



Tishk International University  
Faculty of Applied Science  
Medical Analysis Department

# PHARMACOKINETICS (ADME)

Lecture – 2  
Second Semester  
09-02-2026

Dr. Sami Mamand

# Course Description

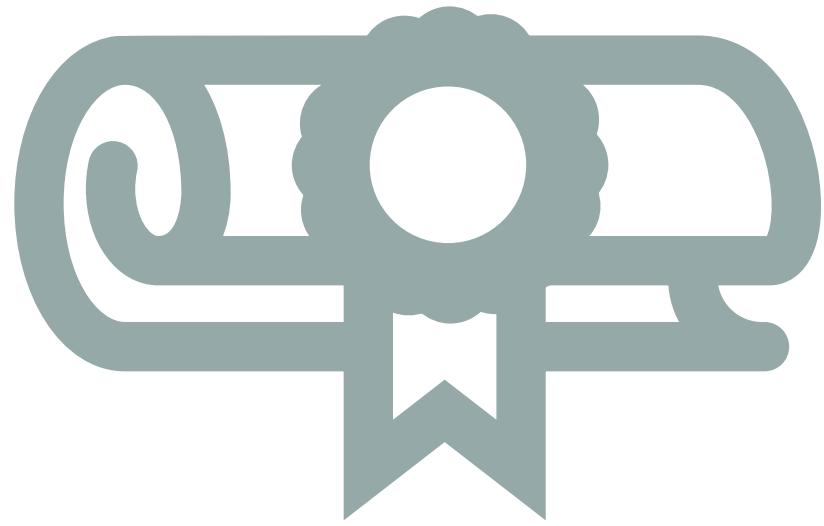
This course introduces the fundamental principles of pharmacology, focusing on:

- Drug classification systems
- Mechanisms of drug action
- Pharmacokinetics (ADME)
- Pharmacodynamics
- Drug–drug interactions
- Toxicology and drug safety



| Week | Topic                             |
|------|-----------------------------------|
| 1    | Introduction to Pharmacology      |
| 2    | Pharmacokinetics (ADME)           |
| 3    | Pharmacodynamics                  |
| 4    | Steroid & Non-Steroid Drugs       |
| 5    | Nervous System Pharmacology       |
| 6    | Cardiovascular Pharmacology       |
| 7    | Antimicrobial Agents              |
| 8    | Endocrine & Metabolic Drugs       |
| 9    | Hematology & Chemotherapy         |
| 10   | General Toxicology                |
| 11   | Clinical Toxicology & Drug Safety |
| 12   | Student Presentations & Review    |

# COURSE SYLLABUS



## Outline

- Pharmacology
- Introduction to pharmacokinetics
- Detecting drugs & their metabolites
- Toxicology testing in clinical trials

# Learning Objectives

Outline the processes studied in pharmacokinetics.

Describe how blood & urine test results determine the absorption & elimination rates.

Establish the utility of screening for recreational drug metabolites in clinical trials.

Outline how LCMS & GCMS work.



# Pharmacology

Pharmacology is the biomedical science that investigates:

- The chemical agents (drugs) that interact with biological systems to modify physiological and pathological processes, and the quantitative principles governing their therapeutic and toxic effects.

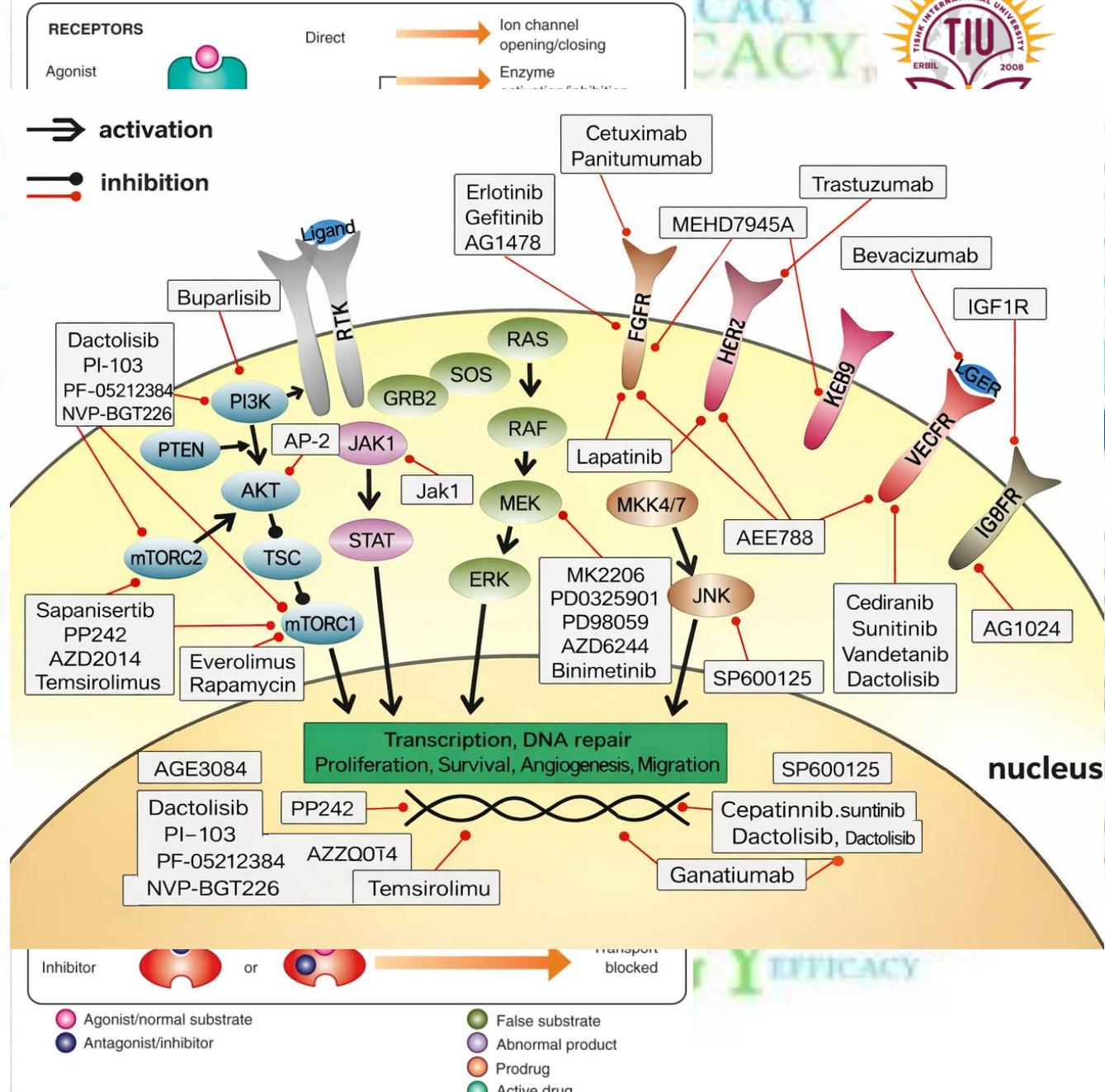
# Pharmacology

## Pharmacology examines:

- Molecular targets such as receptors, enzymes, ion channels, and transporters
- Signal-transduction pathways activated or inhibited by drugs
- Concentration–time relationships in plasma and tissues
- Dose–response behavior and therapeutic windows
- Mechanisms of toxicity, resistance, and adverse reactions
- Genetic and disease-related variability in drug response

### Targets for drug action

The initial step in the cascade of biochemical events resulting in drug action mostly consists in the binding of drugs to specific cellular targets. These can be broadly divided into four categories: (1) receptors, (2) ion channels, (3) enzymes, and (4) carrier proteins (Fig. 123.2). The majority of important drugs act on one of these types of proteins. Table 123.1 shows the targets of some pharmacologic agents commonly used in the pediatric intensive care unit (ICU).



# Core Components of Pharmacology

Pharmacology has two main pillars:

- Pharmacokinetics (PK): What the body does to the drug → absorption, distribution, metabolism, excretion
- Pharmacodynamics (PD): What the drug does to the body → receptors, mechanisms, effects, toxicity



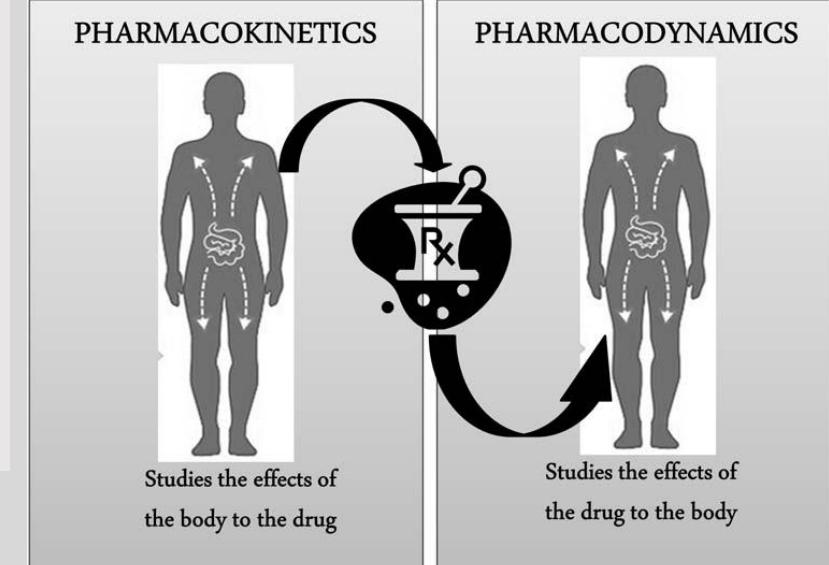
# Pharmacokinetics (PK) & Pharmacodynamics (PD)

**PK is what the body does to the drug (ADME)**

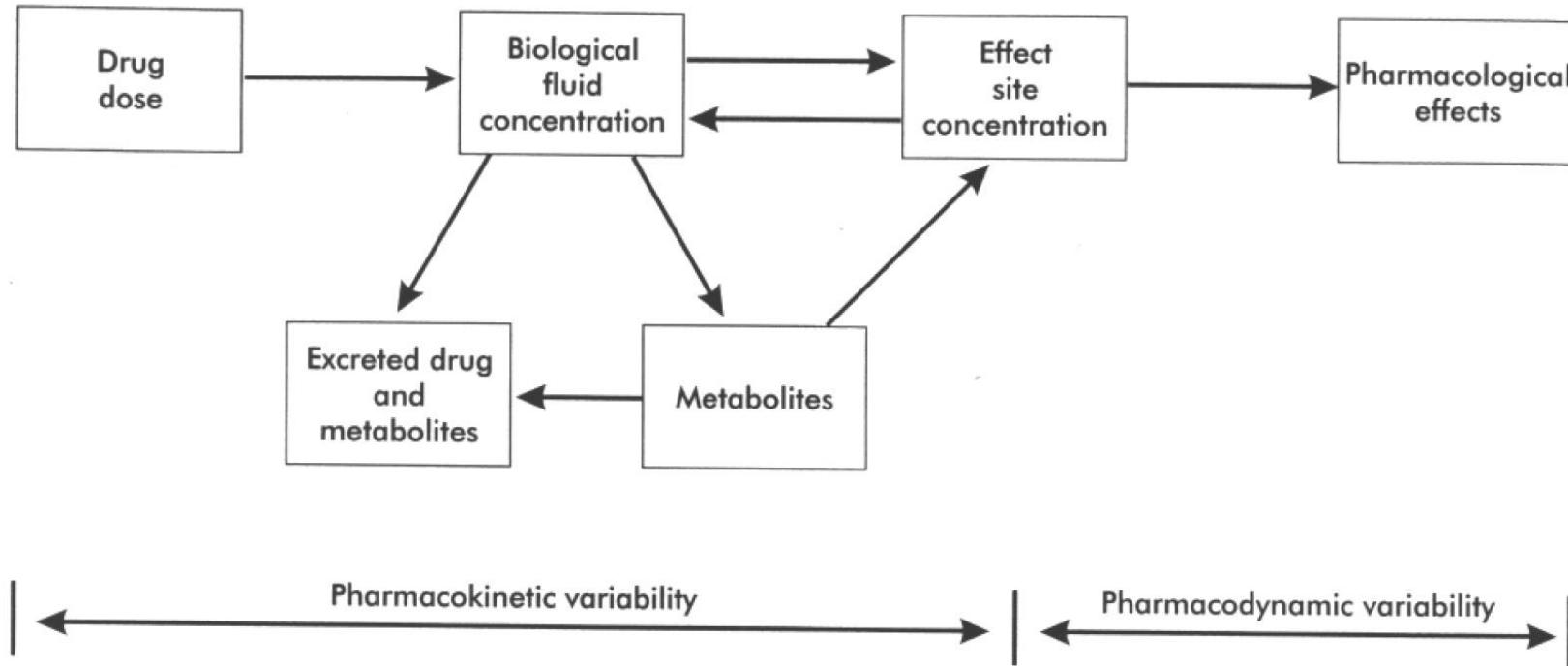
- absorption
- distribution
- metabolism
- excretion

**PD is what the drug does to the body**

- molecular response
- biochemical effect
- physiological impact

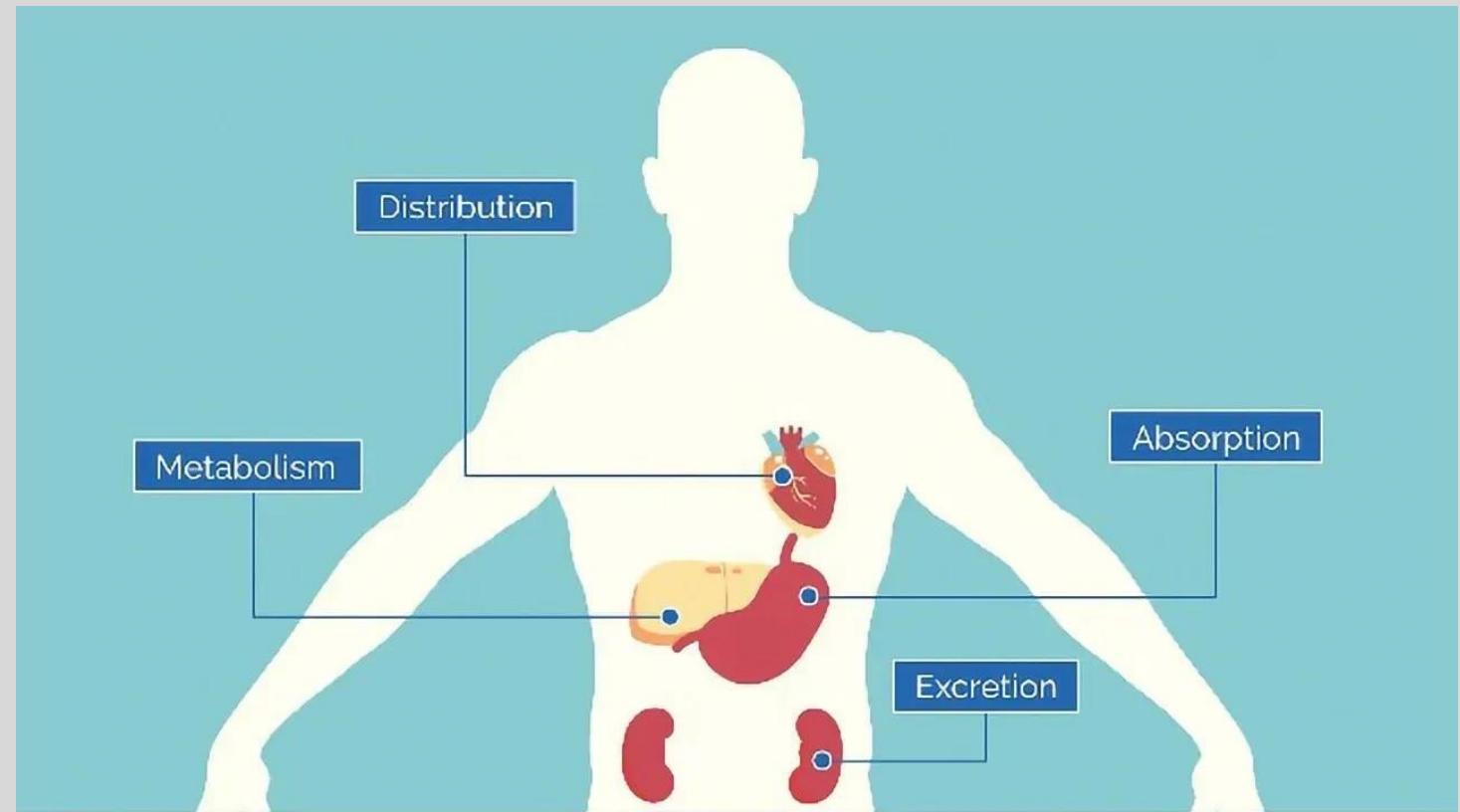


# Pharmacokinetics (PK) & Pharmacodynamics (PD)



# Pharmacokinetics

- Absorption
- Distribution
- Metabolism
- Excretion



# Pharmacokinetics

## Absorption

- depends on the route of administration

## Distribution

- depends on solubility: water-soluble vs lipid-soluble
- depends on binding to blood proteins (albumin)

## Metabolism

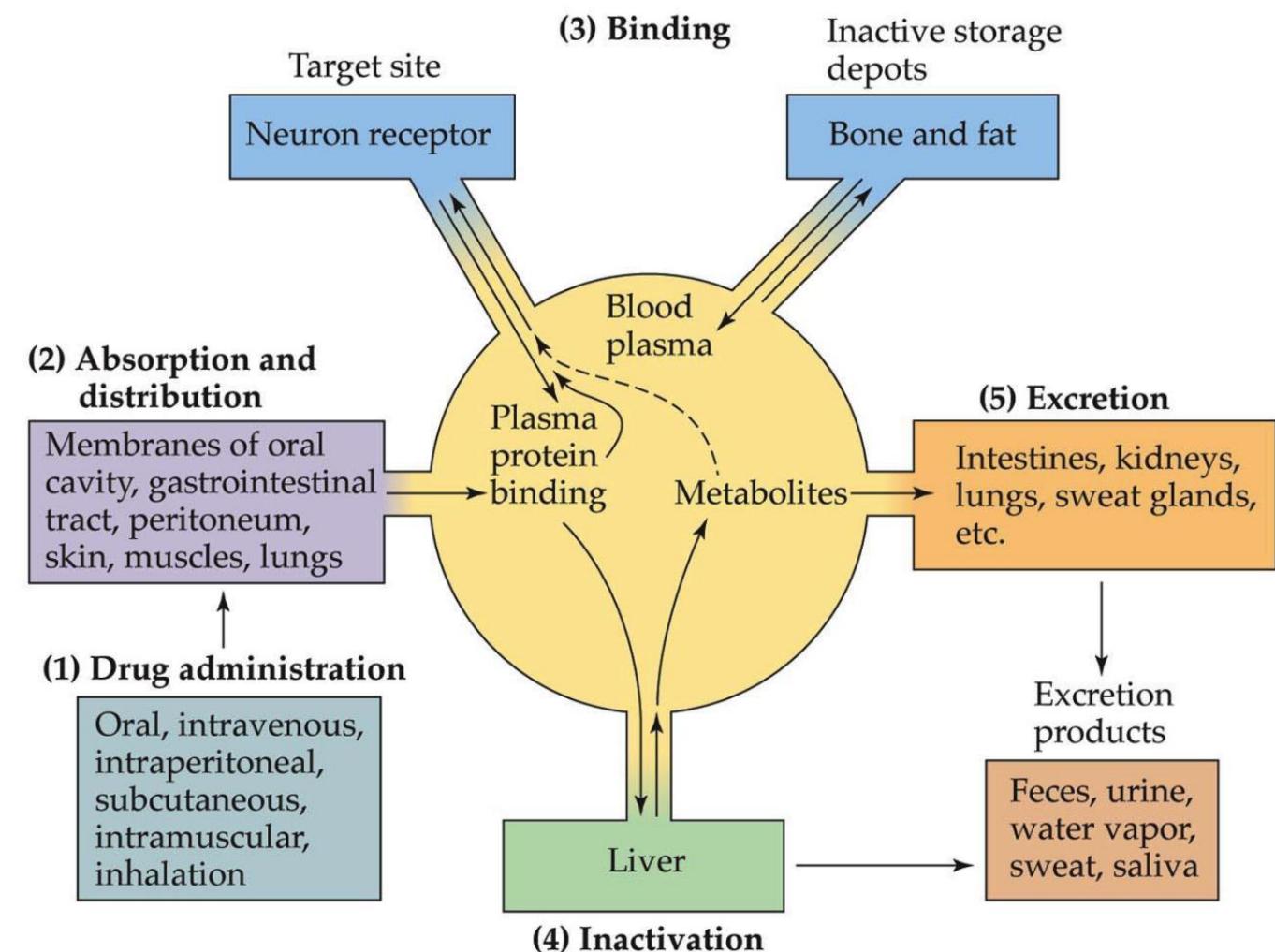
- mostly in the liver

## Elimination

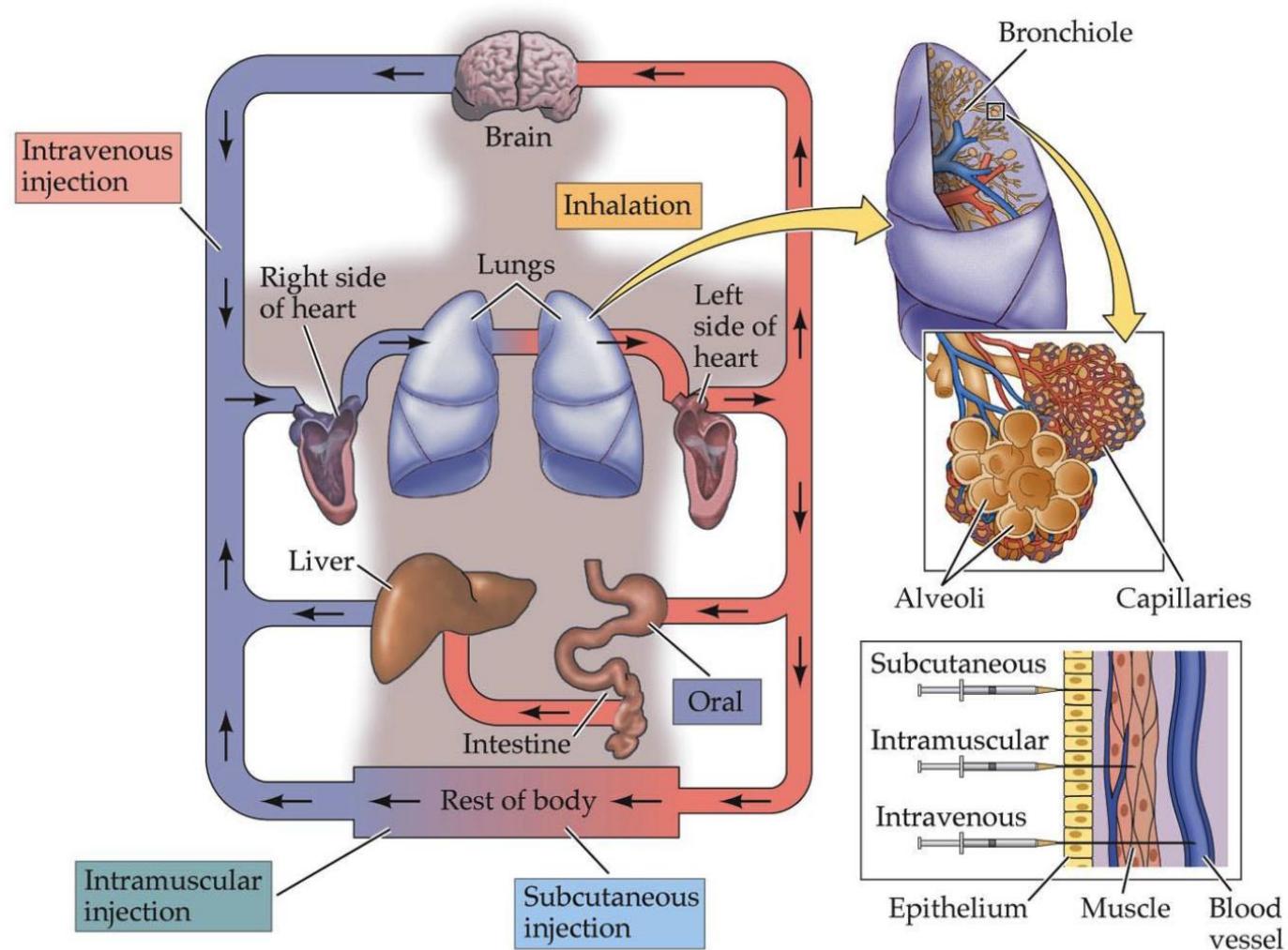
- excretion into urine
- elimination through feces, sweat, exhalation, saliva
- inactivation by enzymes in the liver

# Drug Movement in the Body

- Most drugs move around the body through the blood
- Only a small percentage of drug molecules reach the target
- Some molecules become inactivated, deposited or excreted instead of reaching the target



# Routes of Administration

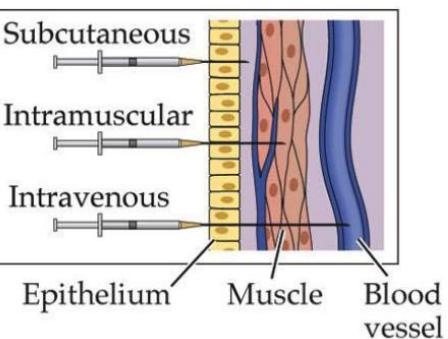


## SYSTEMIC

- Enteral: oral, sublingual, rectal
- Parenteral: inhalation, injection, transdermal

## LOCAL

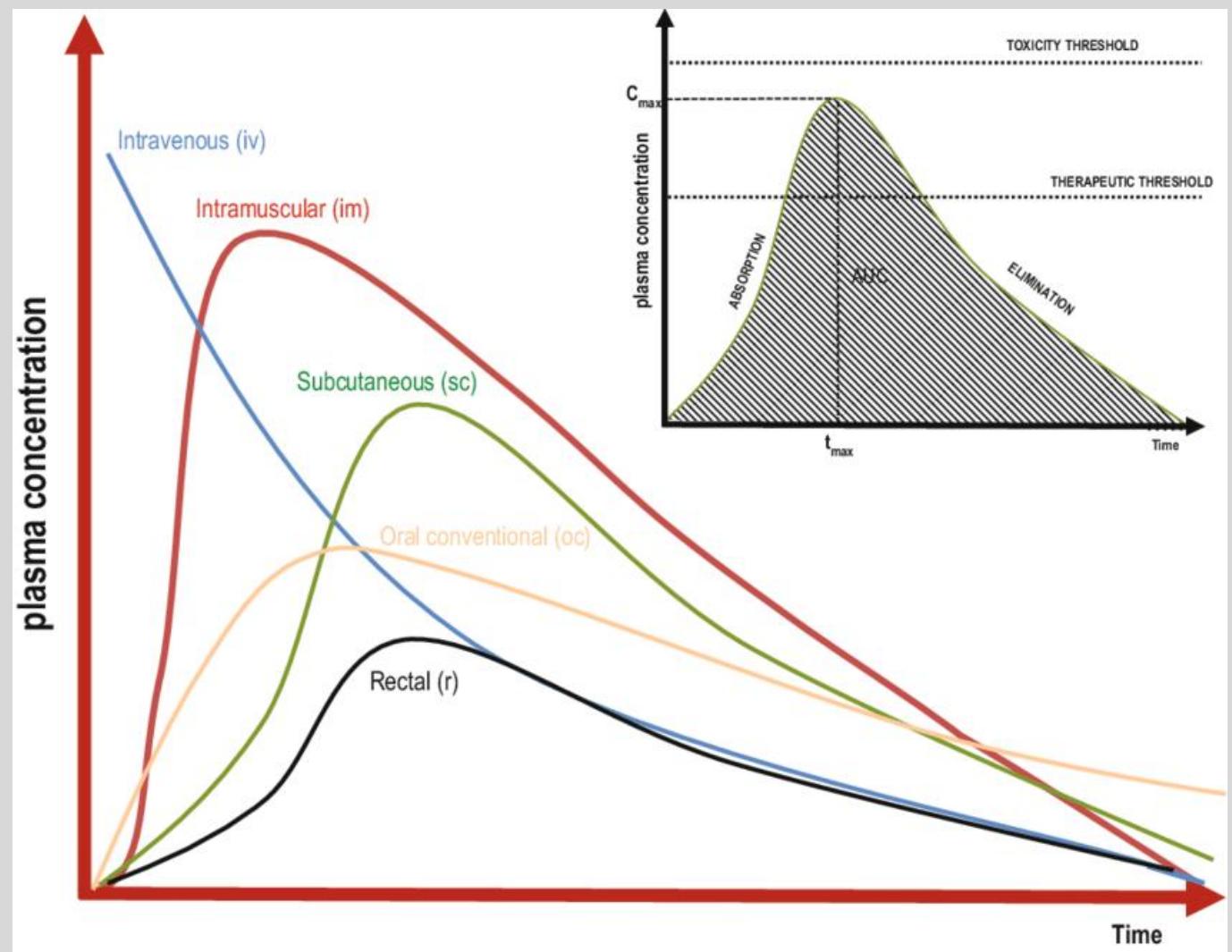
- topical,
- deeper tissues or organs,
- intraarterial (mostly to the brain)



# Route of Administration vs Bioavailability

Route of administration determines:

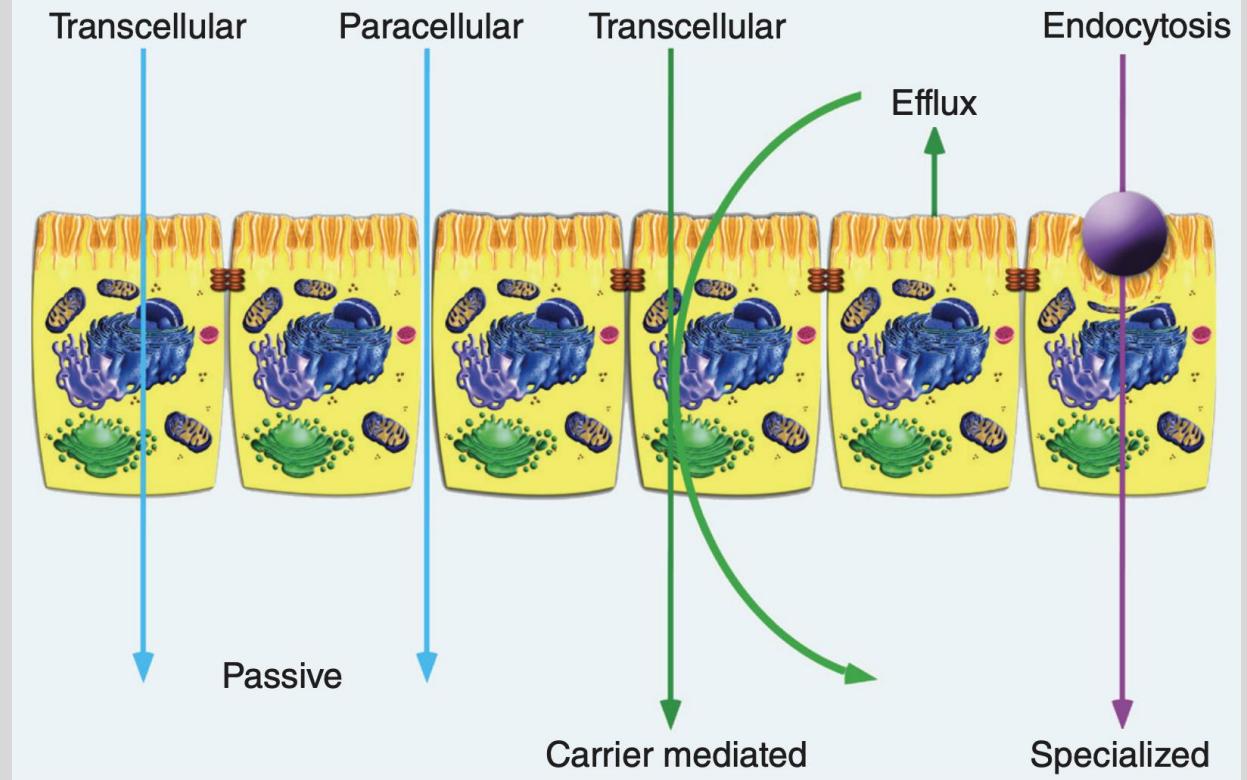
- bioavailability
- time of max concentration
- time of full elimination



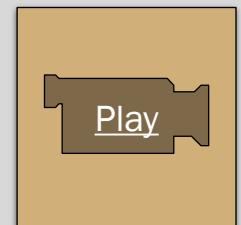
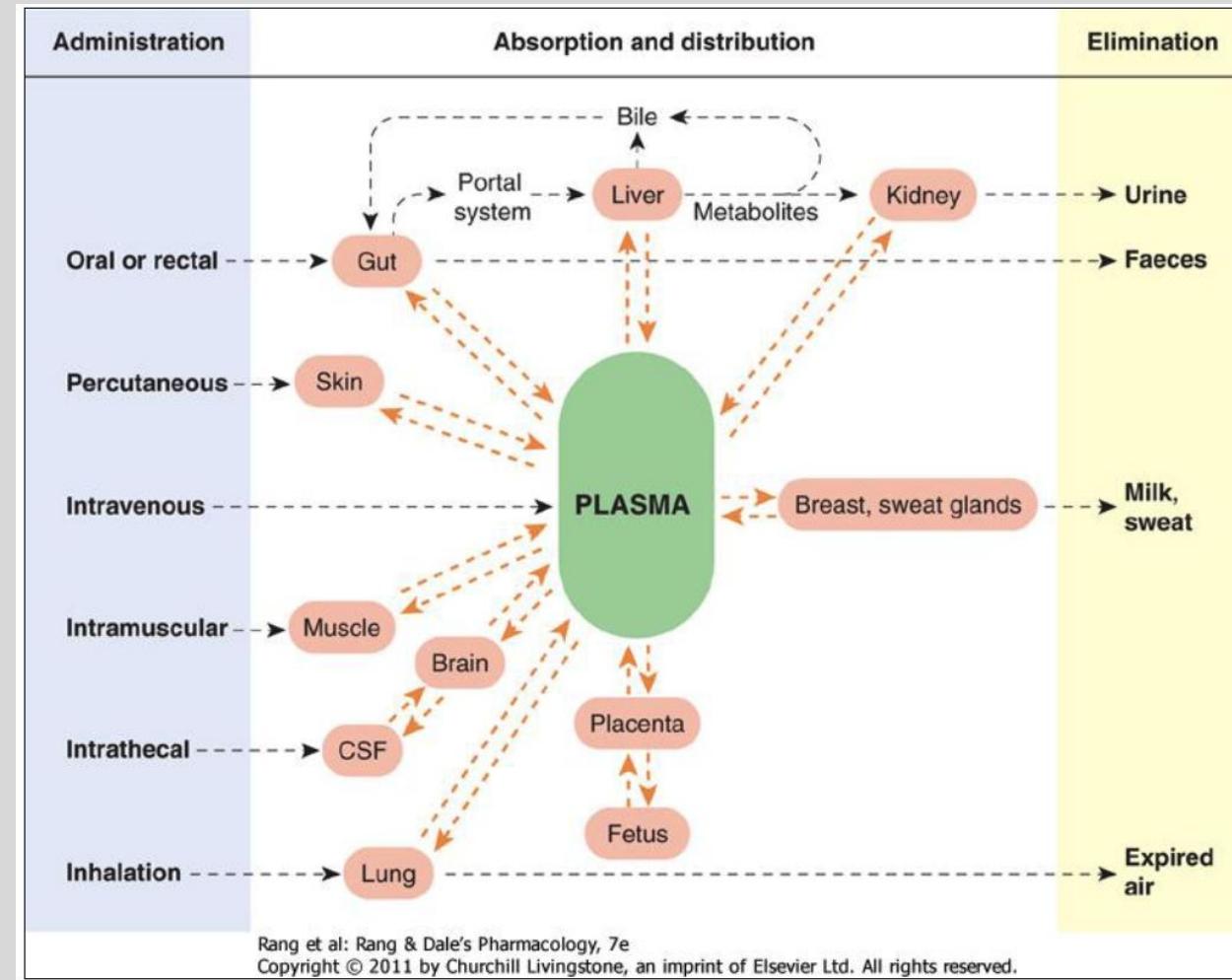
# Absorption

Absorption is the movement of drugs from the administration site into circulation, which requires a movement across multiple cell membranes & cell layers.

- **Transcellular**
  - through the cell
  - passive or via carriers
- **Endocytosis**
  - via forming vesicles
- **Paracellular**
  - between the cells



# Systemic Drug Administration & Absorption



# Distribution

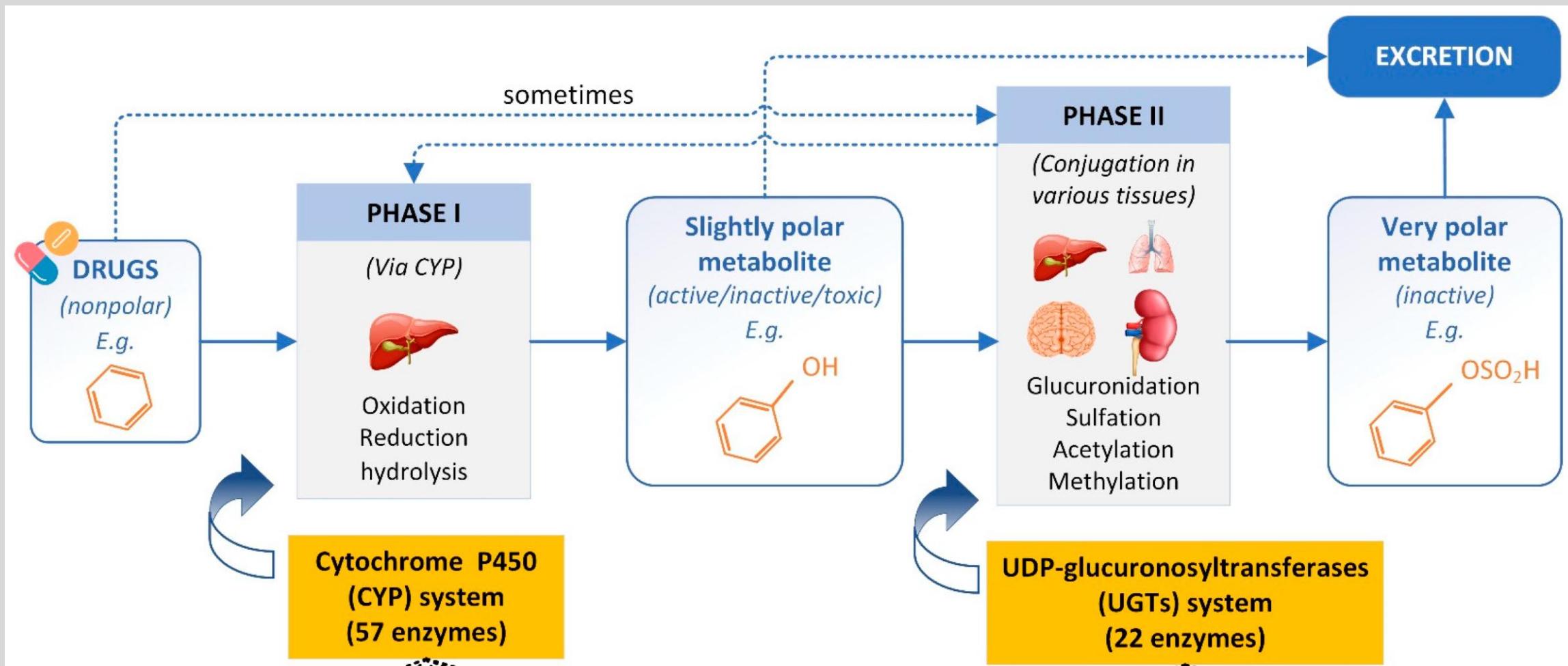
**Drug distribution rates** depend upon:

- Chemical structure of the drug
- Blood flow rates
- The efficiency of transport across the membrane
- Binding of the drug to proteins in the blood
- Rates of elimination processes

# Metabolism

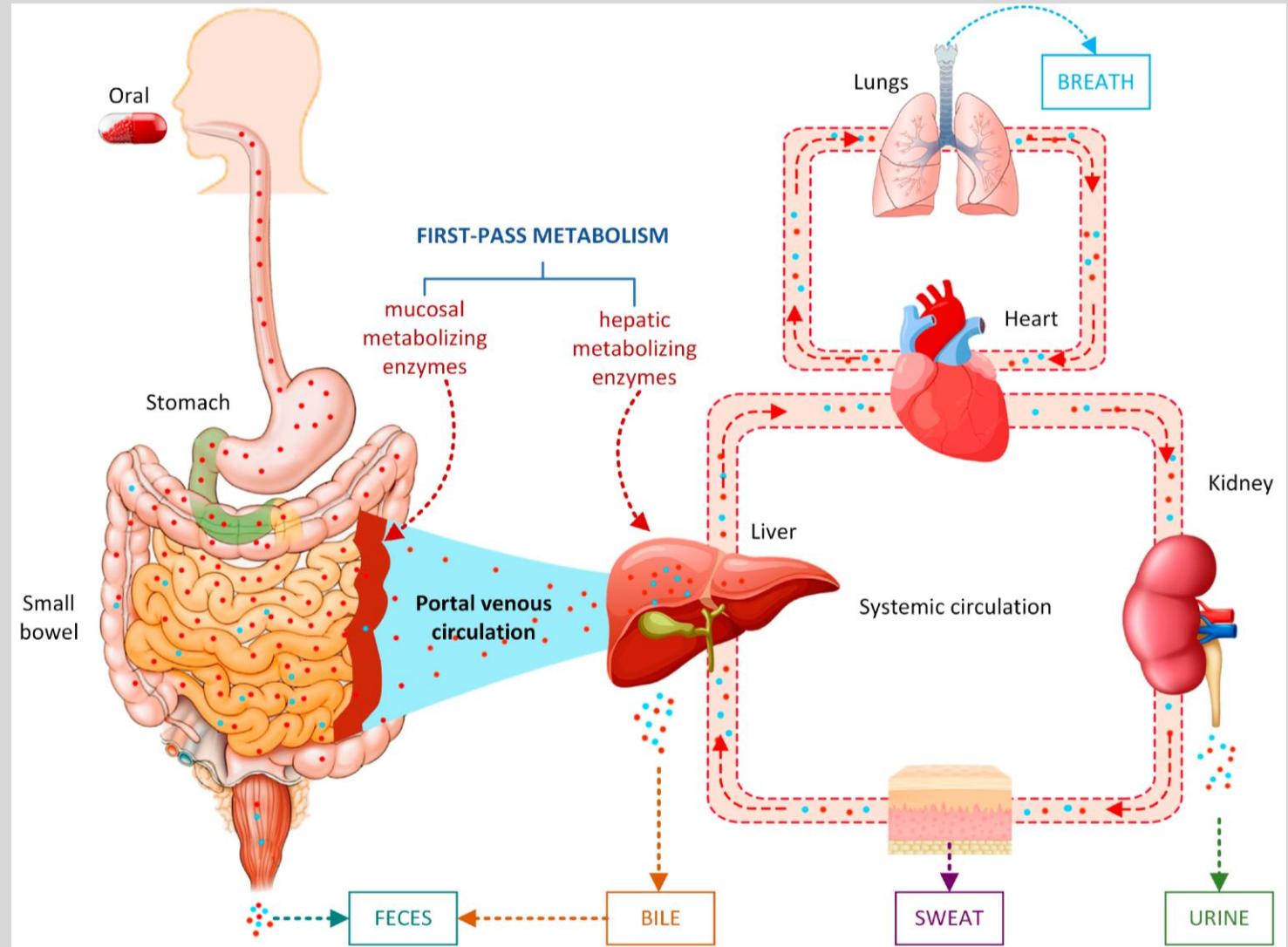
- Metabolism converts drugs into metabolites that can be easily eliminated.
- Metabolites can differ greatly from the original drug's physical and pharmacological characteristics.
- During metabolism, lipid-soluble (= non-polar) drugs become converted into more water-soluble metabolites. Water-soluble (= polar drugs) can be eliminated through the kidney system or bile.
- Non-polar drugs are often deposited in the fat tissues (bioaccumulation).
- The rate of metabolism dictates the length and strength of a drug's pharmacologic effect.

# Metabolism



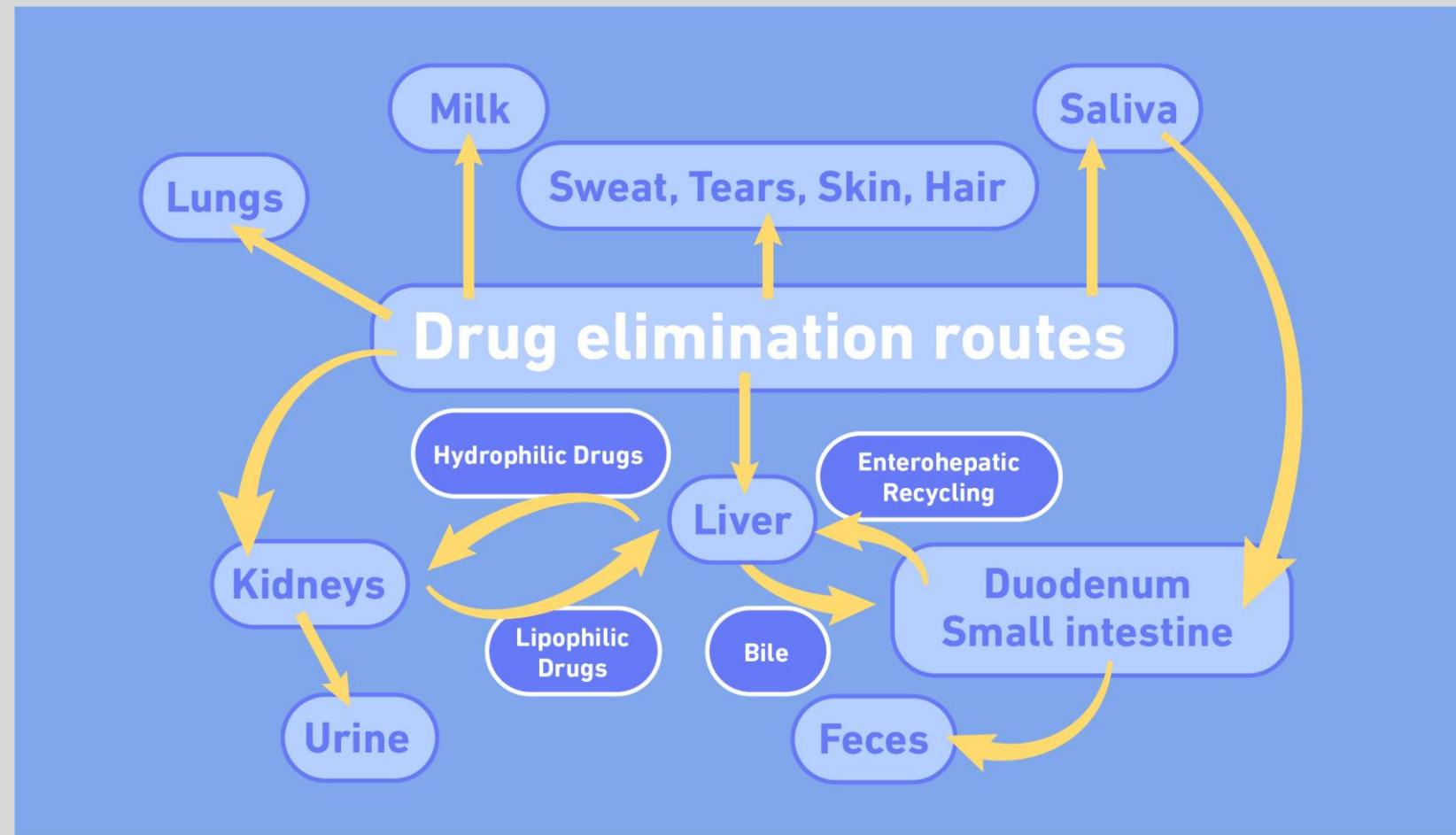
# First-pass metabolism

- Occurs only via enteral administration
- Drugs pass through the GI and are delivered to the liver via the portal vein
- Drug concentration drops drastically in the liver
- First-pass metabolism lowers bioavailability



# Elimination

- The kidney only eliminates polar, unbound drugs.
- Drugs eliminated with bile through the GI can get absorbed & returned to the liver.
- Lungs mainly eliminate volatile compounds.



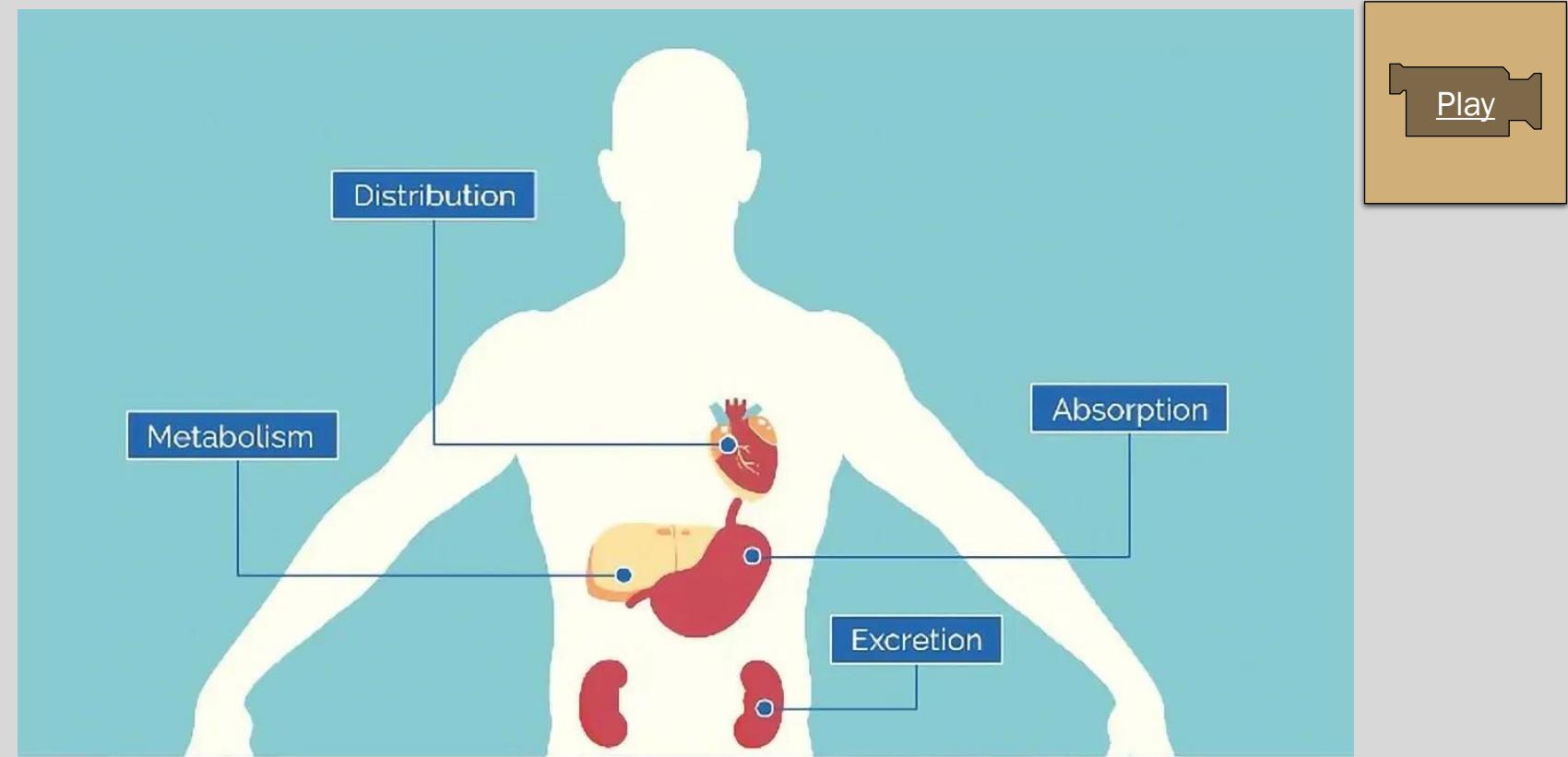
# Pharmacokinetics

Absorption

Distribution

Metabolism

Excretion

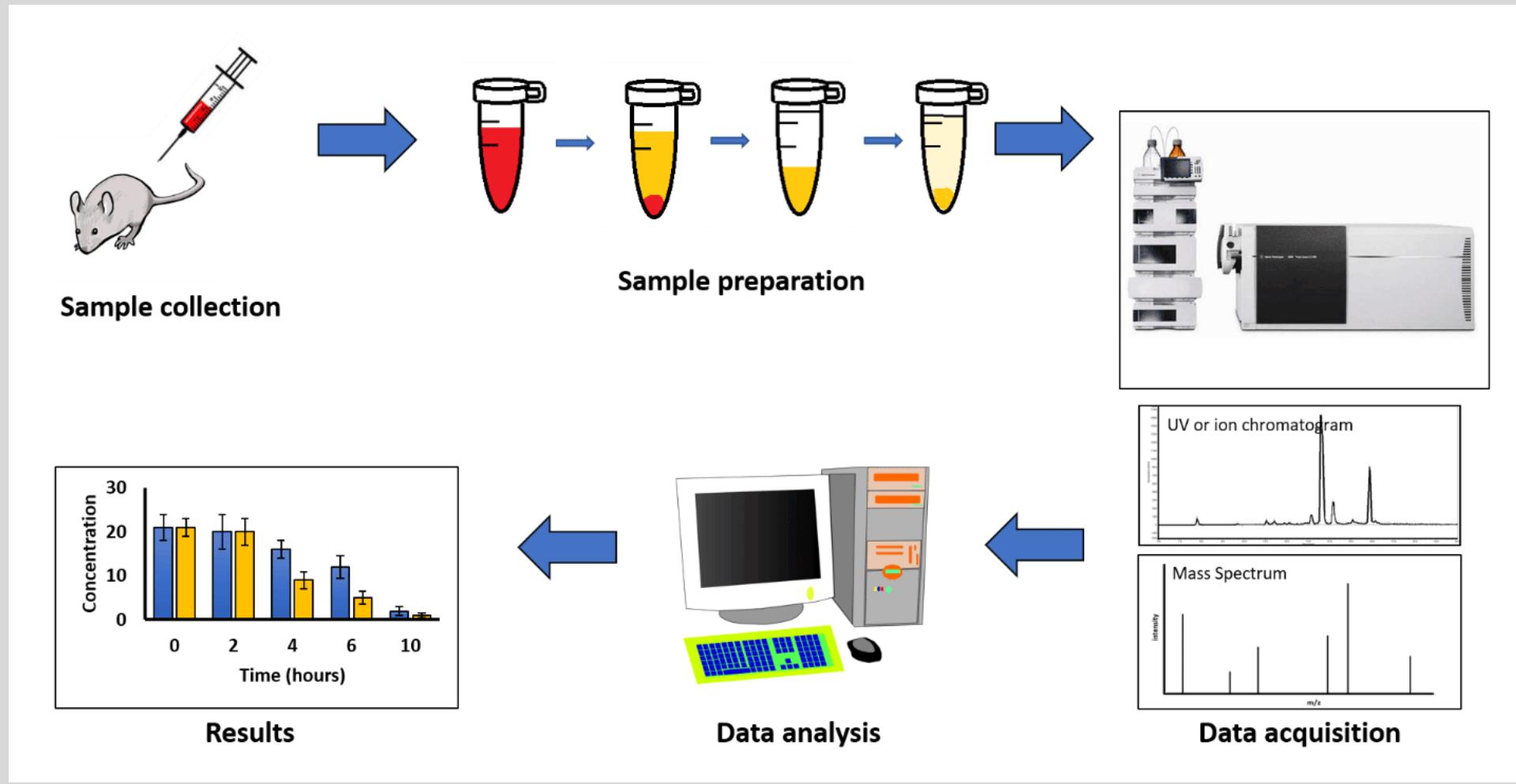
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# Pharmacokinetics testing in clinical trials

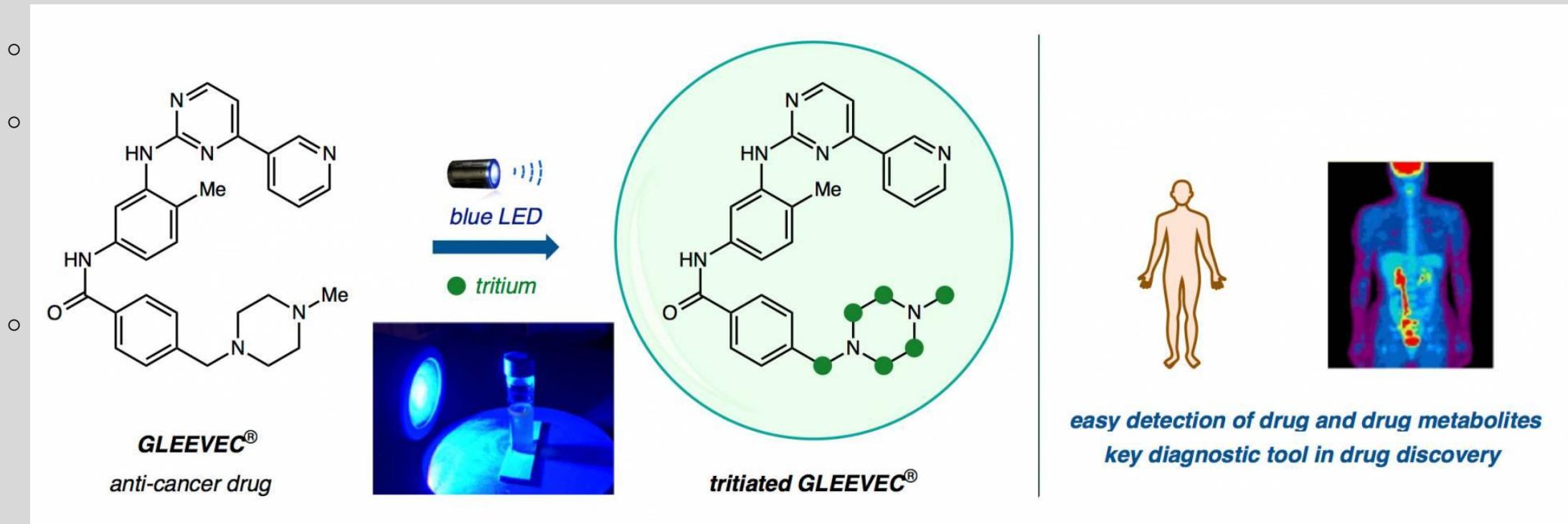
# Drug PK Tests

- **Blood test**
  - plasma drug concentration vs time  $\Leftrightarrow$  therapeutic threshold
  - various routes of administration  $\Leftrightarrow$  bioavailability & best route
  - plasma metabolite concentration vs time  $\Leftrightarrow$  metabolic pathway & rates
- **Urine tests**
  - drug and/or metabolite concentration vs time  $\Leftrightarrow$  metabolic pathways & rates

# Drug PK Tests

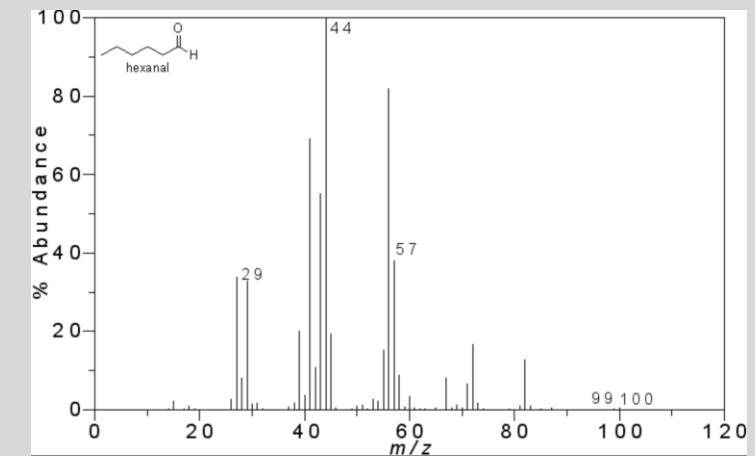
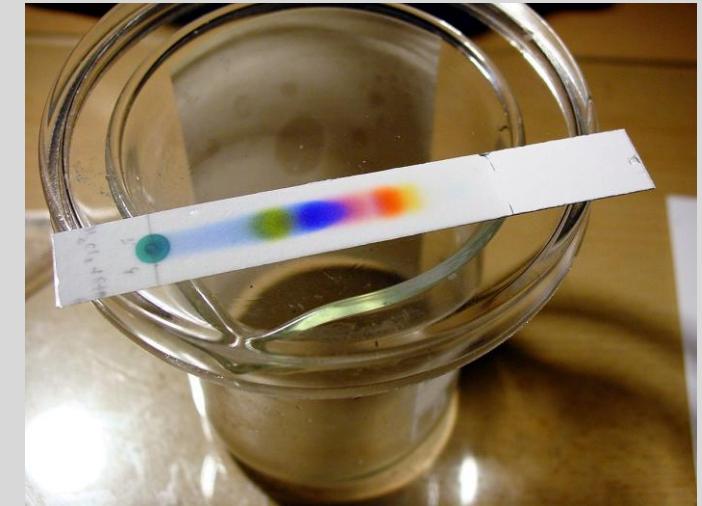


# Drugs with Unknown Metabolism



# How are Drugs Identified in Test Samples?

- To identify drugs & their metabolites in biological samples, researchers use **Liquid Chromatography-Mass Spectrometry (LC-MS)**.
- The method combines two processes: **chromatography & mass spectrometry**.
- **Chromatography** allows the **separation** of chemicals by their mass.
- **Mass spectrometry** allows **identifying** fragments of the molecules by their mass-to-charge ratio.



# How are Drugs Identified in Test Samples?

1

The sample is loaded into the chromatographer.

2

During chromatography, individual molecules in the sample are separated by mass.

3

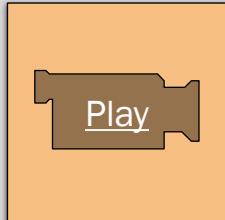
The separated components are introduced into the mass spectrometer individually.

4

The detector in MS identifies molecule fragments based on their mass-to-charge ratios.

5

The peaks on the MS graph are analyzed, and the molecule is reconstructed.

PlayPlay



## References

- Neal MJ. Medical Pharmacology at a Glance. Wiley-Blackwell.
- Hollinger MA. Introduction to Pharmacology.
- Additional journal articles will be provided during the semester.