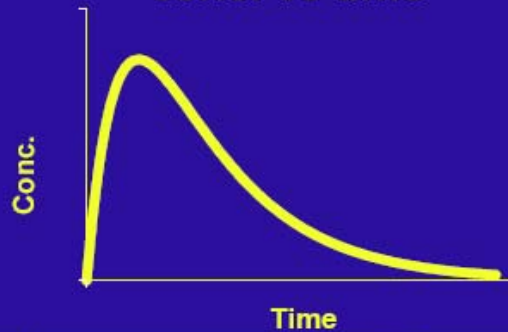


Φαρμακοκινητικοί – Φαρμακοδυναμικοί Δείκτες (PK/PD index)

Διαμαντής Πλαχούρας
Λέκτορας Παθολογίας – Λοιμώξεων
Δ' Παθολογική Κλινική

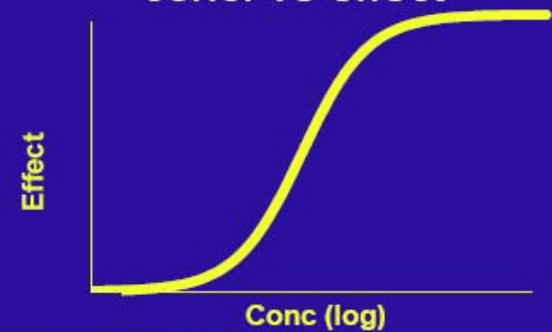
Pharmacokinetics

conc. vs time



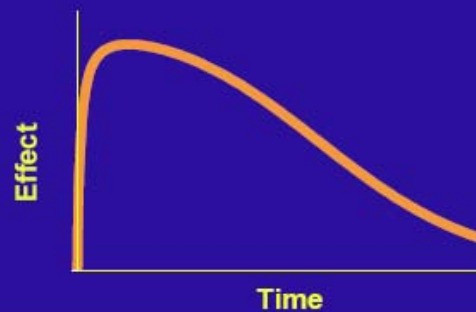
Pharmacodynamics

conc. vs effect



PK/PD

effect vs time



Στόχος αντιμικροβιακής θεραπείας

Αποτελεσματική αντιμετώπιση της λοίμωξης

?

Συγκέντρωση του αντιμικροβιακού >
MIC



Παράμετροι που σχετίζονται
ποσοτικά με την
αποτελεσματικότητα

PK/PD δείκτες

$$T > MIC$$

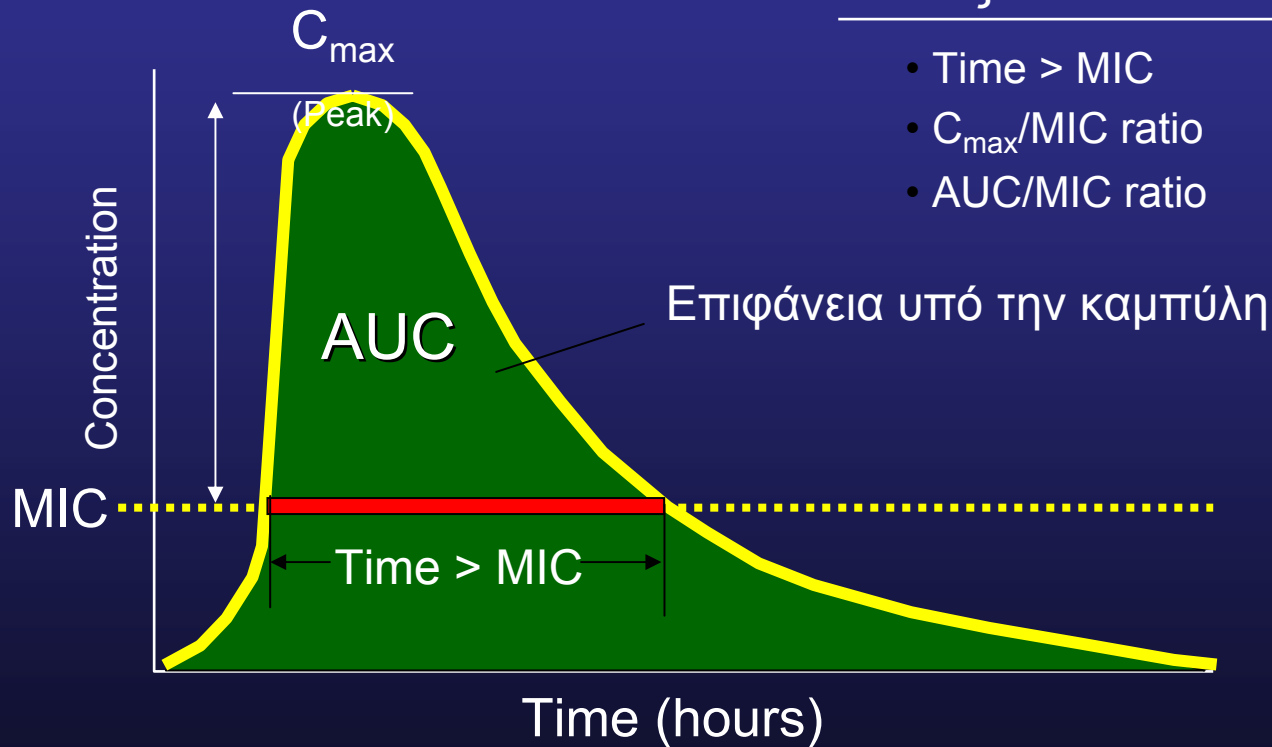
$$AUC / MIC$$

$$C_{max} / MIC$$

Φαρμακοκινητική

Δείκτες PK/PD

- Time > MIC
- C_{max}/MIC ratio
- AUC/MIC ratio



Μοντέλο μηρού ουδετεροπενικού ποντικού

- Λοίμωξη στον μηρό ουδετεροπενικού ποντικού
- Διάφορα δοσολογικά σχήματα
- Υπολογισμός φαρμακοκινητικών παραμέτρων
- Μέτρηση αποικιών μικροβίου (cfu / ml) στις 24 ώρες
- Γράφημα PD παραμέτρων προς αποτέλεσμα



Neutropenic Mouse Thigh-Infection Model



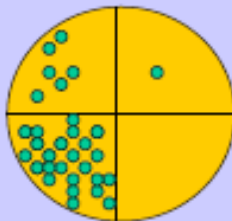
1. Neutropenia induced by 2 injections of cyclophosphamide on days -4 and -1



2. Bacteria injected into thighs on day 0 (10^{4-7})

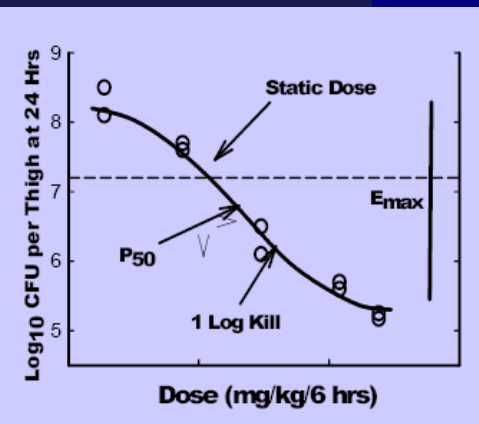
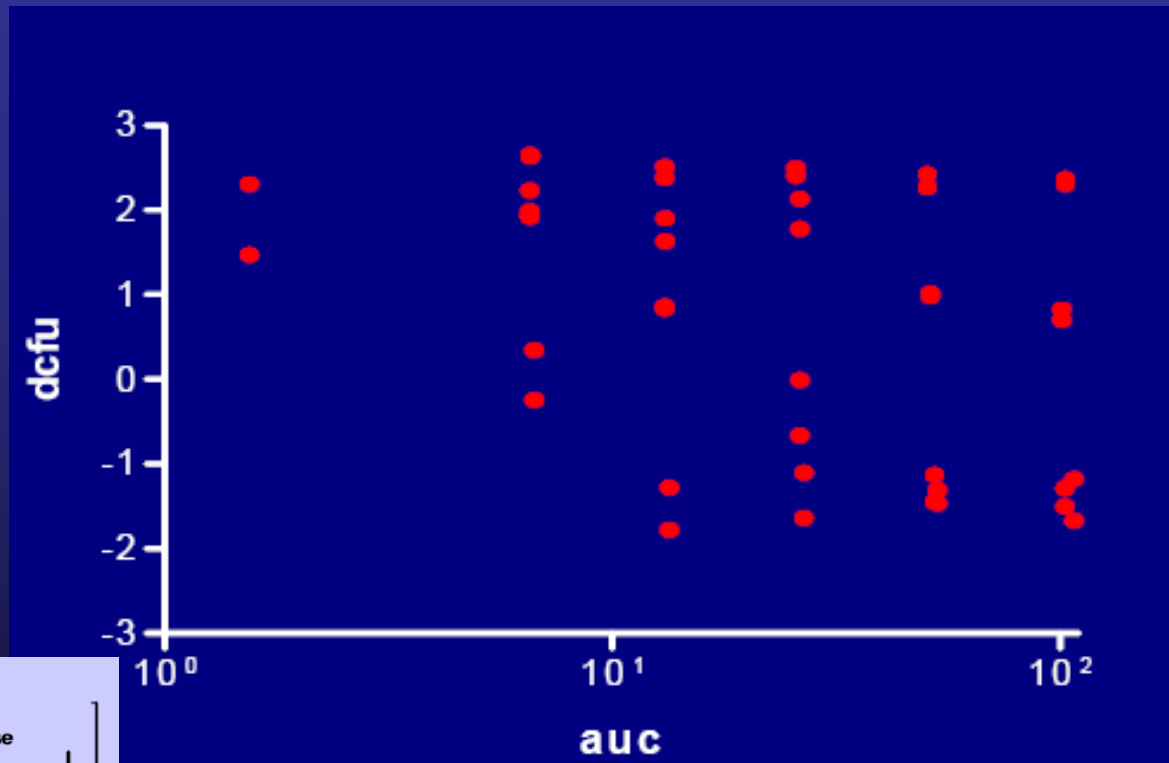


3. Treatment (usually given SQ) started 2 hr after infection and continued for 1-5 days

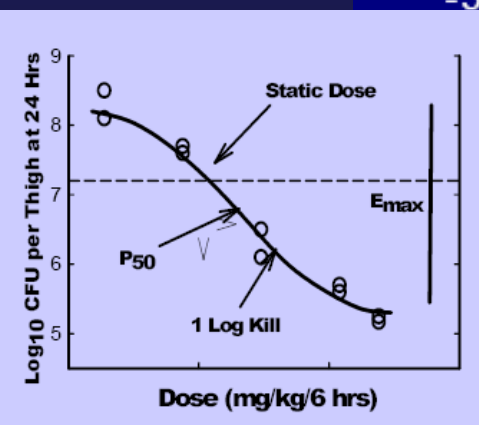
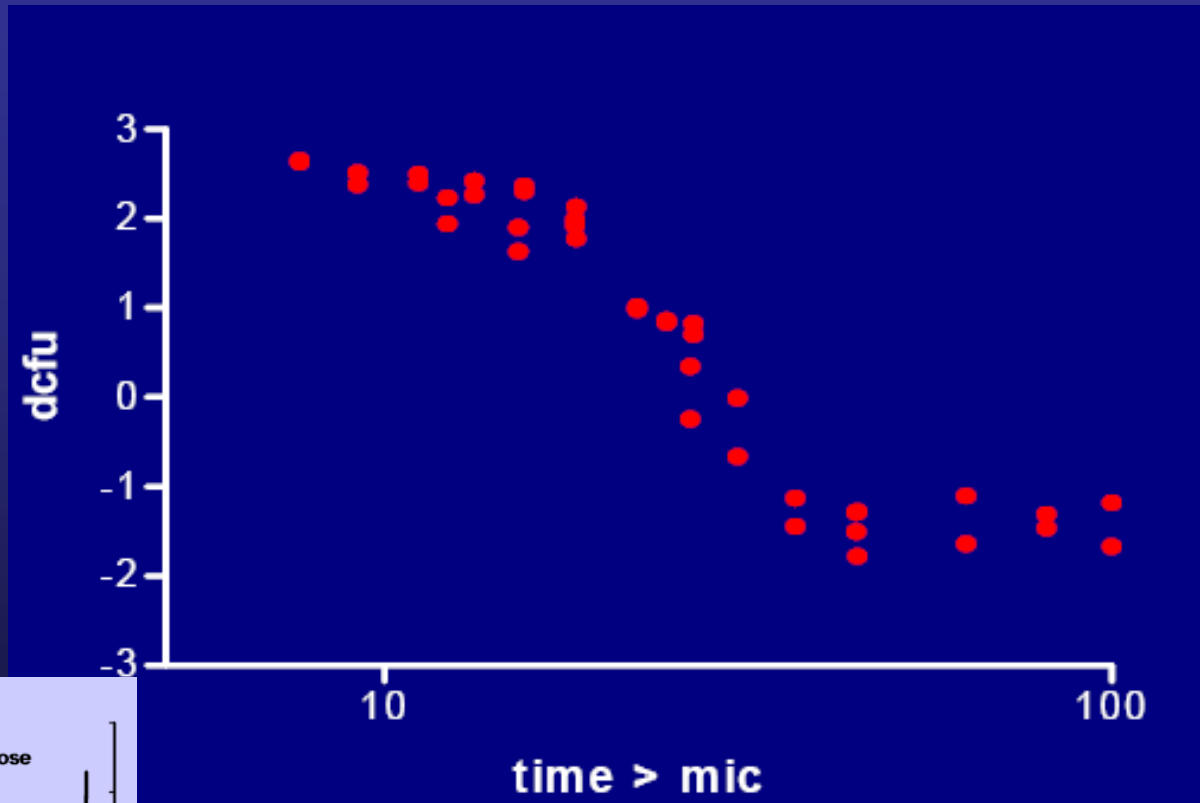


4. Thighs removed, homogenized, serially diluted and plated for CFU determinations

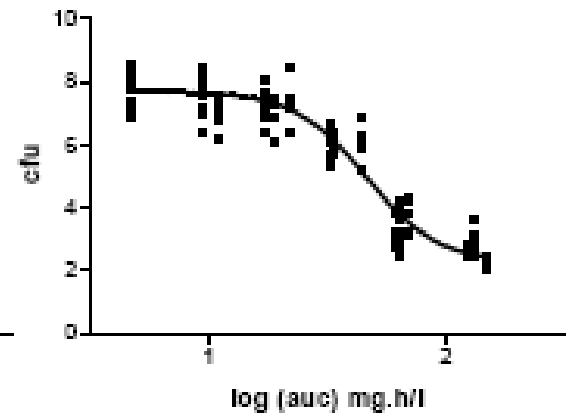
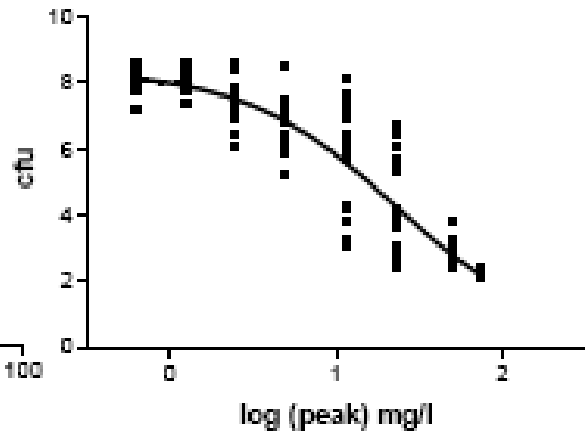
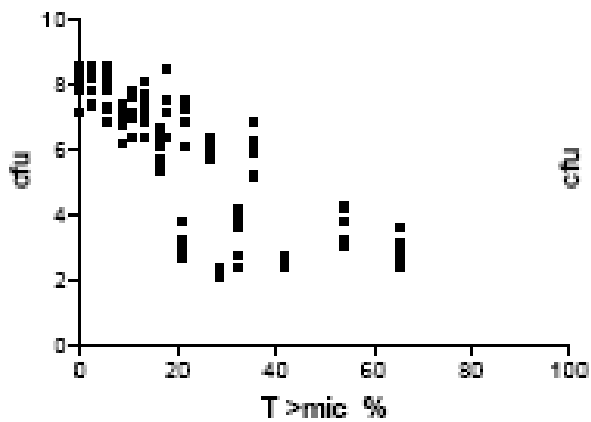
Meropenem vs. Klebsiella



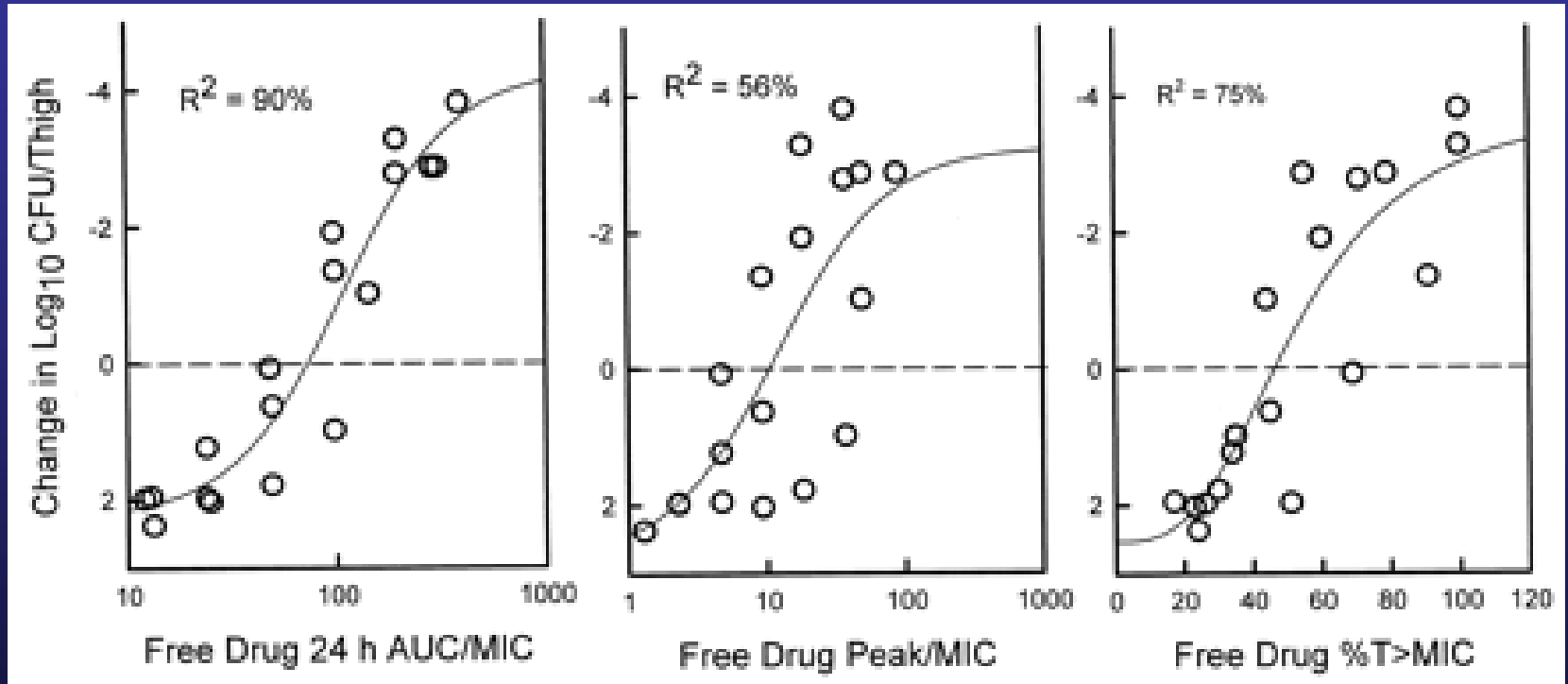
Meropenem vs. Klebsiella

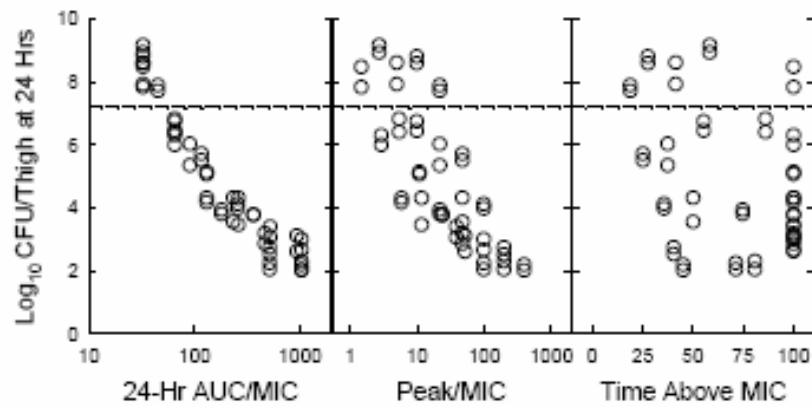


Λεβοφλοξασίνη vs *Streptococcus pneumoniae*

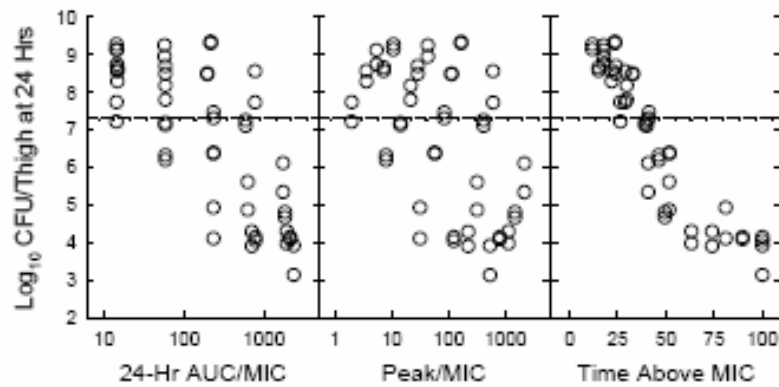


Garenoxacin vs *Str. pneumoniae*



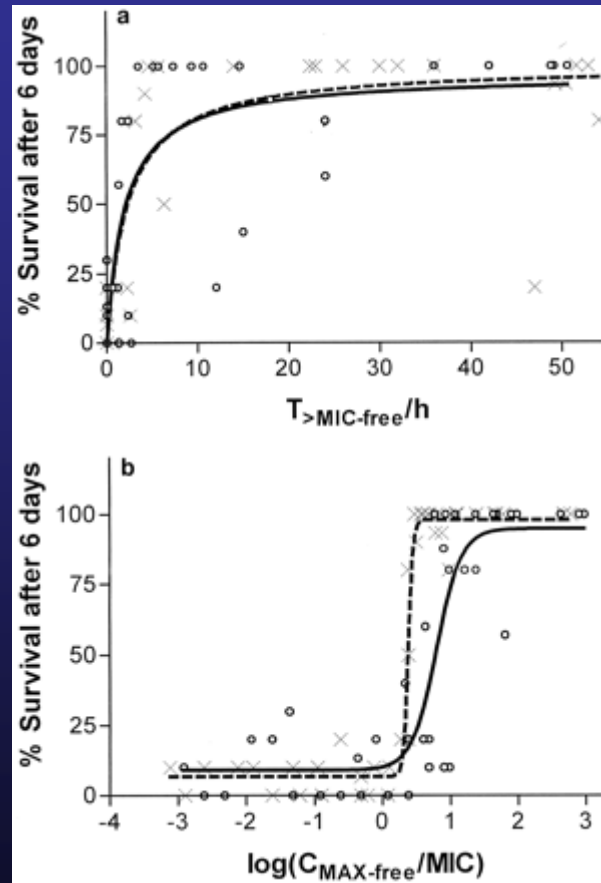


levofloxacin



ceftazidim

PK/PD δείκτες και γλυκοπεπτίδια



T>MIC

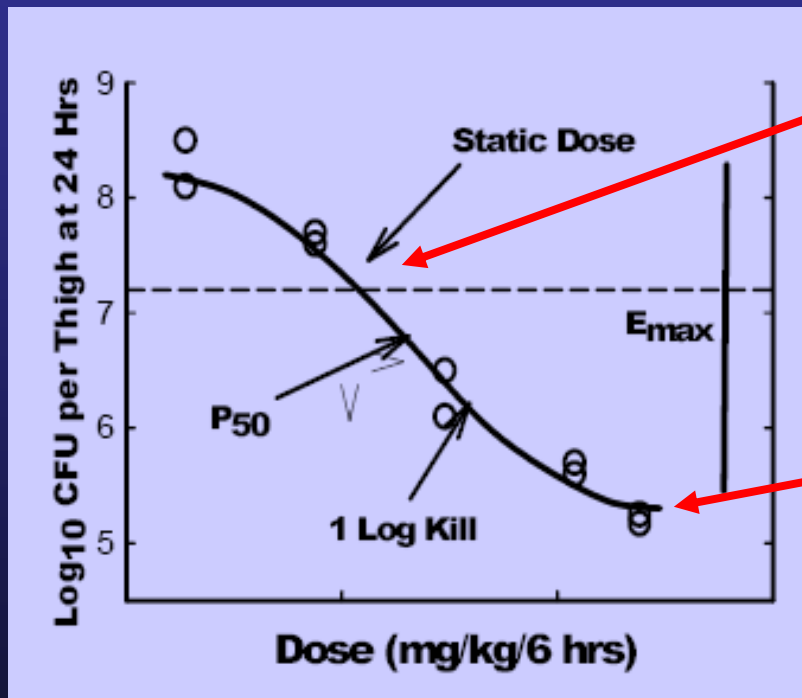
Penicillins
Cephalosporins
Carbapenems
Monobactams
Tribactams

AUC

Aminoglycosides
Fluoroquinolones
Metronidazole
Lipopeptides
Ketolides
Macrolides
Clindamycin
Streptogramins
Glycopeptides
Glycylcyclines
Oxazolidinones
Tetracyclines
Azoles

Μέγεθος δείκτη PK/PD

- Αντιμικροβιακό
- Μικροοργανισμός
- Ανοσολογική επάρκεια ξενιστή
 - Φυσιολογικός
 - Ουδετεροπενικός
- Θέση λοίμωξης
- Πρωτεΐνοδέσμευση
- Μικροβιακό inoculum



Βακτηριοστατικό αποτέλεσμα

- Ανοσοεπαρκείς
- Λοιμώξεις σε «εύκολα» διαμερίσματα

Βακτηριοκτόνο αποτέλεσμα

- Ουδετεροπενικοί
- Ασθενείς ΜΕΘ
- Ενδοκαρδίτιδα, μηνιγγίτιδα

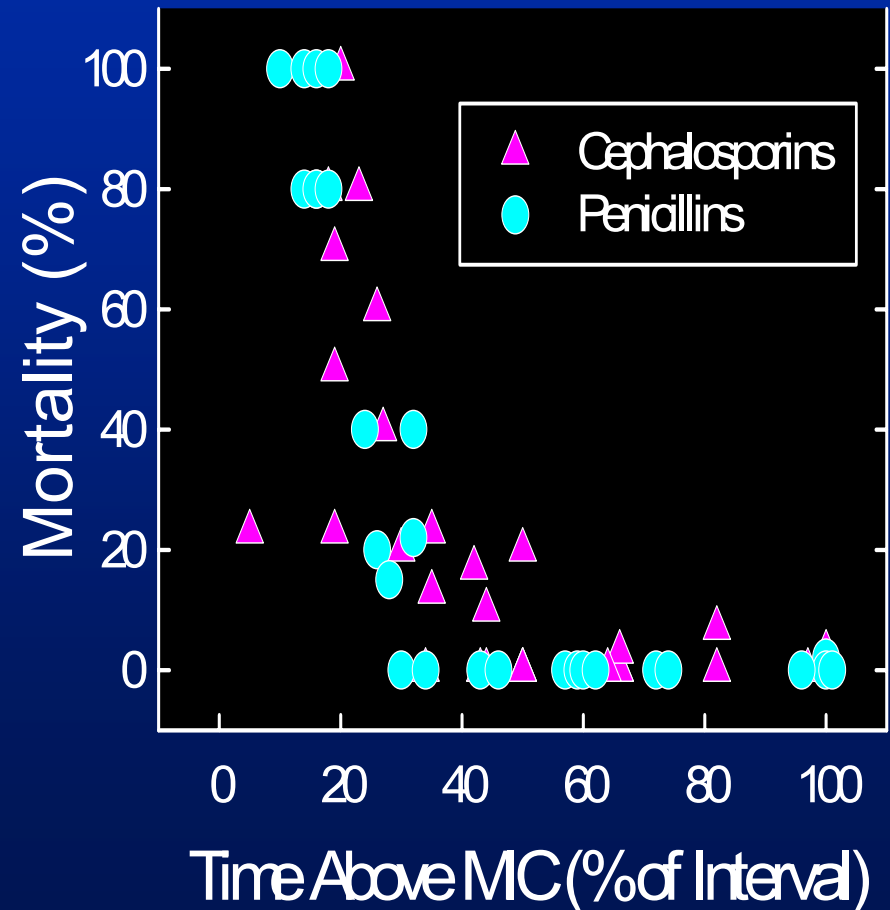
Pharmacodynamic Goals (T>MIC as percent of Interval) with Beta-Lactams

<u>Class</u>	<u>Organism</u>	<u>Stasis</u>	<u>Killing</u>
Cephalosporins	GNR, pneumo	40-50	70-80
	Staph	20-30	40-50
Penicillins	GNR, pneumo	30-40	60-70
	Staph	20-30	40-50
Carbapenems	GNR, staph	20-30	40-50
	Pneumo	10-20	25-40

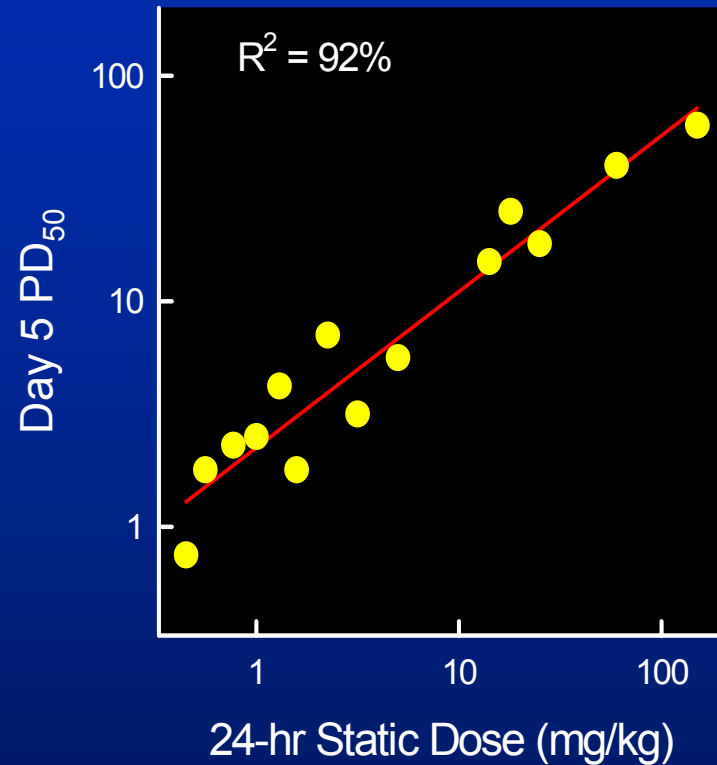
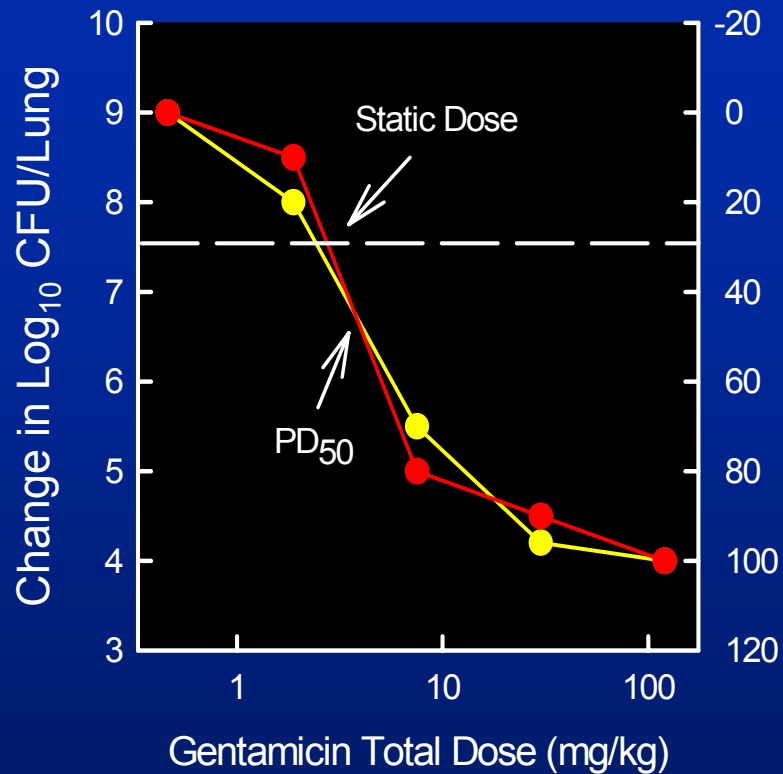
Literature Review for $T > MIC$ for Beta-Lactams Versus Mortality in Animal Models

- At least 48 hours of treatment
- Mortality 80-100% in untreated controls
- Pharmacokinetics provided to calculate magnitude of PK/PD parameter
- Mortality recorded within 24 hrs after last dose of drug
- Data from 3 animal species and 4 sites of infection

Streptococcus pneumoniae



Correlation Between Bacterial Numbers After 24-hr of Therapy and Survival After 4-5 Days of Therapy

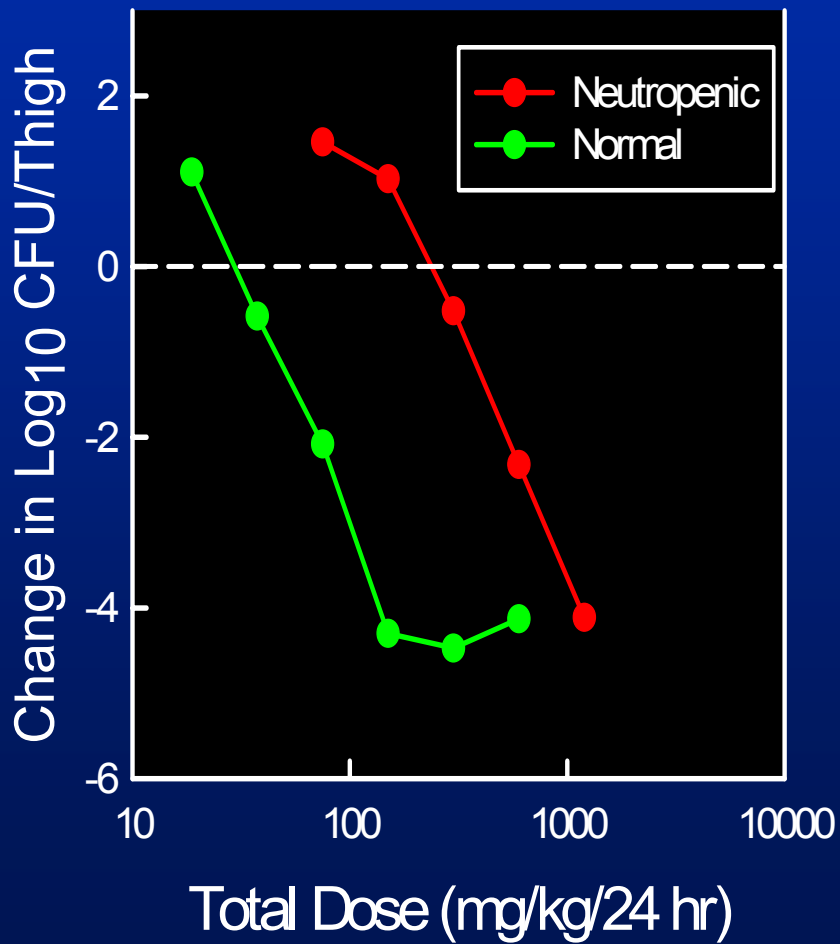


3 Quinolones
2 Aminoglycosides
4 B-lactams

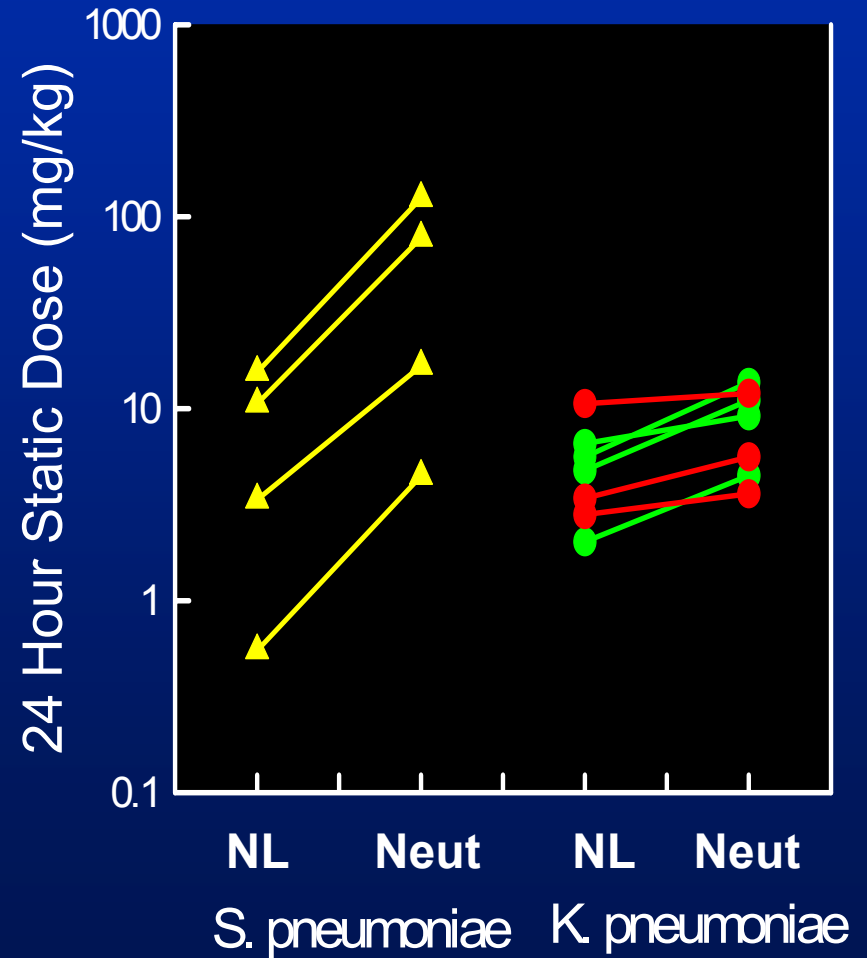
K. pneumoniae
P. aeruginosa
S. pneumoniae

Thigh
Lung

Ciprofloxacin Dose-Response Relationship Against *S. pneumoniae* in Both Normal and Neutropenic Mice

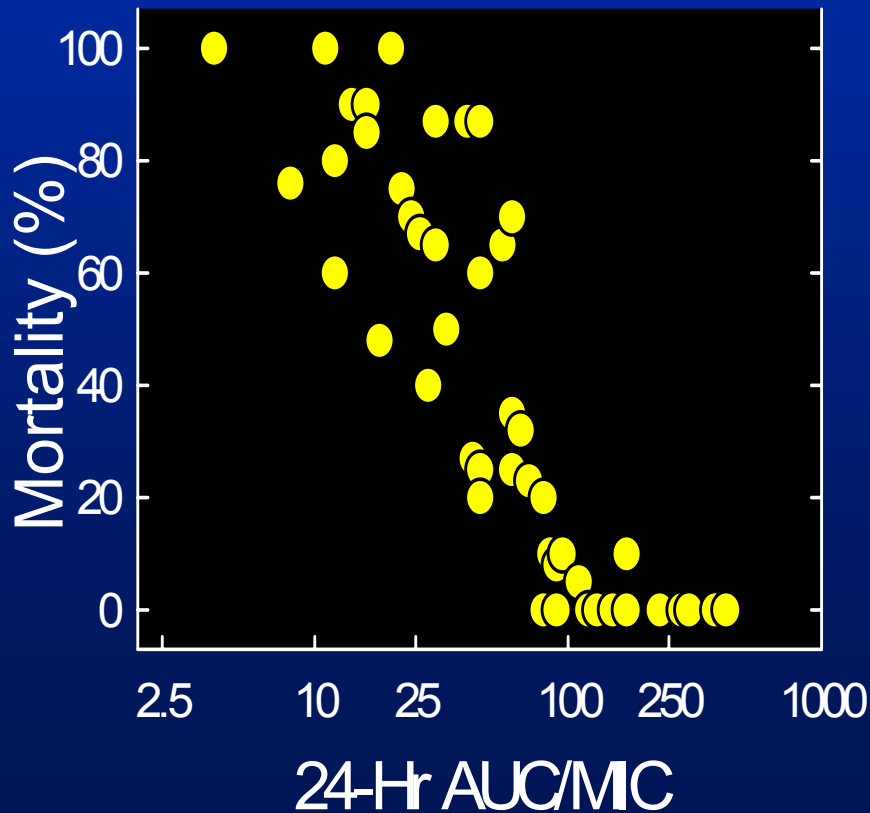


Impact of Neutrophils on the 24 hr Static Dose of Selected Quinolones Against *S. pneumoniae* and *K. pneumoniae*

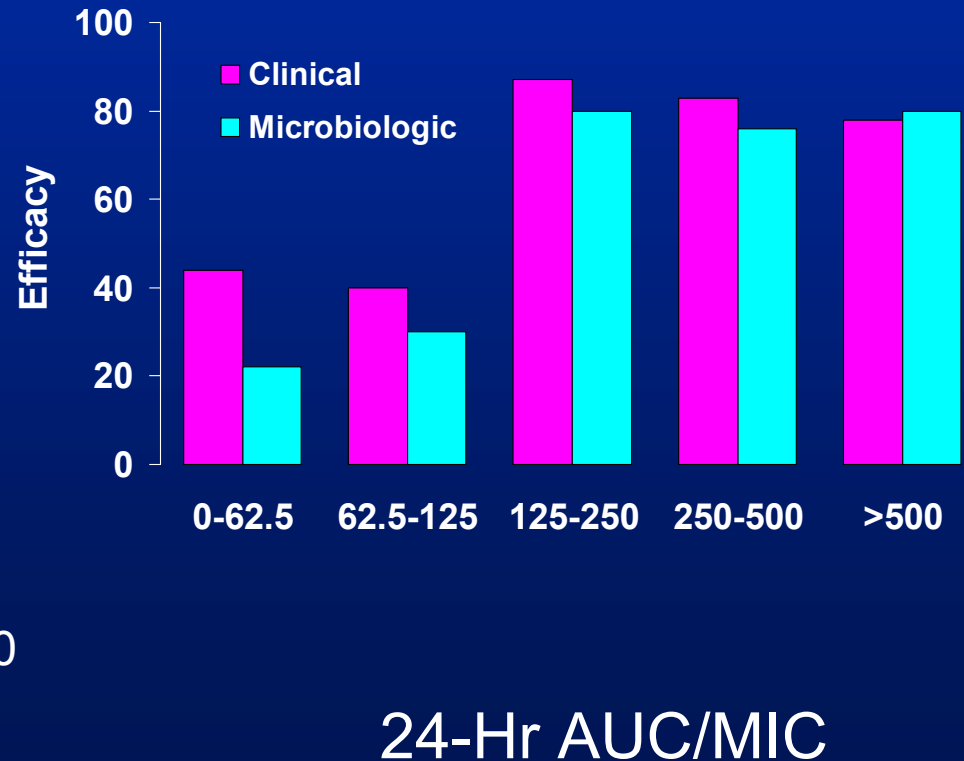


Comparison of the Relationships Between Efficacy and 24-Hr AUC/MIC for Fluoroquinolones in Animal Models and Infected Patients

Animals - Literature Review



Seriously ill patients + Ciprofloxacin



Inoculum effect

Impact of Inocula on Static Dose against Staphylococci for Different Antibacterials

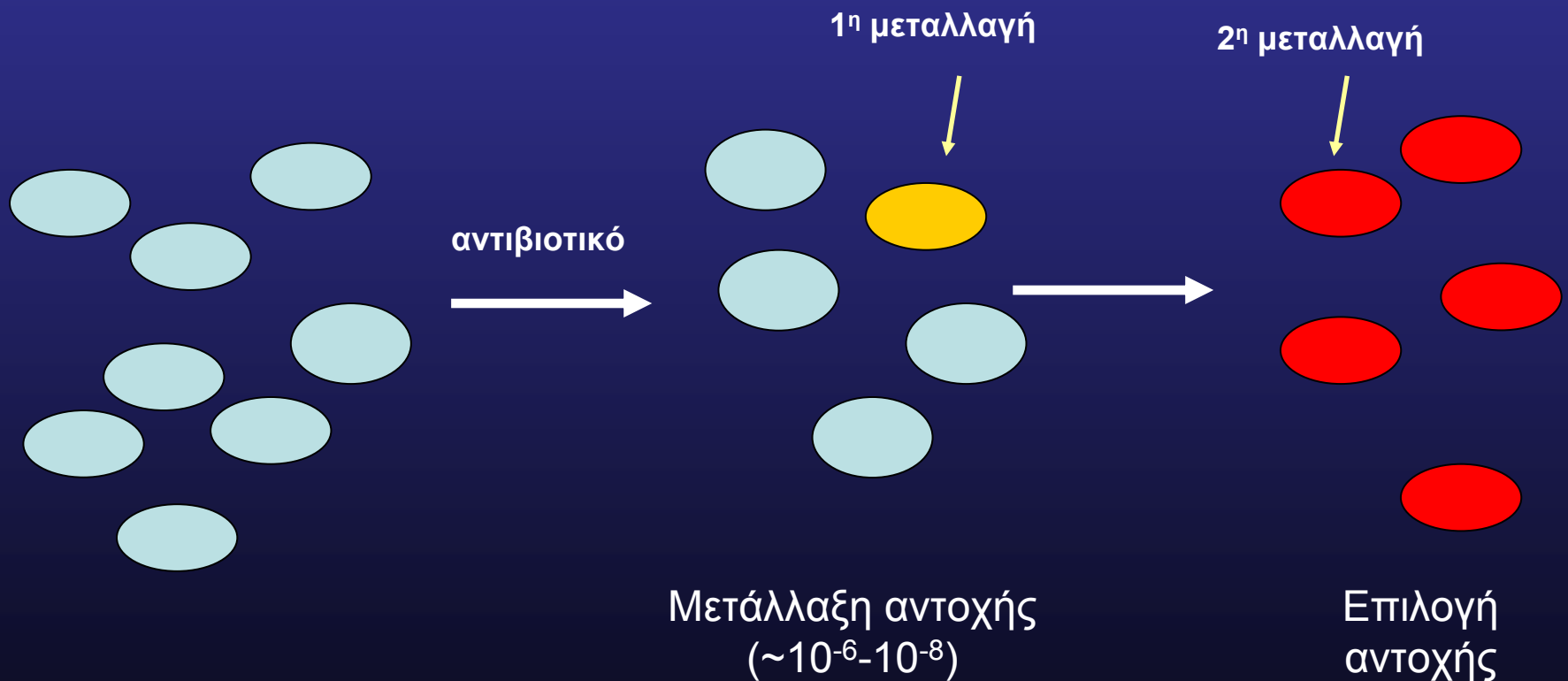
<u>Drug</u>	<u>Increase in Static Dose for Inocula from 10^5 to 10^7</u>
Vancomycin	13- to 25-fold
Linezolid	2- to 8-fold
Daptomycin	3- to 7-fold
Ceftobiprole	2- to 5-fold

PK PD και αντοχή

Μπορούμε να χρησιμοποιήσουμε
τις αρχές ΡΚ/ΡD με σκοπό να
προλάβουμε την

ΑΝΑΠΤΥΞΗ **ΑΝΤΟΧΗΣ;**

Μοντέλο ανάπτυξης αντοχής



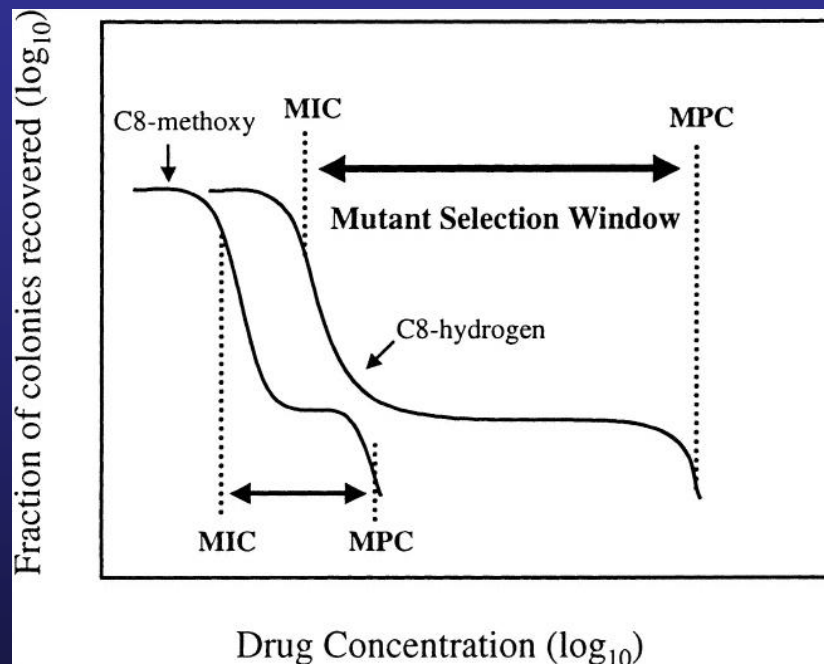
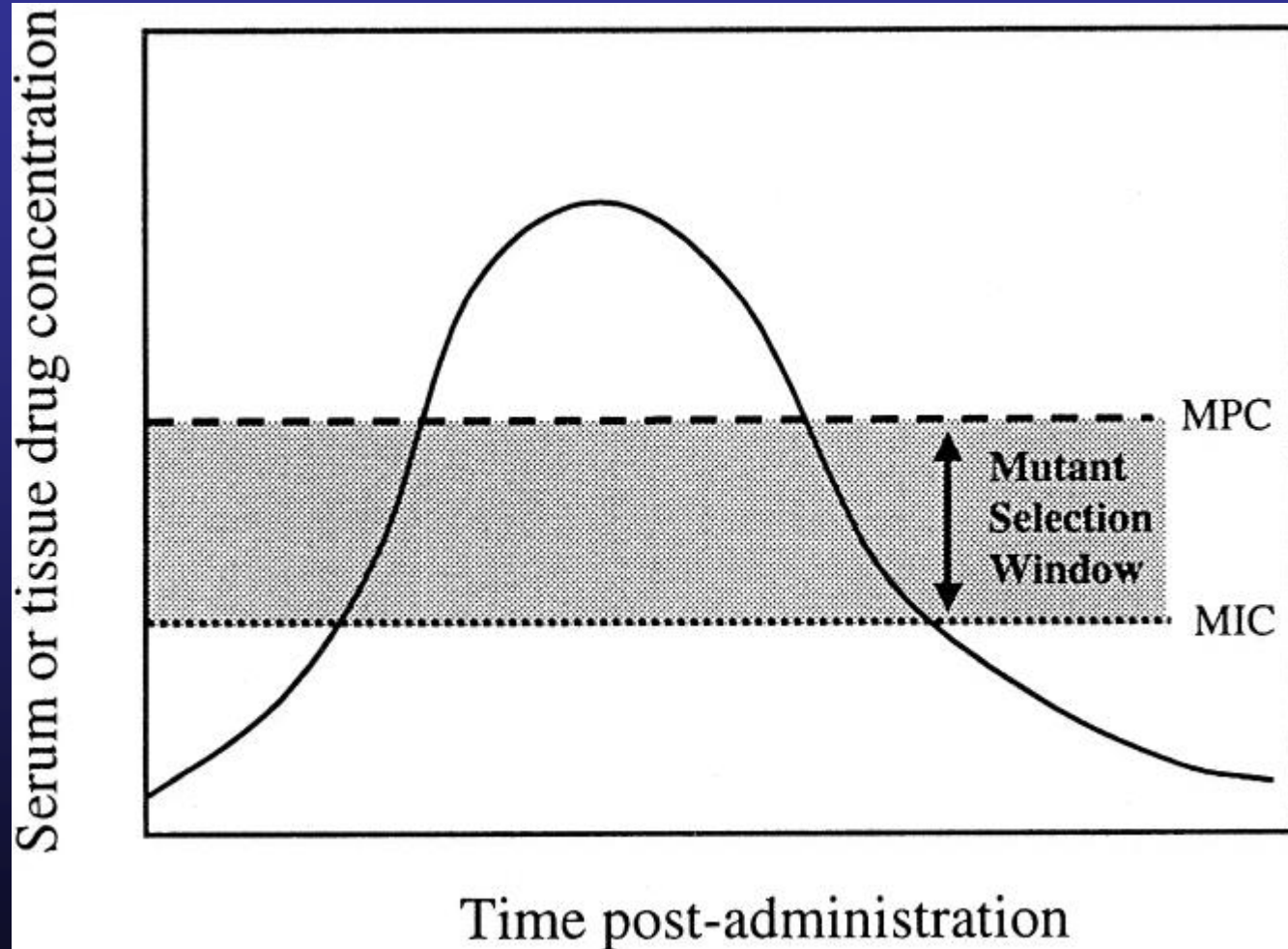
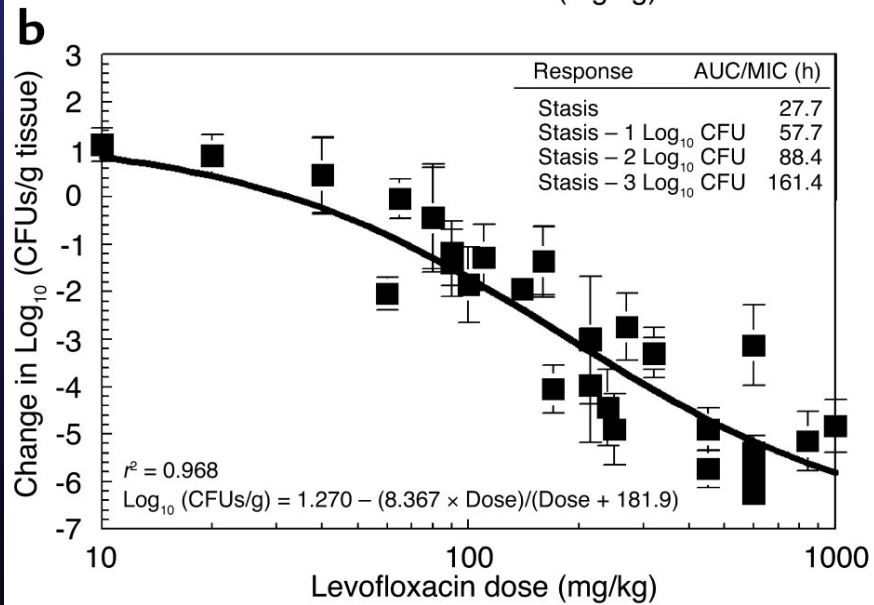
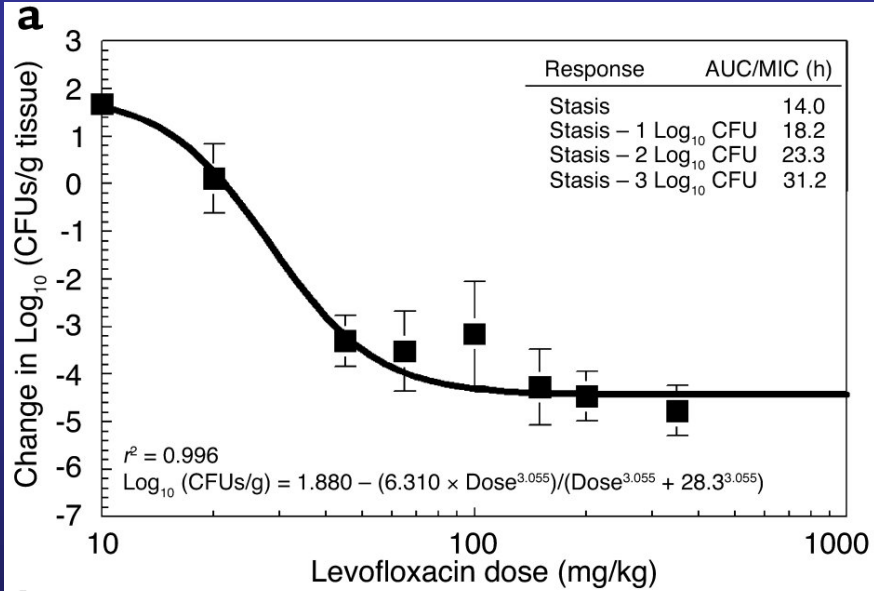
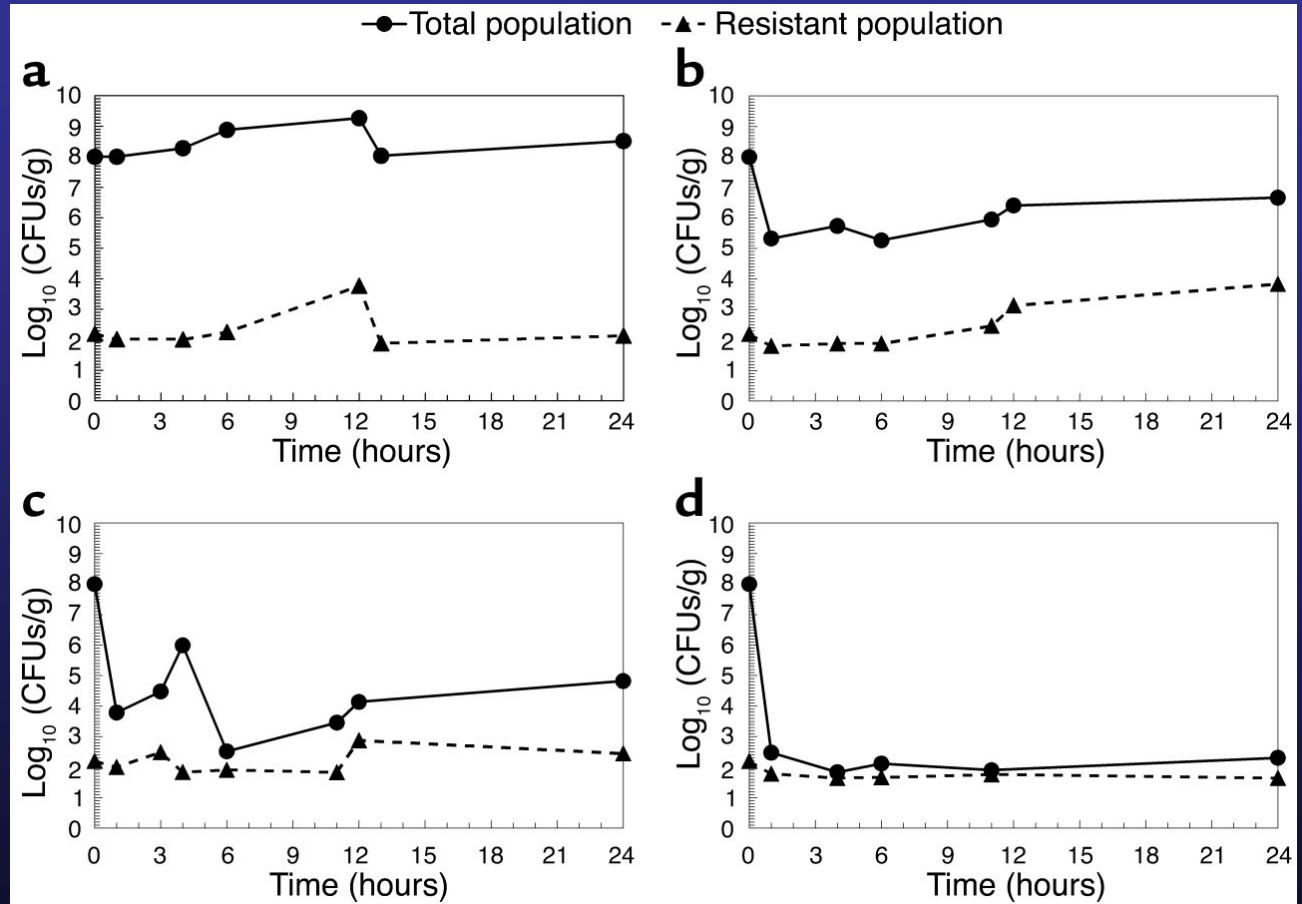


Figure 2. Effect of fluoroquinolone concentration on selection of resistant mutants. *Mycobacterium bovis* BCG was applied to agar plates containing various concentrations of fluoroquinolone, and, after suitable incubation, colonies were counted. The figure is stylized from data in [24], and the fraction of cells recovered at the plateaus was about 1 in 108. MIC and mutant prevention concentration (MPC) are indicated by dotted lines, and the mutant selection windows are indicated by the double-headed arrows. In principle, the lower boundary of the window occurs at the drug concentration where growth inhibition of susceptible cells begins, a concentration that is difficult to determine. We use MIC for inhibition of 99% of the cells in a population to approximate this limit. MICs determined according to the NCCLS standards can also be used for approximation of the lower limit.

Mutant selection window







MPC κινολονών

	Δόση	MIC	MPC	Cmax	t 1/2
Λεβοφλοξασίνη	500 mg	1	8	5.7	8
Μοξιφλοξασίνη	400 mg	0.25	2	4.5	12

Brief Report

RESISTANCE TO LEVOFLOXACIN
AND FAILURE OF TREATMENT
OF PNEUMOCOCCAL PNEUMONIA

ROSS DAVIDSON, PH.D., RODRIGO CAVALCANTI, M.D.,
JAMES L. BRUNTON, M.D., DARRIN J. BAST, PH.D.,
JOYCE C.S. DE AZAVEDO, PH.D., PAMELA KIBSEY, M.D.,
CHRISTINE FLEMING, M.L.T., AND DONALD E. LOW, M.D.

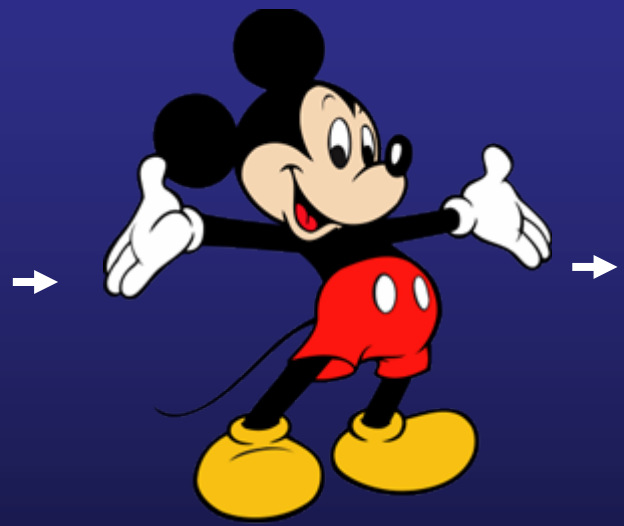
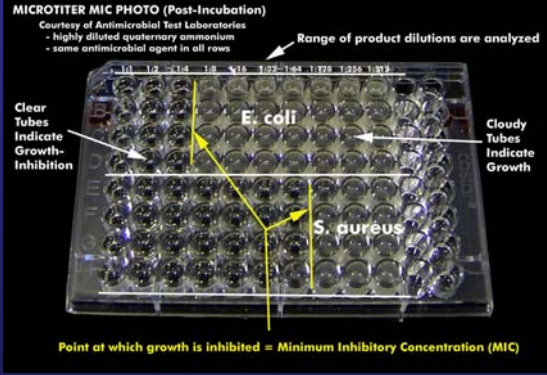
N Engl J Med, Vol. 346, No. 10 · March 7, 2002

MAJOR ARTICLE

Emergence of Levofloxacin-Resistant
Pneumococci in Immunocompromised
Adults after Therapy for Community-Acquired
Pneumonia

Kevin B. Anderson,¹ James S. Tan,¹ Thomas M. File, Jr.,¹ Joseph R. DiPersio,¹ Barbara M. Willey,²
and Donald E. Low²

¹Summa Health System, Akron, Ohio; and ²Toronto Medical Laboratories/Mount Sinai Hospital Department of Microbiology, University of Toronto, Toronto, Ontario, Canada



Ευχαριστώ