

# *Cephalosporins*

***By Dr Ayesha Jamil***

Classify  
Cephalosporin's

Describe  
clinical uses  
of  
Cephalosporin's

Describe the  
principal  
bacterial  
mechanism  
of resistance  
to  
Cephalosporin's

Describe anti-  
bacterial  
spectrum of  
Cephalosporin's

Describe the  
adverse  
effects of  
Cephalosporin's

Relate  
pharmacokinetics  
and  
pharmacodynamics  
of Cephalosporin  
with  
their clinical  
applications / uses.

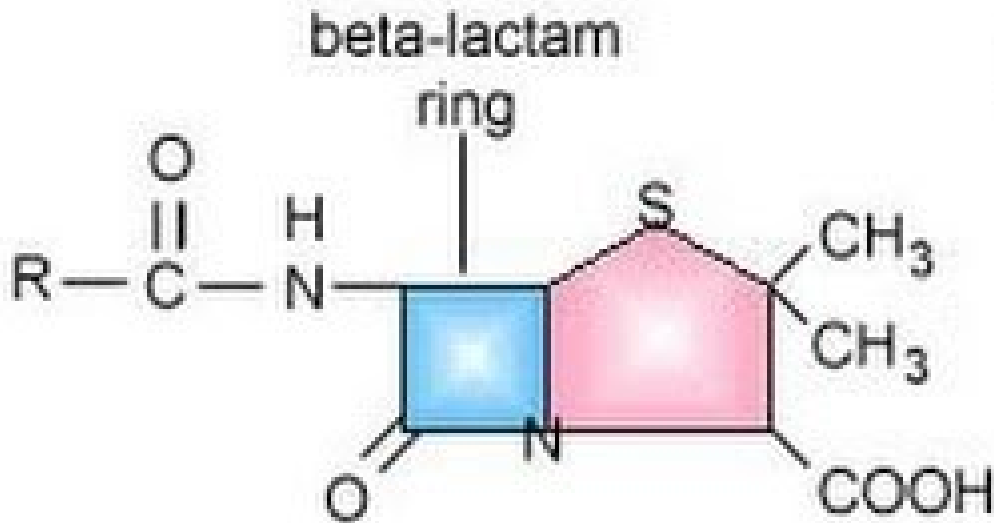
Describe pharmacokinetics  
of  
Cephalosporin's with special  
emphasis on  
route of administration and

excretion  
Describe drug  
interactions of  
Cephalosporin's with  
Ethanol

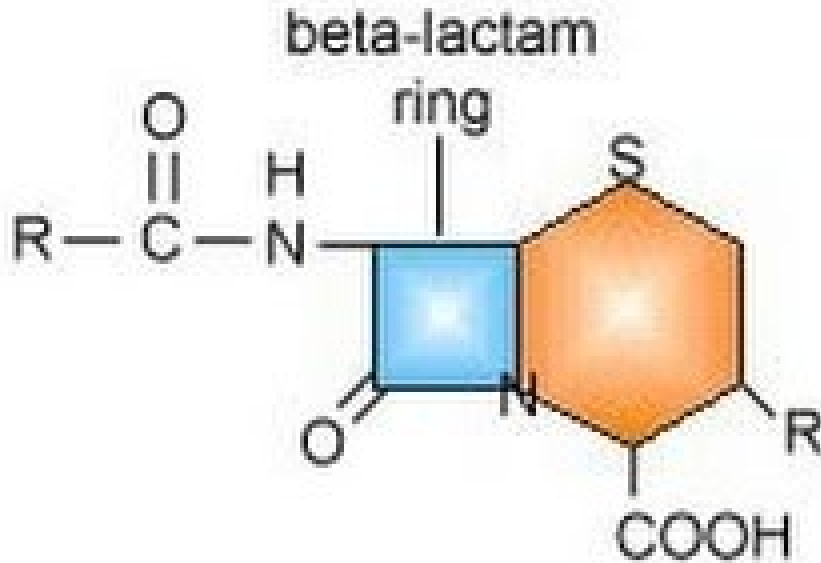


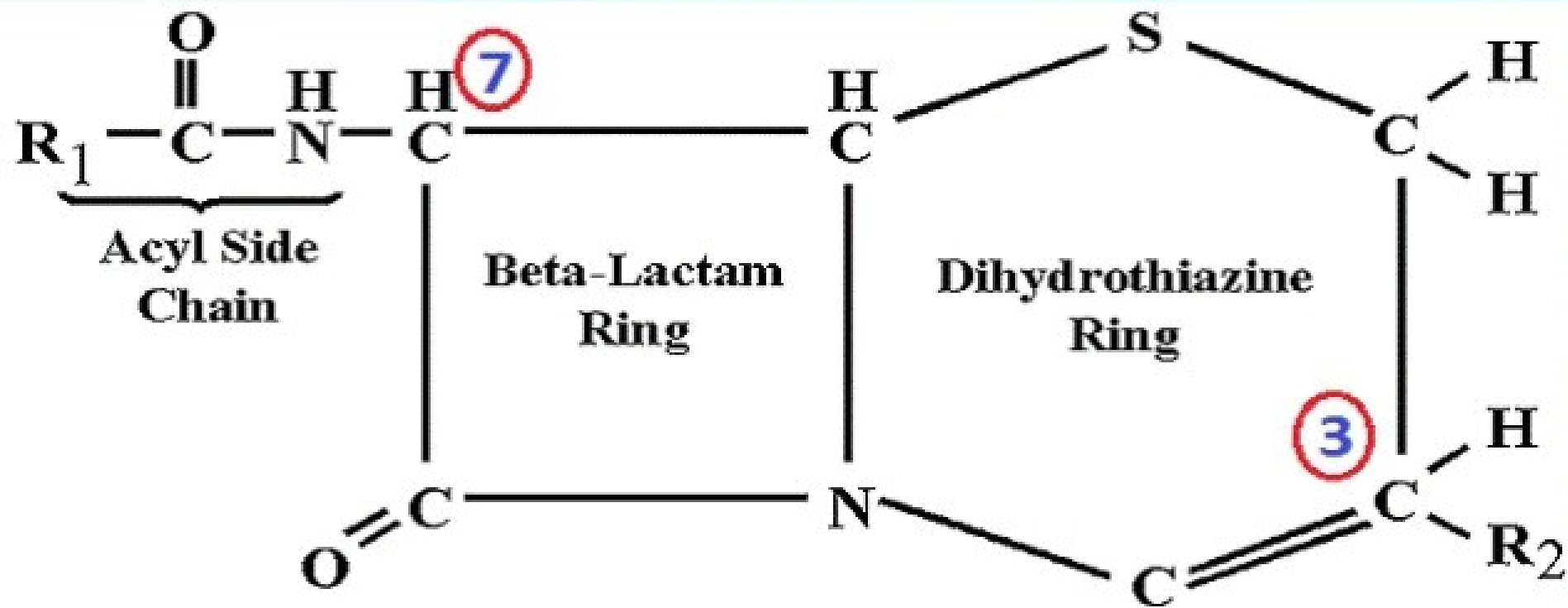
- Structurally and functionally they are related to penicillins.
- Most of the cephalosporins are produced semisynthetically by addition of chemical chain at 7-aminocephalosporanic acid.
- Their mode of action and the way bacteria develop resistance against it is the same as that of penicillins.
- But when cephalosporins become resistant to  $\beta$ -lactamases, this resistance is much more stronger than that offered by penicillins against  $\beta$ -lactamases.

Penicillin



Cephalosporin





### General Structure of Cephalosporins

BY ADDITION OF DIFFERENT SIDE CHAINS:

- AT POSITION 7 (beta-lactam ring) antibacterial spectrum against specific organisms can be altered.
- At position 3 of dihydrothiazine ring, pharmacokinetics can be altered as required.

## *Antibacterial spectrum*

- Cephalosporins have been divided into 4 generations. This classification is based upon the
- Anti-microbial spectrum
- And resistance of the drug to  $\beta$ -lactamases (cephalosporinases) Cephalosporins are ineffective against MRSA, *L. monocytogenes* , *Clostridium difficile* , and the enterococci.

# Classification →

## FIRST GENERATION

### ORAL

CEPHALEXIN  
CEPHRADINE  
CEFADROXIL

### PARENTERAL

CEPHALOTHIN  
CEFAZOLIN

## SECOND GENERATION

### ORAL

CEFACLOR  
CEFUROXIME-  
AXETIL  
CEFPROZIL

### PARENTERAL

CEFUROXIME  
CEFOXITIN

## CEPHALOSPORINS

## THIRD GENERATION

### ORAL

CEFIXIME  
CEFDINIR  
CEFTIBUTEN  
CEFPODOXIME-  
PROXETIL  
CEFTAMET  
PIVOXIL

### PARENTERAL

CEFOTAXIME  
CEFTIZOXIME  
CEFTRIAZONE  
CEFTAZIDIME  
CEFOPERAZO-  
NE

## FOURTH GENERATION

### PARENTERAL

CEFEPIME  
CEFPIROME

# Classification of Cephalosporins

- **First Generation**
  - Cephazolin
- **Second Generation**
  - Cefuroxime
  - Cefaclor
  - Cefoxitin (cephamycin)
- **Third Generation**
  - Ceftriaxone,  
Cefotaxime
  - Ceftazidime
- **Fourth Generation**
  - Cefipime

Good activity against Gram +ve  
(Staphs and Streps)

Increased activity against Gram Negatives  
Slightly less activity against Gram Positives

Very good Gram negative coverage  
Reasonable against Gram Positives  
*Ceftazidime has anti-pseudomonal activity*

Very broad spectrum activity  
including *Pseudomonas*



## *1<sup>st</sup> generation cephalosporins*

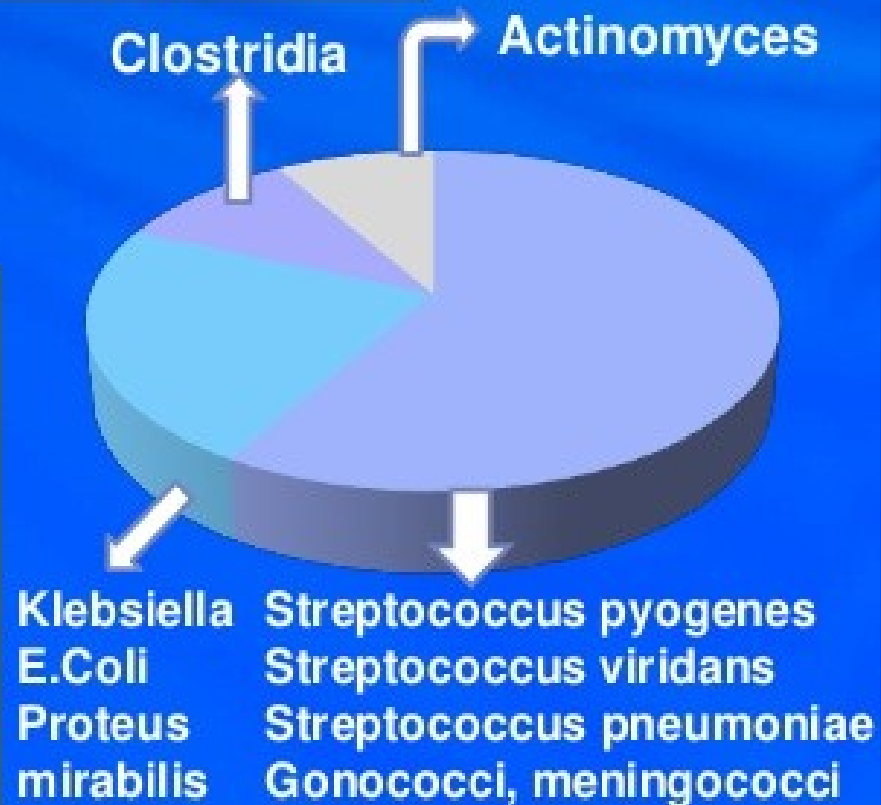
- They act as a substitute for Penicillin G.
- They are effective against staphylococcal infections (resistant to cephalosporinase produced by *staph.*)
- It also shows activity against
- *Proteus mirabilis*
- *E.coli*
- *Klebsiella*

Not effective against salmonella and pseudomonas

# CHARACTERISTICS AND ACTIONS:

## CEFAZOLIN

- ❑ *Prototype first generation cephalosporin.*
- ❑ *Mainly used as penicillin G substitute.*
- ❑ *Long plasma half-life (2 hours), longer duration of action, hence used for surgical prophylaxis.*
- ❑ *Dose :0.25g 8hourly(mild cases) i.m. / i.v.*  
*1g 6hourly(severe cases) i.m. / i.v.*



# 1<sup>st</sup> Generation - Common Trade Names

Cefazoline  
(Parental)



Cefadroxil  
(Oral)



## *2<sup>nd</sup> generation cephalosporins*

- They have a broader anti-microbial spectrum.
- In addition to the coverage which is also given by 1<sup>st</sup> gen it also covers three gram –ive organisms.



# 2<sup>nd</sup> generation cephalosporins

- In addition to this there are two other drugs in this group
- **Cefotetan**
- **Cefoxitin**

that also cover anaerobs (*Bacteroides Fragalis*),but they are the not the first choice drugs due to increasing prevalence of resistance in *B.fragalis*.

so the coverage offered by 2<sup>nd</sup> gen

Staph aureus (MSSA)

Strep. Pnem

Strep. pyog

Anaerobic .strep

neisseria . Gonor

enterobacter

E.coli,H. inf,

klebsiella , proteus

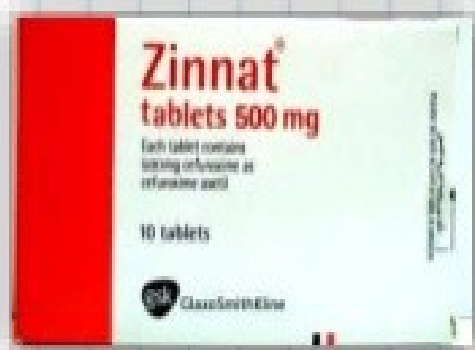
**gm -iv cocci**

**gm -ive rods**

**g+ive**

## 2<sup>nd</sup> Generation - Common Trade Names

Cefuroxime axetil  
(Oral)

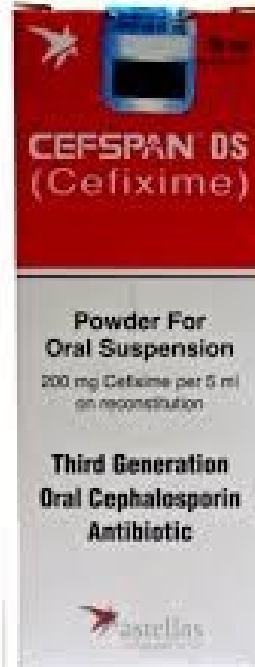


Cefaclor  
(Oral)



# *3<sup>rd</sup> generation cephalosporins*

- These cephalosporins have an important role in the treatment of infectious disease. Although inferior to first-generation cephalosporins in regard to their activity against gram-positive cocci, the third-generation cephalosporins have enhanced activity against gram-negative bacilli, including those mentioned for the 2<sup>nd</sup> gen, as well as most other enteric organisms plus *Serratia marcescens* .
- ***Ceftriaxone or cefotaxime*** have become agents of choice in the treatment of meningitis.
- ***Ceftazidime activity against P. aeruginosa*** . The problem of resistance is increasing day by day against it . Therefore careful and very much recommended use is preferred.





# 4<sup>th</sup> generation cephalosporins

- **Cefipime** is included in this group.
- It is only used parentally.
- Has good gm+ive & gm-ive coverage.
- It is also very effective against ***P.Aurigenosa***. The incidence of resistance is also not much associated with it .

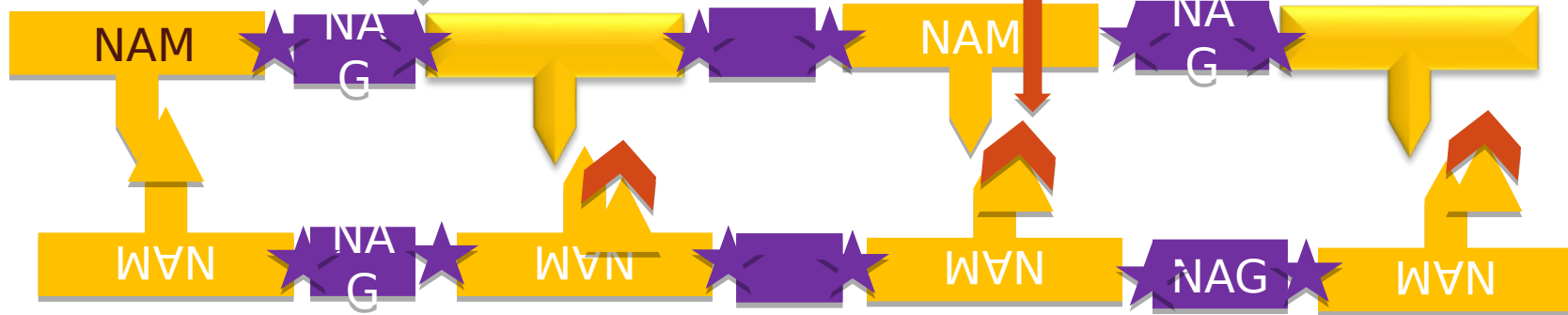


# *Resistance*

- Mechanisms of bacterial resistance to the cephalosporins are essentially the same as those described for the penicillins.
- However some of the gm-ive organism s produce extended spectrum  $\beta$ -lactamases(ESBL), thus showing resistance against cephalosporins.
- These gm-ive bacilli producing ESBL are
- *E-coli*
- *K- pneumonie*

Transglycosylase

Transpeptidase  
Inhibited by  
cephalosporins



Mechanism Of Action  
Of Cephalosporins

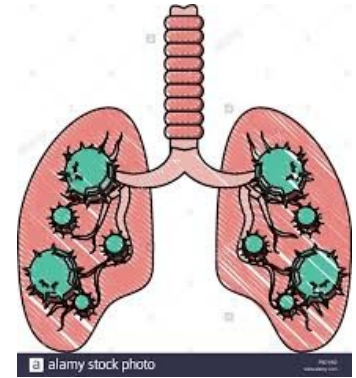
# Therapeutic uses of first generation of cephalosporins

- ❖ Skin and soft tissues infections particularly those caused by staphylococci and streptococci.
- ❖ **Cefazolin** is used before surgical procedures prophylactically due to its longer duration of action.

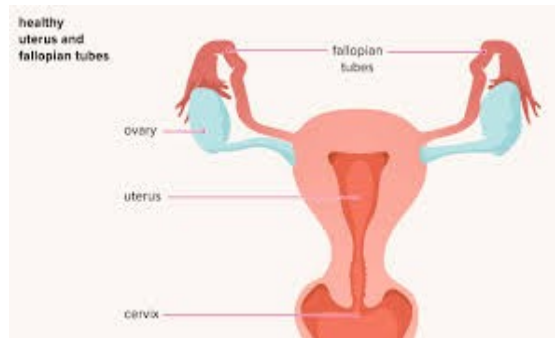


# Therapeutic uses of second generation cephalosporins

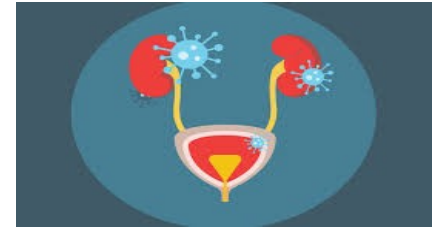
- **Cefuroxime ZINACEF(sodium/ parenteral) & Cefuroxime (axetil/ oral):**
- Respiratory tract infections like otitis media, sinusitis, bronchitis.



- **Cefotetan & cefoxitin** are used for the treatment of pelvic and abdominal infections caused by anaerobic microbes & Gm-ive bacteria.



# Therapeutic indications of third generation cephalosporins



- pyelonephritis due to gm-ve bacteria, ***Ceftriaxone***:
- Gonorrhoea ***Ceftriaxone***



- Community acquired pneumonias ***Ceftriaxone***:
- Typhoid fever ***Ceftriaxone and cefaperazone***
- Meningitis caused by H-influenza & Neisseria meningitides by ***Ceftriaxone / cefotaxime***.
- nosocomial infections
- Infection by aerobic & anaerobic bacteria.
- Septicemia by gm-ive bacilli

# Therapeutic indications for the fourth generation cephalosporins

- Same indications as those for third generation cephalosporins but they are reserved for serious hospital acquired infections





## Relation of pharmacokinetics and pharmacodynamics of Cephalosporin with their clinical applications / uses

All cephalosporins distribute very well into body fluids

Adequate distribution and adequate therapeutic levels in the CSF, e.g, ceftriaxone or cefotaxime are achieved and are effective in the treatment of neonatal and childhood meningitis caused by *H. influenzae*.

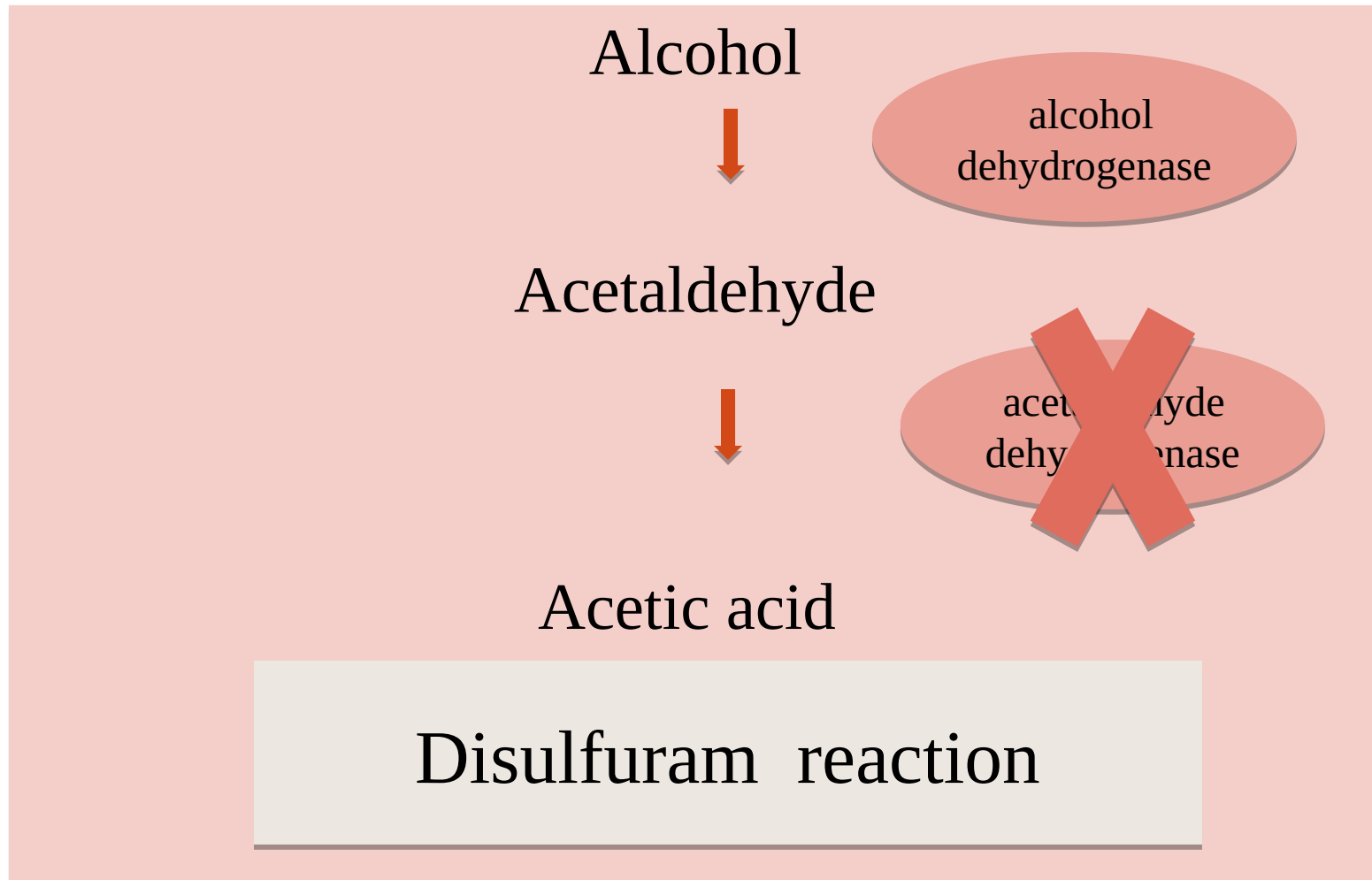
Cefazolin is used preoperatively as it distributes well in bone.

Elimination occurs through tubular secretion and/or glomerular filtration Therefore doses must be adjusted in cases of severe renal failure to guard against accumulation and toxicity. *Ceftriaxone* is excreted through the bile into the feces and, therefore, is frequently employed in patients with renal insufficiency

# *Adverse effects*

- Hypersensitivity reactions
- GI disturbances
- Pain at the site of i/m inj , i/v inj can cause thromophlebitis.
- Nephrotoxicity
- Disulfuram like reaction
- Hypoprothrombinemia/ thrombocytopenia/ platelet dysfunction may lead to severe bleeding .

# Drug interaction of cephalosporin with Ethanol



## Disulfuram reaction

Signs:

Vomiting, nausea, flushing, headache, sweating, chest pain, breathlessness, hypotension, hypoglycemia, confusion, shock and even death.

