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INTRODUCTION

- Long-term maintenance treatment of depression using selective serotonin re-uptake inhibitors (SSRIs) increases the possibility of co-prescription with other medications [1], and hence the potential for metabolic drug-drug interactions (mDDIs).
- Predicting the magnitude of *in vivo* mDDIs involving cytochrome P-450 enzymes from *in vitro* data requires accurate knowledge of the inhibition rate constants (competitive: K_i & mechanism-based: K_i) and an estimate of the inhibitor concentration ([I]) at the enzyme active site.

AIMS & OBJECTIVES

- To predict the magnitude of mDDIs observed in 86 clinical studies of 5 SSRIs (citalopram (CIT), paroxetine (PXT), sertraline (SER), fluoxetine (FXT), fluvoxamine (FVX)).
- To assess the influence of non-specific microsomal binding (NSMB) and active hepatic uptake (AU) on the overall performance of simulations and the accuracy of prediction.

METHODS

- Data were collated from published sources (*via* “WEB OF SCIENCE” (1981-2004) and “PUBMED” (1966-2004)) and our own unpublished data.
- *In vitro* K_i values were obtained from a meta-analysis of values weighted by the number of liver samples used in each study..
- For each SSRI, reported K_i values were plotted against the microsomal protein concentration used in the study (Figure 1) to obtain an unbiased K_i value at a protein concentration of zero.
- K_i values were also corrected by experimental $f_{u,mic}$ values from the literature or estimated values [2] to account for non-specific binding (NSMB).
- Mechanism-based inhibition of CYP2D6 and CYP3A4 was considered for by PXT and FXT, respectively.

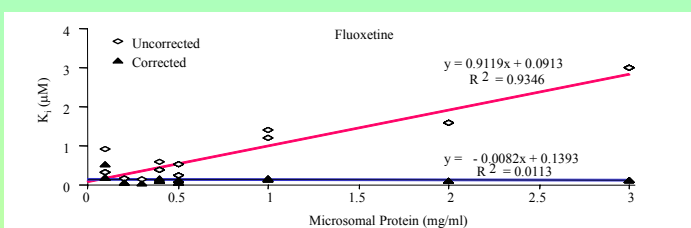


Figure 1. A representative graph showing K_i values for the inhibitory effect of FXT on *in vitro* CYP2D6 activity (varying substrates) as a function of microsomal protein concentration

MODELLING APPROACH

- The data were implemented in a physiologically-based pharmacokinetic model within Simcyp® software (version 5.0).
- The model accounted for time- and concentration-dependent inhibition or inactivation of active enzyme using unbound plasma drug concentration [I] as the driving force.
- The concentration gradient between unbound drug in hepatocytes and plasma (AU) was varied systematically from 1 to 30.

RESULTS & DISCUSSIONS

- The meta-analysis indicated that the SSRIs had the greatest inhibitory potency with respect to CYP2D6, with the exception of FV, a more potent inhibitor of CYP1A2 (K_i - 0.085 μ M) The K_i values with respect to CYP2D6 are shown in Table 1.
- Despite using K_i values corrected for NSMB, the mDDIs with SSRIs were systematically under-predicted (Figure 2a).
- The magnitude of mDDIs caused by some, but not all SSRIs (e.g. FVX), could only be recovered when AU into hepatocytes was considered (Figure 2b).
- Failure to recover the extent of mDDIs with FVX may be explained by the fact that its metabolite (norfluoxetine) is also a potent inhibitor of CYP2D6.
- All mDDIs with the substrates desipramine and imipramine were substantially under-predicted. This may, in part, be due to the lack of enzyme kinetic data for several of the main metabolic routes of the two drugs.
- The contribution of a given metabolic pathway to the total clearance of a substrate (fm) has a major impact on the accuracy of prediction.

Table 1. Mean values (\pm SE) of K_i for SSRIs with respect to inhibition of CYP2D6 mediated metabolism

	n	K_i (μ M)	$K_{i,u}$ (μ M) ^a	$K_{i,u}$ (μ M) ^b
CIT	8	45.3 (\pm 28.0)	3.4 (\pm 10.8)	5.4 (\pm 2.8)
FLX	12	1.2 (\pm 1.0)	0.099 (\pm 0.01)	0.14 (\pm 0.02)
FVX	11	8.0 (\pm 5.8)	1.8 (\pm 0.3)	2.2 (\pm 0.4)
SET	10	23.4 (\pm 0.9)	3.1 (\pm 0.7)	0.57 (\pm 0.11)
PXT	11	1.4 (\pm 1.1)	0.18 (\pm 0.02)	0.21 (\pm 0.02)

U – unbound; a – corrected using reported $f_{u,mic}$ values; b – corrected using calculated $f_{u,mic}$ values based on the Austin equation [2]

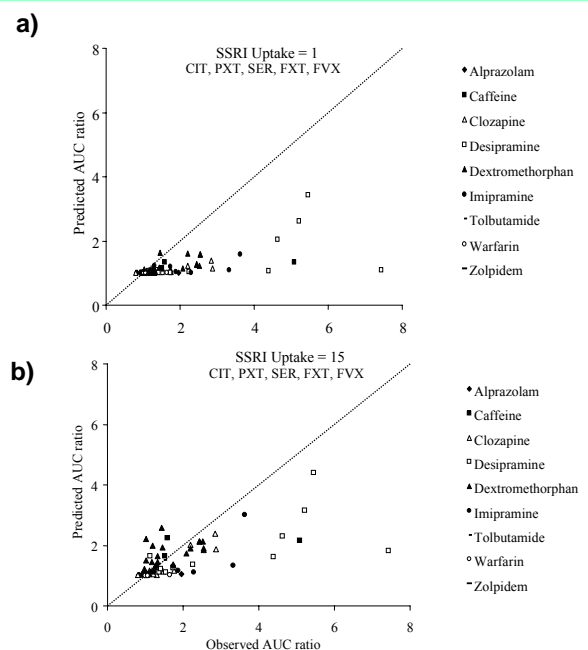


Figure 2. Predicted *versus* observed AUC ratios of a range of substrates in combination with SSRIs when AU is (a) ignored and (b) considered.

REFERENCES

- 1) Edwards, JG & Anderson, I (1999) *Drugs* 57: 507-33.
- 2) Riley, R *et al.* (2002) *Drug Metab Dispos* 30: 1497-1503.