Rate of accumulation and plateau plasma concentration of drugs after chronic medication

SIR,—The plasma concentration of a drug reaches a steady state level after long-term administration of a fixed dose at fixed time intervals (Boxer, Jelinek & others, 1948; Augsberger, 1954; Krüger-Thiemer, 1960; Krüger-Thiemer & Bunger, 1961).

Assuming the operation of first order kinetics for such a dosage regimen (Teorell, 1939; Dost, 1953) the plasma concentration of a drug A during the intervals when it maintains a plateau blood level can be expressed by the following equation (Dost, 1953; Rossum & Tomey, 1968):

$$C_{A(p)} = C_{Am} \left[e^{-t/\tau_2} / (1 - e^{-\Delta t/\tau_2}) - e^{-t/\tau_1} / (1 - e^{-\Delta t/\tau_1}) \right] \qquad (1)$$

Here $C_{A(p)}$ is the plasma concentration, τ_1 the time constant for absorption, τ_2 the time constant for elimination, Δt the fixed dosage interval, t the time from the commencement to the end of each interval (from time 0 to Δt) and C_{Am} a constant depending on the dose Q_A^0 , the apparent volume of distribution V and the time constants $[C_{Am} = Q_A^0.\tau_2/(\tau_2 - \tau_1)V]$.

The plateau concentration therefore oscillates between a minimum value (when t = 0) and a maximum value (Dost, 1953; Krüger-Thiemer & Bunger, 1961; Wiegand, Buddenhagen & Endicott, 1963).

The average plateau plasma concentration of the drug over a time interval Δt may be obtained by integration of $C_{A(pl)}$ over the interval Δt and subsequent division by Δt , as shown in the following equation:

This equation is identical to that of Wagner, Northam & others (1965) and discussed by Krüger-Thiemer (1966).

Since the biological half-life of the drug corresponds to τ_2 as $t_i = 0.693 \tau_2$, the average plateau plasma concentration may also be written as:

$$\overline{C}_{A(pl)} = 1.44 \cdot \frac{Q_{A}^{o}}{V} \cdot \frac{t_{i}}{\Delta t} \qquad \cdots \qquad \cdots \qquad \cdots \qquad (3)$$

The value Q_A^0/V may be calculated from a plasma concentration curve after administration of a single dose. In addition, such a curve also provides information about the degree of absorption (Krüger-Thiemer, 1960, 1966). The plateau concentration is directly proportional to the maintenance dose and half-time for elimination and is inversely proportional to the dosage interval and the volume of distribution.

The time, tc_i , which the average plasma concentration takes to reach half the average plateau concentration provides a measure of the rate of accumulation of the drug. A calculation of tc_i is possible from an equation representing the average plasma concentration of each dosage interval; for example that for the jth interval is given by the following equation (8):

$$\overline{C}_{A(j)} = \frac{C_{Am}}{\Delta t} \left[\tau_2 \left(1 - e^{-j \cdot \Delta t / \tau_1} \right) - \tau_1 (1 - e^{-j \cdot \Delta t / \tau_1}) \right] \qquad ..$$
(4)

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FIG. 1. Drug accumulation curves. (a) The average plasma concentration of two drugs with biological half-lives of 24 and 48 hr after a fixed multiple dosage regimen as calculated from equation (4). The plateau level is proportional to the biological half-life while also the rate of accumulation is practically proportional to t_1 . (b) Plasma concentration of desipramine in a patient receiving a dose of 25 mg three times a day ($\Delta t = 8$ hr). The accumulation curve has been obtained by combining data of Hammer & others (1967) determined in two different accumulation experiments, made several weeks apart.

TABLE 1. THE PLATEAU LEVEL AND RATE OF DRUG ACCUMULATION. The average plateau plasma concentration obtained $(\overline{C}_{A(pl)})$, the half-time for accumulation (tc_1) and the time for accumulation of the drug to 90% of the plateau level $(tc_{90})_0$ have been calculated from equation (5). The calculations are based on the administration of a fixed dose of drugs $(Q_A^0 = 10 \text{ mg})$ in a multiple dosage regimen, a volume of distribution (V = 36 litres i.e. sum of extra- and intracellular fluid in a normal man), the time constant for absorption is kept constant for all drugs $(\tau_1 = 0.72 \text{ hr})$ while the biological half-life (t_2) and the dosage interval (Δt) is varied.

(hr)	Δt (hr)	ČA(pl) (mg/l)	tc i (hr)	tc90% (hr)
36	1 2	1·20 1·20	3.79 6.76	10·8 20·7
12 12	4 4 8	1·20 0·60	12·74 12·74	20-7 40-6 40-6
24 24 24	4 8 12	2·41 1·20 0·80	24·73 24·73 24·73	80·5 80·5 80·5
48 48	12 12	2·41 1·60	48·73 48·73	160-2 160-2
96 96	12 24	1.60	96·74 96·74	319-7

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The average plasma concentrations of two drugs with $t_1 = 24$ and 48 hr calculated from this equation are shown in Fig. 1a. An experimental accumulation curve of desipramine administered to a patient 3 times per day ($\Delta t = 8hr$) for 11 days, and based on the data of Hammer, Ideström & Sjöqvist (1967), is presented in Fig. 1b. The tc_{t} calculated from this experiment in this patient is 33 hr.

Since $tc_{i} = j.\Delta t$ when $\overline{C}_{A(j)} = 0.5 \ \overline{C}_{A(p)}$ the accumulation half-time of a drug may be calculated by combining equations (2) and (4). The following equation is obtained if in addition j. $\Delta t \gg \tau_1$:

$$tc_{1} = t_{1} [1 + 3.30 \log \tau_{2}/(\tau_{2} - \tau_{1})]$$
 ... (5)

For most drugs especially those with a biological half-life of more than 12 hr $\tau_2 \gg \tau_1$, this equation can generally be reduced to $tc_1 = t_1$. This implies that the half-time for accumulation of a drug is approximately equal to its halftime for elimination and is independent of the dosage interval. The drug accumulation is anticipated to have reached its plateau after a time-interval equal to $3\frac{1}{2}$ times the biological half-life (see Table 1). So far a drug with an elimination half-time of 2 days given by a multiple fixed dosage regimen, accumulation occurs at such a rate that the plateau plasma concentration is reached after one week.

The computed plateau plasma concentration half-times for accumulation, and the times at which the plateaux are practically reached are presented for a number of drugs in Table 1.

It may be concluded that the biological half life provides a good approximation of the degree of accumulation. This conclusion has special importance for patients receiving long term medication.

A full discussion of consequences and a detailed mathematical analysis of the equations are in the press (Rossum & Tomey, 1968).

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