clinical pharmacokinetics of methotrexate

Perspectives on high-dose methotrexate NSC therapy. The synergistic effect of salicylates on methotrexate toxicity. Pharmacology of methotrexate in the human central nervous system. The clinical significance of these impurities requires further study. Methotrexate hepatotoxicity in psoriasiscomparison of different dose regimens. Metabolism of folate antagonists. British Medical Journal 1: Cite article How to cite? Temporary remissions in acute leukemia in children produced by folic acid antagonist, 4-amino-pteroylglutamic acid aminopterin. Annals of the New York Academy of Sciences Unable to display preview.Administration, Oral; Bile/metabolism; Blood Proteins/metabolism; Cell Membrane/metabolism; Central Nervous System/metabolism; Drug Administration Schedule; Drug Combinations; Erythrocytes/metabolism; Humans; Injections, Intramuscular; Kidney/metabolism; Kinetics; Methotrexate/administration & dosage. Clin Pharmacokinet. Jul-Aug;9(4) Clinical pharmacokinetics of methotrexate in children. Wang YM, Fujimoto T. Among the few antineoplastic agents investigated pharmacologically in children and adults, methotrexate has been clearly demonstrated to be handled differently in the two age groups. Age has in. Dec 13, - The long half-life may either be due to enterohepatic circulation of methotrexate and/or its metabolites or a slow elimination of dihydrofolate reductase (DHFR) bound methotrexate. The plasma clearance of methotrexate following small clinical doses is about 80ml/min, but may become saturated at high. May 15, - Methotrexate is an antifolate agent used in the treatment of autoimmune diseases and various types of cancers. It is a unique antiproliferative agent because it can be administered by multiple routes with a wide variation of dosing. Methotrexate pharmacokinetics have generated numerous papers focusing. Dec 17, - Clinical Pharmacology2, and Karolinska Pharmacy3, Karolinska Hospital, Stockholm, Sweden. 1 The pharmacokinetics of MTX and its 7-hydroxy metabolite (7-OHMTX) were investigated in nine patients with rheumatoid arthritis (RA). Each patient received. 15 mg MTX i.v., i.m. and p.o. after an overnight fast. exposure can be expressed by means of the maximum concentration obtained from pharmacokinetic studies. Lastly, total exposure can be expressed in AUC from time zero to the end of the dose interval under steady state conditions. Hereafter, we review the current knowl- edge on bioavailability of methotrexate. (MTX). Pharmacology. Chemotherapy ; Pharmacokinetics of Methotrexate in Children with Acute. Lymphocytic Leukemia. T.A.O.. Tawfeeg A.O.. Najjar a. I.M.. Ibrahim M. Al Fawaz b. aDepartment of Clinical Pharmacy, College of Pharmacy, and bDepartment of Pediatrics,. College of Medicine, King Saud University. Medication errors were associated with the use of five or more medications, and the unusual schedule of administration of low dose MTX may also have been contributory. From a consideration of the clinical pharmacokinetics of MTX, we suggest other factors that may predispose to the occurrence of marrow toxicity: the. Pharmacokinetics of High-Dose. Methotrexate. Kristine Radomski Crews, Pharm.D. St. Jude Children's Research Hospital. 7 October, Therapeutic drug monitoring to avoid high-dose methotrexate toxicity . Goal of clinical pharmacokinetics: Individualize medicines to maximize cures and minimize adverse effects. PHARMACOKINETICS AND METABOLISM. OF METHOTREXATE: An Example for the Use of Clinical. Pharmacology in Pediatric Oncology. Joseph D. Borsi, MD, PhD, Erling Sagen, Civ Ing, lnge Romslo, MD,. PhD, and Peter J. Mw, MD, PhD 0. Clinical Chemistry, University of Trondheim, Norway. Department of Pediatrics.