissues (including the CNS) → amphotericin (not)
- Eliminated intact in the urine (dose reduced in renal impairment)
- When given with amphotericin B or triazoles (resistance decreased & synergistic antifungal effects).
- Narrow spectrum (clinical use limited to combination with amphotericin B or a triazole)
 (DNA)
 (بازر على او)
- Toxicity: reversible bone marrow depression, alopecia & liver dysfunction (prolonged high levels).
 (ضروي اذا ارين سيجم)
 (دوية تاتي بجل قوت)
 (anti-cancer)
 (ADR)
 (دستج)
 (dose adjustment)

Azole Antifungals



The azoles used for systemic mycoses include ketoconazole, fluconazole, itraconazole, voriconazole, and posaconazole.

•Miconazole, and clotrimazole are used only in topical therapy.

Handwritten notes in Arabic and English:

- topically (pointing to Butoconazole, Econazole, Clotrimazole, Miconazole)
- systemic use (pointing to Ketoconazole, Fluconazole, Itraconazole, Voriconazole, Posaconazole)
- gynocomastia (pointing to Ketoconazole)
- androgen hormone (pointing to Ketoconazole)
- infertility + impotence (pointing to Ketoconazole)
- not hormonal effect due to its use (pointing to Ketoconazole)

Mechanism of action of azoles

Target: inhibit ergosterol synthesis.

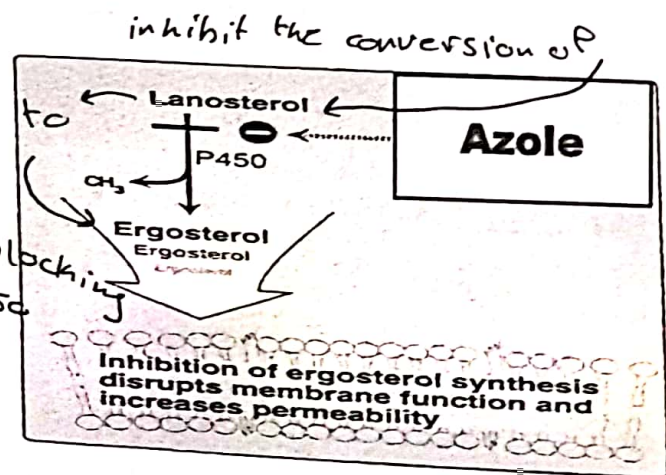
They inhibit "Cytochrome P450" which is responsible for demethylation of lanosterol to form ergosterol and then the membrane permeability will increase.

material in extracellular environment

Azoles are predominantly fungistatic

the basic unit in cell membrane synthesis

not cidal



they differ in their water solubility

Characteristics of Azoles

- ~~their~~ their absorption in the CSF + serum conc. + route of elimination (renal, hepatic or both)
- Oral bioavailability is variable (normal gastric acidity is required).
- Fluconazole, itraconazole and voriconazole are available in both oral and intravenous formulations.
- The drugs are distributed to most body tissues, but with the exception of fluconazole, drug levels achieved in the CNS are very low.
- Liver metabolism is responsible for the elimination of azole antifungals except fluconazole (which is eliminated by the kidneys, largely in unchanged form).

Pharmacologic properties of systemic azole drugs.

	Water Solubility	Absorption	CSF: Serum Concentration Ratio	t _{1/2} (hours)	Elimination	Formulations
Ketoconazole	Low	Variable	<0.1	7-10	Hepatic	Oral
Itraconazole	Low	Variable	<0.01	24-42	Hepatic	Oral, IV
Fluconazole	High	High	>0.7	22-31	Renal	Oral, IV
Voriconazole	High	High	>0.21	6	Hepatic	Oral, IV
Posaconazole	Low	High	—	25	Hepatic	Oral, IV
Isavuconazole	High	High	—	130	Hepatic	Oral, IV

Fluconazole

cryptococcal meningitis

dermatophytes

Clinical uses

- **Ketoconazole**— used orally + topically
- It has a narrow antifungal spectrum and causes more adverse effects than other azoles, ketoconazole is now rarely used for systemic mycoses.

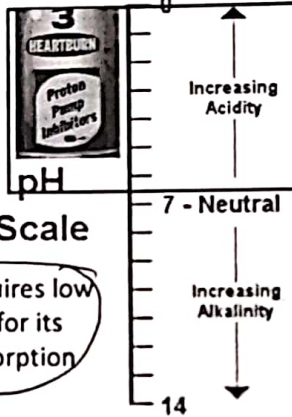
drug-drug + endocrine system adverse reaction

dermatophytes

However, ketoconazole continues to be used for chronic mucocutaneous candidiasis and is also effective against dermatophytes. It is also used topically in the treatment of seborrheic dermatitis and dandruff.



Ketoconazole



~~available~~
available
as cream + shampoo

systemic ketoconazole has fallen out of clinical use, why??

inhibits mammalian cytochrome P450.

Anti-androgenic effect

Fatal hepatotoxicity (rare)

Cancer + AIDS + immune system infections + compromised patient

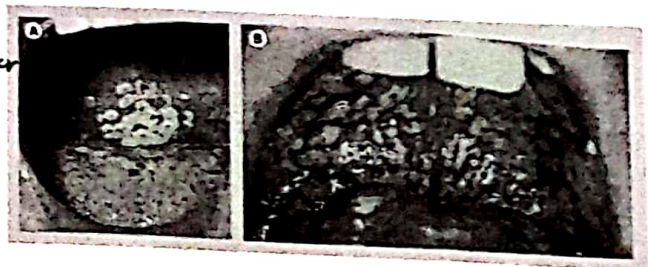
Clinical uses

150, 300, 150 → for single daily

- **Fluconazole** — (renally eliminated, has good CNS penetration)

is a drug of choice in esophageal and oropharyngeal candidiasis and for most infections caused by Coccidioides. A single oral dose usually eradicates vaginal candidiasis. Fluconazole is the drug of choice for treatment and secondary prophylaxis against cryptococcal meningitis and is an alternative drug of choice (with amphotericin B) in treatment of active disease due to Cryptococcus neoformans.

Fungal infection type



Fluconazole

Its oral bioavailability is high, it has a high degree of water solubility and good cerebrospinal fluid penetration. It is available in oral and intravenous formulations.

Because of fewer hepatic enzyme interactions and better gastrointestinal tolerance, low pH, fluconazole has the widest therapeutic index of the azoles, permitting more aggressive dosing in a variety of fungal infections.

و بالتالي يمكن زيادة الجرعة
عالية

unlike ketoconazole
it doesn't need hepatic
metabolism
therapy → hepatic
enzyme interaction

its absorption



← قابلية الامتصاص inhibitory inductions



CONTRA-INDICATIONS

Azoles are considered teratogenic, and they should be avoided in pregnancy unless the potential benefit outweighs the risk to the fetus.

بما حسب نسبة الفائدة للمرض

هل لازم اعلاج الام لانها الوضع خطير و اقصى ما بلا ضرر، عاليين ولا



• Itraconazole

fluconazole) مع similarity

- has a broad antifungal spectrum compared to fluconazole. Itraconazole is the drug of choice for the treatment of blastomycosis, sporotrichosis.

- In esophageal candidiasis, the drug is active against some strains resistant to fluconazole. Itraconazole is also used extensively in the treatment of dermatophytoses, especially onychomycosis. infection of nails + hair skulls
- is available in oral and intravenous formulations.

- The drug distributes well in most tissues, including bone and adipose tissues.
- Has a negative inotropic effect and should be avoided in patients with evidence of ventricular dysfunction, such as heart failure.

cardiac contractility → heart failure
antagonizing the effect of digoxin

positive inotropic drug digoxin is ← the effect of digoxin

voriconazole

- It is a drug of choice for treatment of invasive aspergillosis.
- It is an alternative drug in candidemia with activity against some fluconazole-resistant organisms.
- In AIDS patients has been used in the treatment of candidial esophagitis and stomatitis.
- Voriconazole causes immediate but transient visual disturbances including blurring of vision of unknown cause

سو ريكو

Adverse Effects of systemic azoles

menstrual irregularity
in females

- include vomiting, diarrhea, rash, and sometimes hepatotoxicity, especially in patients with preexisting liver dysfunction.
- Ketoconazole** is a notorious inhibitor of hepatic cytochrome P450 isozymes and may increase the plasma levels of many other drugs, including cyclosporine, oral hypoglycemics, phenytoin, and warfarin.
- The other azoles are more selective inhibitors of fungal cytochrome P450. Although they are less likely than ketoconazole to cause endocrine dysfunction, their inhibitory effects on liver drug-metabolizing enzymes have resulted in drug interactions.

ketoconazole → decrease in testosterone + impotence in male

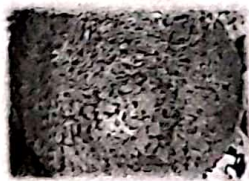
Cutaneous mycotic infections (dermatomycoses)

- ✓ Mold-like fungi that cause most cutaneous infections are called dermatophytes or tinea.

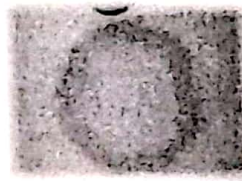
Tinea infections



Tinea pedis
(infection of the feet) → athlete's foot



Tinea capitis
(scalp)



Tinea corporis
(body)



Tinea unguium
(nails)

Common dermatomycoses, such as tinea infections that appear as rings or round red patches with clear centers, are often referred to as ringworm.

Circle of infection

Systemic drugs for mucocutaneous fungal infections

- Griseofulvin is not active topically and is fungistatic. ^{يعني systemically}
Oral absorption depends on the drug physical state (ultra-micro-size formulations have finer particles, more effectively absorbed, aided by high-fat foods).

fat food مع الـ ultra micro formulation ^{يعني بتحسن الـ abs.}

Indicated for dermatophytoses of the skin and hair, but has been largely replaced by terbinafine and the azoles. requires a long duration of treatment (for example, 6 to 12 months for onychomycosis). Duration of therapy is dependent on the rate of replacement of health skin and nails.

لازم المريض يعرف انه الـ improvement وقت من 6 - 12 شهر لعلاج الـ onychomycosis

- Griseofulvin decreases the bioavailability of warfarin, resulting in decreased anticoagulant effect.

لا يوجد د-د interaction

Terbinafine

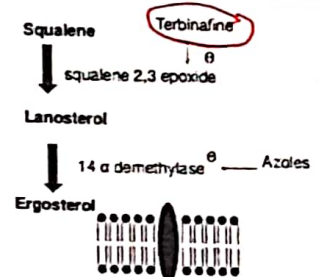
يعني هو يمنع تكون الـ ergosterol + تجمع الـ squalene الي هو toxic

- **MOA:** inhibit epoxidation of squalene accumulation is toxic to fungi. *معاكس الـ squalene بيتجمع وين طين كيراتين كبر، يستخدم*
- **Clinical application:** subcutaneous fungal infection accumulate in keratin. *بار hair بـ لا تظهر*
- One tablet given daily for 12 weeks achieves a cure rate of up to 90% for onychomycosis and is more effective than griseofulvin or itraconazole.

- Terbinafine is fungicidal and is available in both oral and topical forms. *حسب الـ oral يستخدم*

- Like griseofulvin, terbinafine accumulates in keratin, but it is much more effective than griseofulvin in onychomycosis

Mechanism of action:



TOPICAL ANTIFUNGAL THERAPY

1. Nystatin:
2. Topical azoles(imidazole) : clotrimazole, Miconazole, Ketoconazole.
3. Topical allylamines: Terbinafine.

DOC
oncomycosis ← علاج

Nystatin عوجو بالكريمات

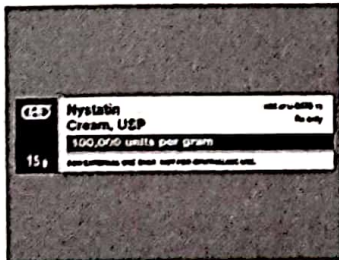
orally +

oral

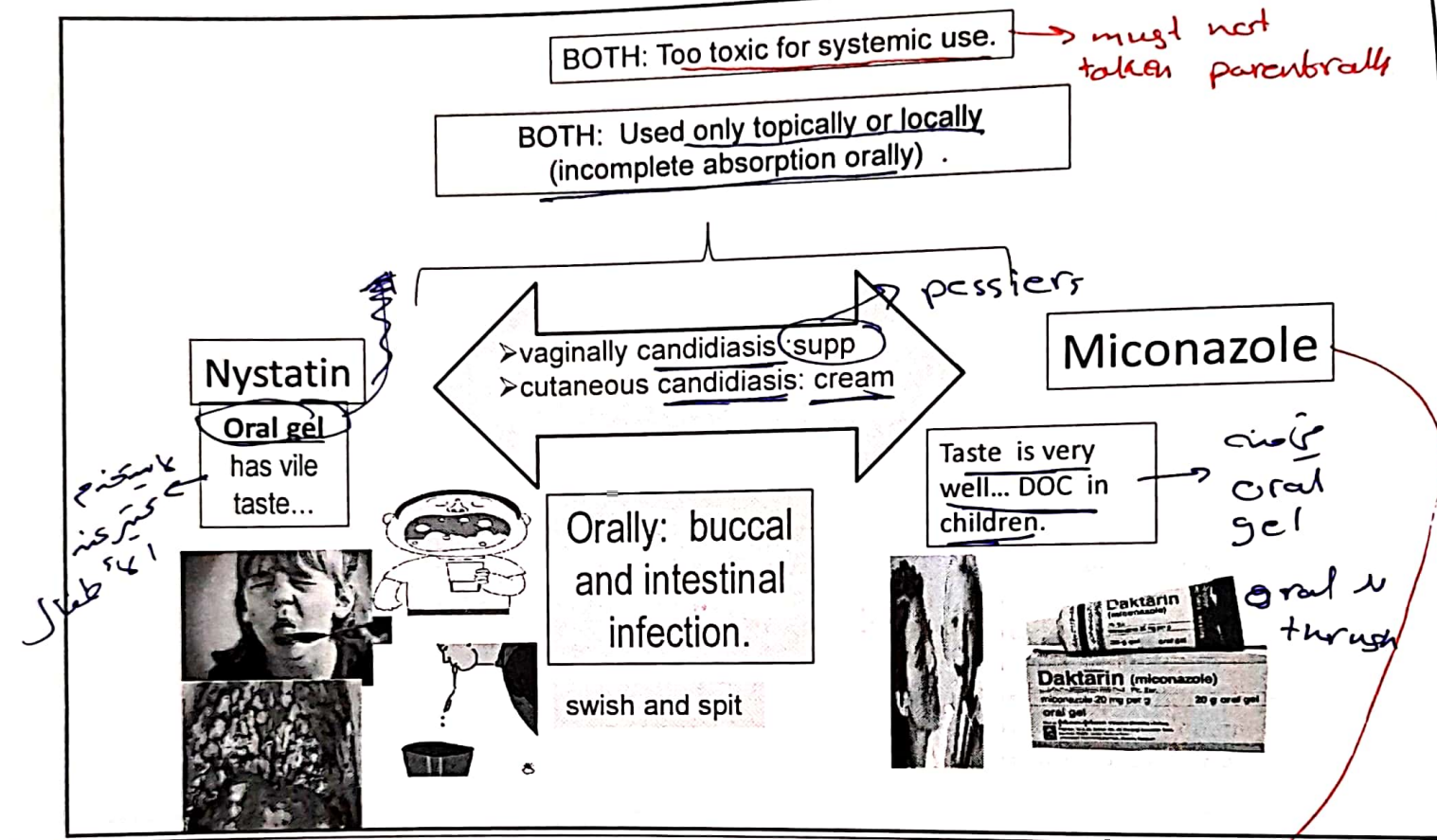
- for the treatment of cutaneous and oral Candida infections.
- is negligibly absorbed from the gastrointestinal tract, and it is not used parenterally due to systemic toxicity.
- It is administered as an oral agent ("swish and swallow" or "swish and spit") for the treatment of oropharyngeal candidiasis (thrush), intravaginally for vulvovaginal candidiasis, or topically for cutaneous candidiasis.

بسهولة في د بلسه او بلسه

orally is negligibly absorbed



مقارنته بين miconazole + nystatin



swish & spit , swish & swallow
 فاعلي منه

بس اهو حتى لو بلع منه المديون عادي لا يفي
 poorly absorbed