



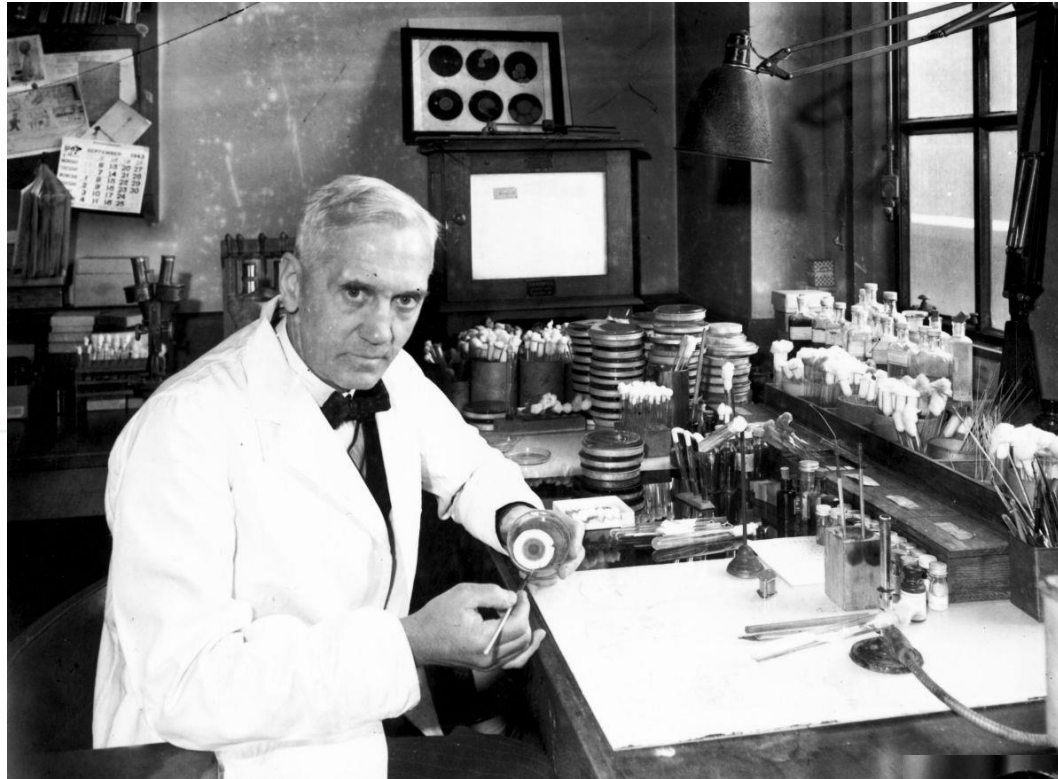
# Antibiotics



## Division:

- **Antibiotics** = in strict sense antibacterial comp. (products of microorg. + chemotherapeutics)
- **Antifungals** = against fungi
- **Antivirotics** = against viruses
- **Antiparasitics** = against protozoa and worms (+ against ectoparasites)

# Alexander Fleming – 28<sup>th</sup> Sept. 1928



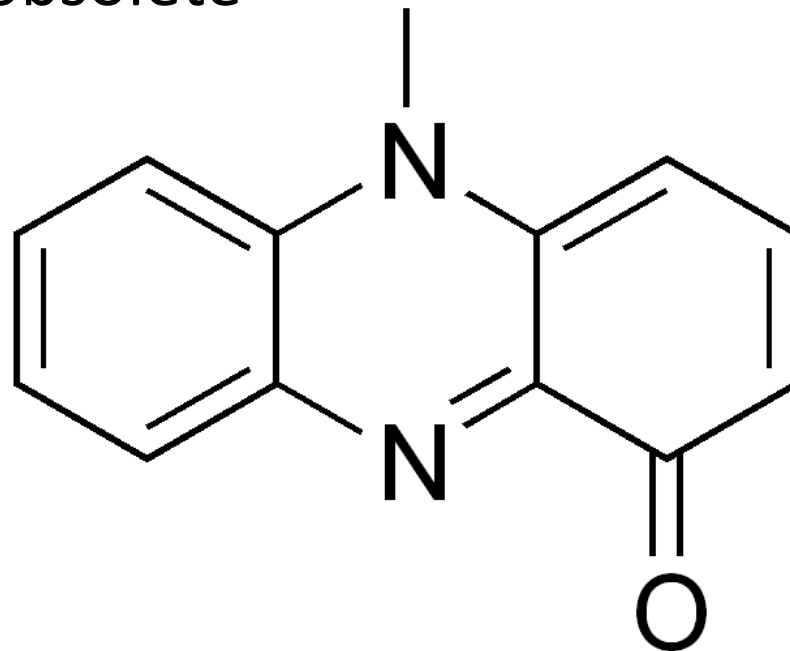
Developing penicillin was a team effort, as these things tend to be. — Howard Florey

1945: NP – Fleming, Florey, Chain



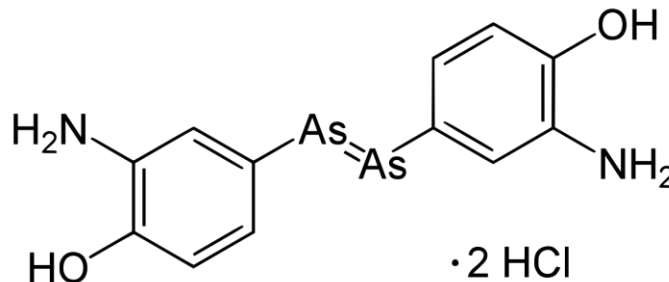
## Before penicillin

- **pyocyanase**: 1899 Emmerich & Löw (Munich) – discovery of antibiotic effect of *Bacillus pyocyaneus* – extract from „green bandages“ – against cholera, anthrax, etc. – today obsolete



## Before penicillin

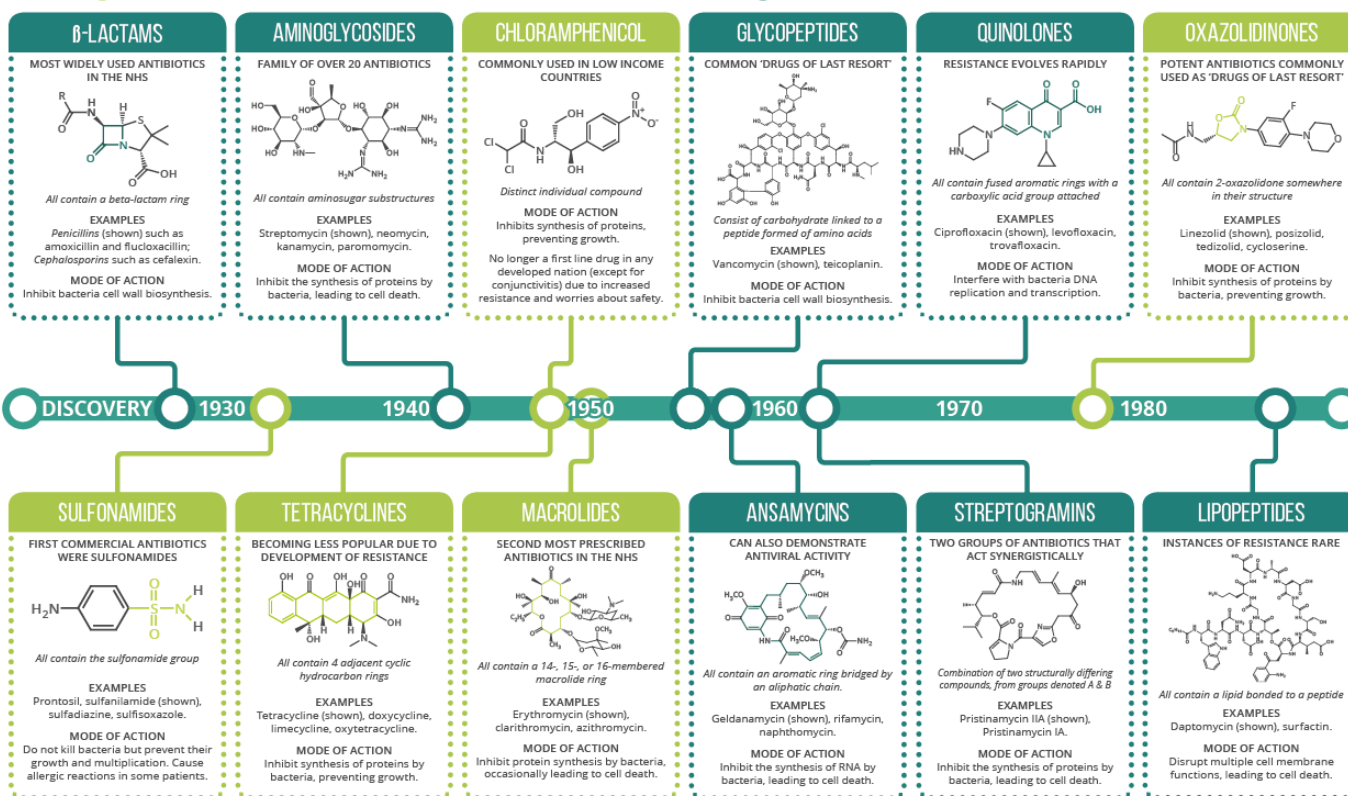
- **Salvarsan (arsfenamin, compound 606):**  
1907 synthesized in laboratory of P. Ehrlich –  
1910 first effective cure for syphilis  
(*Treponema pallidum*) – optimization „magic  
bullet“
- complicated preparation of solution for  
injection (without oxygen); AE: rash, liver  
damage; replaced by PNC in 1940s



# New antibiotics?

## DIFFERENT CLASSES OF ANTIBIOTICS - AN OVERVIEW

**Key:** ● COMMONLY ACT AS BACTERIOSTATIC AGENTS, RESTRICTING GROWTH & REPRODUCTION ● COMMONLY ACT AS BACTERICIDAL AGENTS, CAUSING BACTERIAL CELL DEATH



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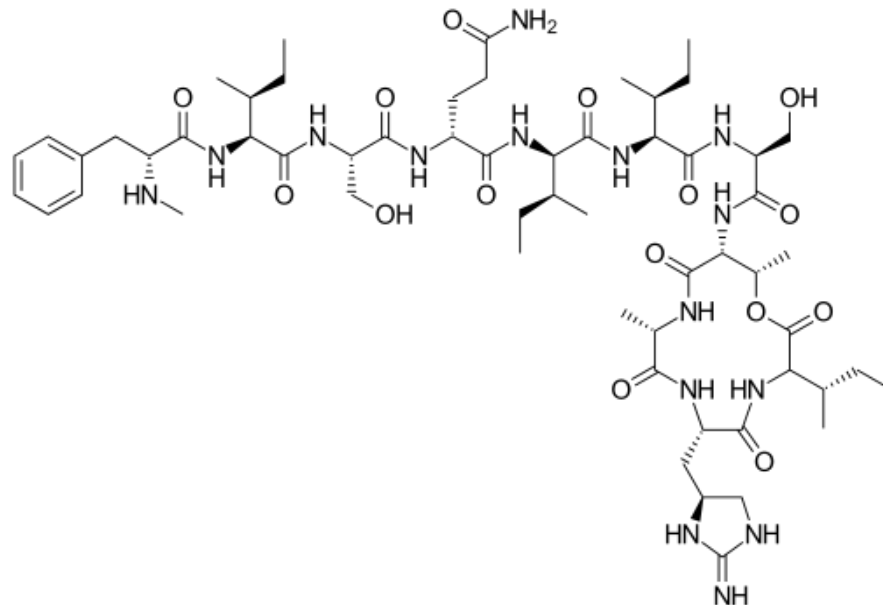


## New antibiotics?

- oxazolidinones (e.g. linezolid, 2000)
- lipopeptides (daptomycin, 2003)
- pleuromutilins (retapamulin, 2007)
- tetracyclines (fidaxomicin, 2010)
- diarylquinolins (bedaquilin, 2012)

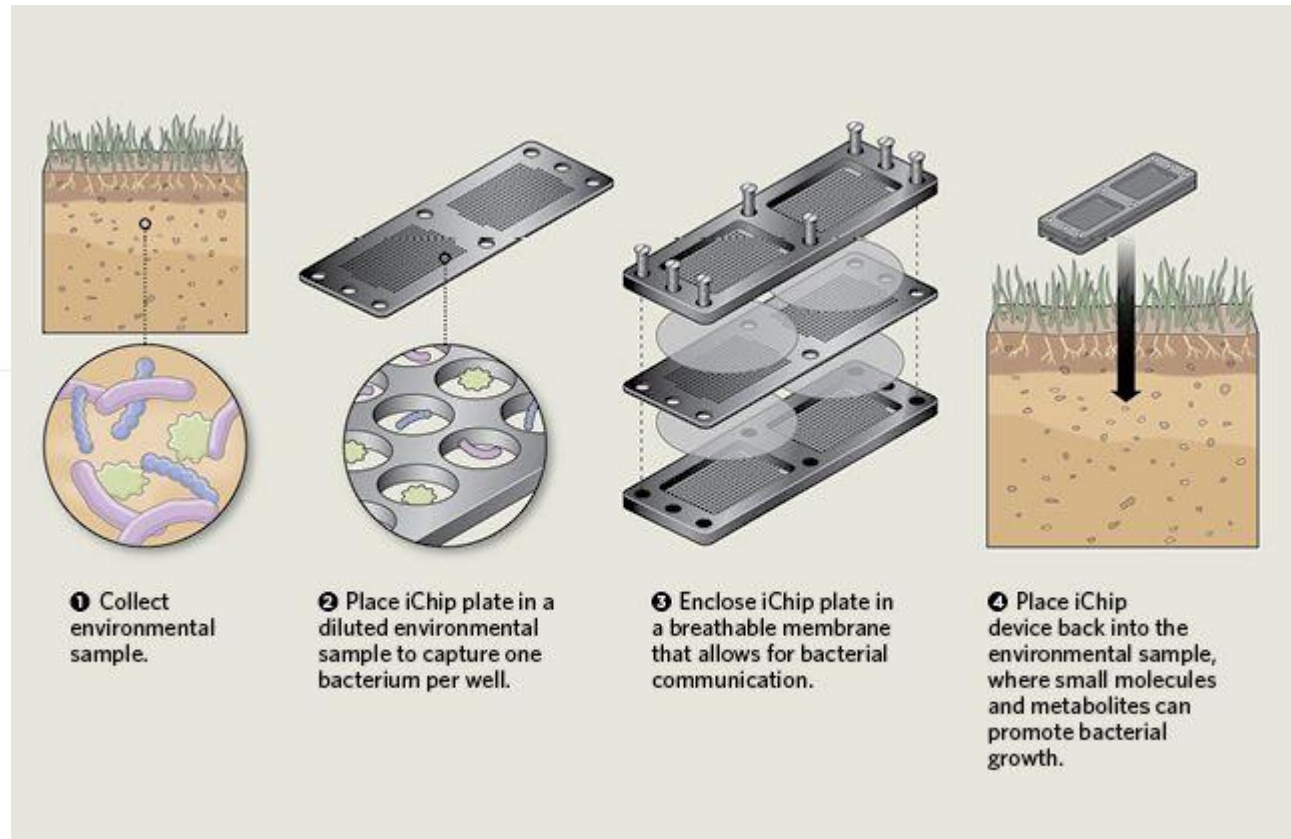
## New antibiotics?

- cca 99 % of bac., which are not easy to cultivate (Great Plate Count Anomaly)
- **teixobactin**: product of *Eleftheria terrae*, iChip hethod (isolation chip; 2015); against MRSA



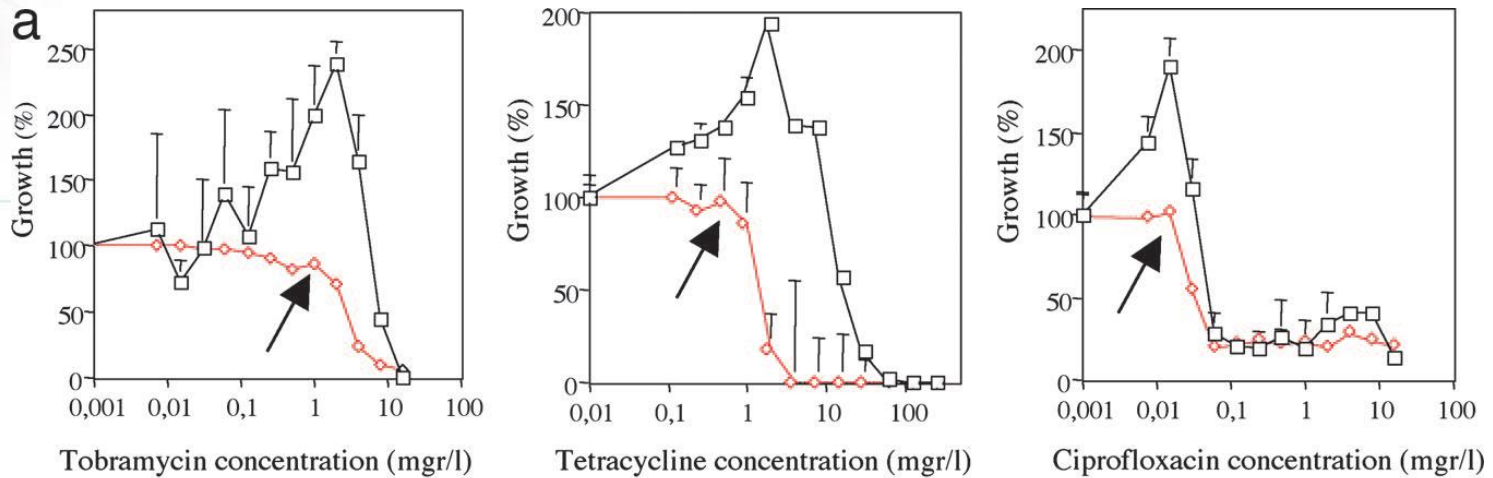


# iChip



<https://www.popsci.com/ichip-new-way-find-antibiotics-and-other-key-drugs#page-2>

# Antibiotics as intermicrobial signal molecules instead of weapons?



*Linares et al., PNAS 2006, 103, 19484-19489*

## Important concepts:

- **Sensitivity** = receptivity of certain MO to ATB
- Opposite is **resistance** (natural or acquired)



**CAUSES OF ANTIBIOTIC RESISTANCE**

**HANDLE ANTIBIOTICS WITH CARE**

Antibiotic resistance happens when bacteria change and become resistant to the antibiotics used to treat the infections they cause.

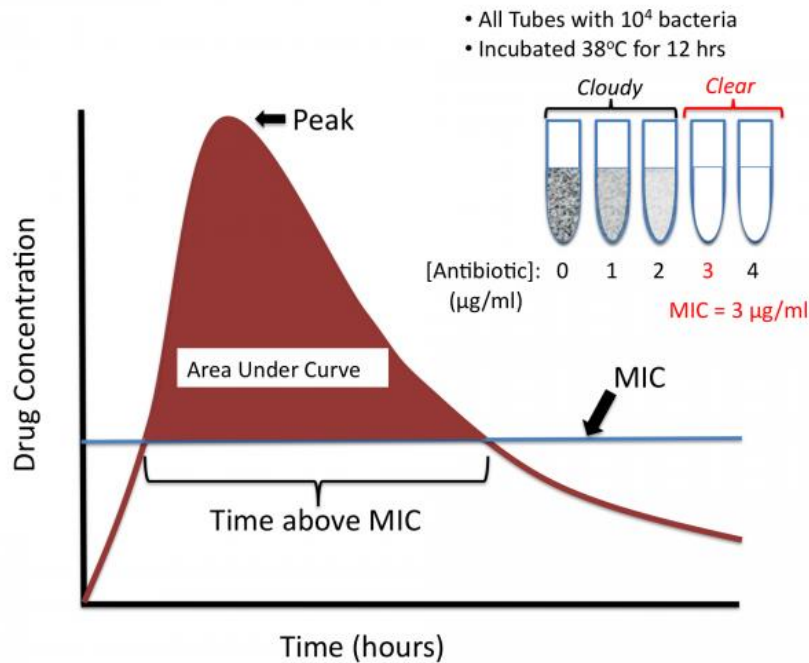
- Over-prescribing of antibiotics
- Patients not finishing their treatment
- Over-use of antibiotics in livestock and fish farming
- Poor infection control in hospitals and clinics
- Lack of hygiene and poor sanitation
- Lack of new antibiotics being developed

[www.who.int/drugresistance](http://www.who.int/drugresistance)  
**#AntibioticResistance**

World Health Organization

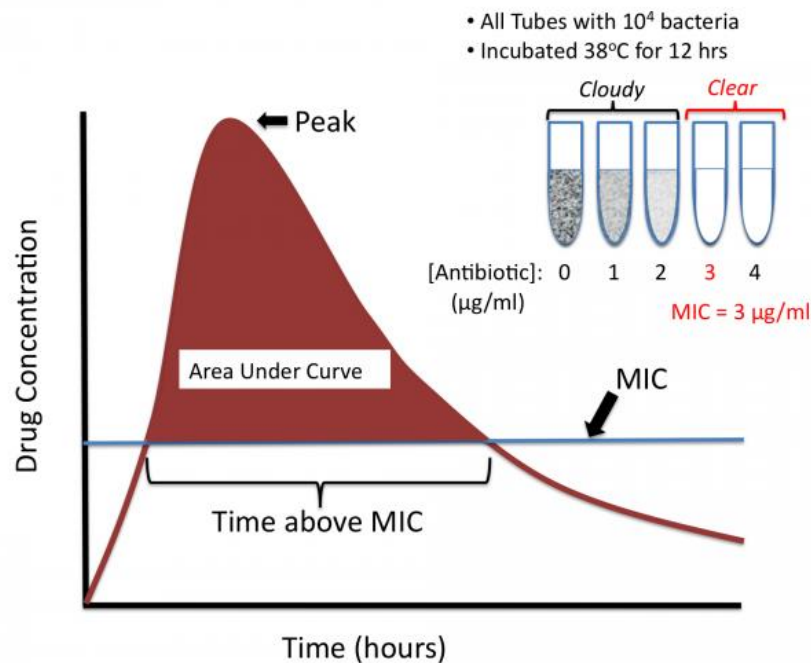
## Important concepts:

- Minimal inhibition concentration (MIC) = lowest concentration of ATB still able to inhibit visible growth of MO



## Important concepts:

- Postantibiotic effect = time (in hours), when bacteria do not grow, even though the antibiotic is not detectable in patient
- Aminoglycosides, quinolones



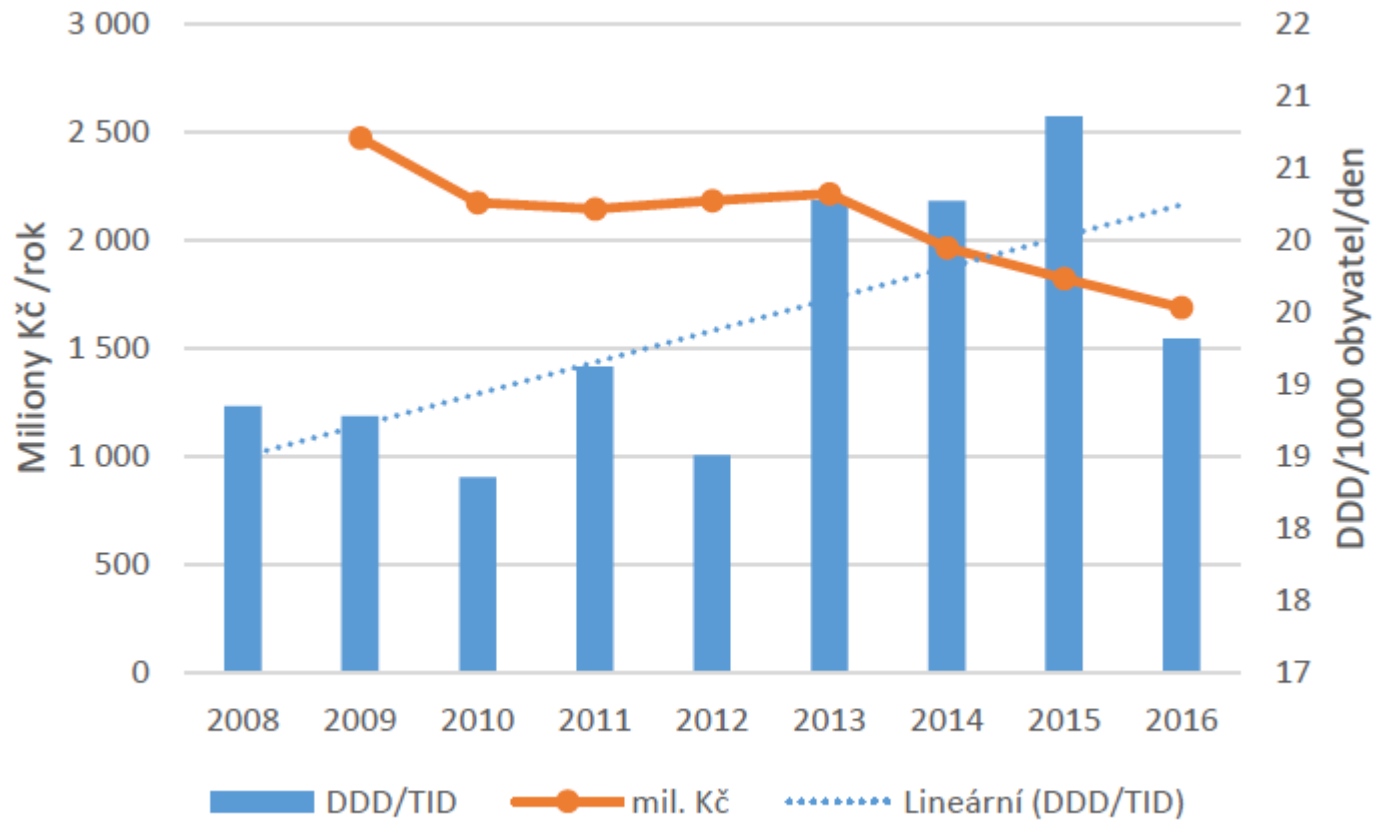


## Important concepts:

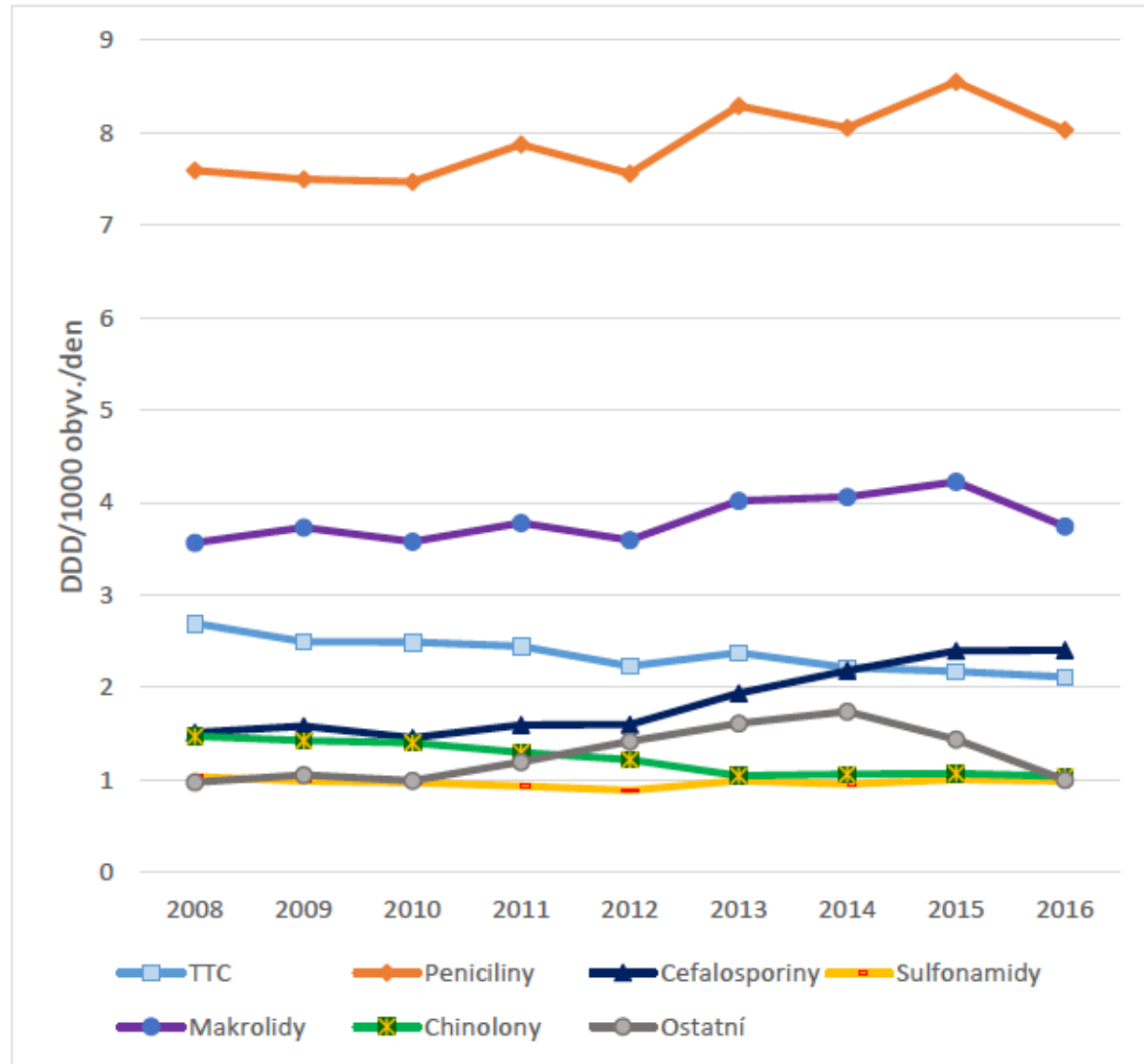
### Minimal bactericidal concentration (MBC):

- amount of ATB in mg/l able to kill bacterial colony under given circumstances
- values of MBC are for highly bactericidal ATB close to MIC, max. 2 - 4x higher
- for bacteriostatic ATB are values of MBC 16 – 64times higher than MIC

# Consumption of ATBs in CZ

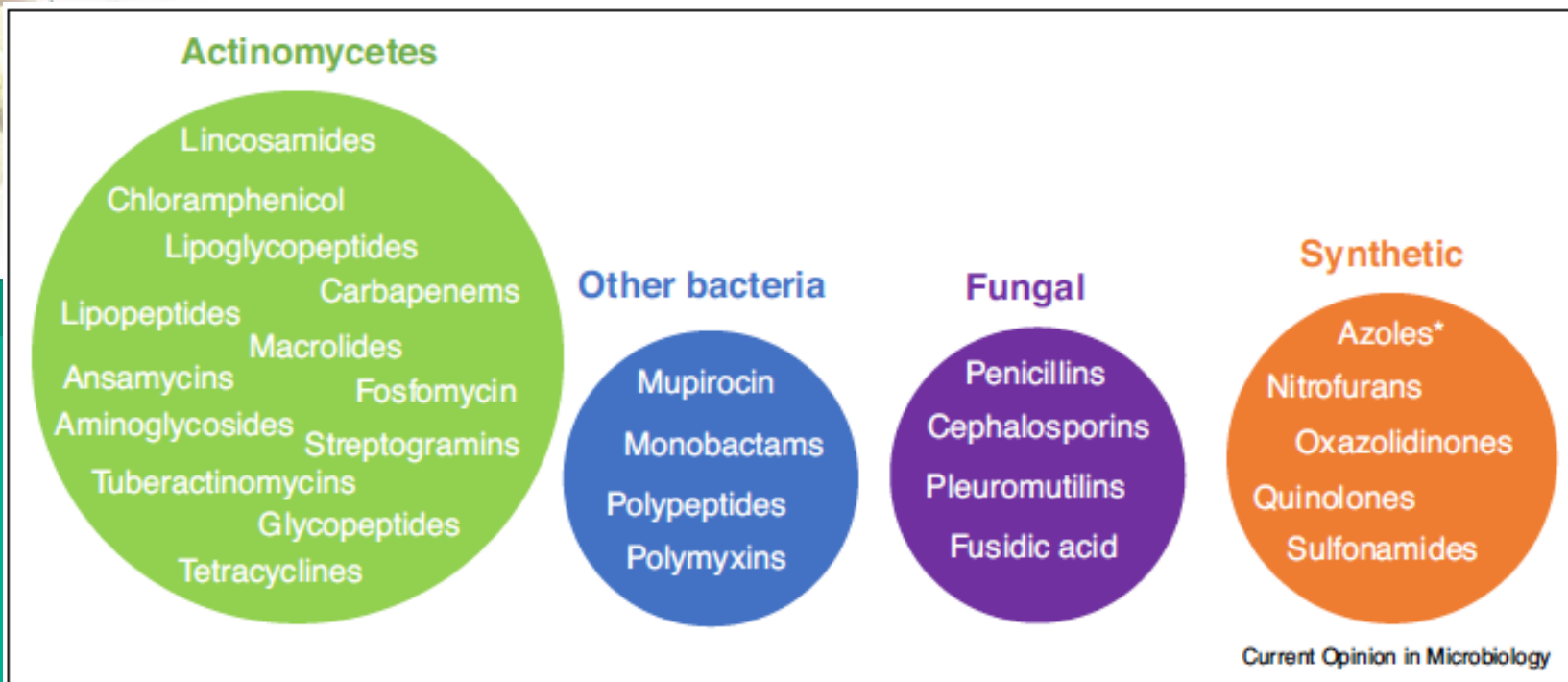


# Consumption of ATBs in CZ





# ATB = secondary metabolites



Hutchins et al. Curr Op Microbiol 2019

# Antibacterial compounds

penicillins  
cephalosporins

bacitracin  
vancomycin

polymyxins  
daptomycin

cell wall



DNA

← THF

Transcription



mRNA

Translation



Protein

plasmatic membrane

quinolones  
nitroimidazols

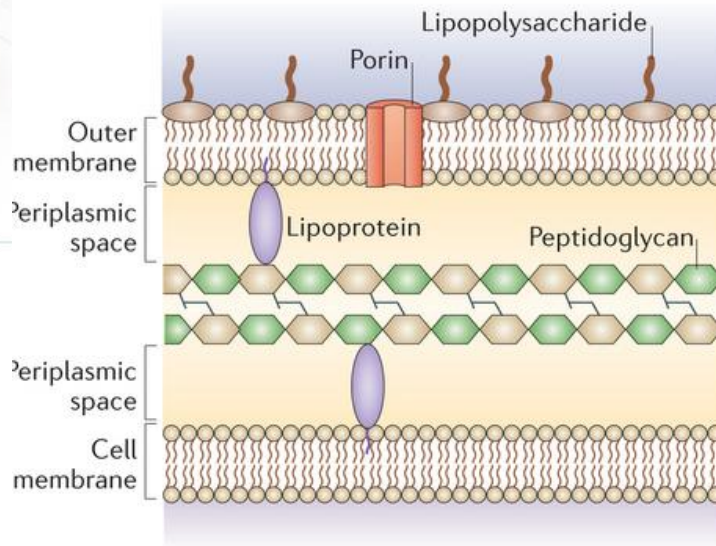
sulfonamides  
trimethoprim

rifampicin

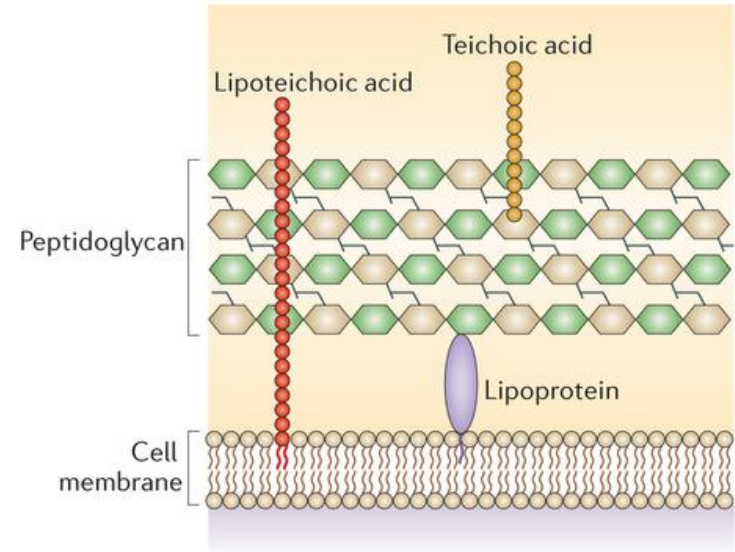
tetracyclines  
macrolides  
chloramphenicol  
aminoglycosides

# Inhibitors of cell wall synthesis

**a Gram-negative bacteria**



**b Gram-positive bacteria**



N-acetylglukosamid + N-acetylmuranic acid

*Nature Reviews Microbiology* 13, 620–630 (2015) doi:10.1038/nrmicro3480

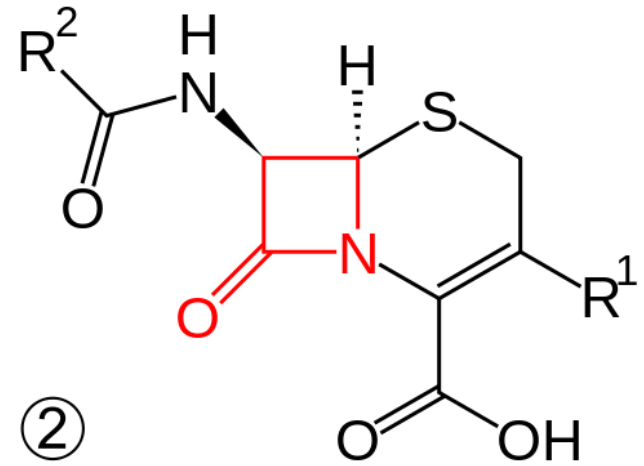
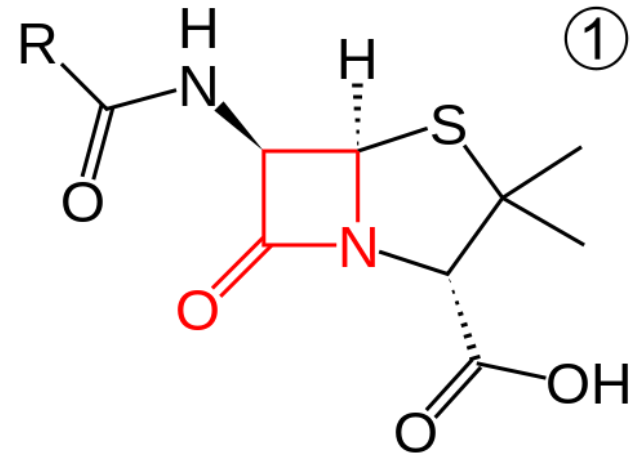


## Inhibitors of cell wall synthesis

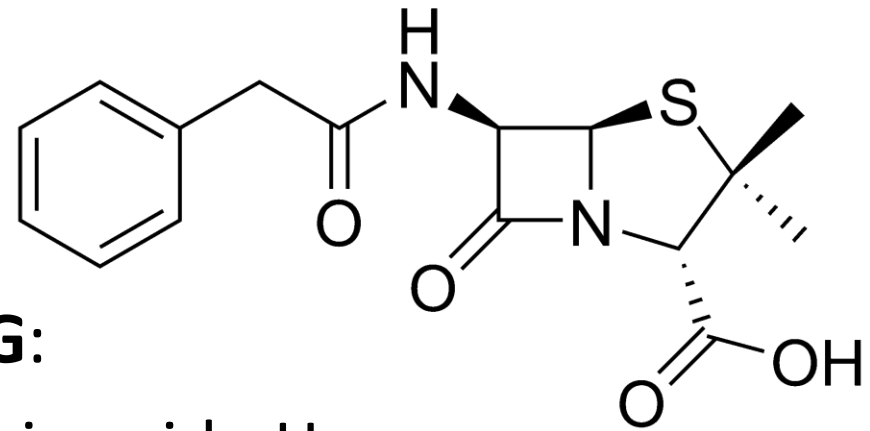
- **$\beta$ -lactams**: inhibition of peptidyltransferase – cell wall assembly stops – hyperosmotic bacteria ruptures (bactericidal)
- **glycopeptides**: only G+ (do not get through CPM); interferes with last phase of synthesis, binds to D-ala-D-ala part of pentapeptide
- **bacitracin**: inhib. dephosphorylation of undecaprenylphosphate, which transports molecules to be incorporated into cell wall

# $\beta$ – lactam antibiotics

1. penicillins
2. cephalosporins
3. carbapenems  
(S > C)
4. monobactams  
(without 2<sup>nd</sup> ring)



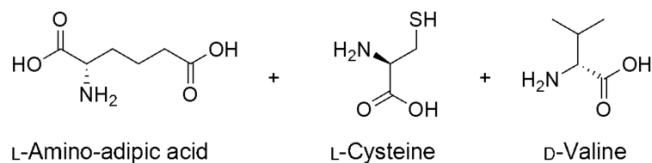
# Penicillins



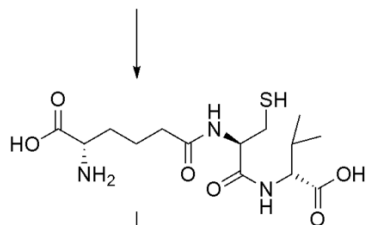
first was **penicillin G**:

- inj., inactivation in acid pH (fenoxymethylderivative, pen. V stable -> p.o. administration)
- sensitive to penicillinase ( $\beta$ -lactamase)
- spectrum mainly G+ (some G- cocci)
- AE: allergies, high doses are neurotoxic

# Penicillin G - biosynthesis

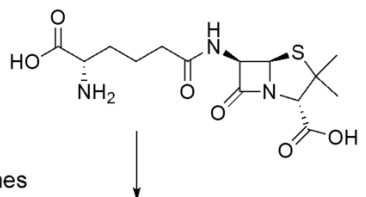


ACV-Tripeptide



$\delta$ -(L- $\alpha$ -aminoadipyl)-L-cysteine-D-valine synthetase (ACVS)

Isopenicillin N

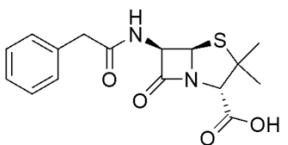


isopenicillin N synthase (IPNS)

Cephalosporines

isopenicillin N N-acyltransferase

Penicillin G



CC: Cacycle



## Penicillins

Semisynth. derivatives – isoxazolylpenicillins:

- resistant to penicillases – suitable for p.o. therapy of *Staphylococci* inf.
- e.g.: **oxacillin, dicloxacillin**

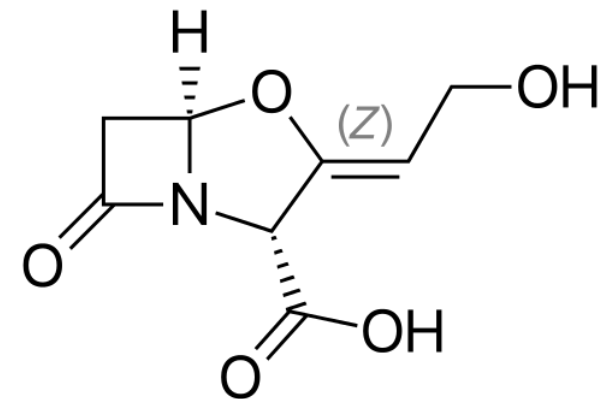
Derivatives with broader spectrum – against G- (*E. coli*, *S. typhi*) and *Pseudomonas*:

- aminopenicillins (**amoxicillin**)
- carboxypenicillins (**tikarcillin**)



# Penicillins + inhibitors of $\beta$ -lactamases

- **clavulanate; sulbactam, tazobactam**
- weak antibiotic effect
- mechanism: suicide  
(covalent and irreversible bond to the enzyme – displacement of ATB)





## Cephalosporins

- structure of 7-aminocephalosporanic acid
- acidoresistant, but bad resorption (mainly p.e.) – e.g. **cephalexin** can be administered p.o.
- broad spectrum – **cefotaxime**, **ceftriaxone** (also for multiresistant inf.)
- well tolerated, can induce allergies



## Other inhibitors of cell wall synthesis

### **Bacitracin:**

- mixture of polypeptides; neurotoxic, used locally

### **Vancomycin:**

- glycopeptide
- therapy of pseudomembranose colitis (*C. difficile*) – not absorbed



## Inhibition of CPM function

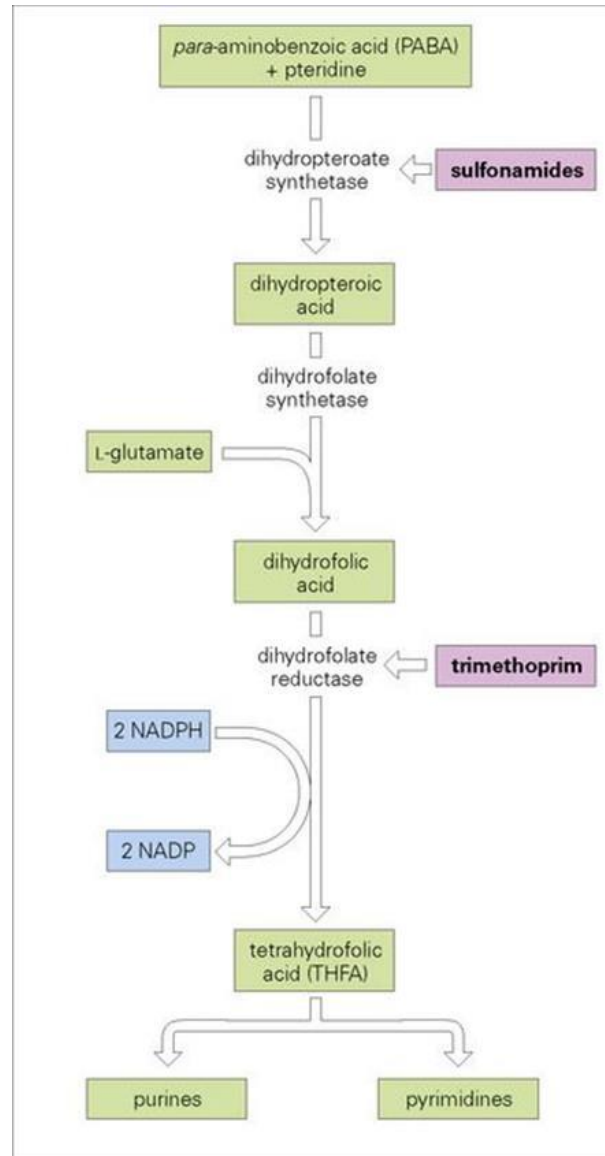
### **cyclic polypeptides:**

- **polymyxines** and **colistine**
- neuro- and nephrotoxic – ATB of last resort
- acts as detergent on CPM

### **lipopeptides:**

- **daptomycin** (reg. in 2003) : aggregates in CPM and forms pores

# Metabolism of folic acid





## Sulfonamides

- 1<sup>st</sup> chemotherapeutics – 1932 – IG Farben
- false substrates; similar with PABA
- broad spectrum, bacteriostatic
- often resistance – gradually squeezed out of practice
- urinary inf. treatment; comb. with trimethoprim
- AE: skin allergies
- **sulfathiazole (local); sulfamethoxazole**



## Trimethoprim

- inhibition of bacterial DHF-reductase
- human enzyme is much less sensitive – bone marrow depression is rare
- bacteriostatic
- Mainly in combination with sulfamethoxazole as **co-trimoxazole** (synergism)

# Inhibition of DNA function - quinolones

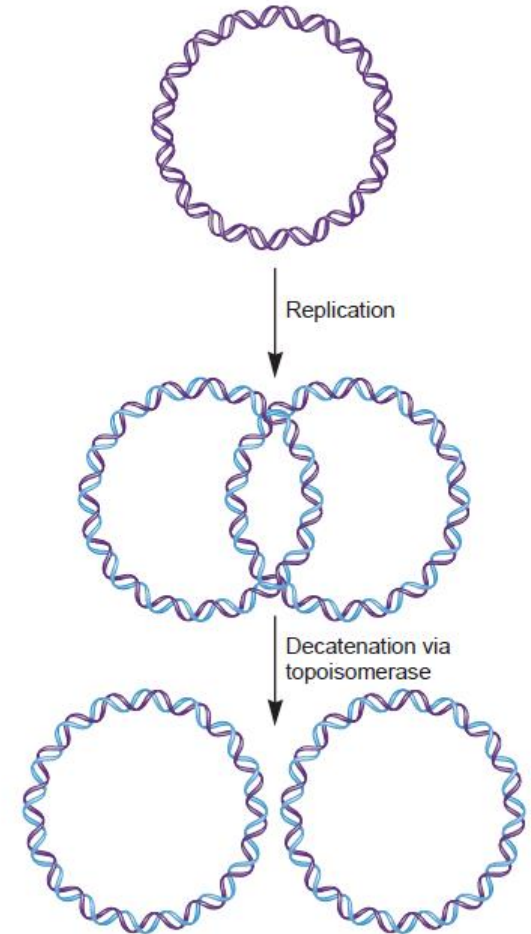
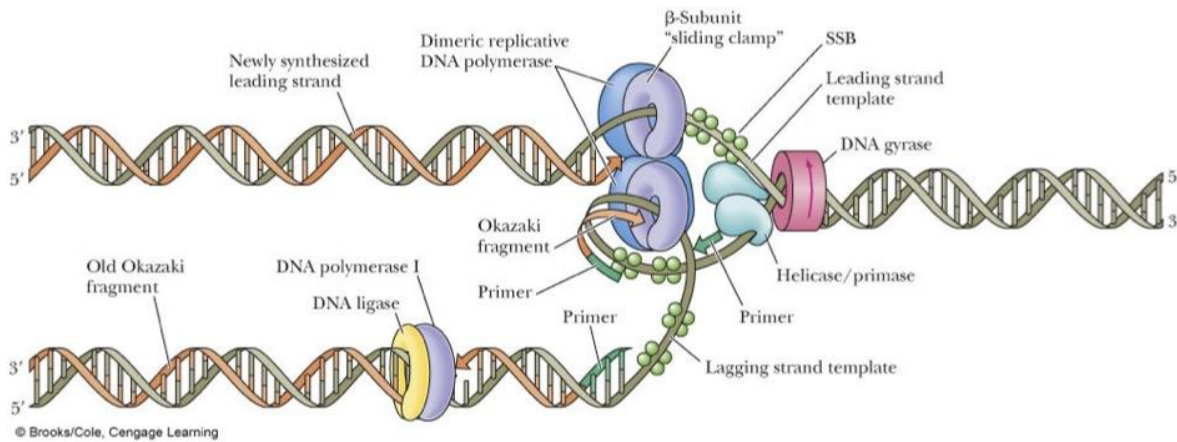


Fig. 10-9, p. 271

DNA gyrase

Topoisomerase IV





## Quinolones (4-quinolon-3-carboxylic acid)

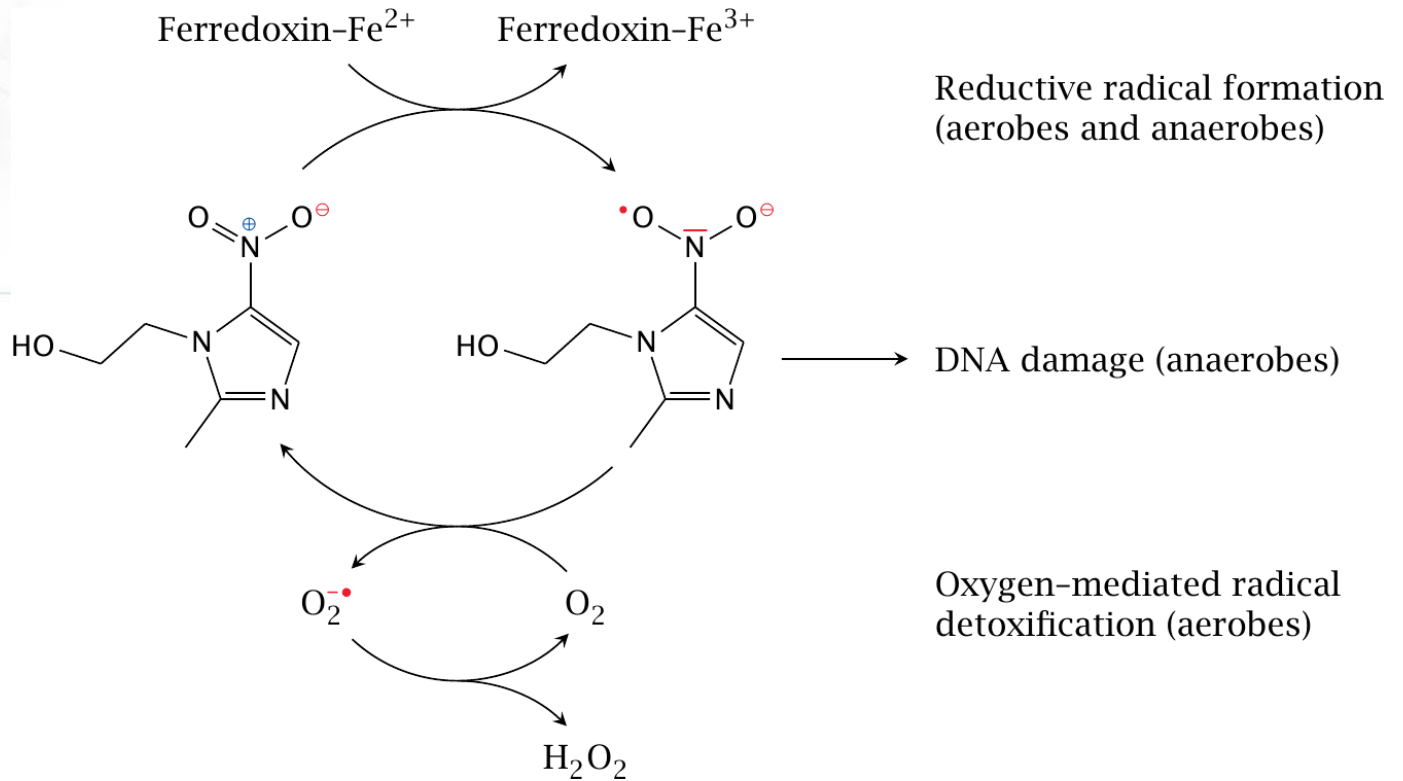
- block reconnection of strands = bactericidal
- AE: allergy, indigestion, confusion,..
- CI: children below 16 yrs – damage to cartilaginous parts of bones
- **nalidixic acid**: narrower spectrum, urinary infections only
- next gen. – fluorinated derivatives (**norfloxacin, ciprofloxacin**) – broad spectrum



## Derivatives of nitroimidazole

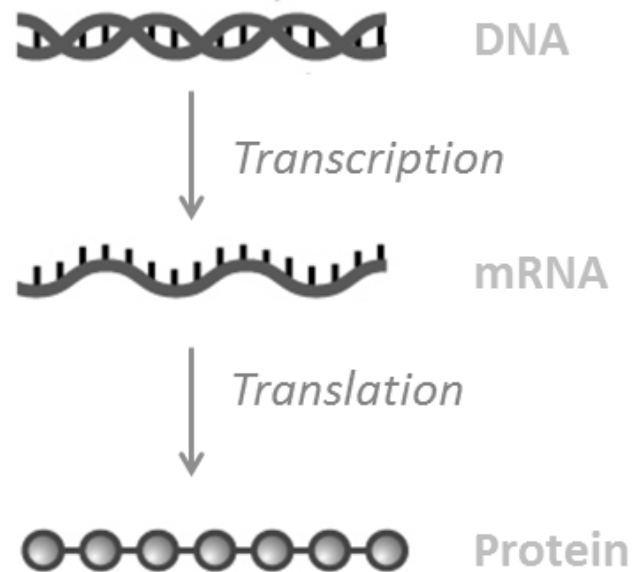
- damage to DNA by forming complexes and strand breaks (reactive metabolites)
- bactericidal (usual anerobes) + protozoa (*Trichomonas vaginalis*; *Entamoeba histolytica*)
- **metronidazole**: p.o., vag. tbl.
- CI: pregnant, breastfeeding women

# Derivatives of nitroimidazole



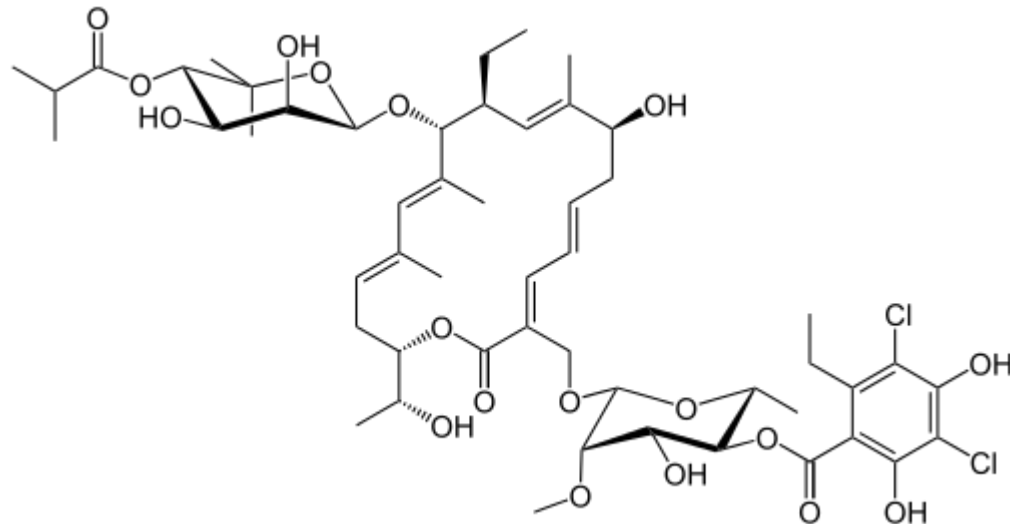
# Rifampicin

- inhibits bacterial DNA-dependent RNA polymerase – inh. of transkription (-cidal)
- I: mainly TBC and leprosy



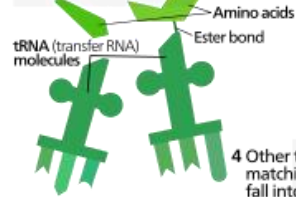
# Fidaxomicin (tiacumcins)

- also inhibiting transcription (-cidal)
- approv. in 2011; macrocyclic ATB from actinomyces *Dactylosporangium aurant.*
- I: intestinal inf. caused by *Clostridium difficile*



# Proteosynthesis

1 An enzyme called *aminoacyl tRNA synthetase* (not shown) attaches amino acids to their corresponding tRNA molecules using energy from ATP. Each amino acid has its own tRNA molecule with the anticodon for that amino acid.



5 The first tRNA drops off its amino acid, breaks off and leaves to pick up another amino acid. The second moves over to make room for another tRNA.

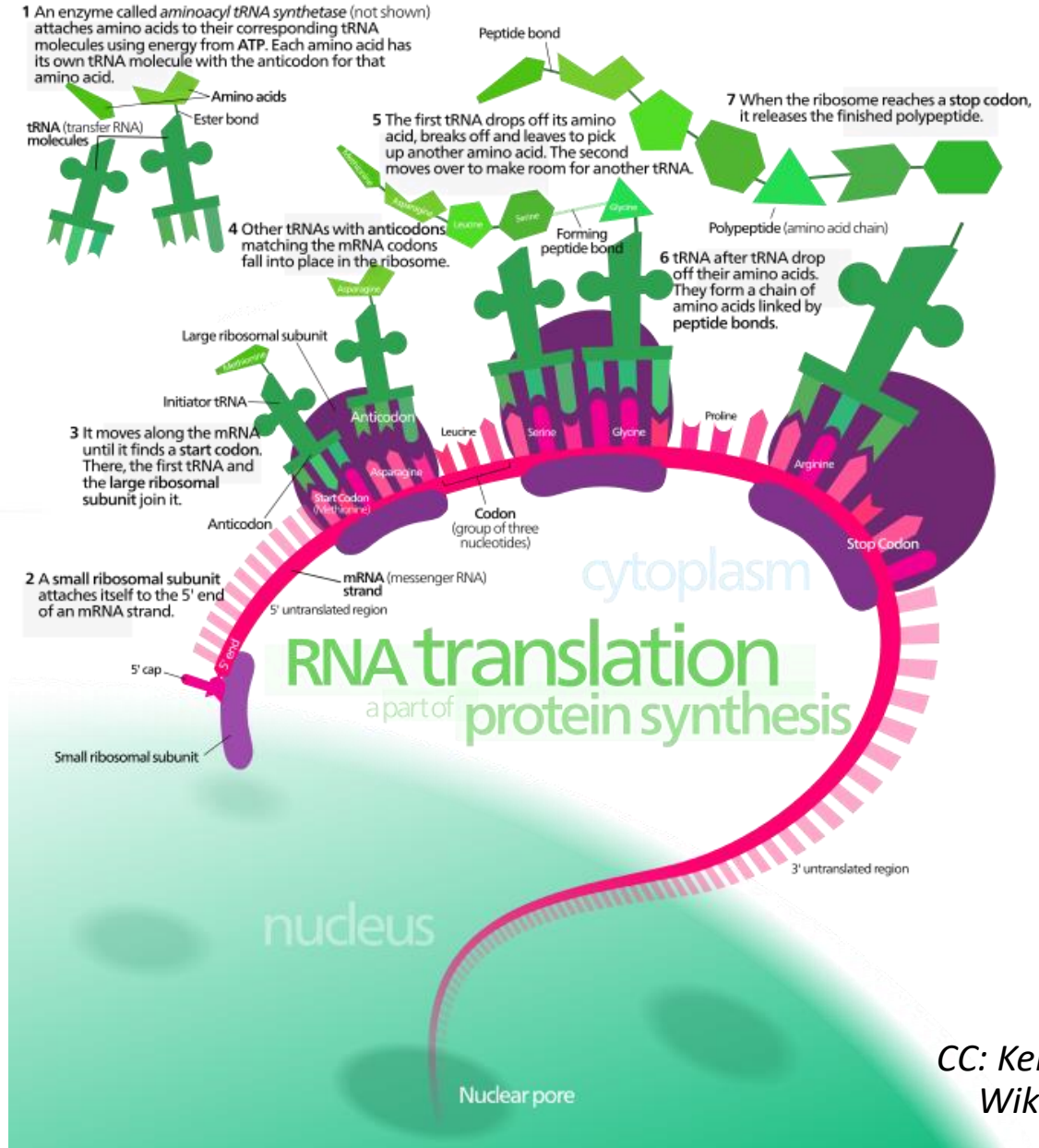
4 Other tRNAs with anticodons matching the mRNA codons fall into place in the ribosome.

7 When the ribosome reaches a stop codon, it releases the finished polypeptide.

6 tRNA after tRNA drop off their amino acids. They form a chain of amino acids linked by peptide bonds.

3 It moves along the mRNA until it finds a start codon. There, the first tRNA and the large ribosomal subunit join it.

2 A small ribosomal subunit attaches itself to the 5' end of an mRNA strand.



CC: Kelvinsong;  
Wikipedia

# Inhibitors of proteosynthesis



aminoglycosides

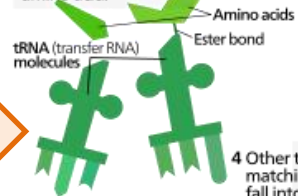
chloramphenicol

macrolides

oxazolidinones

tetracyclines

1 An enzyme called *aminoacyl tRNA synthetase* (not shown) attaches amino acids to their corresponding tRNA molecules using energy from ATP. Each amino acid has its own tRNA molecule with the anticodon for that amino acid.



5 The first amino acid, breaks off and leaves up another amino acid moves over to make room for another tRNA.

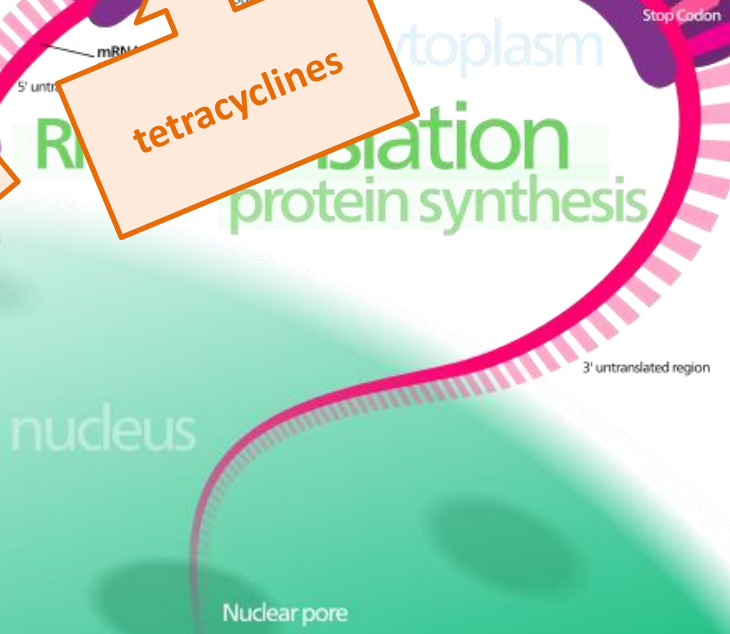


4 Other tRNAs with anticodons matching the mRNA codons fall into place in the ribosome.



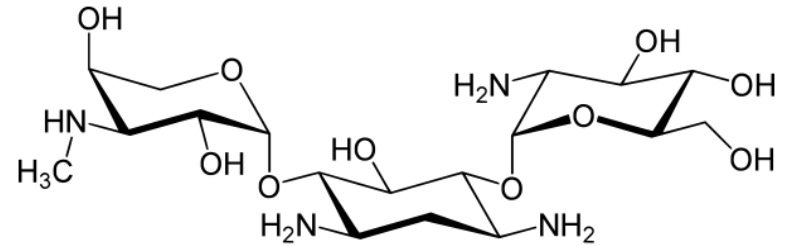
6 tRNA after tRNA drop off their amino acids. They form a chain of amino acids linked by peptide bonds.

3 It moves along the mRNA until it finds a start codon. There, the first tRNA and the large ribosomal unit join it.



protein synthesis

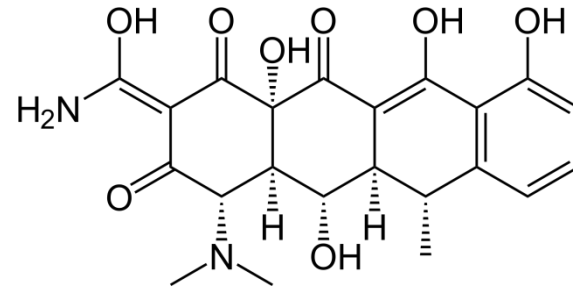
# Aminoglycosides



- synthesis of wrong tRNA+AMK (-cidal)
- aminosugars connected via glycosidic bond (many OH- groups => bad resorption)
- **neomycin**: p.o. before surgery (X intestinal bacteria)
- inj. at severe infections G- bac.: **gentamicin**
- **streptomycin**: therapy of TBC
- AE: nephrotoxicity, vestibular and cochlear ototoxicity



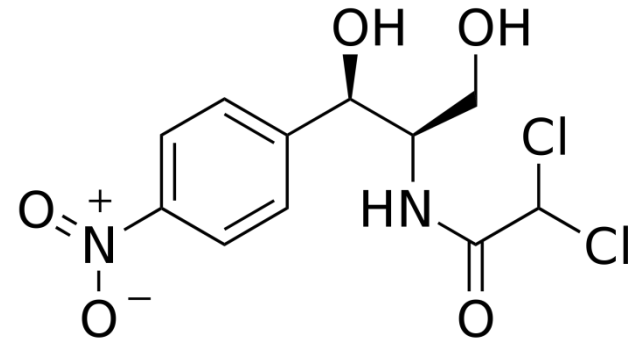
# Tetracyclines



- bacteriostatical broad sprectrum effect
- **tetracycline**, newer generation: **doxycykline**
- AE: indigestion (broad spectrum)
- do not administer with milk/diary products/antacids/minerals – insoluble complexes, loss of effect
- storage in bones, colouration of teeth (CI: from 3<sup>rd</sup> month of pregnancy – 8<sup>th</sup> year)



# Chloramphenicol



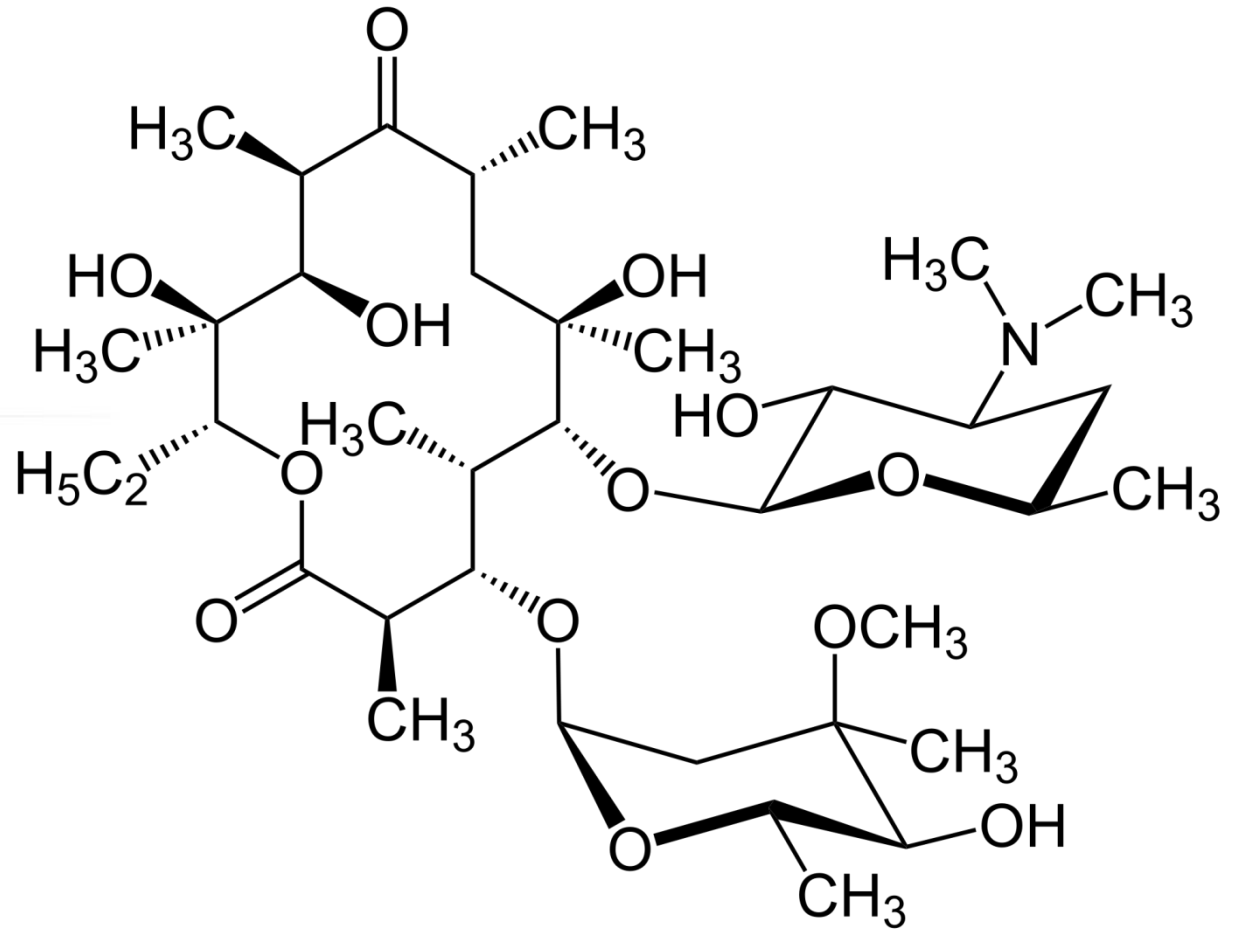
- inhibition of peptidyltransferase – bacteriostatical, broad spectrum
- indicated rarely, e.g. for severe CNS inf.
- AE: bone marrow depression (either instantly during therapy – reversible; or later after, often deadly)



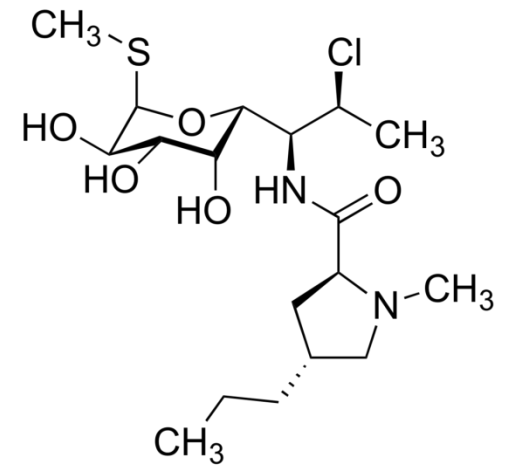
## Macrolides

- interfere with movement of mRNA on ribosome (bacteriostatical on G+, chlamydia and mycoplasmata)
- **erythromycin**: substitute when resistance for PNC
- **clarithromycin, azithromycin,...**
- AE: indigestion, inhibition of CYP3A4 (interaction)

# Erythromycin

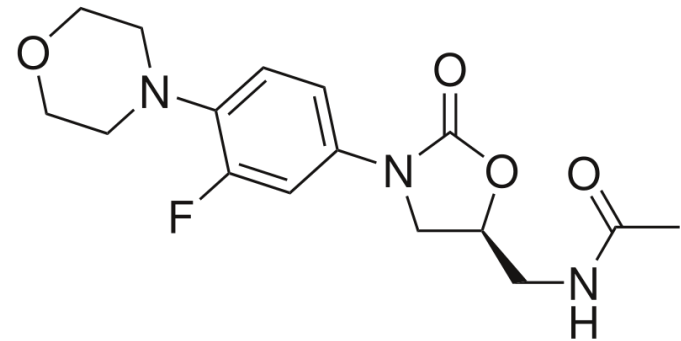


# Lincosamides



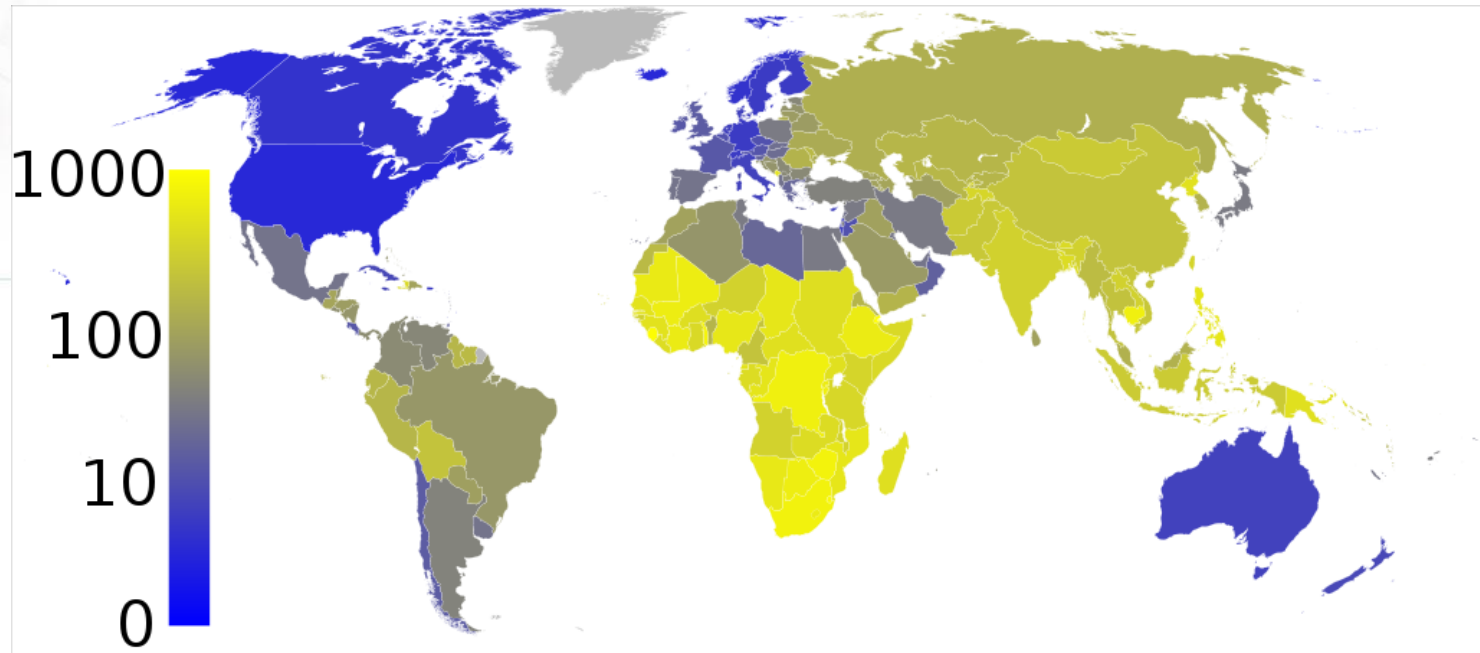
- similar effect as macrolides
- bacteriostatical mainly on G+ aerobes and anaerobes
- **lincomycin, clindamycin**
- good bone penetration => th. *Staphylococci* osteomyelitis

# Oxazolidinones



- inhibition of proteosynthesis initiation (complex: ribosomes, mRNA, tRNA+AMK)
- bacteriostatical on G+ bacteria, also MRSA and VRE
- AE: bone marrow depression
- spare, backup antibiotics
- **linezolid**

# Therapy of tuberculosis



prevalence, 2007 (cases/100 000 inhabitants)

# Therapy of tuberculosis

- therapy is long-term (6 – 12 month) and combined (resistance)
- cause: *Mycobacterium tuberculosis*







## Therapy of tuberculosis – 1<sup>st</sup> line

- **isoniazid**: -cidal on growing mycobacteria
  - in the mycobacteria converted to isonicotinic acid, which accumulates
  - AE: damage of peripheral nerves and CNS (prevention: vitamin B<sub>6</sub>) and of liver
- **rifampicin**
- **streptomycin**

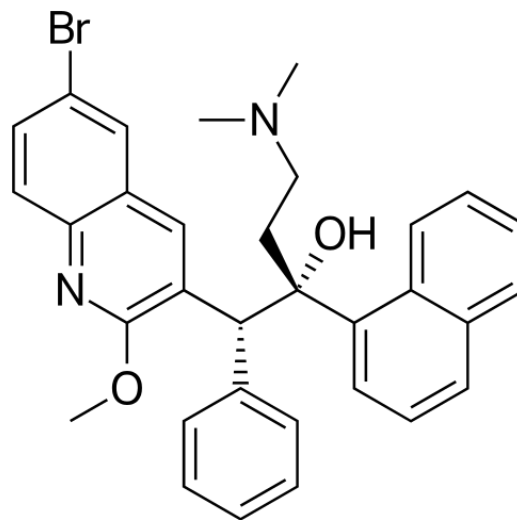


## Therapy of tuberculosis – 1<sup>st</sup> line

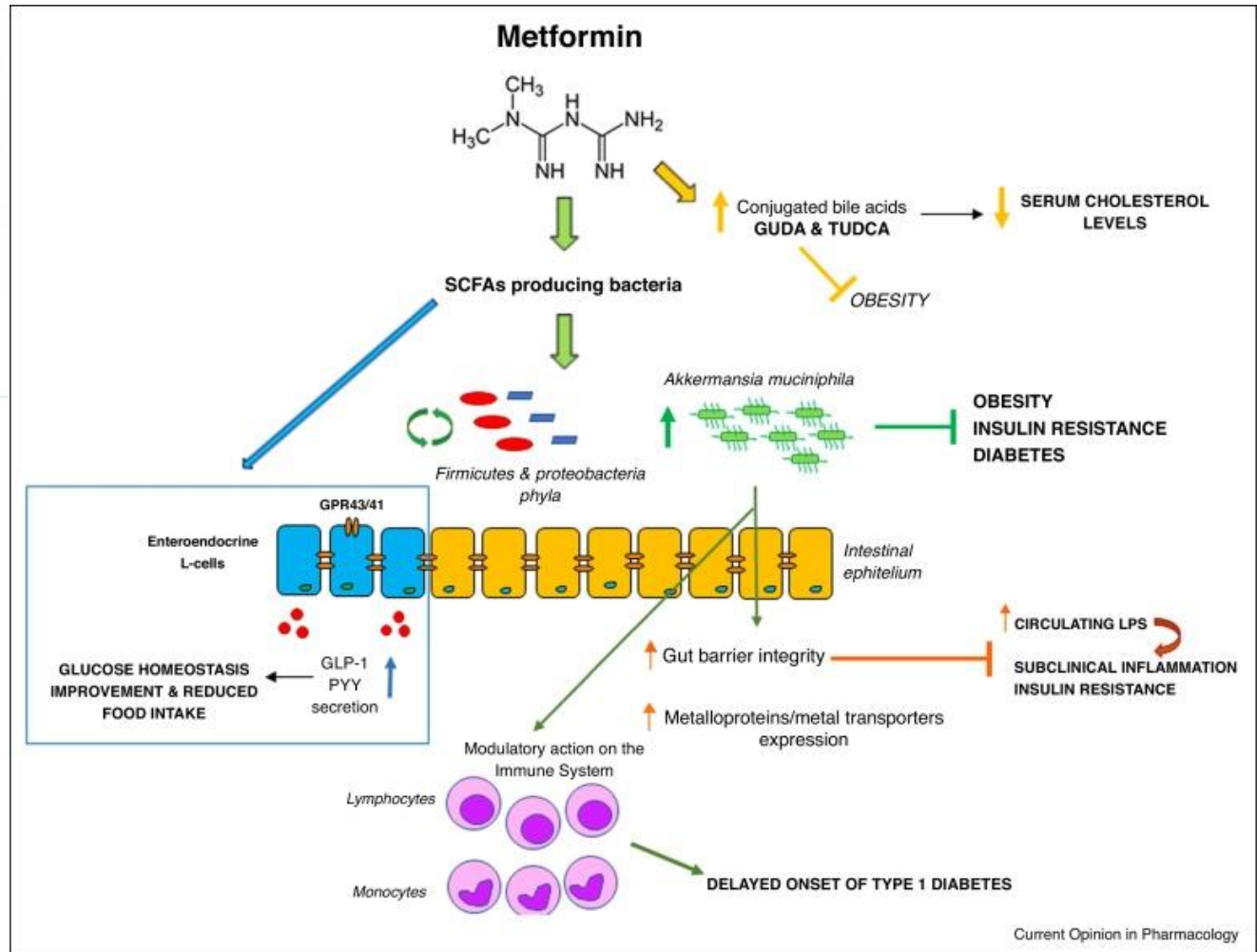
- **pyrazinamide:** MoA not clear
  - damage of liver
- **ethambutol:** MoA not clear
  - AE: reversible visual disturbance with colourblindness and scotoms
- 2<sup>nd</sup> line: *p*-aminosalicylic acid, kanamycin, cycloserine, etc.

# Therapy of tuberculosis – novel drug

- **bedaquilin**: approv. 2012
  - new class of diarylquinolins; combin. th.
  - I: lung multiresistant TBC
  - MA: inh. mycobacterial ATP-syntase; without energy; -cidal



# Microbiome + drugs



Pascale et al. Curr Op Pharmacol 2019



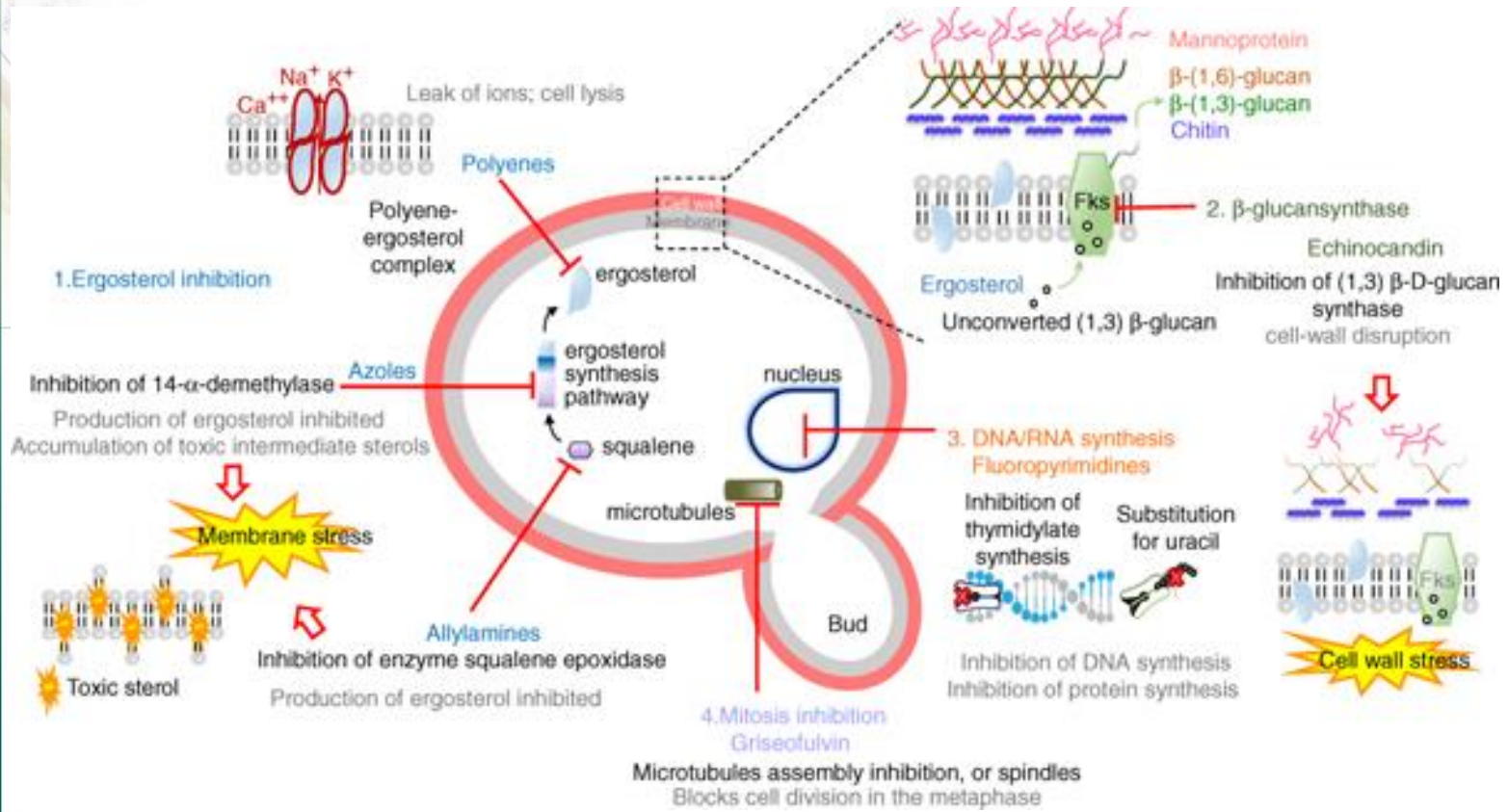
# Antifungals



## Mycosis

- usually on skin and mucosa – **local** administration – cremes
- rarely, during imunne deficiency also infection of internal organs – **systemic** administration
- most usually caused by: dermatophytes, *Candida albicans* (yeast)

# Antifungals

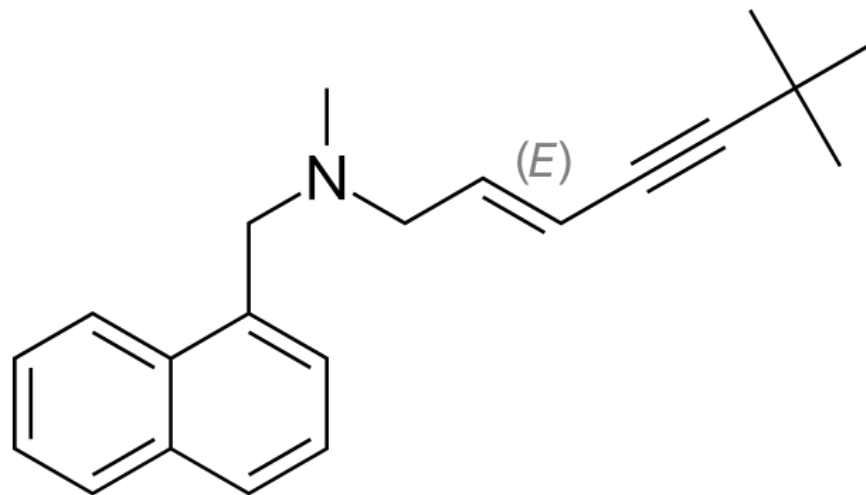


[http://www.cellmoloto.net/index.php/acmo/article/view/23955#CIT0004\\_23955](http://www.cellmoloto.net/index.php/acmo/article/view/23955#CIT0004_23955)

# Antifungals – inhibition of ergosterol

## Allylamines - **terbinafine**:

- broad spectrum, low toxicity; suitable p.o. and locally (onychomycosis)
- -static, sometimes -cidal
- interference with squalenepoxidase



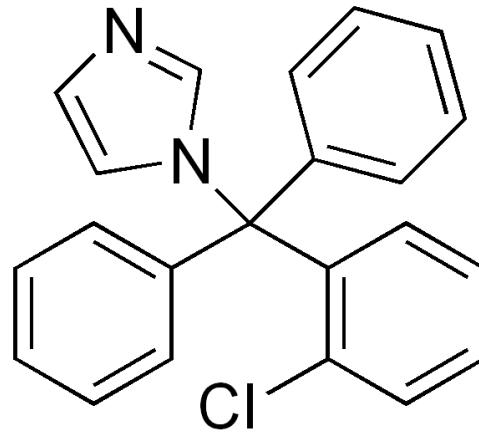


# Antifungals – inhibition of ergosterol

Azole antifungals:

*Imidazoles:*

- –statical, sometimes –cidal
- bad resorption, mainly local admin.
- **clotrimazole, econazole, etc.**

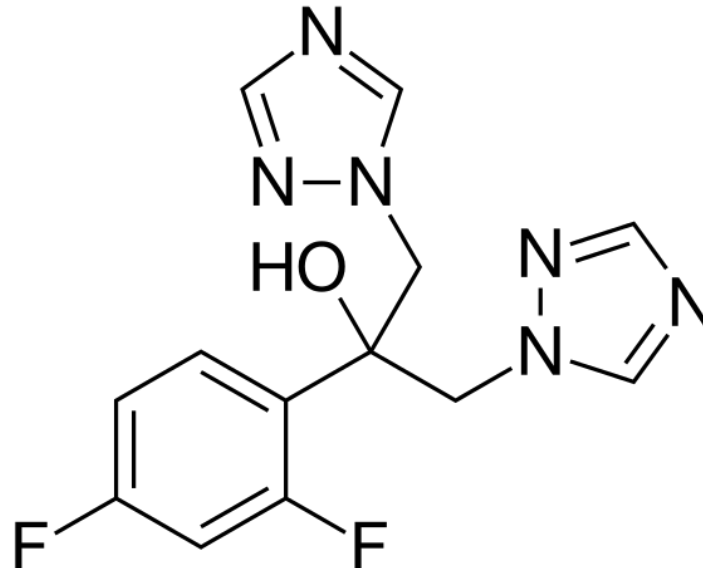


# Antifungals – inhibition of ergosterol

Azole antifungals:

*Triazoles:*

- good resorption and solubility – so p.o. or inj. - systemic
- **fluconazole, itraconazole**





# Antifungals – inhibition of ergosterol

## Polyene antibiotics:

- form pores in membrane, cell dies
- **amphotericin B**: treatment of systemic infections; bad resorption, so infusions onto blood; AE: chills, fever, CNS disorders
- **nystatin**: only locally against candidosis

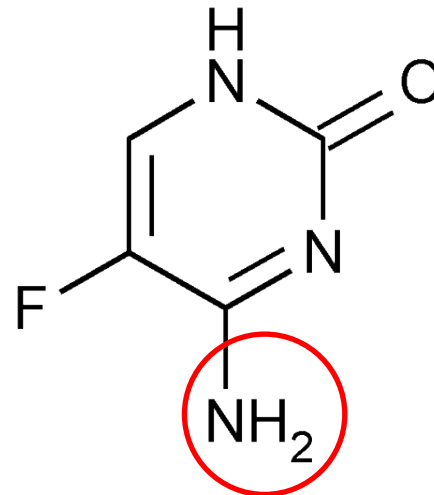


## Antifungals – echinocandins

- new group of antifungals
- cyclic polypeptides – inhibition of cell wall, specifically inhibition of synthesis of (1,3) $\beta$ -glucan – lysis of the cell
- e.g. **capsosungin**

# Antifungals – synthesis of DNA/RNA

- **flucytosine**: by cytosinedeaminase specific for *Candida* yeasts converted to 5-fluorouracil
- antimetabolite – damages NA, –cidal
- narrow spectrum, in combination with amphotericin B





## Antifungals – inhibition of mitosis

- **griseofulvin**: procured from mold *P. griseofulvum*
- acts only against dermatophytes; mitotic spindle toxin - fungistatic
- although acts locally, must be administered systemically (stores in keratin – which is then not a good broth for fungi) – used for dermatomycosis, incl. onychomycosis