

# Population Pharmacokinetic- Pharmacodynamic Modelling of Antimalarial Treatment

Akademisk avhandling

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Av

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Avhandlingen baseras på följande delarbeten:

- I. **Höglund RM**, Adam I, Hanpithakpong W, Ashton M, Lindegardh N, Day NP, White NJ, Nosten F, Tarning J. A population pharmacokinetic model of piperazine in pregnant and non-pregnant women with uncomplicated *Plasmodium falciparum* malaria in Sudan. *Malaria Journal*. 2012 Nov 29;11(1):398.
- II. **Höglund RM**, WWARN pooled analysis group, Tarning J. Meta-analysis of the population pharmacokinetics of piperazine; a revised dose regimen. (*In manuscript*)
- III. **Höglund RM**, Amaratunga C, Song L, Sreng S, Lim P, Suon S, Day NP, White NJ, Fairhurst R, Tarning J. Population pharmacokinetics and pharmacodynamics of piperazine in Cambodian patients with drug-resistant *P. falciparum* malaria. (*In manuscript*)
- IV. **Höglund RM**, Byakika-Kibwika P, Lamorde M, Merry C, Ashton M, Hanpithakpong W, Day NP, White NJ, Äbelö A, Tarning J. Artemether-lumefantrine coadministration with antiretrovirals; population pharmacokinetics and dosing implications. *British Journal of Clinical Pharmacology*. 2014 Oct 8
- V. **Höglund RM**, Byakika-Kibwika P, Lamorde M, Merry C, Ashton M, Hanpithakpong W, Day NP, White NJ, Äbelö A, Tarning J. The impact of artemether-lumefantrine therapy on the population pharmacokinetics of efavirenz and nevirapine (*In manuscript*)

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UNIVERSITY OF GOTHENBURG

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Pharmacodynamic Modelling of  
Antimalarial Treatment**

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**ABSTRACT**

Malaria is one of the most important tropical diseases, with hundreds of millions of cases every year. The current recommended treatment is an artemisinin based combination therapy (ACT), which has shown good efficacy. However, differences in exposure have been observed in children and pregnant women for some antimalarial drugs. Interactions might also change the outcome of the treatment. Recently resistance development has been noted, which further underlines the importance to optimise these treatments. In this thesis, a nonlinear mixed-effects modelling approach has been used to optimise the treatment with ACT. The aims were to optimise the treatment with piperazine, and to investigate the interactions between the antimalarial drug combination artemether-lumefantrine and antiretroviral therapy. The pharmacokinetics of piperazine during pregnancy was investigated, and no difference in exposure was found. However, a difference in exposure was found in children, and a new optimised dose regimen for children and adults were derived. A significant difference in clinical outcome was found between three sites in Cambodia. Potential interactions between antimalarials and antiretrovirals were investigated and a significant difference in the exposure of lumefantrine was found when combined with the three antiretroviral drugs efavirenz, nevirapine or lopinavir, and new doses for artemether-lumefantrine were simulated. Exposure of nevirapine was also found to differ when combined with artemether-lumefantrine, and a new dose suggestion was simulated. In conclusion, this thesis has optimised the treatment of piperazine and the co-treatment of artemether-lumefantrine and efavirenz, nevirapine and ritonavir boosted lopinavir.

**Keywords:** Malaria, pharmacometrics, HIV, drug-drug interactions, pediatrics, pregnancy, dose optimisation

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