

Pharmacokinetics IV summary

Topic	Details	
Excretion of Drugs	Excretion occurs via kidneys (glomerular filtration, proximal convoluted tubules, distal convoluted tubules), also via bile, lungs, saliva, sweat, and milk.	
glomerular filtration	Free drug molecules smaller than the glomerular pores are filtered into Bowman's capsule.	
proximal convoluted tubules	Active secretion through acid carriers (e.g., penicillin) and basic carriers (e.g., quinine).	
distal convoluted tubules	Lipophilic drugs may be reabsorbed. Alkalinization increases acidic drug excretion, acidification increases basic drug excretion.	
Kinetics Orders	First Order: Elimination proportional to concentration. Zero Order: Constant amount eliminated per time unit.	
Elimination Half-Life (t1/2)	Time to reduce plasma concentration by half. $t1/2 = 0.7 * Vd / CLs.$ Therapeutic effect after 4-5 half-lives.	
Factors affecting elimination	State of eliminating organ Plasma protein binding (highly bound drugs=slow elimination) Vd of drug (high Vd = longer to eliminate)	
Steady-State Plasma Concentration (Css)	Reached after 4-5 half-lives. Css Proportional to dose.	
Systemic Clearance (CLs)	Volume cleared from drug per unit time. Used to calculate maintenance dose.	
Loading Dose & Maintenance Dose	Loading Dose = Vd * TC. Maintenance Dose = CLs * TC.	

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Characteristic	First-Order Kinetics	Zero-Order Kinetics
Rate of Elimination	Proportional to the drug concentration	Constant amount eliminated per unit time
Percentage or Amount	Percentage of drug eliminated remains constant (e.g., 50% of remaining drug)	Fixed amount eliminated (e.g., 10 mg/hour)
Half-Life	Constant half-life regardless of concentration	Half-life varies based on drug concentration
Reach Steady-State Concentration (Css) ?	YES	NO
Toxicity Risk	NO	YES

A quick summary from the lecture ,make sure to review it

Good luck 😂