Antiviral Drugs

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Viral infections

- Viruses lack both <u>cell wall & cell membrane</u>
- Clinical symptoms of viral infection appear late in course of disease, at time that most viral particles have replicated
- Administration of antiviral drugs have limited effectiveness
- Some antiviral are use as prophylaxis





Respiratory Virus Infections

 Antiviral drugs for influenza types A & B and respiratory syncytial virus (RSV)
 Immunization against influenza A is the preferred approach

Antiviral drugs for Respiratory Virus Infections

 Neuraminidase inhibitors: oseltamivir & zanamivir
 Inhibitor of viral uncoating: Amandatine
 Ribavarin

1. Neuraminidase inhibitors



At surface of influenza virus two glycoproteins: hemagglutinin (HA)& neuraminidase (NA)
Neuraminidase enzyme that is essential for release of virus particles from surface of infected cell
Neuraminidase can be inhibited by sialic acid analogs:
oseltamivir (Tamiflu) & Zanamivir (Relanza) These drugs prevent release of new virions & their spread from cell to cell
Oseltamivir & zanamivir are effective against influenza types A & B

1. Neuraminidase inhibitors

- Neuraminidase inhibitors prevent infection if administered prior exposure
- They are most effective for treatment of influenza if given within few hours of onset of symptoms
- When administered within first 24-48 hrs of onset of infection, they have modest effect on intensity & duration of symptoms

<u>1. Neuraminidase inhibitors</u>

They reduce risk of complications in elderly & in patients with chronic diseases Oseltamivir is given orally for 5 days Zanamivir is administered either inhaled or intranasally for 5 days



1. Neuraminidase inhibitors

Adverse effects:

 Oseltamivir: GI discomfort, nausea
 Zanamivir: irritation of respiratory tract, bronchospasm, should be avoided in patients with asthma, COPD

2. Inhibitor of Viral Uncoating

- Adamantine derivatives: Amandatine
- Effective only against <u>influenza A</u> <u>infections</u>
- Treatment is useful for unvaccinated individuals & during epidemics
 Amantadine is also effective in treatment of some cases of <u>Parkinson's disease</u>

2. Inhibitor of Viral Uncoating

- drugs are well absorbed <u>orally</u>
- Adverse effects:
- Amantadine: CNS symptoms

 Minor neurological symptoms (insomnia, dizziness, ataxia)
 Serious effects (hallucinations & seizures)

 should be avoided in pregnancy

<u>3. Ribavirin</u>

- Effective against RNA & DNA viruses
- Is used in treating <u>infant & children</u> with <u>severe RSV infections</u>
- Is indicated in chronic hepatitis C in combination with interferon-alpha-2b
- Is given <u>orally or I.V, aerosol</u>
- Adverse effects:
- Transient anemia, elevated bilirubin, teratogenic

Hepatic viral infections

- Hepatitis viruses identified <u>A, B, C, D, E</u>
 <u>Hepatitis B & C</u> are most common causes of chronic hepatitis, cirrhosis, hepatocellular carcinoma
 Therapy is currently available only for <u>B & C</u>
- <u>Chronic hepatitis B</u> is treated with interferon-a or lamivudine

Hepatic viral infections

 Chronic hepatitis C respond to interferon-a & ribavirin
 Hepatitis A is a common infection but <u>not</u> <u>chronic</u>

Antiviral drugs for hepatic viral infections:

Interferon
Lamivudine

<u>1. Interferon</u>

 A family of naturally occurring, inducible glycoproteins that <u>interfere</u> with ability of viruses to infect cells
 Three types interferon- α, β, γ Pegylated" formulations has been attached to either interferon-g-2a or interferon-a-2b to increase size of molecule The larger molecular size delays absorption from injection site, increase duration of action of drug & decreases its

clearance

Some approved indications for interferons

Interferon-α	Interferon-β	Interferon-y
Chronic hepatitis B and C	Relapsing- remitting multiple sclerosis	Chronic granulo- matous disease
Genital warts caused by papilloma- virus		
Leukemia, hairy-cell		
Leukemia, chronic myelogenous		
Kaposi's sarcoma		

<u>Interferon</u>

- Interferon is <u>not active orally</u>
- Is administered intralesionally, SC & I.V
- Adverse effects:
 - Flu-like symptoms: fever, chills, myalgias, arthralgias
 - Bone marrow suppression
 - Neurotoxicity (severe fatigue, weight loss, thyroditis)
 - Rarely CHF, hypersensitivity reactions (HSR)



 Cytocine analog that <u>inhibits both HBV</u> <u>DNA polymerase</u> & <u>HIV reverse</u> <u>transcriptase</u>
 Is given <u>orally</u>

Herpesvirus infections

 Acyclovir, Ganciclovir, famciclovir, penciclovir

 Two most important herpes viruses:
 Herpes simplex viruses type 1 & 2 (HSV-1 & HSV-2)

- Varecilla-zoster virus (VZV)

Herpesvirus infections

<u>Herpes simplex infections</u>:
 Mouth, lips (cold sores) & eye are associated with HSV-1,
 are treated with topical antiviral

Genital infection is associated with HSV-2,
are treated with oral antiviral





Herpes lesion: Found on shaft of penis (male), vagina, vulva, cervix (female), and around anus

Herpesvirus infections

Varecilla-zoster virus:

 <u>Chickenpox in healthy children</u> mild & antiviral drug is not required
 <u>Chikenpox in adults</u> is more severe, required antiviral therapy

 In herpes zoster (shingles) systemic antiviral treatment can reduce severity, duration of pain & reduce complications





<u>1. Acyclovir (Zovirax)</u>



Is a prototypic antiherpetic agent

 The most common use of acyclovir is in therapy for <u>genital herpes infections</u>

 Herpes simplex virus type 1 & 2 (HSV-1 & HSV-2), varecilla-zoster virus (VZV), mediated infections are sensitive to acyclovir
 Drug of choice in HSV encephalitis

<u>1. Acyclovir</u>

- Route of administrations: <u>I.V. orally or topical route</u>
- Adverse effects:
 Topical: Local irritation
 Oral: headache, diarrhea, nausea, vomiting
 I.V: renal dysfunction



<u>AIDS</u>

 Aquired immunodeficiency syndrome
 Is disease of human immune system caused by HIV (Human immunodeficiency virus)
 33.2 million live with AIDS worldwide



- Esophagitis
- Chronic diarrhea
- Tumors



 A highly active regimen that uses combinations of drugs to suppress replication of HIV & to restore immunocompetency of host

Treatment of AIDS

 Highly Active AntiRetroviral Therapy (HAART)
 Nucleoside & nucleotide reverse transcriptase inhibitors (NRTIs)
 Non-Nucleoside reverse transcriptase inhibitors (NNRTIs)
 Protease inhibitors (PIs)

Treatment of AIDS

 There is no cure for infection caused by HIV
 A number of drugs slow disease progression & increase life expectancy

Treatment of AIDS

 Current recommendation for primary therapy two NRTIs with either a PI or a NNRTI Nucleoside & nucleotide reverse transcriptase inhibitors (NRTIs)

Zidovudine (AZT)
 Didanosine
 Abacavir

<u>Non-Nucleoside reverse</u> transcriptase inhibitors (NNRTIs)

• <u>Nevirapine</u>

Protease inhibitors (PIs)

Saguinivir
Ritonavir
Indinavir

Protease inhibitors (PIs)

Adverse effects:

 Lipodystrophy syndrome: metabolic effects include fat redistribution, insulin resistance & dyslipidemia

Fat redistribution after chronic use including loss of fat from extremities & its accumulation in abdomen & base of neck (buffalo hump)

