

**ASSIGNMENT ON MEDICAL BIOCHEMISTRY**

**BY**

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## **Question: Discuss in the details the factors affecting drug metabolism**

Metabolism is a biotransformation or chemical alteration of a drug to other molecular species usually called the metabolites, within the body via an enzymatic or non-enzymatic process.

Drug metabolism is the metabolic breakdown of drugs by living organisms, usually through specialized enzymatic systems. The primary site for drug metabolism is liver and other sites are kidney, intestine, lungs and plasma. More generally, xenobiotic metabolism (from the Greek *xenos* "stranger" and *biotic* "related to living beings") is the set of metabolic pathways that modify the chemical structure of xenobiotics, which are compounds foreign to an organism's normal biochemistry, such as any drug or poison.

These reactions often act to detoxify poisonous compounds (although in some cases the intermediates in xenobiotic metabolism can themselves cause toxic effects). The duration and intensity of pharmacological action of most lipophilic drugs are determined by the rate they are metabolized to inactive products. The Cytochrome P450 monooxygenase system is the most important pathway in this regard.

Drugs can be metabolised by many different pathways and many factors can determine which pathway is used by which drug and to what extent a particular drug is biotransformed by a particular pathway.

Many factors affect the rate and pathway of metabolism of drugs, and the major influences can be sub-divided into:

1. Chemical factors
  - a). Enzyme induction
  - b). Enzyme inhibition
  - c). Environmental chemicals
2. Biological factors
  - a). Age
  - b). Diet
  - c). Sex difference
  - d). Species difference
  - e). Strain difference
  - f). Altered physiological factors
3. Physicochemical properties of the drug

### **Chemical Factors**

#### **a). Enzyme induction:**

The phenomenon of increased drug metabolizing ability of enzymes by several drugs and chemicals is called as enzyme induction and the agents which bring about such an effect are called *enzyme inducers*.

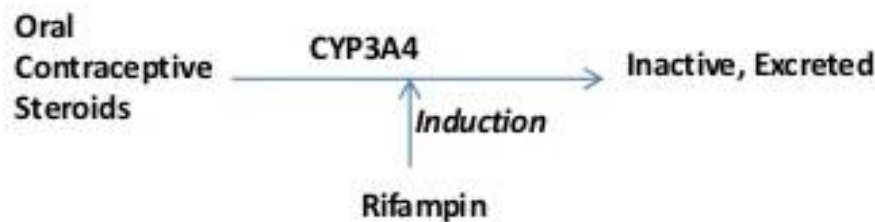
Mechanisms of enzyme induction:

- Increase in both liver size and liver blood flow
- Increase in both total and microsomal protein content
- Increased stability of enzymes
- Increased stability of cytochrome P-450
- Decreased degradation of cytochrome P-450
- Proliferation of smooth endoplasmic reticulum

Consequences of enzyme induction include:

- Decrease in pharmacological activity of drugs
- Increased activity where the metabolites are active
- Altered physiological status due to enhanced metabolism of endogenous compounds such as sex hormones.

Some examples of drug induction are



### b). **Enzyme inhibition**

A decrease in the drug metabolizing ability of an enzyme is called *enzyme inhibition*. The process of inhibition may be direct or indirect.

i). Direct inhibition: It may result from interaction at the enzymatic site, the net outcome being a change in enzyme activity. Direct enzyme inhibition can occur by one of the following mechanisms:

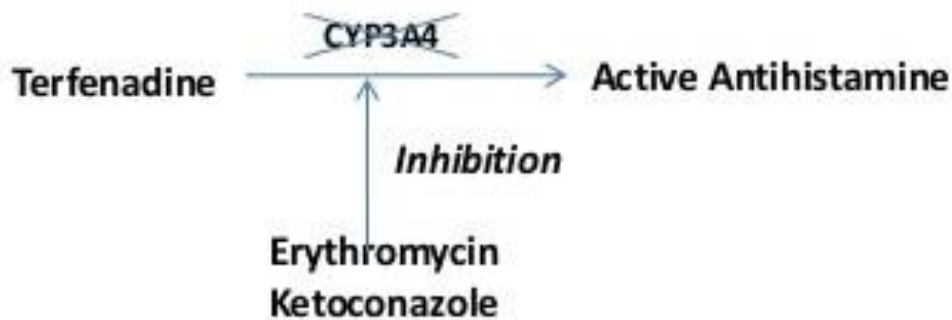
- Competitive inhibition occurs when structurally similar compounds compete for the same site on an enzyme.
- Non-competitive inhibition occurs when a structurally unrelated agent interacts with the enzyme and prevents the metabolism of drugs.
- Product inhibition occurs when the metabolic product competes with the substrate for the same enzyme.

ii). Indirect inhibition: it is caused by one of the following mechanisms:

- Repression: it may be due to fall in the rate of enzyme synthesis or rise in the rate of enzyme degradation.
- Altered physiology: it may be due to nutritional deficiency or hormonal imbalance.

Enzyme inhibition is more important clinically than enzyme induction especially for drugs with narrow therapeutic index. E.g, anticoagulants, antiepileptics, hypoglycemias, etc.

Some examples of enzyme inhibition are:



### c). **Environmental chemicals**

Several environmental agents influence the drug metabolizing ability of enzymes. For example:

- ✓ Halogenated pesticides such as DDT and polycyclic aromatic hydrocarbons contained in cigarette smoke have enzyme induction effect.
- ✓ Organophosphate insecticides and heavy metals such as mercury, nickel, cobalt and arsenic inhibit drug metabolizing ability of enzymes.
- ✓ Other environmental factors that may influence drug metabolism are temperature, altitude, pressure, atmosphere, etc.

## 2. **Biological factors**

### a). **Age**

the drug metabolic rate in the different age groups differs mainly due to variations in the enzyme content, enzyme activity and haemodynamic.

i). In neonates, (up to 2 months) and in infants (2 months to 1 year), the microsomal enzyme system is not fully developed. So, many drugs are metabolized slowly. For e.g.: caffeine has a half-life of 4 days in neonates in comparison to 4 hrs in adults.

ii). Children (between 1 year and 12 years) metabolize several drugs much more rapidly than adults as the rate of metabolism reaches a maximum somewhere between 6 months and 12 years. As a result, they require large mg/kg dose in comparison to adults.

iii). In elderly persons, the liver size is reduced, the microsomal enzyme activity is decreased and hepatic blood flow also declines as a result of reduced cardiac output, all of which contributes to decreased metabolism of drugs. For example, chlormethiazole shows a high bioavailability within the elderly, therefore they require a lower dose.

#### **b). Diet**

The enzyme content and activity are altered by a number of dietary components. Generally,

i). Low protein diet decreases and high protein diet increases the drug metabolizing ability as enzyme synthesis is promoted by protein diet and also raise the level of amino acids for conjugation with drugs.

ii). Fat free diet depresses cytochrome P-450 levels since phospholipids, which are important components of microsomes become deficient.

iii). Grapefruit inhibits metabolism of many drugs and improve their oral bioavailability.

iv). Dietary deficiency of vitamins like Vitamin A, B2, B3, C and E and minerals such as Fe, Ca, Mg, Zn retard the metabolic activity of enzymes.

v). Starvation results in decreased number of glucuronides formed than under normal conditions.

#### **c). Sex difference**

Since variations between male and female are observed following puberty. So, sex related differences in the rate of metabolism may be due to sex hormones. Such sex differences are widely studied in rats where male rats have greater drug metabolizing capacity. In humans, women metabolize benzodiazepines slowly than men. Several studies have shown that women on contraceptive pills metabolize a number of drugs at a slow rate.

#### **d). Species difference**

Species difference have been observed in both phase-I and phase-II reactions. In phase-I reactions, both qualitative and quantitative variations in the enzyme and their activity have been observed. Qualitative differences among

species generally result from the presence or absence of specific enzymes in those species. Quantitative differences result from variations in the amount and localization of enzymes, the number of natural inhibitors and the competition of enzymes for specific substrates.

Human liver contains less cytochrome P-450 per gram of tissue than do the livers of other species. For example, rat liver contains approximately 30 to 50 nmol/ of cytochrome P-450, whereas human liver contains 10 to 20 nmol/g. furthermore, human liver is 2 percent of body weight, whereas rat liver is approximately 4 percent.

Similarly, in men, amphetamine and ephedrine are predominantly metabolized by oxidative deamination, whereas in rats aromatic oxidation is the major route in phase-II reactions.

Similarly, in pigs, the phenol is excreted mainly as glucuronide whereas its sulphate conjugate dominates in cats.

#### e). **Strain difference**

just as the difference in drug metabolizing ability between species is attributed to genetics, the differences are observed between strains of same species also. It may be studied under two headings:

Pharmacogenetics: A study of inter-subject variability in drug response is called pharmacogenetics. The inter-subject variations in metabolism may either be monogenetically or polygenetically controlled. A polygenetic control is observed in twins.

In identical twins (monozygotic), very little or no difference in metabolism of halothane, phenylbutazone, dicoumarol and antipyrine was detected but large variations were observed in fraternal twins (dizygotic).

Ethnic variations: Differences observed in the metabolism of drug among different races are called ethnic variations. Such variations may be monomorphic or polymorphic. Example: Approximately equal percent of slow and rapid acetylators are found among whites and blacks whereas the slow acetylators dominate Japanese and Eskimo population.

#### f). **Altered physiological factors**

##### i. Pregnancy:

Pregnancy is known to affect hepatic drug metabolism. Physiological changes during pregnancy are probably responsible for the reported alteration in drug metabolism. These include elevated concentrations of various hormones such as estrogen, progesterone, placental growth hormone and prolactin. For example: in women, the metabolism of promazine and pethidine is reduced during pregnancy.

It was also confirmed by the study in animals. In pregnant Sprague-Dawley rats, hexobarbital biotransformation indicated unchanged or slightly elevated microsomal enzyme activity compared to normal rats.

#### ii. Disease states

there are many disease states that affect the metabolism of drugs. Some of them are cirrhosis of liver, alcoholic liver disease, cholestatic jaundice, diabetes mellitus, acromegaly, malaria, various bacterial and viral infections, etc. it can be seen that major effects are seen in the disease affecting liver as liver is quantitatively the important site for metabolism. The possible cause in the effect of metabolism due to diseases may be:

- Decreased enzyme activity in liver
- Altered hepatic blood flow
- Hypoalbuminaemia (leading to lower plasma binding of drugs).

For example: glycine conjugation of salicylates, oxidation of vitamin D and hydrolysis of procaine are impaired in kidney diseases.

#### iii). Hormonal imbalance

Higher level of one hormone may inhibit the activity of few enzymes while inducing that of others. Adrenalectomy, thyroidectomy and alloxan-induced diabetes in animals showed impairment in the enzyme activity with subsequent fall in the rate of metabolism. A similar effect was also observed in the pituitary growth hormone and stress related changes in ACTH levels.

### **3. Physicochemical properties of the drug**

Molecular size and shape, pKa, acidity/ basicity, lipophilicity and steric and electronic characteristics of the drug influence in interaction with the active sites of enzyme and the metabolism to which it is subjected. However, such an interrelationship is not clearly understood.

### **Conclusion**

The therapeutic efficacy, toxicity and biological half-life of a drug greatly depends on the metabolism of the drug and a number of factors affect the metabolism of the drug. Hence various factors affecting drug metabolism must be considered during administration and also in proper dosing of any drug to the patients.