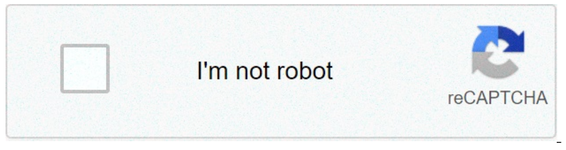

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Branch of Pharmacology Pharmacokinetics (from Antico Pharmakon "Drug" and Kinetikos "move, putting moving"; see chemical kinetics), sometimes abbreviated as PK, is a branch of pharmacology dedicated to determining the fate of substances administered to an organism living. The substances of interest include any chemical xenobiotic such as: pharmaceutical drugs, pesticides, food additives, cosmetics, etc. Try to analyze chemical metabolism and discover the fate of a chemical from the moment in which it is administered to the point where it is completely eliminated from the body. Pharmacokinetics is the study of how a body affects a drug, while pharmacodynamics (PD) is the study of how the drug affects the body. Both together influence the dosage, the benefit and adverse effects, as seen in PK / PD models. IUPAC Definition pharmacokinetics: process of absorption of drugs by the body, biotransformation that undergo the distribution of drugs and their metabolites in tissues and the elimination of drugs and their metabolites from the body for a period of time. Study of other related processes [1] panoramic panoramic pharmacokinetics describes how the body affects a specific xenobiotic / chemist after administration through the absorption and distribution mechanisms, as well as the metabolic changes of the substance in the body (for example from metabolic enzymes such as Enzymes of cytochrome P450 or glucuronosyltransferase), and the effects and routes of the excretion of medication metabolites [2] The pharmacokinetic properties of chemicals are influenced by the path of the administration and the dose of drugs administered. These can affect the absorption rate. [3] The arguments of pharmacokinetic models have been developed to simplify the conceptualization of the numerous processes that take place in the interaction between an organism and a chemical substance. One of these, the multi-compartmental model, is the most commonly used approximations; However, the complexity involved in the addition of parameters with that modeling approach means that monocomparal models and above all two compartmented models are the most frequently used. The various compartments that the model is divided into incoming is commonly referred to as Amse regime (also suitable as Ladme if liberation is included as a separate step by absorption): Liberation - The process of releasing a drug from the formulation Pharmaceuticals. [4] [5] See also IVIVC. Absorption Ã ¢ â,¬ "The process of a substance that enters blood circulation. Distribution Ã ¢ â,¬" The dispersion or dissemination of substances in all fluids and body tissues. Metabolism (or biotransformation or inactivation) - Recognition by the body that is present an extraneous substance and the irreversible transformation of parent compounds into daughter metabolites. Excretion - the removal of substances from the body. In rare cases, some drugs accumulate irreversibly in body tissue. [Necessary quote] The two phases of metabolism and excretion can also be grouped together under the elimination of the title. The study of these distinct phases involves the use and manipulation of the basic concepts to understand process dynamics. For this reason, in order to fully understand the kinetics of a drug it is necessary to have a detailed knowledge of a series of factors such as: the properties of the substances that act as excipients, the characteristics of the appropriate biological membranes and the way in which substances They can cross them or the characteristics of enzymatic reactions that inact the drug. All these concepts can be represented through mathematical formulas that have a corresponding graphic representation. The use of Models allows an understanding of the characteristics of a molecule, as well as a particular drug will involve information relating to some of its basic characteristics such as its constant acid dissociation (PKA), bioavailability and e Absorption and distribution capacity in the body. The model outputs for a drug can be used in the industry (for example, in bioequivalence calculation when generic drug design) or in the clinical application of pharmacokinetic concepts. Clinical pharmacokinetics does not provide many performance guidelines for effective and efficient use of drugs for human-sanitary professionals and veterinary medicine. Metrics The following are the most commonly measured pharmacokinetic parameters: [6] Dose units in the table are expressed in piers (mol) and molar (m). To express the metrics of the table in a mass unit, instead of quantity of substance, it is sufficient to replace 'moli' with 'g' and 'm' with 'g / dm3'. Similarly, other units in the table can be expressed in units of an equivalent dimension for scaling. VTE pharmacokinetic metrics Feature Description Symbol Unit Worked formula ExampleValue Dose quantities of drug administered. D {displaystyle d} m or l {displaystyle mathrm {mol}} design parameter 500a mmol dosage time interval between administrations doses of drugs. I {DisplayStyle Tau} s {DisplayStyle Mathrm {s}} Design Parameter 24ã, H CMAX The peak plasma concentration of a drug after administration. C max {displaystyle c _ {text {max}}} m {displaystyle mathrm {m}} Direct measure 60.9Ã, mmol / l TMax time to reach the CMax. t max {displaystyle t _ {text {max}}} s {displaystyle mathrm {s}} measure 3.9a direct h cmin the lowest (depression) concentration that a drug reaches before the next dose is administered. C min, ss {displaystyle c _ {{text {min}}, {text {ss}}}} m {displaystyle mathrm {m}} Direct measure 27.7Ã, mmol / l The volume of distribution Apparent volume of a drug is distributed (ie, the relative drug concentration parameter in the drug quantity plasma in the body). V d {displaystyle v _ {text {d}}} m 3 {displaystyle mathrm {m} ^ {3}} dc 0 {displaystyle {frac {d} {c_ {0}}}} 6.0 At the concentration quantity of drug in a given volume of plasma. C 0, c ss {c_ displaystyle {0}, c _ {text {ss}}} m {displaystyle mathrm {m}} dv d {displaystyle {frac {d} {v _ {text {D}}}}} 83.3Ã, mmol / l Defrayed The time required for 50% of a date dose of drug that must be absorbed in the systemic circulation. [Titake required] t 1 2 a {t DisplayStyle _ {{frac {1} {2}} a}} s {displaystyle mathrm {s}} ln a Â¡ (2) ka {displaystyle { frac {ln (2)} {k _ {text {a}}}}} 1.0ah constant absorption rate The rate to which a drug enters the body for oral extravascular paths and others. ka {displaystyle k _ {text {a}}} s ¢ 1 {displaystyle mathrm {s} ^ {- 1}} ln a Â¡ (2) t 1 2 a {displaystyle {frac { LN (2)} {t _ {{frac {1} {2}}}}} a} 0.693ã, Ã ¢ 1 elimination half a life The time required for the concentration of drug at its own foolish its original value . t 1 2 b {displaystyle t _ {{frac {1} {2}} b}} s {displaystyle mathrm {s}} ln a â¡ (2) ke {displaystyle {frac {ln (2)} {k _ {text {e}}}}} 12Ã, h Elimination constant rate The speed to which a drug is removed from the body. ke {displaystyle k _ {text {e}}} s ¢ 1 {displaystyle mathrm {s} ^ {- 1}} ln a â¡ (2) t 1 2 b = clv d {displaystyle { frac {ln (2)} {t _ {{frac {1} {2}} b}}} = {frac {} {cl v _ {text {d}}}}} 0.0578ã, HÃ ¢ 1 infusion speed The infusion speed needed for balance elimination. k in {displaystyle k _ {text {in}}} mol / s {displaystyle mathrm {mol / s}} c ss Ã ¢ cl {displaystyle c _ {text {ss}} cdot cl} 50Ã, mumoli / h area under the curve the integral of the concentration-time curve (after a single dose or stationary). AUC 0 Ã, Ã, {AUC_ DisplayStyle {0- INFTY}} M A S {DisplayStyle Mathrm {M} \ mathrm {s}} Un Â«0 A C D A Â¡t {\ displaystyle \ int _ {0} ^ {\ infty} C \, \ operatorname {d}} t 1,320Ã mmol / La Â· h AUC I, ss {\ AUC displaystyle _ {\ tau, {\ text { ss}}}} M a s {\ displaystyle \ mathrm {M} \ cdot \ mathrm {s}} Un Â«tt + i C d A Â¡t {\ displaystyle \ int _ {t} ^ {t + \ tau} C \, \ operatorname {d} t} liquidazione il volume di plasma controllata del farmaco per unitÃ di tempo. C L L Cl} m 3 / s {displaystyle mathrm {m} ^ {3} / mathrm {s}} vd Ã ¢

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