

This viva will explore your knowledge of the pharmacokinetics in two areas: 1. Alcohol 2. Ageing
What is the pharmacokinetics of alcohol metabolism?

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Alcohol is absorbed rapidly across cell membranes (stomach 70%, duodenum 30%)

First pass metabolism is roughly 20%, resulting in a bioavailability of around 80%

Peak absorption occurs within 20 mins (increased if fasting) and total absorption 90mins

It has a relatively large volume of distribution and crosses the BBB

it is metabolised in the liver via alcohol dehydrogenase to acetylaldehyde

this is further metabolised into acetate by aldehyde dehydrogenase

most text indicate metabolism demonstrates zero order kinetics at normal doses

it is excreted in the urine as metabolites

“What is the difference between zero order kinetics and first order kinetics?”

First order kinetics indicate that rate of clearance is dependent on drug concentration

Zero order kinetics indicate that the rate is independent of drug concentration

Other examples of drugs with zero order kinetics include phenytoin and aspirin

“Define volume of distribution and show how loading doses may be calculated”

Vd is the total amount of drug in the body divided by the plasma concentration

Loading dose = Vd x desired plasma concentration

“What changes are expected in the elderly with respect to pharmacokinetics?”

Pharmacokinetic changes result from changes in body composition and renal/hepatic function

reduction in lean body mass coupled with the increase in percentage of body fat

reduced serum albumin and total body water

clearance of many drugs is reduced in the elderly

Renal function variably declines to ~50% of that in young adults

Hepatic blood flow and drug metabolism vary considerably

activity of hepatic CYPs are reduced

but conjugation mechanisms are relatively preserved