

DRUG ANTIBIOTIC INTERACTIONS-ANTIMALARIALS

Pages with reference to book, From 37 To 40

Najma Sultana (Department of Pharmaceutical Chemistry, University of Karachi, Karachi-32.)

M. Saeed Arayne (Department of Chemistry, University of Karachi, Karachi-32.)

Abstract

The antimicrobial effects of four antimalarials were determined. The effect of the chosen drugs when combined with a selected number of antibiotics was studied on *Staphylococcus aureus* and *Escherichia coli* to determine the types of interaction. Most antimalarials showed either no effect or a synergistic action. However, some exhibited antagonistic effects, which may be either due to some physical interaction or some unselective blockade of certain receptor sites essential to the action of antibiotics. (JPMA 36: 37, 1986).

INTRODUCTION

The term "drug interactions" has probably been used for about two decades. Yet it certainly is not a new occurrence. The simultaneous use of two or more drugs must have been practiced since ancient times. Polypharmacy is not a modern phenomenon although its extent in modern therapeutics may be increasing¹. The bioavailability of drugs at their site of action can be enhanced or reduced by interaction with other drugs. Several studies concerning the biochemical and pharmacological effects of antimicrobial agents when given with other drugs are reported in the literature.²⁻⁶ The type of interactions reported involve competition for renal tubular excretion, displacement from carrier sites, chelation, decreased protein synthesis, increased tissue toxicity, acid-base neutralization and many others^{1,5-7}

Antimalarials are generally prescribed along with antibiotics for the treatment of infectious diseases. The pharmacological and biochemical actions of these drugs as well as their interactions in humans have been studied thoroughly⁸⁻¹¹

However, few 'in vitro' studies on the effect of these drugs and their interaction with antibiotics on microorganisms have been reported. The antimicrobial effect of quinine and quinacrine was subject of several studies and these drugs proved to be synergistic with antibiotics by preventing the emergence of resistant microorganisms.¹²⁻¹⁴ Their mechanism of action included complexation of the cationic groups of such drugs with the phosphate groups of nucleic acids, alteration or lysis of the cell wall, alteration of cell permeability, inhibition of spore germination, blockade of RNA synthesis, interference with the cytochrome system and inhibition of oxygen consumption.

In this investigation, it was of interest to determine the antimicrobial activity of certain antimalarials generally prescribed with antibiotics in the treatment of infectious diseases when tested alone and in combination with antibiotics. The type of interaction are also reported.

EXPERIMENTAL

Stock Cultures and Test Organisms:

Cultures of *Escherichia coli*, *Proteus vulgaris*, *Salmonella typhi*, *Pseudomonas aeruginosa*, *Staphylococcus aureus*, *Streptococcus pyogenes*, *Bacillus subtilis* and *Candida albicans* were maintained on slants of dextrose nutrient agar (Difco) or blood agar and stored at 4°C. Subculturing was carried out every 2 weeks.

Determination of Minimum Inhibitory Concentrations (MIC) of Drugs with Antibiotics:

A stock solution was prepared to contain 4 mg/ml of the drug or 1 mg/ml of antibiotic. Compounds that were insoluble in water were first dissolved in small quantities of either 95% ethanol or 50% dimethyl sulfoxide and then the solutions were diluted to volume with sterile distilled water or 1% phosphate buffer, pH 6-8^{15,16}

Twofold serial dilutions of the stock solutions were carried out in nutrient broth except with *Str. pyogenes* where dilution was carried out in brain heart infusion; the diluted solutions were distributed in 5 ml quantities in test tube. Each test tube was inoculated with 0.1 ml of the suspension of the test organism ($1-2 \times 10^6$ cells/ml). The inoculated media were incubated at 37°C for 18-24 hr. and the MIC was then recorded. Each experiment was performed in triplicate.

Procedure for Interaction Study:

Nine test tubes each containing 3 ml of dextrose nutrient broth (1:66X), were diluted to 5 ml by adding 1 ml each of the antibiotic and drug solution. The final concentration of the drug and the antibiotic in the tubes in terms of the MIC are shown in Table 1.

Table I
Concentration of Drugs and Antibiotics in Different Tubes.

Drug	one-fourth MIC	one-half MIC	MIC
one-fourth MIC	1	2	3
one-half MIC	4	5	6
MIC	7	8	9

As a general practice for drugs that did not show antimicrobial activity, 100 µg/ml was used instead of the MIC. Each test tube was then inoculated with a 0.1 ml of the suspension of the test organism and incubated for 18-24 hr. Each experiment was performed in triplicate.

A positive control for growth and a negative control for the MIC of both the drug and the antibiotic were carried out concurrently with each experiment.

The interaction between the drug and the antibiotic were recorded as synergistic (S) when the bacteriostatic action was manifested in tubes 1, 2 and 4 (Table 1) and antagonistic (A) when growth was produced in tubes 3 and 5-9.

Spectrophotometric Studies:

When solutions of antimalarials and the antibiotics separately and in combination, at different mole ratios, were scanned in the UV region, no evidence of interaction could be observed in the resulting spectra.

RESULTS AND DISCUSSION

The activities of the tested drugs on different microorganisms are given in Table II.

Table II
MIC of Antimalarials against Different Microorganisms.

DRUGS	E. coli	P. vulgaris	S. typhi	Ps. aeruginosa	Staph. aureus	Str. pyogenes	B. subtilis	C. albicans
Quinine dihydrochloride	N	500	500	1000	N	125	1000	N
Chloroquine diphosphate	N	N	1000	N	N	500	N	N
Primaquine diphosphate	1000	N	25	N	1000	63	1000	1000
Quinacrine	500	N	125	N	1000	16	N	1000

N = No effect at 1000 μg of drug/ml.

All the antimalarials investigated had moderate antimicrobial activity. Among the tested gram positive microorganisms, *Str. pyogenes* were relatively less responsive against all the antimalarials except chloroquine diphosphate which had no effect on any other gram positive micro-organism. Similarly quinine dhydrochloride and chloroquine diphosphate were inactive against *Staph. aureus* and *C. albicans* while chloroquine diphosphate and quinacrine were inactive against *B. subtilis*. Primaquine diphosphate and Quinacrine were most responsive against *Staph. aureus* and *C. albicans*.

Among the gram negative microorganisms tested, all the drugs were irresponsive except. quinine dihydrochloride against *P. vulgaris* and *Ps. aeruginosa*. Quinine dhydrochloride and Chloroquine diphosphate were inactive against *E. coli*, but were most responsive against *Ps. aeruginosa* and *S. typhi* respectively, while Primaquine diphosphate and quinacrine being most responsive against *E. coli* but the later being less responsive than against gram positive microorganisms.

Synergism and antagonism between different antimicrobial agents have been studied using various methods.^{17,18} To study the interactions of the drugs with antibiotics, it was necessary to determine the MIC of the antibiotics against two strains of *Staph aureus* and *E. coli*. The types of interactions between the different antimalarials and antibiotics are shown in table III Quinine dihydrochloride was antagonistic with streptomycin sulphate, and dihydrostreptomycin sulphate, while chioroquine diphosphate was antagonistic with penicillin G and penicillin v. However, both showed a synergistic effect with chiorotetracycline hydrochloride. On the other hand, the other antimalarials quinacrine and primaquine were synergistic with most of the tested antibiotics (Table III).

Table III
Interaction between Antimalarials with Antibiotics as shown by Their Effect on Staph. aureus and E. Coli.*

Antibiotics	Quinine dihydrochloride		Chloroquine diphosphate		Primaquine diphosphate		Quinacrine	
	Staph. aureus	E. coli	Staph. aureus	E. coli	Staph. aureus	E. coli	Staph. aureus	E. coli
Erythromycin	—	—	—	—	S	S	S	S
Streptomycin sulfate	A	A	—	—	S	S	S	S
Dihydrostreptomycin sulfate	A	A	—	—	S	S	S	S
Chloramphenicol	—	—	—	—	S	S	S	S
Penicillin G. Sodium	—	—	A	—	S	S	S	S
Penicillin V. Potassium	—	—	A	—	S	S	S	S
Ampicillin Sodium	—	—	—	—	S	S	S	S
Tetracycline Hydrochloride	—	—	—	—	S	—	S	S
Oxytetracycline hydrochloride	—	—	—	—	S	S	S	S
Chlorotetracycline	S	S	S	S	S	S	S	S
Methacycline hydrochloride	—	—	—	S	S	S	S	S
Kanamycin sulphate	—	—	—	—	—	S	—	S

*= A = antagonistic, S= synergistic. The dash (—) indicates that the results were found as expected; either no growth occurred (the total concentration was equal to MIC or more) or growth occurred (the total concentration was less than the MIC).

The antagonistic effects observed with quinine dihydrochloride in combination with Streptomycin and dhydrostreptomycin might be explained on the basis that this drug could unselectively block certain receptor sites essential to the action of antibiotics. Since Spectrophotometric measurements of mixtures of antibiotics that the results were found as expected; either no growth or growth occurred (the total concentration was less than the and antimalarials excluded chemical interaction, there must be another site of activity of the antimalarials in the bacterial cell.

Further studies on the mechanism of action of drugs showing synergistic and antagonistic effects are in progress. In conclusion, this type of interactions may have clinical implications and it seems that the indiscriminate administration of drug-antibiotic combination is questionable and may not be advisable because such 'in vitro' interactions may occur 'in vivo'.

REFERENCE

1. Gringauz, A. Drugs, how they act and why. Saint Louis, Mosby, 1978;p.283.
2. Prescott, L.F. Pharmacokinetic drug interactions. Lancet, 1969;2: 1239.
3. AMA Drug Evaluation 1977. 3rd ed. Acton, Mass., Publishing Sciences Group, 1977; p. 34.
4. Hansten, P.D. Drug Interactions. 3rd ed. Philadelphia, Lea and Febiger, 1976;p.133.
5. Sultana, N., Ghazali, F.A. and Arayne, MS. Effect of antacids on the dissolution behaviour of tetracycline and oxytetracycline. S. Pharm., 1983; 1:139.
6. Sultana, N., Arayne, M.S. and Ghazali, F.A. Effect of antacids on the dissolution behaviour of methacycline and doxycycline. JPMA., 1984; 34:59.

7. Evaluation of drug interactions 1976. 2nd ed. Washington. Am. Pharm. Assoc., 1976; p.231.
8. Padgham, C. and Richens, A. Quinine metabolism as an index of hepatic drug-metabolizing capacity. *Br. S. Clin. Pharmacol*, 1974; 1:352.
9. Fischer, V.W. and Fitch, C.D. Affinity of chloroquine for bone. *S. Pharm. Pharmacol.*, 1975; 27:527.
10. The pharmaceutical codex. 11th S. London, Pharmaceutical Press, 1979;p. 176, 525, 736, 773.
11. Clark, A.M., Baker, J.K. and McChesney, S.D. Excretion distribution and metabolism of primaquine in rats. *J. Pharm. Sci*, 1954; 73:502.
12. DeCourey, S.J. and Sevag, M.G. Specificity and prevention of antibiotic resistance in staphylococcus aureus. *Nature*, 1966; 209:373.
13. Sevag, M.G. Prevention of the emergence of anti biotic resistant strains of bacteria by Atabrine. *Arch. Biochem. Biophys.*, 1964; 108 :85.
14. Richard, A.J. and Garrett, E.R. Kinetics and mechanisms of drug action on microorganisms XX1: Effect of quinacrine on escherichia coli and its possible complexation with components of nutrient growth medium. *S. Pharm. ScL*, 1974; 63:894.
15. British pharmacopoeia 1980. London, Her Majesty's Stationary Office, 1980;p. A121.
16. Kavanagh, F. Analytical microbiology. New York, Academic Press, 1963.
17. Richard, R.M.E. and McBride, R.3. Antipseudomonal effect of Polymyxin and phenylethanol. *S. Pharm. ScL*, 1974;63:54.
18. Sonne, M. and Jawetz, E. Combined action of Carbenicillin and gentamicin on pseudomonas aeruginosa in vitro. *Appl. Microbiol.*, 1969; 17: 893.