

# علم الكميات

# POSOLOGY AND DOSAGE REGIMEN

#### تنبيه لمشاكل محتملة يمكن تصير

- A- Precaution: Is used to advise the prescriber of some possible problems attendant with the use of the drug. It is less restrictive than warning.
- e.g. The use of tetracycline antibiotic may result in overgrowth of fungi.

In such a case, the physician may prescribe an alternate drug.

#### تحذير

**B-Warning:** It is used when the potential for patient harm is greater than in instances in which the precaution is used.

بتوخذ الدوا عادي بس بتعمل فحوصات

- e.g. If tetracycline is used in the presence of renal impairment, it may lead to accumulation of the drug and possible liver toxicity.
- -Lower than usual doses are indicated.
  - if therapy is prolonged, blood serum levels of the drug should be taken and the patient monitored at regular intervals to assure the maintenance of non-toxic levels of the drug.

    because in the drug of the dr

ممنوع ينأخذ الدواراصلا

ما نوصل للسمية

C- Contraindication: A term that used to indicate an absolute prohibition to the use of a drug in the presence of certain stated conditions. It is the most restrictive of the warnings which limits the use of drugs.

القدرة على تحمل تأثير الدوا

لما ينأخذ الدوا لمدة مستمرة الجسم ببلش يتعود على تأثير الدوا

#### 6- Tolerance:

Drug tolerance: The ability to endure the influence of a drug, particularly when acquired by a continued use of the substance.

Tølerance occurs commonly in such drugs e.g. antihistaminics, narcotic analgesics. مخدر

- Normal sensitivity may be regained by suspending the drug administration for a period of time.
- The development of tolerance can be minimized by:

  تبدأ بجرعة قليلة وبترفعها بالتدريج
- I. Initiating therapy with the lowest effective dose.
- Avoiding prolonged administration.

#### 7- Drug-drug interactions:

- The effects of a drug may be modified by the concurrent administration of another drug.
- These drug-drug interactions are due to:
- A- chemical or physical interaction between drugs.
- B- alteration of the absorption, distribution, metabolism or excretion patterns of one of the drugs.

**≯**harmacodynamic

مش دايما اشي سيء

#### The effects of drug-drug interactions may be:

#### I. Beneficial:

- e.g. probenecid causes prolongation of penicillin serum levels (as it decreases its renal excretion). So:

  nephron بقلل وجود الدوا بال
- Reduction in penicillin dose is required. فبزيد وجودوا بالدم والخلايا
- Decrease the frequency of its administration. فلهيك بنقلل الجرعة

#### II. Detrimental:

- Many antacids drugs are rich in these metals should be:
- Avoided during tetracycline administration. بعطي بديل اذا كان لإزم اخذ هذول
- Given alternately according to strict schedule
- e.g. diabetic patients who smoke heavily may require insulin dosage one-third higher than normal. ^٠ اذا كانت الجرعة مثلا
  - Smoking induced peripheral vasoconstriction reduces the rate of insulin absorption following subcutaneous absorption.

زي ما اخذنا بال absorption

#### 8- Time of administration:

- The time at which a drug is administered sometimes influences dosage. This is specially true for oral therapy in relation to meals.
- Absorption proceeds more rapidly if the stomach and upper portions of the intestinal tract are free of food, and an amount of a drug that is effective when taken before a meal may be ineffective if administered during or after eating.
- Discomfort and ortion of the Jestomach Jestomach Irritating drugs are better tolerated by the patient if food is present in the stomach to dilute the drug's concentration.

residen فاضيين ما فيهم اكل بكون ال residen time لألهم وبوصل الدوا emtying فاسرع فبزيد ال more معالل على absorption بكون absorption لجدارهم اسرع فال rapidly

وبالمقابل وجود الاكل بقلل ال emtying لألهم فبقلل الامتصاص

الادوية الي زي الاسبرين بتزيد حموضة المغدة وبتعمل irriation فعشان هيك بنأخذ بعد الاكل خصوصا الوجبات ال bulky

#### 9- Route of administration:

- Drugs administered intravenously enter the blood stream directly and thus the full amount administered is present in the blood.
- In contrast, drugs administered orally are rarely fully absorbed due to the various physical, chemical and biologic barriers to their absorption, including interactions with the gastric and intestinal contents.
- Thus, a lesser parentral dose of a drug is required than the oral dose to achieve the same blood levels of drug.

# 10- Pharmaceutical dosage form and drug physical state: وبزداد الامتصاص surface area الجزيئات بزيد ال

- e.g. Increasing the surface area of a drug by the reduction of its particle size has a significant effect on the rate of absorption, therefore, the dose can be minimized by reducing the particle size.
- -/Thus, crystalline and amorphous forms of a drug shows a significant difference in the rate of absorption.

الجزيئات مرتبة بطريقة منظمة: Crystal

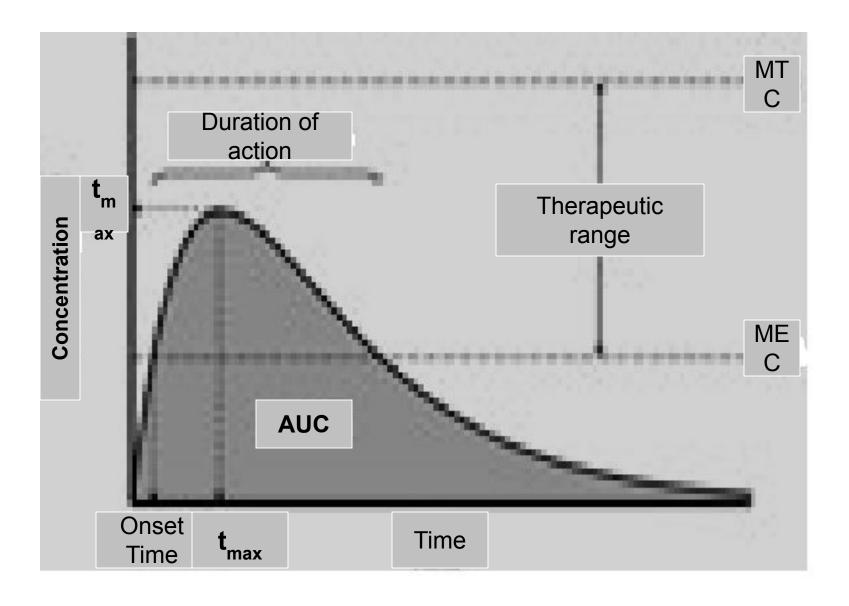
ما الهم ترتيب محدد فمساحة السطح الهم اعلى: amorphous

جدولة الجرعات والوقت الي لازم ينأخذ فيه الدوا بتتحكم بال frequency وال duration لأخذ الدوا

The schedule of dosing (e.g., four times a day for 10 days) is referred to as the **dosage** regimen.

The proper selection of both the dose size and the frequency of administration is an important factor that influences whether a satisfactory therapeutic plasma concentration is achieved and maintained over the prescribed course of treatment.

الي هي كمية افراز الدوا اذا بنفرز بكمية ثابتة ولا لاء فعأساس هيك بنعرف اذا الدوا اعطى تأثير مطلوب بالكورس الى نأخذ فيه الدوا



A blood curve for a drug as a function of the time following oral administration.

#### **Definitions:**

Minimum effective concentration (MEC): The minimum concentration that can be expected to produce the drug's desired effects in 50% of the individuals tested.

Note that can be expected to produce the drug's desired effects in 50% of the individuals tested.

Note that can be expected to produce the drug's desired effects in 50% of the individuals tested.

Minimum toxic concentration (MTC): The minimum concentration which produces toxic effects in 50% of the individuals tested.

#### Therapeutic index:

- It is the ratio between a drug's minimum toxic dose and minimum effective dose ( $TD_{50\%}$ ) /  $ED_{50\%}$ ).
- ↑↑ therapeutic index is more favorable as it means that the drug is safe.
  - Some drugs have low therapeutic index e.g. digoxin (TI = 2).
    ال calculatiins لازم تكون دقيقة

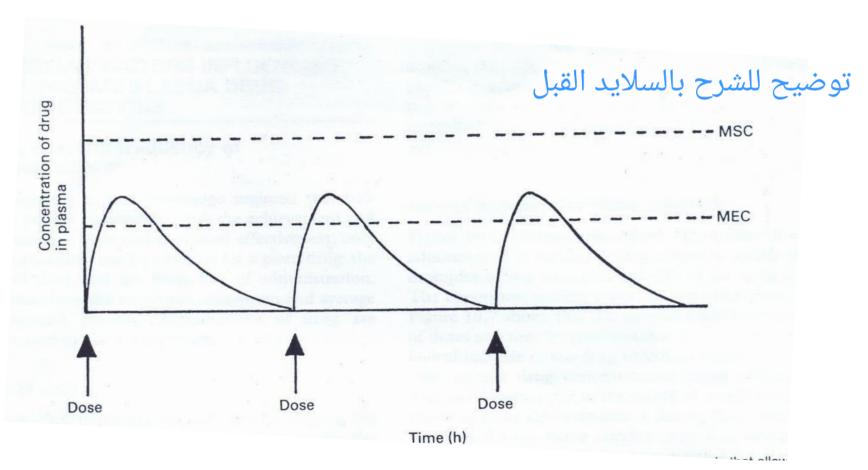
#### How to design a satisfactory dosage regimen....???

- The aim of drug therapy is to achieve a plasma concentration of drug which lies within the therapeutic range of that drug.
- 1-If the interval between each dose is longer than the time required for complete elimination of the previous dose, the plasma concentration-time profile of a drug will exhibit a series of isolated single-dose profiles. The design of this dosage regimen disconstistant the concentration lies below the drug therapeutic range for poogeperiods and so (the parecular cycles and so (the parecular cycles).

elimination فهذا یؤدی انو ال plasma فبتکون تحت ال MEC اقل من theraptic rang فبکون تأثیرها کأنها اول جرعة فبکون تأثیرها کأنها اول جرعة subtheraptic effect فتسمی subtheraptic effect او dose

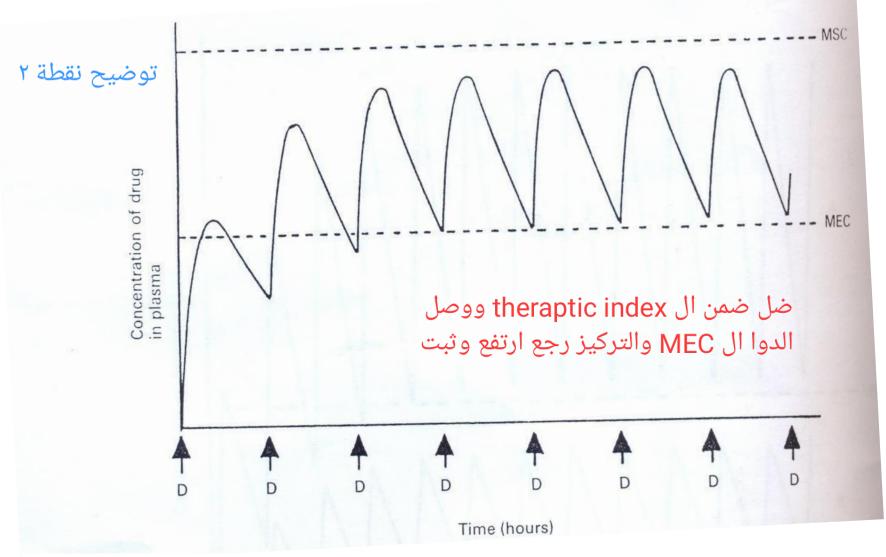
single doseprofile وشكل المخطط بكون انو معناها انو كل جرعة بتكون لحال بالمخطط

ال frquency ثابتة بس اشي مش كويس <mark>لأنو استينا</mark> حتى تم التخلص الكامل من الجرعة



Plasma concentration-time curve following oral administration of equal doses of a drug at time intervals that allow complete elimination of the previous dose.

2- If the dosing time interval is shorter than the time required for complete elimination of the previous dose, a steady state (drug concentration remains within therapeutic range) is reached which corresponds to the 3 achievement and maintenance of maximal clinical effectiveness of the drug in the patient.



Plasma concentration-time curve following oral administration of equal doses of a drug. (a steady state is reached)

# Dosage statements:

#### The usual dose of a drug:

The amount of the drug which may be expected to produce, in adults, the medicinal effect for which it was officially recognized.

#### The usual dosage range for a drug:

The quantitative range or amounts of the drug that may be prescribed within the framework of usual medical practice.

Doses falling outside of the usual dosage range may be either underdosage or overdosage.

# Dosage statements:

#### The dosage regimen:

The schedule of dosage. It is indicated for those drugs that are best taken at specific intervals e.g. every 8 hours, e.g. at bedtime, e.g. before meals.

# Initial, loading or priming dose: اسرع peak اسرع peak بعض الادوية بدنا اياها توصل لل

It is a large single dose of the drug may be administered initially in order to achieve a peak plasma concentration that lies within the therapeutic range, which may then be maintained through the subsequent administration of regularly scheduled maintenance doses.

steady state الجرعات بتتجمع فبوصل لل

e.g. digoxin (cardiotonic agent) اسرع بعدين ببلش اقلل الجرعات

Initially administered four or more times a day, followed by a single daily dose to maintain the desired blood level of the drug.

# Dosage statements:

# Maintenance doses: الجرعة اليومية

Smaller, equal doses that administered at suitable fixed intervals to maintain the plasma concentrations of a drug.

# Prophylactic doses: (زي المطاعيم )

doses that may be administered to protect the patient from contracting a specific disease, such as vaccines.

# بعد التعرض للمرض: Therapeutic dose:

Which is administered to a patient after exposure or contraction of the illness.

Table 4.11. Factors That Determine a Dosage Regimen\*

Activity-Toxicity	
Minimum therapeutic dose	
foxic dose	
Therapeutic index	
Side effects	
Dose-response relationships	

Clinical State of Patient

Existence of other disease states

Age, weight, urine pH

Condition being treated



#### Pharmacokinetics

Absorption Distribution Metabolism

Excretion

Other Factors

Clinical Factors

Multiple drug therapy

Convenience of regimen

Compliance of patient

Multiple drug therapy

Tolerance-dependence

Pharmacogenetics-idiosyncrasy

Drug interactions

<sup>\*</sup>Reprinted with permission from Rowland M, Tozer TN. Clinical Pharmacokinetics. 2nd Ed. Philadelphia: Lea & Febiger, 1989.

# آخر سلايد بالمحاضرة

بالتوفيق

