#### **AMINOGLYCOSIDES**

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## **Aminoglycosides - Properties**

- Contain two or more aminosugars joined in glycoside linkage
- Are highly polar compounds, hence not adequately absorbed orally from the GI tract
- Are administered by parenteral (i.v.,i.m.) route for systemic effect
- Mainly distributed into extracellular fluid.
- Poorly penetrate into CSF, but crosses placenta thereby increases risk of foetal toxicity

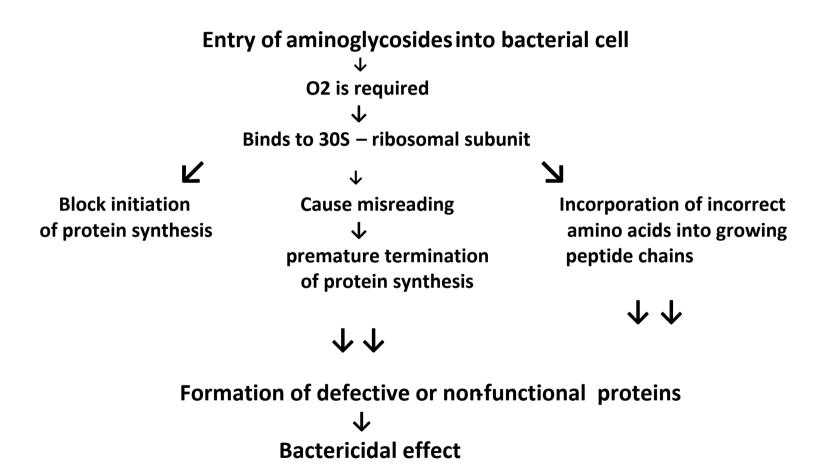
#### **Aminoglycosides – Properties (Contd..)**

- Are not metabolized in the body
- Are excreted unchanged in the urine
- Have Bactericidal action against Gm –ve aerobes (Narrow antibacterial spectrum). Streptomycin & Kanamycin are active against Mycobacterium Tuberculosis, hence used in the treatment of Tuberculosis
- Are more active at alkaline pH
- They exhibit ototoxicity, nephrotoxicity and neuromuscular blocking effects
- They exhibit partial cross-resistance among them

#### **Aminoglycosides – Properties (Contd..)**

- Transport of aminoglycosides into the bacterial cell requires oxygen, hence anaerobes are resistant to aminoglycosides
- They exhibit synergism when combined with Beta-lactam antibiotics
- Examples :-
- Streptomycin, Gentamicin, Amikacin, Kanamycin, Tobramycin, Netilmicin, Neomycin & Framycetin....

#### **Aminoglycosides – Mechanism of Action**



## Aminoglycosides – Mechanism of Action (Contd..)

- Aminoglycosides exhibits :-
- 1.) A concentration dependent killing effect Higher the plasma concentration, greater is the bacterial killing effect.
- 2.) A postantibiotic effect Bactericidal effect is present even when serum concentration falls below MIC value. Hence, once- daily dosing regimen is effective.

#### **Aminoglycosides – Bacterial Resistance**

- Bacteria develop resistance to aminoglycosides by following mechanisms:-
- 1) Inactivation by microbial enzymes which inactivates aminoglcosides (Amikacin & Netilmicin are not affected by these aminoglcosides inactivating enzmes, hence used when Gentamicin has developed resistance)
- 2) Failure of Penetration (can be overcome by concomitant use of Penicillins or Vancomycin)

## **Dosing of Aminoglycosides**

- 1) Multiple daily dosing regimen the total daily dose is administered in two or three equally divided doses
- 2) Once daily dosing regimen total daily dose is given as a single injection.
- It is preferred because :-
  - \*\* is as effective as multiple dose regimen
  - \*\* is as safe as multiple dose regimen
  - \*\* is more convenient
  - \*\* is less expensive and cost effective
  - \*\* Better patient compliance

## **Aminoglycosides – Adverse Effects**

- 1) Ototoxicity: due to progressive irreversible destruction of cochlear & vestibular sensory cells, resulting into VIIIth cranial nerve damage (degeneration of auditory nerve)
- Cochlear dysfunction :-
- Aminoglycosides get concentrated in the perilymph and endolymph of the inner ear -à which leads to the progressive damage to cochlear hair cells -à loss of high density sound first followed by low density sound à damages VIIIth cranial (auditory) nerve à causing degeneration and precipitate irreversible loss of hearing (permanent deafness). Manifestations of cochlear dysfunctions are tinnitus and deafness.
- Cochlear dysfunction: Amikacin, kanamycin, Neomycin

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#### **Aminoglycosides – Adverse Effects (Contd...)**

- Vestibular Dysfunction :
- Aminoglycosides get concentrated in the perilymph and endolymph of the inner ear -à which leads to progressive damageof vestibular hair cells -à Vestibular dysfunction causesà intense headache, dizziness, nausea, vomiting, vertigo, nystagmus and ataxia.
- Vestibular dysfunction :- Gentamicin, streptomycin
- Risk Factors for Ototoxicity: Old age, diuretics like Furosemide & Ethacrynic acid, repeated drug administration

# Aminoglycosides – Adverse Effects (Contd...)

- 2) Nephrotoxicity:-
- Aminoglycosides get concentrated in the renal cortex & produce nephrotoxicity à Reversible
- Nephrotoxicity (High): Neomycin & Gentamicin
- Nephrotoxicity (Low): Streptomycin
- Risk Factors for Nephrotoxicity:-
- Elderly Pts, pre-existing renal disease & concurrent use of other nephrotoxic drugs like AMB, Vancomycin, Cisplatin, Cyclosporine etc...

# Aminoglycosides – Adverse Effects (Contd...)

- 3) Neuromuscular Blocking Effect :-
- Apnoea & muscular paralysis occur à due to inhibition of release of Acetylcholine from the motor end plate of the nerve by aminoglycosides
- Myaesthenic pts more susceptible to aminoglycosides, hence C/I.
- 4) Hypersensitivity reactions: skin rashes, drug fever, eosinophilia can occur
- 5) Ototoxicity in foetus :- if given during pregnancy.

## **Aminoglycosides: Therapeutic Uses**

- 1) Severe gram negative aerobic bacillary infections:-Gentamicin can be combined with Penicillin / Third Generation Cephalosporins for UTI with Pyelonephritis, pneumonia, meningitis, septicaemia, peritonitis, osteomyelitis, infected burns due to Pseudomonas, Klebsiella, E.Coli & Proteus..
- 2) Bacterial endocarditis due to S. Viridans, Enterococcus :-Combination drugs preferred are :-
- i) Gentamicin + Penicillin G à S. Viridans
- Ii) Gentamicin + Vancomycin à Enterococcus (Pen. Allergy)
- lii) Gentamicin + Ampicillin à Enterococcus; For prophylaxis of endocarditis in high-risk patients before surgical procedures

## **Aminoglycosides: Therapeutic Uses**

- 3) Tuberculosis: Streptomycin, Kanamycin and Amikacin are used in the treatment of T.B, MDR-T.B.
- 4) Other Gram Negative Infections :-
- i) Plague: Stretomycin / Gentamicin + Tetracyclines
- Ii) Brucellosis: Streptomycin /Gentamicin + Doxycycline
- Iii) Tularaemia: Streptomycin/Gentamicin are DOC. Alternatively, Fluoroquinolones & Tetracyclines are effective
- 5) Topical Infections of Eyes & Skin: Framycetin, Neomycin, Sisomycin, Tobramycin, Gentamicin used as ointments & eye drops.

## Amikacin: Advantages

- 1) Effective against organisms producing aminoglycosides inactivating enzymes and hence does not develop resistance to microorganisms & are less toxic
- 2) Effective against nosocomial (Hospital-acquired) infections
- 3) Effective against Mycobacterium Tuberculosis and Atypical Mycobacteria
- 4) Disseminated atypical mycobacterium infection in AIDS patients
- 5) Used as an alternative to Gentamicin in resistance cases.

## Streptomycin: Uses

- 1) Tuberculosis by i.m. Inj.
- 2) Plague with Tetracyclines
- 3) Tularaemia
- 4) Brucellosis with Doxycyline
- 5) Endocarditis with Penicillin

#### **Gentamicin: Uses**

- To treat Gm—ve aerobic infections like :-
- 1) Bacteremia
- 2) Meningitis
- 3) Otitis media
- 4) Pneumonia
- 5) Peritonitis
- 6) Enteric fever
- 7) UTI
- 8) Osteomyelitis
- 9) Eye Infections (Eye drops)
- 10) Enterococcal Endocarditis (Gm +ve) with Penicillin

## Neomycin: Uses

- 1) Topically for various dermatological (ulcers, wounds, burn) and ophthalmic & ear infections (in combination with Bacitracin or Polymyxin B)
- 2) For irrigation of Bladder
- 3) For sterilization of the gut prior to bowel surgery (Neomycin + Erythromycin)
- 4) In patients with hepatic coma to reduce intestinal bacteria and to reduce blood concentration of ammonia (Neomycin, Kanamycin).