Antimicrobial Agents

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Antibacterial agents

Antibacterial Agents

Substances that kill bacteria without harming the host.

History: - Arsenic: 1800s for syphilis. - Sulfonamides: 1935.: synthetic antimicrobial agents - Penicillin(Antibiotics): 1940. Antimicrobials have revolutionized the treatment of bacterial infections as well as enhanced the advancement of medical and surgical treatment. Patient's natural resistance plays a major role.

Antibacterial Agents Choosing an Antibiotic: -The infecting organism. -The correct antibiotic. -Site of infection. -Route of administration. -Drug history of the patient. -Complicating factors such as pregnancy. -Cost.

Problems associated Overprescribing due to •patient demand •time pressure on clinicians •diagnostic uncertainty Sulphonamides • Almost obsolete nowadays because of: - Bacterial resistance. - bacteriostatic - Toxicity: CH2 • Nausea. -NH₂ Rashes Blood dyscrasia.: the presence of abnormal material in the **blood**, usually applied to diseases affecting **blood** cells or platelets. Evidence of dyscrasia can be present with a WBC count of over 1,000,000.

 Precipitation (crystallization) in urinary tract and stone formation.



Source: Katzung BG, Masters SB, Trevor AJ: *Basic & Clinical Pharmacology*, 11th Edition: http://www.accessmedicine.com

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Chemical features

•SO2NH2 group is not essential as such

 the important feature is that the sulfur is linked directly to the benzene Ring

The NH2 group is essential



Sulphonamides

- <u>Cotrimoxazole- Trimethoprim</u>
 <u>Combination (Bactrim, Septrin,</u>
 <u>Balakatrin):</u>
 - One of the few, still used, sulfa drugs.
 Very effective fixed combination.
 - No resistance.

Very useful in UTI, RTI, Salmonella, and
 Pneumocystis pneumonia, an opportunistic infection in AIDS patients.



Mechanism of Action

Sulfonamides: structural analogs and competitive antagonists of paraaminobenzoic acid (PABA)

Prevent normal bacterial utilization of PABA for the synthesis of folic acid



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Quinolones

Interfere with cell division of bacteria.
Nalidixic Acid:

Very old urinary antiseptic.

Norfloxacin:

Used only for UTI.
3-day course.

-fluorinated 4-quinolones such as ciprofloxacin (CIPRO), moxifloxacin (AVELOX), and gatifloxacin (TEQUIN) **Ciprofloxacin:** Wide range of activity, even Botulinum. Expensive. **Prophylaxis for meningitis.** Can cause g.i upset, and epilepsy

Botulinum toxin is produced by Clostridium botulinum bacteria



Quinolones available for use are containing a carboxylic acid moiety at position 3 of the primary ring structure



Quinolones.



Nalidixic acid



Norfloxacin





Levofloxacin

Ciprofloxacin





Gatifloxacin

Moxifloxacin



Gemifloxacin

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Mechanism of Action of Fluoroquinolones

Topoisomerase N

Fluoroquinolone

20000

Fluoroquinolones bind to two nuclear enzymes, inhibiting DNA replication

DNA gyrase

Zhanel G. Can J Infect Dis 1999;10:207

The quinolone antibiotics target bacterial DNA gyrase and Topoisomeras which is responsible for the continuous introduction of negative supercoils into DNA





The individual strands of double-helical DNA must be separated to permit DNA replication or transcription. However, anything that separates the strands results in "overwinding" of the DNA. To combat this mechanical obstacle, the bacterial enzyme DNA gyrase is responsible for the continuous introduction of negative supercoils into DNA



The enzyme binds to two segments of DNA (1), creating a node of positive (+) superhelix. The enzyme then introduces a double-strand break in the DNA and passes the front segment through the break (2). The break is then resealed (3), creating a negative (–) supercoil.

Quinolones inhibit the nicking and closing activity of the gyrase and also block the activity of topoisomerase IV



Nitrofurans (Nitrofurantoin) Chemistry and Mechanism of Action

A number of 5-nitro-2-furaldehyde derivatives, called nitrofurans,
are used in the treatment and/or prophylaxis of microbial infections, primarily in the urinary tract

 modify various bacterial macromolecules that affect a variety of biochemical processes (e.g., DNA and RNA synthesis, protein synthesis It is presumed that the nitrofurans are selectively toxic to microbial cells because in humans, the slower reduction by mammalian cells prevents high serum concentrations.

Nitrofurantoin is primarily active against gram-negative bacteria (E. coli, P. mirabilis is variable) and some susceptible gram-positive organisms, such as S. aureus and Enterococcus faecalis

Development of resistant strains is virtually unknown, and crossresistance with other antimicrobials has not been reported

because

Intermediate metabolites modify various bacterial macromolecules that affect a variety of biochemical processes (e.g., DNA and RNA synthesis, protein synthesis); this observation may explain the lack of resistance development to these drugs.

Clinical Use

The singular indication for nitrofurantoin is the treatment and long-term prophylaxis of lower UTIs caused by susceptible bacteria
it is not used as a bacterial suppressant.
It is often used prophylactically post intercourse in women with chronic UTIs.

The bacteriostatic or bactericidal activity of nitrofurantoin is concentration dependent; a urinary concentration greater than 100 ug/mL ensures bactericidal activity

Nausea and vomiting are the most commonly observed adverse effects.

Methenamine

 Methenamine (hexamethylenetetramine) is an aromatic acid

hydrolyzed at an acid pH (less than 6) to liberate ammonia and the active alkylating agent formaldehyde

 formaldehyde denatures protein and is bactericidal.

Methenamine is usually administered as a salt

 this salt is either mandelic (Mandelamine) or hippuric (Hiprex, Urex) acid.

these acids acidify the urine, which is necessary to generate formaldehyde.

also, the resulting low urine pH is by itself bacteriostatic for some organisms

 Methenamine is administered orally and is well absorbed from the intestinal tract.

10 to 30% decomposes in the stomach unless the tablets are protected by an enteric coating.

The inactive form (methenamine) is distributed to virtually every bodyfluid.

• Almost all of the methenamine moiety is excreted into the urine by 24 hours

Methenamine is primarily used for the longterm prophylactic or suppressive therapy of recurring UTIs.

It is not a primary drug for therapy of acute infections.

It should be used to maintain sterile urine after appropriate antimicrobial agents have been employed to eradicate the infection.