

Pharmacokinetics, Adverse Effects, and Effect on Thermal Nociception of Codeine following Administration of 3 Doses to Horses

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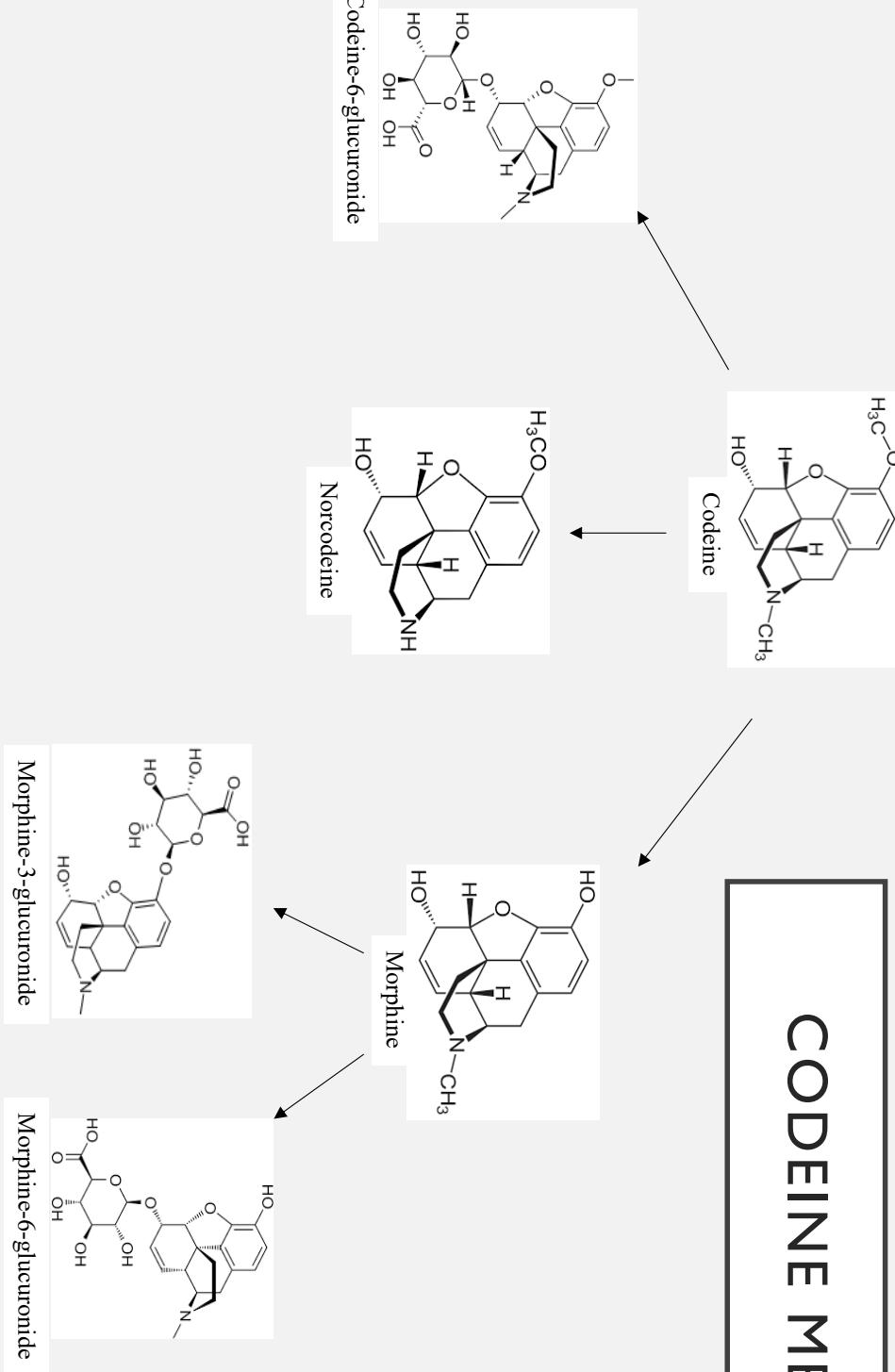
INTRODUCTION + RATIONALE

- Current equine pain management involves mostly non-steroidal anti-inflammatory drugs (NSAIDs) and α_2 adrenergic agonists
- Opioids used sparingly in horses due to commonly seen adverse effects¹
- Neuroexcitation
- Decreased gastrointestinal motility
- Increased analgesic options needed to improve patient care
- Codeine in horses
 - Previously published studies showed no adverse effects²
 - Limited number of studies evaluating the pharmacologic effects^{3,4}
 - To the best of our knowledge, first study evaluating analgesic effect of codeine

1-Osborne et. Al, *Clin. Pharmacol. Ther.* 1990; 2-Gretler et al., *Vet Anaesth. and Analg.*, 2020; 3-Stevenson et al., *J. Vet. Pharmacol. Ther.*, 1990; 4-Westermann et al., *Am. J. Vet. Res.*, 2005)



CODEINE METABOLISM



STUDY OBJECTIVE

- **Specific Aim 1:** Describe the pharmacokinetics of codeine and metabolites, including morphine, morphine-6-glucoronide, and morphine-3-glucoronide.
- **Specific Aim 2:** Describe pharmacodynamic effects, including anti-nociceptive and adverse effects following oral administration of codeine to horses.
- Oral codeine administration will provide predictable, time-related blood concentrations of parent drug and active metabolites and increase thermal nociceptive threshold with minimal adverse effects.

STUDY DESIGN

- Randomized, balanced crossover design with 7 healthy horses
- Three oral codeine doses (0.3, 0.6, and 1.2 mg/kg), oral saline (negative control), IV morphine (0.2mg/kg)(positive control)
- Fasting 12hrs prior and 2hrs post-drug administration
- PK data: blood samples up to 72hrs post-drug administration
- LC-MS/ MS for concentration determination
- PD data up to 6hrs post-drug administration
- Effect on thermal threshold
- Step counts
- Heart rate and rhythm
- Gastrointestinal borborygmi
- Defecation incidence and consistency
- Behavioral observation



METHODS-THERMAL EXCLUSION

- TopCat Metrology UK device
- $\%TE = 100 \times [(\bar{T}_T - T_0) / (\bar{T}_C - T_0)]$,
- \bar{T}_T =thermal threshold,
- T_0 =skin temperature
- T_C =thermal nociceptive cut-off temperature

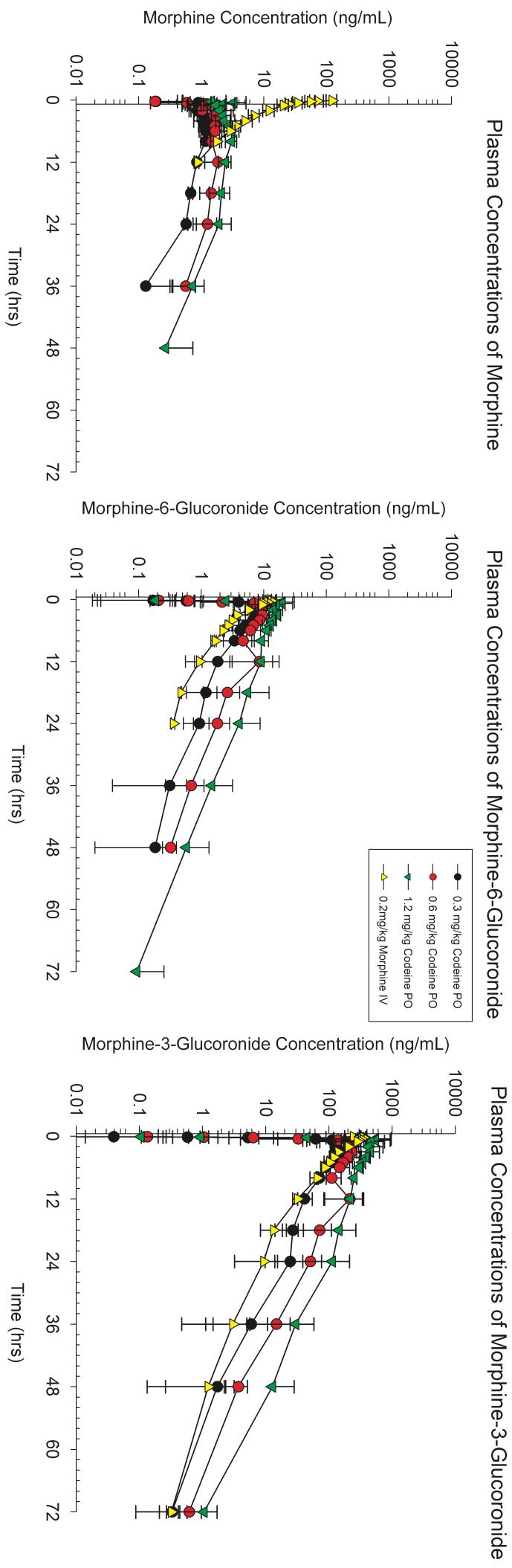


RESULTS - PHARMACOKINETICS

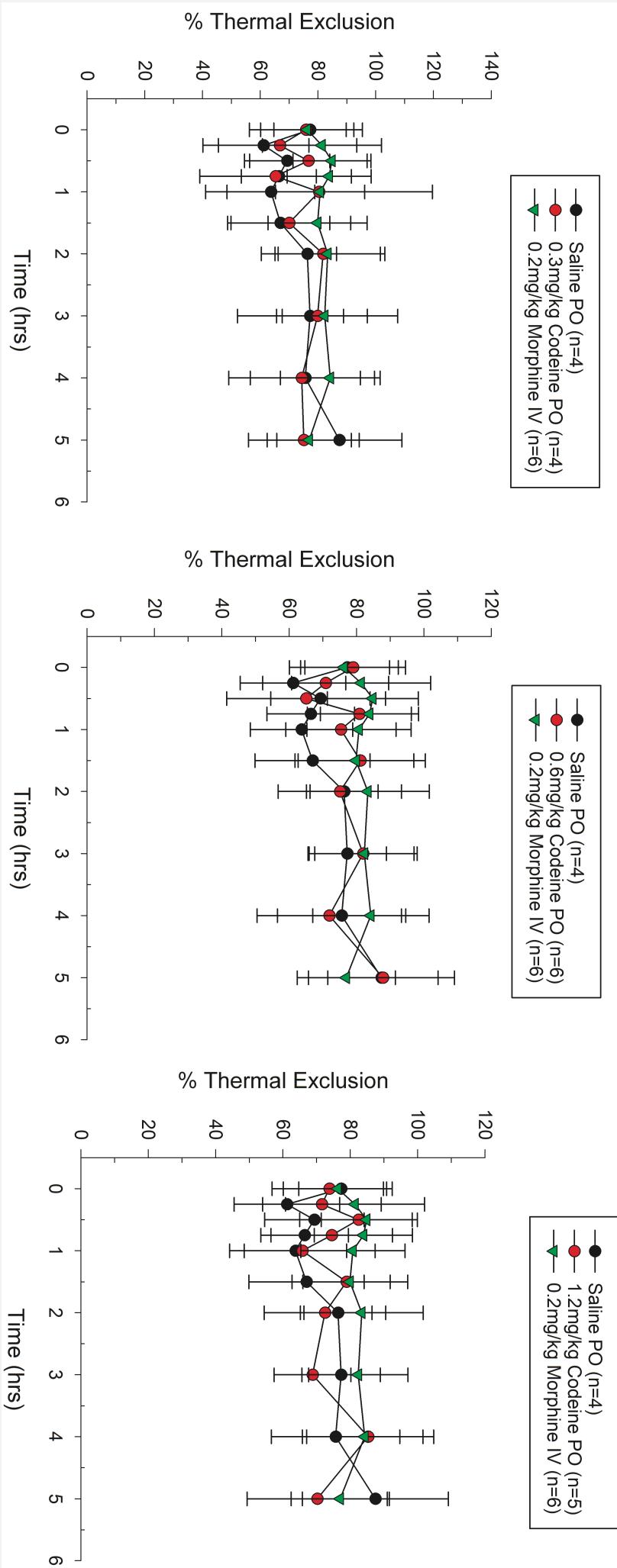
Parameters	Dose Groups
C_{max} (ng/mL)	0.3mg/kg (n=3) 268.3 ± 158.7
T_{max} (h)	0.6mg/kg (n=3) 277.7 ± 112.6
λ_{daz} (1/h)	0.2mg/kg (n=3) 0.583 ± 0.382
HL λ_{daz} (h)	0.258 ± 0.129 0.341 ± 0.164
$AUC_{0-\infty}$ (h*ng/mL)	3.27 ± 1.83 356.8 ± 160.6
	544.9 ± 153.0

C_{max} =maximum measured concentration; T_{max} =time of maximum concentration;
 λ_{daz} =terminal slope; HL λ_{daz} =terminal half-life; $AUC_{0-\infty}$ =area under the plasma-concentration curve from time 0 to infinity

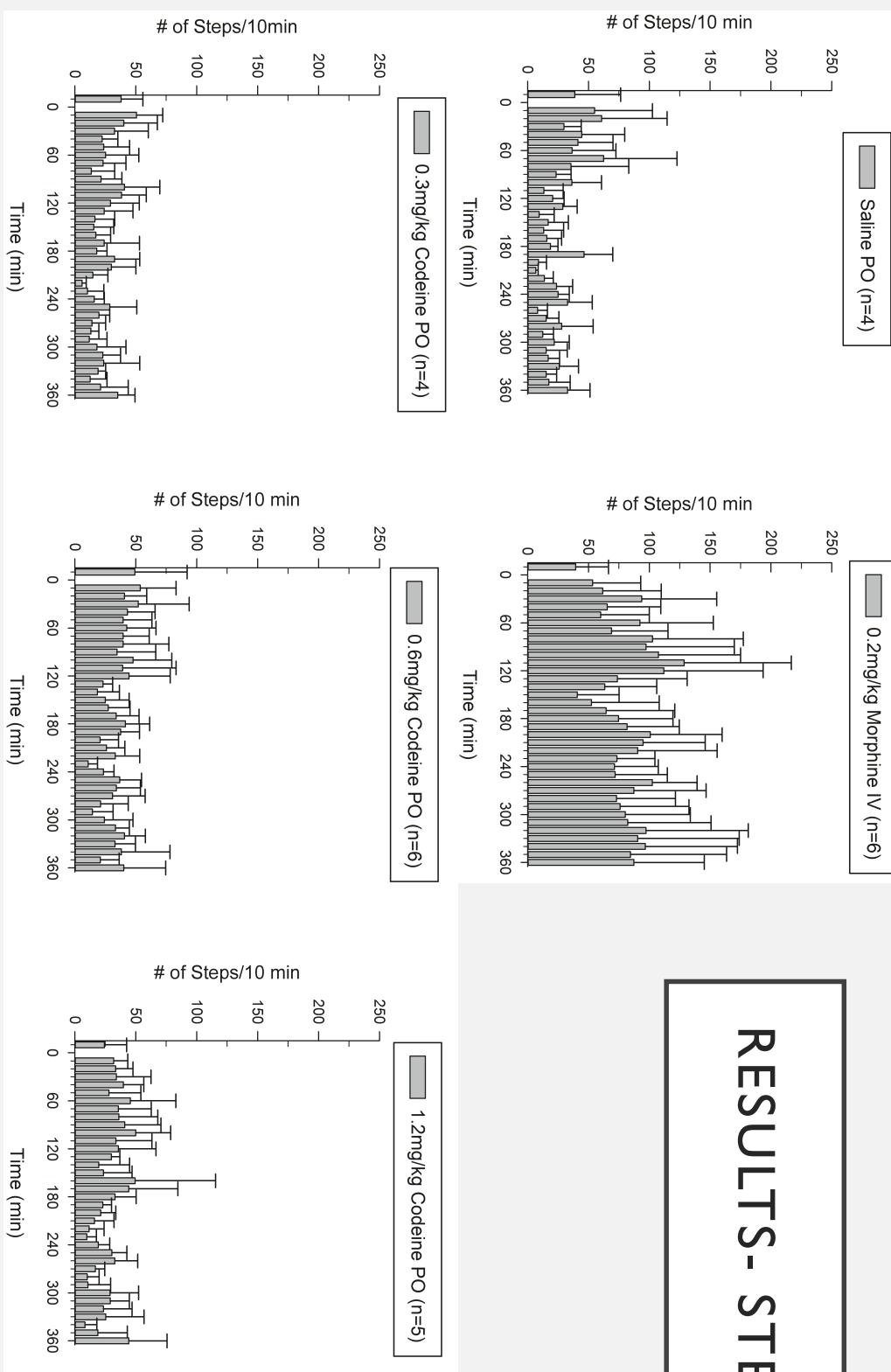
RESULTS- CONCENTRATIONS



RESULTS-THERMAL EXCLUSION



RESULTS- STEP COUNTS



ADDITIONAL RESULTS

- Neuroexcitation seen post-morphine administration (head shaking, pawing, increased steps), no significant adverse behavioral effects observed with codeine doses
- Preliminary results suggest a decrease in GI sounds over the first two hours post-drug administration for 1.2mg/kg codeine dose and morphine (positive control) before returning to baseline
- All three codeine doses and morphine appeared to cause a decrease in defecation incidence over the first six hours post-drug administration
- Increased heart rate seen post-morphine administration, no change in heart rate observed with codeine doses

CONCLUSIONS

- Concentrations of morphine metabolites were equivalent to or exceeded those observed following administration of an analgesic dose of morphine (0.2 mg/kg) following administration of all three codeine doses
- Thermal nociceptive data collected thus far suggests codeine may have similar analgesic properties to morphine (0.2 mg/kg IV)
- No significant adverse behavioral effects observed following codeine administration
- Further research to explore analgesic properties of codeine in horses warranted
- Potential use as analgesic in equine patients is promising

ACKNOWLEDGEMENTS

- Student financial support provided by the Students Training in Advanced Research Program- National Institutes of Health T35 OD010956
- Funds for this study were provided by the California Horse Racing Board
- Technical support from Sophie Gretler, Kelsey Seminoff, Kirsten Kanarr, Stacy Steinmetz, and Daniel McKemie
- Mentor: Dr. Heather Knynch



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QUESTIONS?

