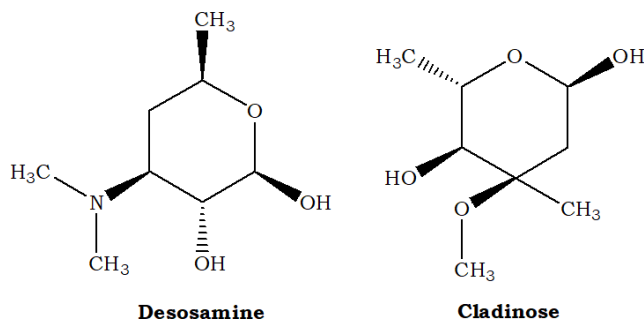
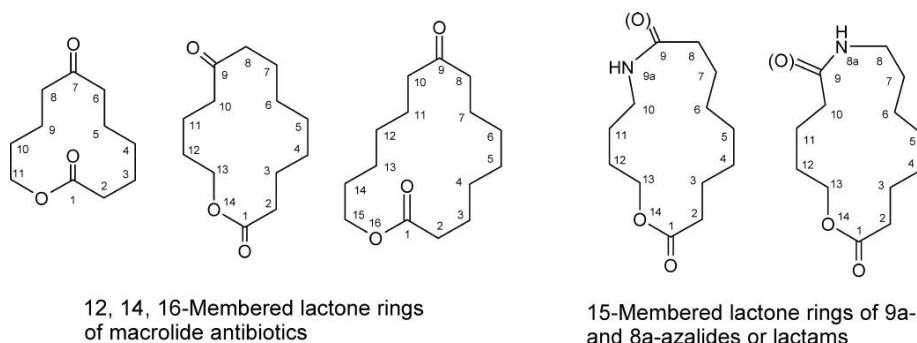


The macrolides are a major family of oral antimicrobials with established efficacy and a good tolerability profile and are thus frequently used for the treatment of community-acquired **Respiratory Tract Infections** (RTIs).

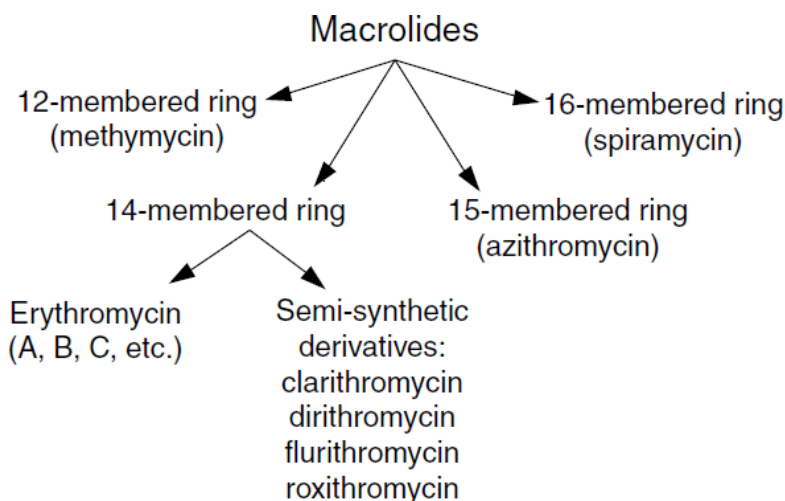
- Macrolides are bacteriostatic, meaning that instead of killing bacteria, they restrict or impede their growth.
- The macrolides are a group of natural compounds made up of a large **macrocyclolactone** ring and one or more **deoxy sugars**, notably **cladinose** and **desosamine**.



- The structures of all macrolides, and their ketolide-derivatives, are based on a macro-lactone ring, with the therapeutically most relevant macrolides comprising a **14-, 15- or 16-membered** ring.
- Basic structures of **macrolide lactones**.



- Macrolides structurally contain three characteristic parts in every molecule like:
  - (i) A macrocyclic lactone ring containing **14 or 16** carbons usually.
  - (ii) Multiple ketone group (**O=**) & hydroxyl group (**-OH**).
  - (iii) Two deoxy sugars attached by glycosidic bond with lactone ring.
- **Classification According to the carbon number of lactone ring:**



### ❖ Mechanism of action

- Macrolide antibiotics inhibit protein synthesis by targeting the bacterial ribosome.
- Generally, it is bacteriostatic in action but acts as bactericidal at higher dose.
- **Bacterial ribosomes** consist of two subunits, **30S** and **50S**, each of which is composed of **ribosomal RNA (rRNA)** and **proteins**. The **50S subunit** contains the **peptidyl transferase** center, which catalyzes the formation of peptide bonds, linking amino acids to the growing polypeptide chain during the synthesis of new proteins.
- **Macrolide antibiotics** bind to the **23S rRNA** of the bacterial **50S ribosomal subunit**. It stops bacterial protein synthesis by inhibiting the transpeptidation/translocation step of protein synthesis.
- Macrolides are actively concentrated within **leukocytes** [White blood cells (WBCs)], and thus are transported into the site of infection.

Macrolide antibiotics binds to the 23S rRNA of the bacterial 50S ribosomal subunit



Inhibit polypeptide chain elongation & protein synthesis inhibition

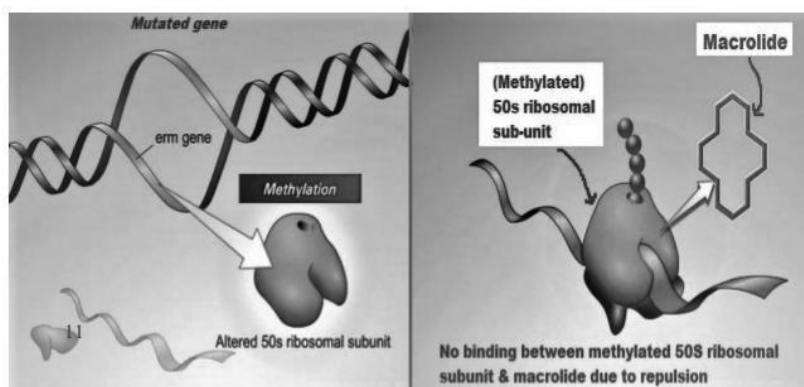


Result in inhibition of growth & multiplication

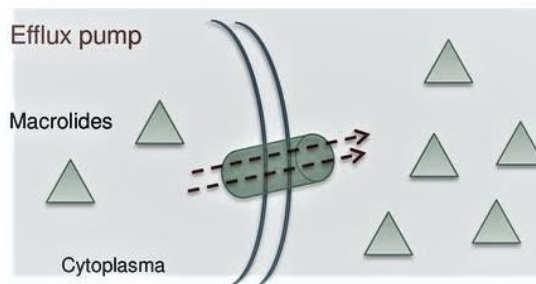
### ❖ Mechanism of Resistance of Macrolides

- Resistance to macrolides occurs by three different mechanisms:

- Enzyme-mediated binding site alteration or Mutation of binding site:** Enzymatic alteration of ribosomal target reduces drug binding. Mutations in **23S rRNA**, is mediated by **erm genes**, which add one or two methyl groups to the exocyclic amino group located in **23S rRNA**.
- Enzymatic detoxification of the drug:** Macrolides can be inactivated by enzymes such as **esterase**'s or **phosphotransferases**, or by **glycosyltransferases**, or **formyl reductases** encoded in plasmids of both gram-negative and gram-positive bacteria.
- Active efflux of the drug:**



Enzyme-mediated binding site alteration or Mutation of binding site



## ❖ TherapeuticUsesofMacrolidesAntibiotics

- Antibiotic macrolides are used to treat infections caused by Gram-positive bacteria (e.g.,*Streptococcus pneumoniae*) and limited Gram-negative bacteria (e.g., *Bordetella pertussis*, *Haemophilus influenzae*), and some respiratory tract and soft-tissue infections.
- **Medical Conditions Associated with Macrolides Antibiotics:**
  - **Babesiosis** (A rare, often severe infection caused by protozoa of the genus.)
  - **Bacterial Endocarditis Prevention** (caused by the direct invasion of bacteria, leading to deformity and destruction of the valve leaflets.)
  - **Bacterial Infection**
  - **Bartonellosis** (an infectious disease produced by bacteria of the genus *Bartonella*. *Bartonella* species cause diseases such as Carrion's disease)
  - **Bronchitis** (an inflammation of the lining of bronchial tubes)
  - **Bullous Pemphigoid** (a rare skin condition that causes large, fluid-filled blisters)
  - **Campylobacter Gastroenteritis** (a type of gastroenteritis (gastro) caused by a bacterium known as *Campylobacter*)
  - **Cervicitis** (an inflammation of the cervix, the lower, narrow end of the uterus that opens into the vagina)
  - **Chancroid** (a bacterial condition that causes open sores on or around the genitals. It's a type of sexually transmitted infection [STI])
  - **Chlamydia Infection** (a sexually transmitted infection (STI) that can affect anyone.)
  - **Clostridioides difficile Infection** (asymptomatic infection due to the spore-forming bacterium *Clostridioides difficile*. Symptoms include watery diarrhea, fever, nausea, and abdominal pain.)
  - **Chronic Obstructive Pulmonary Disease (COPD), Acute**
  - **Cystic Fibrosis** (a genetic disorder that affects mostly the lungs, but also the pancreas, liver, kidneys, and intestine. Long-term issues included difficulty breathing and coughing up mucus as a result of frequent lung infections.)
  - **Dental Abscess** (buildup of pus that forms inside the teeth or gums.)
  - **Gonococcal Infection**
  - **Granuloma Inguinale** (a bacterial disease caused by *Klebsiella granulomatis*, formerly known as *Calymmatobacterium granulomatis*, characterized by genital ulcers.)
  - **Helicobacter Pylori Infection**
  - **Legionella Pneumonia** (atypical pneumonia caused by any species of *Legionella* bacteria)
  - **Lyme Disease** (an infectious disease caused by the *Borrelia* bacterium)
  - **Lymphogranuloma Venereum** (is a ulcerative disease of the genital area.)
  - **Mycobacterium avium** (a group of bacteria related to tuberculosis.)
  - **Mycoplasma Pneumonia** (a contagious respiratory infection that spreads easily through contact with respiratory fluids. It can cause epidemics.)
  - **Nongonococcal Urethritis** (an inflammation of the urethra that is not caused by gonorrhea infection.)
  - **Ocular Rosacea** (inflammation that causes redness, burning and itching of the eyes.)
  - **Otitis Media** (inflammatory diseases of the middle ear.)
  - **Pelvic Inflammatory Disease** (an infection of the reproductive organs in women.)

- ***Pemphigoid***(rareautoimmuneconditionsthatcausesblisteringandrashesontheskinand mucous membranes.)
- ***Pertussis***(alsoknownaswhoopingcough,isahighlycontagiousrespiratorydisease.)
- ***Pharyngitis***(inflammationofthebackofthethroat,knownasthepharynx.Ittypicallyresults in a sore throat and fever.)
- ***Pneumonia***
- ***RheumaticFeverProphylaxis***
- ***Sinusitis***
- ***SkinandStructureInfection***
- ***SkinorSoftTissueInfection***
- ***STDProphylaxis***
- ***StrepThroat***(abacterialinfectionthatcausesinflammationandpaininthethroat.)
- ***StreptococcalInfection***
- ***Syphilis(Earlystage)***
- ***Tonsillitis/Pharyngitis***
- ***Toxoplasmosis***(aninfectioncausedbyaparasite.ThisparasiteiscalledToxoplasma gondii.)
- ***TyphoidFever***
- ***UpperRespiratoryTractInfection***

### ❖ TheSideEffectsofMacrolidesAntibiotics

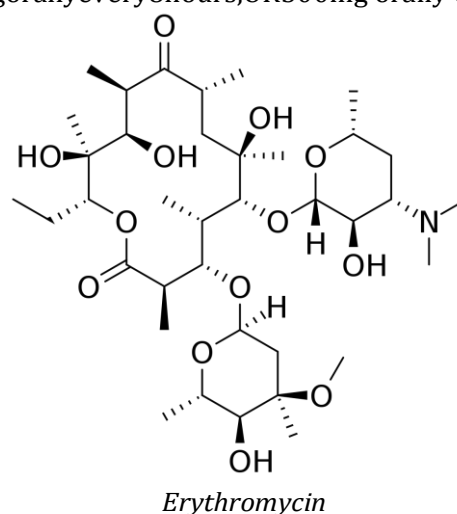
- ***Minorsideeffects:***Nausea,vomiting,diarrhea,andringingorbuzzingintheears(tinnitus).
- ***Serioussideeffects:***Includingallergicreactionandcholestatichepatitis(inflammationandcongestion of bile ducts in the liver).

### ❖ Interactions

- Macrolidesshouldnotbetakenwithcolchicineasitmayleadto colchicinetoxicity.Symptomsof colchicinetoxicityincludegastrointestinalupset,fever,myalgia,pancytopenia,andorganfailure.

## ❖ Erythromycin

- **Erythromycin** was the first macrolide to be discovered, and it was first used in **1952**. In circumstances when patients were allergic to penicillin or had penicillin-resistant infections, erythromycin was routinely utilized as a penicillin alternative.
- Erythromycin is a bacteriostatic antibiotic drug produced by a strain of *Saccharopolyspora erythraea* (formerly *Streptomyces erythraeus*).
- It is available for administration in various forms, including intravenous, topical, and eye drop preparations.
- **Infants** prescribed systemic erythromycin had an increased risk of IHPS [*Infantile Hypertrophic Pyloric Stenosis* (most common cause of intestinal obstruction in infancy)] with the highest risk in the first 2 weeks of age.
- **Pharmacokinetics:**
  - **Absorption:** Orally administered erythromycin is readily absorbed. Erythromycin has poor stability in acidic environments and is rapidly degraded into intermediate metabolites after oral administration.
  - **Distribution:**
    - ✓ Found in most body fluids and accumulates in leucocytes and inflammatory liquid.
    - ✓ Spinal fluid concentrations of erythromycin are low, however, the diffusion of erythromycin through the blood-brain barrier increases in meningitis, likely due to the presence of inflamed tissues which are easily penetrated.
    - ✓ Erythromycin crosses the placenta.
  - **Metabolism**
    - ✓ Hepatic first-pass metabolism contributes significantly to erythromycin metabolism after an oral dose.
    - ✓ Erythromycin is partially metabolized by CYP3A4 enzyme to N-desmethylerythromycin.
    - ✓ But one of the metabolites, **8,9-anhydro-6,9-hemiketal** intermediate, serves as a **motilin-receptor agonist**, which is known to increase peristalsis and cause many of the common GI side effects.
  - **Elimination**
    - ✓ Erythromycin concentrates in the liver and is then excreted in the bile.
    - ✓ Under 5% of the orally administered dose of erythromycin is found excreted in the urine.
    - ✓ The elimination half-life of oral erythromycin was 2.4-3.1 hours.
- **Usual Adult Dose**
  - **ORAL**
    - ✓ Mild to moderate infections: 250 mg orally every 6 hours, 333 mg orally every 8 hours, OR 500 mg orally every 12 hours.
    - ✓ Severe infections: 1 gram orally every 6 hours.
    - ✓ Maximum dose: 4 grams/day.
  - **PARENTERAL:** 15 to 20 mg/kg IV per day.

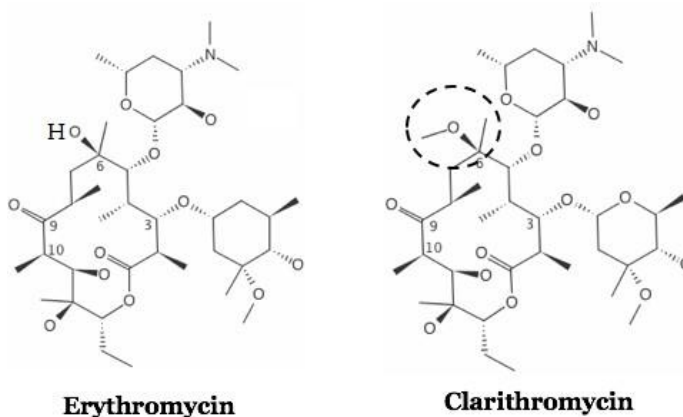


## ❖ Clarithromycin

- Clarithromycin was developed in 1980 and approved for medical use in 1990.
- Clarithromycin, a semisynthetic macrolide antibiotic derived from erythromycin and is chemically known as **6-O-methylerythromycin**.

### Why does Clarithromycin Cause Less GI Side Effects than Erythromycin?

The structural configurations of clarithromycin and azithromycin provide improved acid stability as compared to erythromycin, which results in fewer hemiketal intermediates being formed and thus, less GI effects.

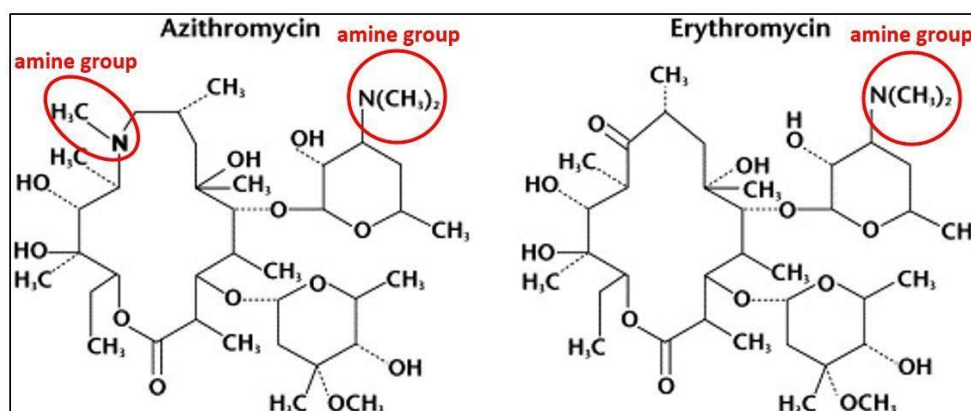


- Clarithromycin may be bacteriostatic or bactericidal depending on the organism and drug concentration.
  - **Mechanism of action**
    - Clarithromycin inhibits bacterial protein synthesis by binding to the bacterial **50S ribosomal** subunit.
    - Clarithromycin is first metabolized to **14-OH clarithromycin**, which is active and works synergistically with its parent compound.
    - Clarithromycin also inhibits the hepatic microsomal CYP3A4 isoenzyme and P-glycoprotein, an energy-dependent drug efflux pump.
  - **Pharmacokinetics:**
    - **Absorption:** Clarithromycin is well-absorbed, acid stable and may be taken with food.
    - **Distribution:**
      - ✓ The pharmacokinetic advantages that clarithromycin has over erythromycin include increased oral bioavailability (52 to 55%), increased plasma concentrations (mean maximum concentrations ranged from 1.01 to 1.52 mg/L and 2.41 to 2.85 mg/L after multiple 250 and 500 mg doses, respectively), and a longer elimination half-life (3.3 to 4.9 hours) to allow twice daily administration.
      - ✓ In addition, clarithromycin has extensive diffusion into saliva, sputum, lung tissue, epithelial lining fluid, alveolar macrophages, neutrophils, tonsils, nasal mucosa and middle ear fluid.
    - **Metabolism**
      - ✓ Hepatic-predominantly metabolized by **CYP3A4** resulting in numerous drug interactions.
- ```

graph LR
    A[Clarithromycin] --> B[14-hydroxyclearithromycin]
    A --> C[N-desmethylethylclarithromycin]
  
```
- **Elimination**
    - ✓ The urinary excretion of clarithromycin is somewhat greater, approximately 30%.
  - **Toxicity**
    - ✓ Symptoms of toxicity include diarrhea, nausea, abnormal taste, dyspepsia, and abdominal discomfort.
    - ✓ **Pseudomembranous colitis** has been reported with clarithromycin use. Allergic reactions ranging from urticaria and mild skin eruptions to rare cases of anaphylaxis and Stevens-Johnson syndrome have also occurred.
    - ✓ Clarithromycin may also cause tooth decoloration which may be removed by dental cleaning.
  - **Dose (Adult dosage)**
    - ✓ Oral tablet: 250 mg-500 mg taken every 12 hours for 14 days.
    - ✓ Extended-release oral tablet: 1,000 mg taken every 24 hours for 14 days.

## ❖ Azithromycin

- Azithromycin is a broad-spectrum macrolide antibiotic active against both anaerobic and aerobic Gram-positive and Gram-negative bacteria with a long half-life and a high degree of tissue penetration.
- Azithromycin was discovered in 1980 and approved for medical use in 1988.
- In March 2020, a small study was funded by the French government to investigate the treatment of COVID-19.
- Azithromycin has broad antimicrobial activity against both anaerobic and aerobic Gram-positive and Gram-negative bacteria.<sup>3</sup> However, azithromycin may have greater activity against Gram-negative organisms, especially *Haemophilus influenzae*, *Haemophilus parainfluenzae*, *Moraxella catarrhalis*, *Neisseria gonorrhoea*, *Ureaplasma urealyticum*, and *Borrelia burgdorferi*. Like other macrolides, azithromycin is also highly effective against atypical intracellular organisms, such as *Legionella pneumophila*, *Chlamydia spp.*, and *Mycoplasma spp.*
- Azithromycin appears to be effective in the treatment of chronic obstructive pulmonary disease through its suppression of inflammatory processes.
- Using azithromycin during pregnancy has been confirmed to be safe.



- **Mechanism of action:** Azithromycin binds to the 23S rRNA of the bacterial 50S ribosomal subunit. It stops bacterial protein synthesis by inhibiting the transpeptidation/translocation step of protein synthesis.
- **Pharmacokinetics:**
  - **Absorption:** Bioavailability of azithromycin is 37% following oral administration. Absorption is not affected by food. Azithromycin is an acid-stable antibiotic, so it can be taken orally with no need of protection from gastric acids.
  - **Distribution:**
    - ✓ After oral administration, azithromycin is widely distributed in tissues.
    - ✓ The lung, tonsils, and prostate are organs that have shown a particularly high rate of azithromycin uptake.
    - ✓ In-vivo studies demonstrate that concentration in phagocytes may contribute to azithromycin distribution to inflamed tissues.
  - **Metabolism**
    - ✓ Hepatic-predominant; metabolized by CYP3A4.
  - **Elimination**
    - ✓ Azithromycin is predominantly eliminated through biliary excretion, and approximately 6% of the administered dose is excreted through the urine as unchanged drug.
- **Side effects:**
  - ✓ The most common treatment-related side effects involve the gastrointestinal tract, including diarrhea, nausea, and abdominal cramping.
  - ✓ Use of this medication for prolonged or repeated periods may result in oral thrush or a new yeast infection and a change in vaginal discharge, or other new symptoms.
- **Dose:**
  - ✓ Adult dosage: 500 mg once per day for 3 days; Child dosage: 10 mg/kg of body weight once per day for 3 days.
  - ✓ This drug should not be used in children who are younger than 6 months.