General Principles of Antimicrobial Drugs

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> General Principles of AMAs - Dr. Kamlesh Patel - Pharmacology - NHLMMC

Superinfection

- Means 'Emergence of a New Infection while treating the present infection with Antimicrobial drugs'
- (A) <u>Causes of superinfections:-</u>
- 1) By Alteration in normal protective bacterial flora of the body :-
- Normal microbial flora of the intestine are protective in nature by elaborating substances known as 'Bacteriocins' which inhibits invasion of pathogenic organisms to the host cellsà In superinfection, AMAs causes alteration of this protective bacterial flora of the bodyà resulting into loss of body's host defence systemà giving rise to new infection by non-pathogenic organisms (eg. Candida)
- 2) Superinfection is commonly associated with Broad/ Extended spectrum antibiotics (Tetracyclines, Chlramphenicol, Ampicillin, Amoxycillin and Cephalosprins. It is least with narrow spectrum antibiotics like Penicillin, Macrolides & Aminoglycosides

(B) Sites of Superinfections :- are

- Those which commonly harbours commensals :- eg.
 1) Oropharynx , 2) Intestinal Tract, 3) Respiratory Tract
 - 4) Genitourinary Tract, 5) Skin

(C) Organisms causing superinfections :- are

- (a) Candida Albicans :- Oral Candidiasis, Oral thrush, Monilial Diarrhoea and Vulvovaginitis. Treat with topical antifungal drugs like Nystatin or Clotrimazole.
- (b) Resistant Staphylococcal Enteritis Treat with Cloxacillin

- (c) Clostridium Difficle :- Produces Pseudomembranous Enterocolitis after colorectal surgery with the use of Clindamycin, Tetracyclines, Ampicillin, Aminoglycosides, Cotrimoxazole à Organism produces an Enterotoxin which damages gut mucosa forming plaques à Treat with Metronidazole and / or Vancomycin orally.
- (d) Proteus :- Produces Urinary Tract Infection and Enteritis
 à Treat with Cephalosporins and Gentamicin
- (e) Pseudomonas :- Produces Urinary Tract Infection, Enteritis à Treat with Carbenicillin, Piperacillin Or Gentamicin.

(D) Conditions Predisposing to Superinfection:-

(1) Immuno-compromised patients :- such as -

- (i) AIDS –Patients (Acquired Immuno Deficiency Syndrome)
- (ii) Cancer Patients suffering from Leukaemias (Blood cancer) and other malignancies and treated with anticancer drugs and having low WBC counts & Leukopenia
- (iii) Patients on Prolonged Corticosteroid Therapy
- (2) Patients with Agranulocytosis
- (3) Diabetic patients
- (4) Patients with Disseminated Lupus Erythematous (DLE)

- (E) Measures To MinimizeSuperinfections :-
- (i) Use of specific Narrow spectrum antibiotics
- (ii) Restrict/Avoid use of antibiotics in viral infections, self-limiting or untreatable infections or trival infections
- (iii) Avoid unjudiscious and prolong use of antibiotics

- (I) Objectives of AMAs combinations :-
 - (1) For specific purpose
 - (2) For better results
 - (3) For better patient compliance
 - (4) To broaden antibacterial spectrum
 - (5) To improve drug tolerability
 - (6) to minimize development of drug resistance
 - (7) To reduce or minimize chances of adverse drug reactions

- (II) Advantages of AMAs combinations :-
- (1) <u>To Broaden Antibacterial spectrum</u> :-
- (a) Required to treat mixed infection :-
- Aerobic & anaerobic organisms produce mixed infections of Peritonial cavity, Abdominal cavity, Urinary Tract, Genitourinary tract, Diabetic foot ulcers, Bed sores, Brain abscesses, Bronchial tract.
- Examples : Ciprofloxacin + Tinidazole
- Cephalosporins + Clindamycin
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- (b) Treatment of severe infections :
- To start empirical treatment in severe infections, till the blood/ culture reports are awaited.
- Examples :-
- Penicillin + Streptomycin
- Cephalosporin + Gentamicin + Clindamycin / metronidazole
- (C) Topically :-
- For local effect on burns, wound, boils, cuts & surgical dressings Combination of drugs can be used topically as ointment or dusting powders.
- Examples :- Bacitracin + Neomycin + Polymyxin B

- (2) <u>To reduce incidence of adverse effects</u>:-
- Needed for AMAS with low safety margin
- Examples :-
- (1) Amphotericin B + Rifampicin / Minocycline à Later drugs enhances the effect of Amphotericin B , thereby reduces its adverse effects
- (2) Streptomycin + Penicillin G for SABE due to Strep. Faecalis à Combination reduces toxicity of streptomycin

- (3) To Prevent Emergence of Resistance :-
- Combination of two or three AMAs for chronic infections needing prolonged therapy, reduces the incidence of development of resistance to individual drug.
- Examples :-
- (1) Rifampicin + Isoniazid + Pyrazinamide in Tuberculosis
- (2) Rifampicin + Ofloxacin + Minocycyline in Leprosy
- (3) Omeprazole + Clarithromycin + Tinidazole for H. Pylori eradication in Peptic ulcers
- (4) Triple regimens in AIDS patients

(4) <u>To achieve synergism</u>:-

Synergism in terms of supra –additive effect, additive effect, indifference or antagonism can be achieved by combining two AMAs from different class

- Synergistic effect :- If MIC of each AMAs is reduced by 25%
- Additive effect :- If MIC of each is reduced by 25 50%
- Antagonism effect :- If MIC of each AMAs is reduced by more than 50%.
- Synergistic drug combination sensitizes the organisms & produce more lethal action than individual drugs.
- Example :-
- Beta-lactum (Penicillin / Cephalosporin + Aminoglycosides)

(a) <u>Two Bacteriostatic drugs combination</u> :- are Additive and not Synergistic

Examples :- Tetracycline + Chloramphenicol; Tetracycline + Erythromycin However, two individual bacteriostatic drug produces supra-additive effect.

Example :- Sulfamethoxazole + Trimethoprim

Individually, these drugs are bacteriostatic, but when given in fixed dose combination they are bacteriocidal.

Example :- Amoxicillin + Clavulanic acid; Ampicillin + Salbactum

Clavulanic acid & Salbactum are Beta-lactamase inhibitors combined with Beta-lactum antibiotics Amoxicillin & Ampicillin are supra-additive against Beta-lactamase producing H. influenzae, N. Gonorrhoea

- (b) <u>Two Bactericidal AMAs combination</u>:- is Additive or sometime Synergistic, if organism is sensitive to both
- Examples :-
- (i) Penicillin + Aminoglycosides (gentamicin)à Enterococcal SABE. Penicillin enhances penetration of aminoglycosides into the bacteria.
- (ii)Vancomycin + Gentmicin à Enterococcal SABE.
- (iii) Carbenecillin/Ticarcillin + Gentamicin à Pseudomonas infection in neutropenic patients
- (iv) Ceftazidime + Ciprofloxacin à Pseudomonas infections in orthopedic patients
- (v) Rifampicin + Isoniazid à in Tuberculosis

- (c) Combination of Bactericidal + Bacteriostatic :-
- May be Antagonistic or Synergistic, based on the organisms
- Examples of Antagonism :-
- (i) Penicillin + Tetracycline/Chloramphenicol in Pneumococcal infections. Penicillin being bacteriocidal, it acts on rapidly multiplying bacteria, while tetracycline/chloramphenicol being bacteriostatic retards multiplication.
- (ii) Penicillin + Erythromycin for Group A streptococci are antagonistic
- (iii) Nalidixic acid + Nitrofurantoin for E.coli are antagonistic

- Examples of drug synergism :-
- (i) Penicillin + Sulfonamides for Actinomycosis
- (ii) Streptomycin + Tetracyclinefor Brucellosis
- (iii) Sterptomycin + Chloramphenicol for K.
 Pneumoniae
- (iv) Rifampicin + Dapsone for Leprosy
- In above cases, organisms have low sensitivity for bacteriocidal drugs, hence synergism.

- (III) Disadvantages of AMAs Combination Therapy :-
- 1) Increase cost of therapy
- 2) Increase incidence of adverse effects due to enhancement of toxicity of one drug by another drug.
- Example :- Vancomycin + Tobramycin produces nephrotoxicity
- 3) Increase risk of contracting superinfections
- 4) Resistance may be produced with inadequate use of non-synergistic drugs