

**\*Lecture 15 (30<sup>th</sup> July, 2024)**

- In this lecture we will discuss the reactions done by mixed function oxidases

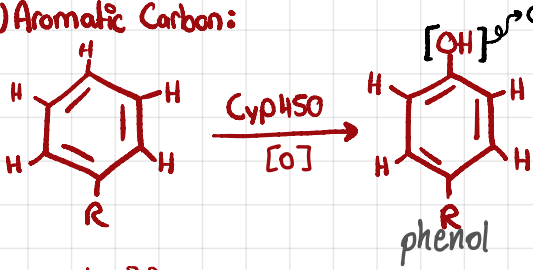
\*Cyp450 can oxidize all atoms found in drug molecules (which are mostly organic; C, O, N, F, Br, I... -but not Si-) and the atoms attached to these atoms.

C	N	O	F	↑ Electronegativity Increases (electrophilicity)
Si	P	S	Cl	
			Br	
			I	

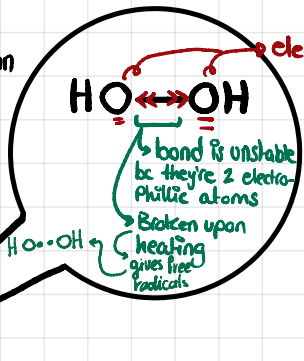
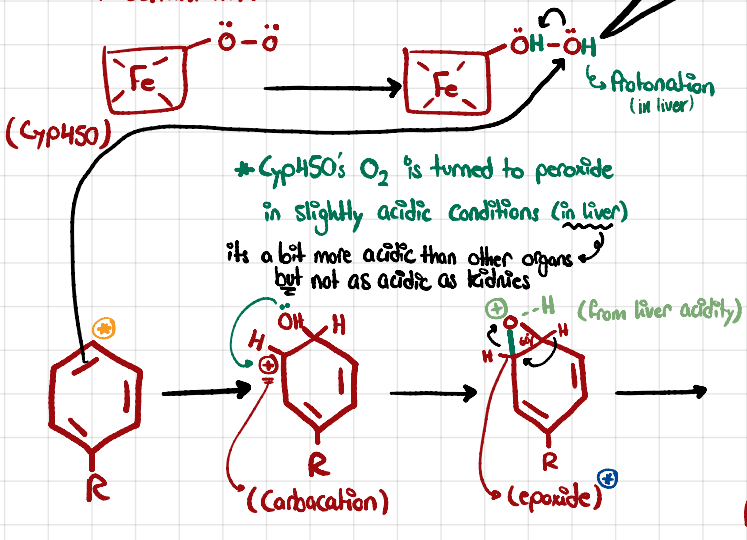
**\*Oxidation of Carbon Atoms:**

\*Carbon can be oxidized while its in 7 different forms:

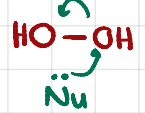
**(1) Aromatic Carbon:**



• mechanism:



\* to get it more stable it must find another source of e<sup>-</sup>s e.g. a Nu<sup>-</sup> with excess e<sup>-</sup>s:



\* This why the peroxide works as an **Oxidizing agent**, it takes e<sup>-</sup>s from other molecules & that what happens in Cyp450

\* Aromatic rings are electron rich system bc. they have pi-orbitals  
 \* CyP450 tries to attack the ortho position but there is steric hindrance, it tries meta position but still sterically hindered, so it attack the para position which is exposed and not sterically hindered

\* it attacks para position because its **e<sup>-</sup> rich** & **away from steric hindrance**

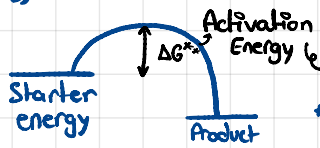
\* how do I know that epoxide has formed?

- Some epoxide is eliminated in the urine, if a patient takes a drug with like phenytoin, you'll find that 1% of the administered drug is in urine in the form of epoxide

\* Epoxide is super unstable why?

- its a strained ring, it has 60° angles (and we know that sp<sup>3</sup> atoms normally have 109.5°)

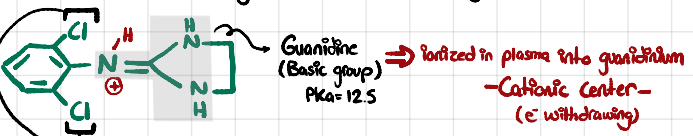
\* This strained intermediate slows the reaction as it has a high energy transition state, for a rxn to be spontaneous the product must be more stable than the starter (ΔG is -ve -Downhill rxn-)



↳ the higher it is the slower the rxn  
 \* So if the transition state is unstable it will be a slow reaction (thats why yield ≈ 50%)

**\* لسوية خطوات عن التفاعل \***

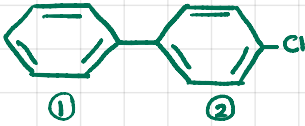
- OH is added on para
- The reaction doesn't happen without replacing H with an OH so having H on para is mandatory
- if Para is blocked or has no H, it can happen on meta to a lesser extent, but not on Ortho
- its a moderate yield reaction, yield = 50% ⇒ لو أعطيت مريض دوا فيه 100 mg يتخرج 50 mg في البول بالأساس
- the aromatic ring must be e<sup>-</sup> rich, e.g. 0 = ortho, 20mg ≈ meta, على ال para position على ال oxidized 50mg ≈



(Clonidine - Anti-HTN-)

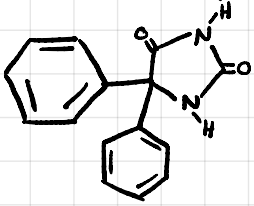
\* Since it has many e<sup>-</sup> withdrawing centers it won't be oxidized by Cyp450 as it won't detect a point with high e<sup>-</sup> density

• Which of these rings will be oxidized?



① will be oxidized bc ②'s para position is blocked & its meta position won't be oxidized as Cl is e<sup>-</sup> withdrawing group

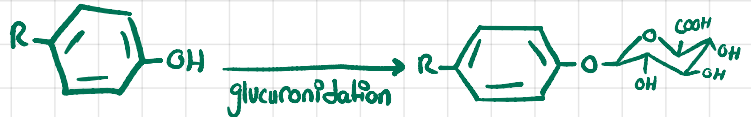
- This oxidation system only happens once to the compound (Single Oxidation)



Phenytoin

- even though phenytoin has two rings, only one will be oxidized by Cyp450 → will be ready for glucuronidation step

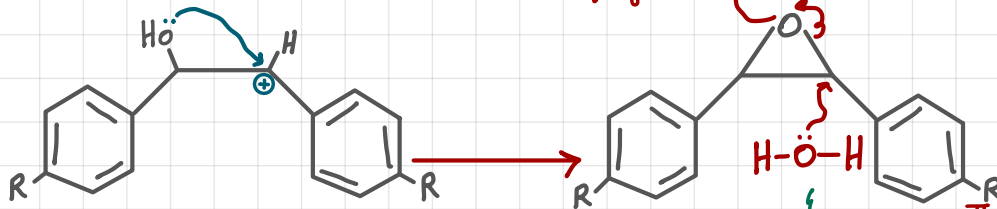
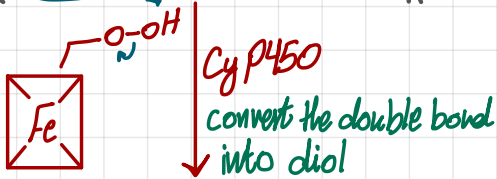
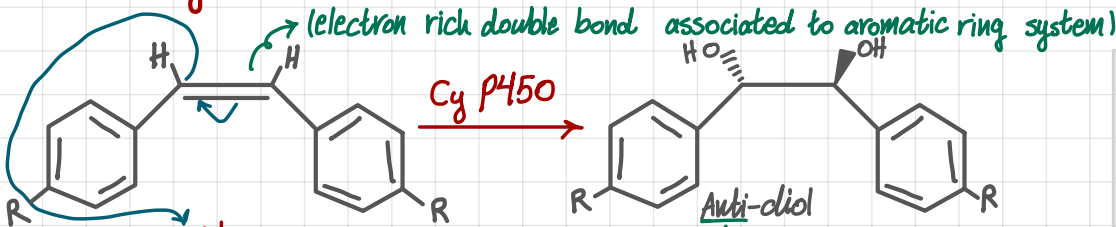
- the phenol product can pass into urine as it is (30% is eliminated in urine) or it can be conjugated by glucuronidation or by Sulfate conjugation



### \* Double bond oxidation

We are still talking about mixed function oxidase and how it deals with carbon systems

→ could be 1 or 2 but it must have at least 1



H<sub>2</sub>O attack  
إلتواء ring open  
وإلتواءات مختلفة فأعطاني  
Anti-diol

This intermediate is unstable but still can be found certain trace amount in urine

وهذا عرفنا إنه هاد الepoxide موجود بالتفاعل  
intermediate (موجود بالurine وقد نأخذ منه)

Example of this system:  
double bond + 2 aromatic rings

**Carbamazepine**  
- Anticonvulsant  
- For neurological pain  
خلال 24 hr من الجرعة يتلاقى 50% من الجرعة  
diol Summe.B.

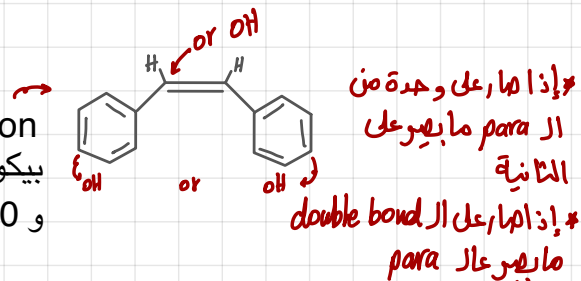
About this interaction:

1- yield = 50% (مش سريع ولا بطيء)

2- if there is no R-group on para position >> para hydroxylation  
بيكون عنا 50% عمل double bond oxidation  
و 50% عمل aromatic oxidation

3- surrounded by aromatic ring (at least one) (electron rich double bond)

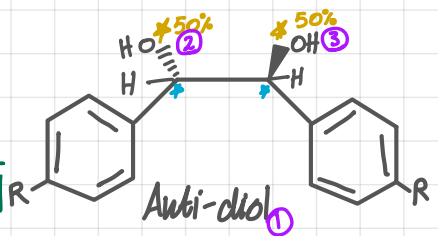
(oleic acid ال زي) fatty acids ال زي isolated ما تكون



ما بتأكد بطريقة ال double bond oxidation

الدوا 50% منه ما "أول" من هاي لا 50%

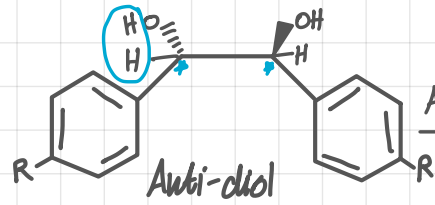
(bc. it has some hydrophilic properties) urine (30-40%) منهم  
 2) عن 20-50% ممكن يصير عليهم glucouronyl conjugation (مرة وحدة على وحدة منهم)  
 (من مع بعض - لين) 50% left 50% right



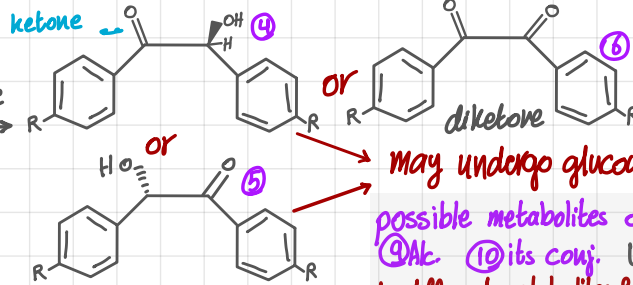
once you get glucouronyl conjugate → the molecule gets eliminated by the UT very quickly

ما بلحق يصير له كانه conjugation

3) لو عندي Alc. راجعة على CH (عند\*) بيحي انزيم اسمه "alcohol dehydrogenase"  
 20%  
 (it's not a special liver enzyme, it can be seen in other organs) NAD<sup>+</sup> co-factor تبعه هو



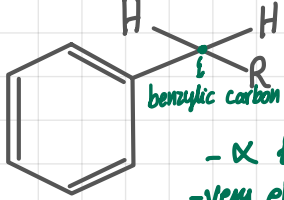
Alc. dehydrogenase



may undergo glucouronyl conj. 7 8  
 possible metabolites of this drug → 8 /  
 9 Alc. 10 its conj. بيمرنا  
 وإذا ما كان في R على R  
 10 different metabolites for single cpd.

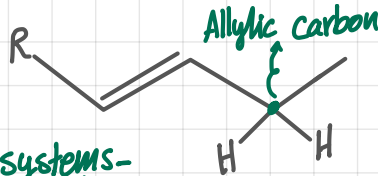
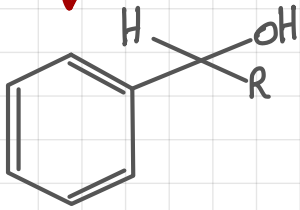
\* Benzylic and Allylic oxidation → أربع واحد

\* Secondary Carbon

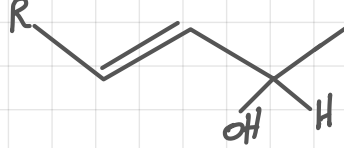


- α to pi-systems-
- very electron rich atoms-
- very susceptible to [O]-

Cy P450



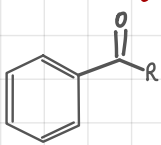
Cy P450



yield > 95% of the administered dose  
 first pass "very quick" وبالأغلب بصير  
 "metabolism"

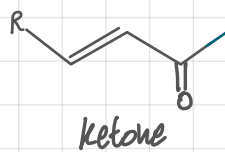
أول ما يعبر ال portal vein ويدخل عال كبد بصير له  
 first pass metabolism  
 لتفادي هاي المشكلة بنضطر نزيد الجرعة ونعمل  
 first pass enzymes اللي بتعمل saturation  
 (بنعطي جرعة عالية منه أكثر من مرة باليوم)

30% in urine  
 50% Conj.



Alc. dehydrogenase  
 NADH NAD<sup>+</sup>

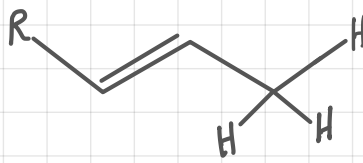
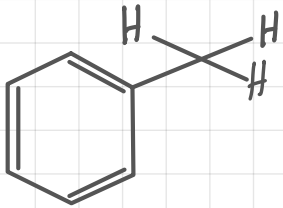
30% in urine  
 50% Conj.



Alc. dehydrogenase  
 NADH NAD<sup>+</sup>

النسب مش ثابتة بتختلف من شخص  
 لشخص ومن دوا لدوا

# \* Primary Carbon



## Note:-

you wouldn't see Ald. in the urine

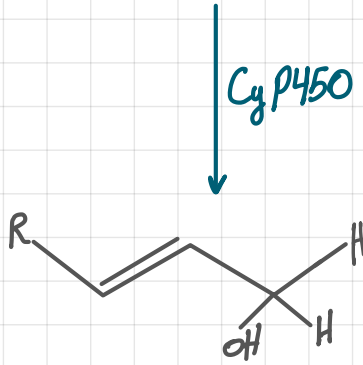
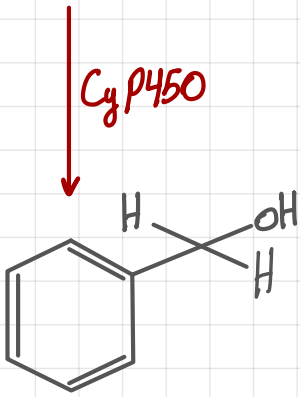
99% [O] by Alc. dehydrogenase  
 in the presence of water → Ald. dehydrogenase  
 1% by reductases (in the liver) → Come back to Alc.

oxidation phase I أهم تفاعل للإنسان هو  
 reduction Hydrolysis وأقلها أهمية هو ال

إذا تكون ال Carboxylic acid فهو سهل إيتي ينزل بلا urine

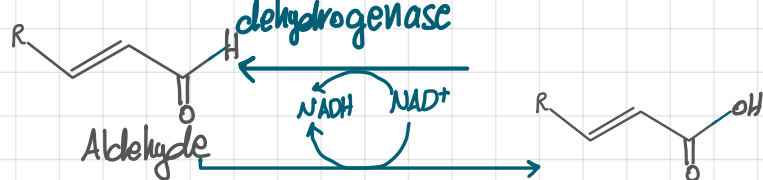
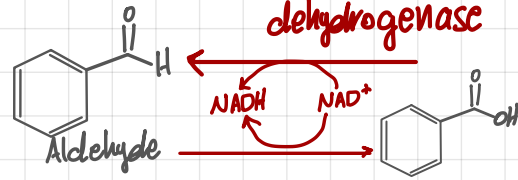
لأنه very hydrophilic وبسبب إيتي Ionization

• لا يتغلتر بال renal sys. ما بيسر له . abs.  
 • وببناية ال renal sys. في anionic pump (renal secretion) الي يتغلتر منه.  
 • ويمكن ال Carboxylic acids بيسر لهم Conj. وفي conjugants خاصة فيهم (glycine + glutamine) (في أكثر من طريقة للتغلتر منه)  
 Quickly renally eliminated

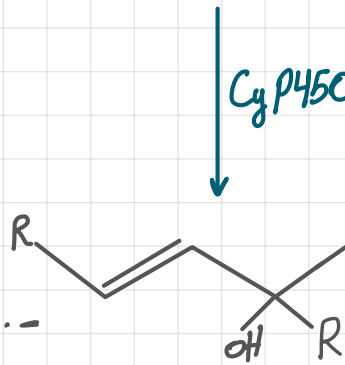
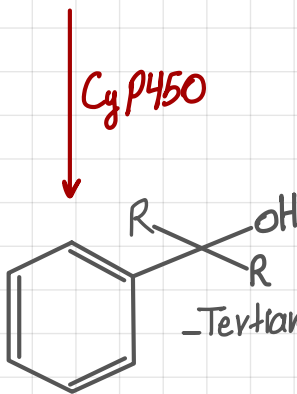
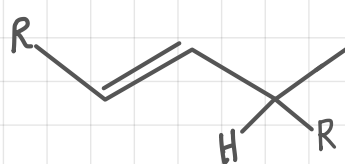
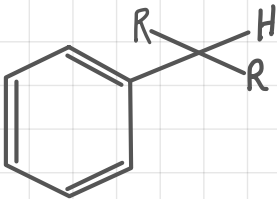


30% in urine  
 50% Conj.  
 Alc. dehydrogenase

30% in urine  
 50% Conj.  
 Alc. dehydrogenase



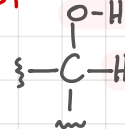
# \* Tertiary Carbon



30% in urine  
 50% Conj.  
~~Alc. dehydrogenase~~

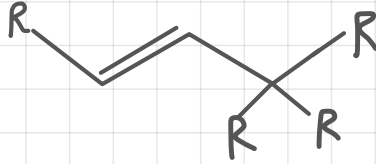
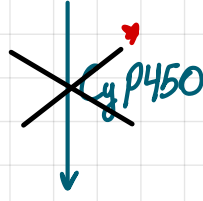
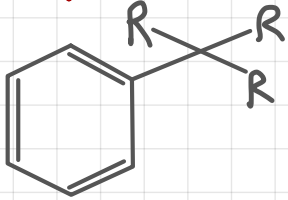
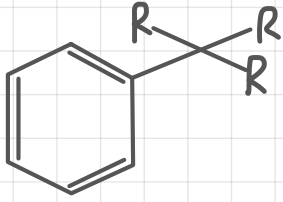
30% in urine  
 50% Conj.  
~~Alc. dehydrogenase~~

عشان ال alc. dehyd. يشتغل لازم يكون عندي OH جنبها CH





## \* Quaternary Carbon

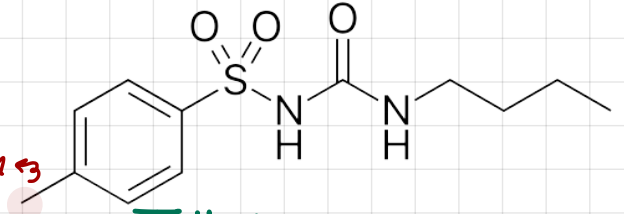


ما عند ه H يستغل عليها ال Cy P450  
(يشيلها ويحط بدلها OH)

## Example

يستغل بجرعات كبيرة بكل مرة حتى يشبع ال first pass  
ويدخل جزء صغير منهم يعمل hypoglycemic effect  
وحق جدول اللي بنخلوا quickly they get metabolized  
and you end up having short half life

benzylic carbon

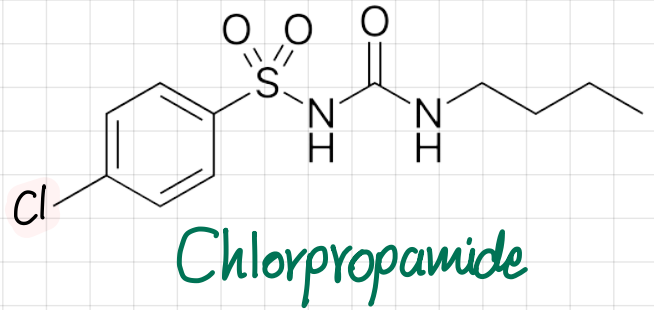


Tulbutamide (Sulfonylurea)  
(Hypoglycemic effect)

بينعطى كل ساعتين مرة أعلى شكل sustained delivery

لو كان عندي benzylic carbon ما بتطلع الى double bond oxidation  
ولا aromatic oxidation، لأنها أسرع إشي وال oxidizing system يعمل  
oxidation مرة وحدة (إذا اشتغل عمكان سريع بترك أي مكان ثاني)

حطينا Cl بدل ال benzylic carbon، ولأنه ال Cl very  
electrophilic/electronigative atom ما بتعطي الكتروناتها  
لل cytochrome P450  
هاد المركب resistant لل oxidation لأنه ما عندي benzylic  
carbon وبطول بالجسم وبينعطى BID مرتين باليوم مرة الصبح  
ومرة المساء، ممكن يصيرله metabolism بأماكن ثانية بس مش  
first pass



Chlorpropamide

CNO 

F
Cl
Br
I

 كل ال Halogens ما بتأكسدوا  
بإد Cy P450