

References

1. Mc Namara, J.O. Drugs effective in the therapy of the epilepsies. In J.G. Hardman, and L.E. Limbird (eds.), Goodman & Gilman's The Pharmacological Basis of Therapeutics, pp. 461 - 486. New York : Mc. Graw - Hill companies Inc., 1995.
2. Loiseau, P., and Duche, B. Phenobarbital. In M.Dam, and L. Gram (eds.), Comprehensive Epileptology, pp. 579 - 597. New York : Raven Press, 1990.
3. Booker, H.E. Phenobarbital Relation of Plasma Concentration to Seizure Control. In D.M. Woodbury, J.K Penry , and C.E Pippenger (eds.), Antiepileptic Drugs , pp. 341 - 349. New York : Raven Press , 1982.
4. Mattson, R.H. Selection of Drugs for the Treatment of Epilepsy. Seminars in Neurology 10 (4) (December 1990) : 406 - 413.
5. Painter, M.J. How to use Phenobarbital. In P.L Morselli, C.E. Pippenger, and J.K Penry(eds.), Antiepileptic Drug Therapy in Pediatrics 2nd ed., pp. 245-252. New york : Raven Press, 1983.
6. Thorn, I. A controlled study of prophylactic long term treatment of febrile convulsions with phenobarbital Acta Neurol Scand Supp. 60 (1995) : 67 - 73.
7. Millichap, J.G., and Colliver,. J.A. Management of febrile seizures : survey of current practice and phenobarbital usage. Pediatr. Neurol 7 (4) (1991) : 243 - 248.

8. วารุณี บูรพาวิเชียร. การติดตามการใช้ยาแก้ไข้ในผู้ป่วยเด็กที่โรงพยาบาลขอนแก่น. วิทยานิพนธ์ ปริญญาโท มหาวิทยาลัย ภาควิชา เกสัชกรรม จุฬาลงกรณ์มหาวิทยาลัย, 2539
9. อรุณี อึ้งภากรณ์. การใช้ Phenobarbital ในคลินิกโรคระบบประสาทเด็กโรงพยาบาลจุฬาลงกรณ์. ปัญหาพิเศษทางเภสัชกรรม จุฬาลงกรณ์มหาวิทยาลัย, 2540. (เอกสารไม่ได้พิมพ์).
10. Curtis, D.K. et al. The Epilepsy Counselling Guide. Illinois : The University of Illinois and Ciba Pharmaceutical Division 1994.
11. Winter, M.E. Phenobarbital. In M.A Koda-Kimble, L.Y. Young (eds.) , Basic Pharmacokinetics 2nd ed., pp. 219 - 234. Washington : Applied Therapeutics. Inc., 1992.
12. Morselli, P.L. Pharmacokinetic in Infancy Childhood, and Adolescencein. In E. Wyllie (ed.) , The treatment of epilepsy, Principle and Practice, pp. 752 - 768. Philadelphia Lea & Febiger, 1993.
13. Choonara, I.A. , and Rane, A. Therapeutic Drug Monitoring of Anticonvulsants. State of the Art. Clin. Pharmacokinet. 18 (4) (1990) : 318 - 328.
14. Garretson, L.K. , and Dayton, P.G. Disappearance of Phenobarbital and Diphenylhydantoin from serum of children. Clin. Pharmacol. Ther. 11 (5) (1970) : 674 - 679
15. Svensmark, O. , and Buchthal, F. Diphenylhydantoin and Phenobarbital, Serum Levels in children Am. J. Dis. Child. 108 (1964) : 82 - 87

16. Yukawa , E., Higuchi, S., and Aoyama, T. Phenobarbitone Population Pharmacokinetics from Routine Clinical Data : Role of Patient Characteristics for Estimating Dosing Regimens. J. Pharm. Pharmacol. 44 (1992) : 755 - 760
17. Rossi, L.N., Nino, L.M., and Pricipi, N. Correlation Between Age And Plasma Level/Dosage Ratio for Phenobarbital in infant and children. Acta. Paediatr. Scand. 68 (1979) : 431 - 434.
18. Reynolds, J.E.F., et al. Martindale. The Extra Pharmacopoeia 30th ed. London : The Pharmaceutical Press, 1993.
19. Prichard, J.W. Phenobarbital. Mechanism of Action. In D.M. Woodbury, J.K. Penry , and C.E. Pippenger Antiepileptic Drugs, pp. 365-373. New York : Raven Press , 1982.
20. Porter, R.J., and Meldrum, B.S. Antiepileptic Drugs. In B.G. Katzung (ed.) Basic & Clinical Phamacology 6th ed., pp. 361 - 368. Connecticut : Prentice - Hall International Inc., 1995.
21. Aicardi, J. Medical Treatment. In I. Rapin (ed.) Epilepsy in children 2 nd ed., pp. 402 - 425. New York : Raven Press
22. ทายาท คีสุคจิต. เกสัชจลนศาสตร์ และการใช้ยาป้องกันการชักในเด็ก วารสารจุฬาลงกรณ์เวชสาร . ปีที่ 41 ฉบับที่ 1 (2540) : 81 - 97.
23. Buchtal, F., Svensmark, O., and Simonsen, H. Relation of EEG and seizures to phenobarbital in serum. Arch. Neurol 19 (1968) : 567 - 572

24. Schmidt, D., Einicke, I., and Haenel, F. The influence of seizure type on the efficacy of plasma concentrations of phenytoin, phenobarbital, and carbamazepine. Arch. Neurol. 43 (1986) : 263 - 265
25. Bernie, R.O. et al. Drug facts and comparisons 49th ed. Missouri : Facts and Comparisons., 1995.
26. Mattson R.H., and Cramer, J.A. Phenobarbital Toxicity. In D.M. Woodbury, J.K. Penry, and C.E. Pippenger (eds.), Antiepileptic Drugs, pp. 351 - 364. New York : Raven Press, 1982.
27. Wolf, S.M., and Forsythe, A. Behavior Disturbance, Phenobarbital, and Febrile Seizures. Pediatrics 61 (5) (May 1978) : 728 - 731.
28. Thorn I. A controlled study of prophylactic long term treatment of febrile seizures. Acta Neurol Scand Suppl 60 (1976). 67-71
29. Farwell, J.R. et al. Phenobarbital for Febrile seizures-Effect on Intelligence and on Seizure Recurrence. N. Engl. J. Med. 322 (6) (Feb 1990) : 364 - 369.
30. Camfield, C.S et al. Side effects of phenobarbital in toddlers ; behavioral and cognitive aspects. The Journal of Pediatrics 95 (3) (September 1979) : 361- 365
31. Wolf, S.M. et al. Long-Term Effect of Phenobarbital on Cognitive Function in Children with Febrile Convulsions. Pediatrics 68 (6) (December 1981) : 820 - 823

32. Levy, R.H., Wilensky, A.J., and Anderson, G.D. Carbamazepine, Valproic Acid , Phenobarbital , and Ethosuximide. In Evan W.E. , Schentag J.J. , Jusko W.J. (eds.) Applied Pharmacokinetics-Principles of Therapeutic Drug Monitor 2nd ed., pp. 540-569, New York : Applied therapeutic Inc., 1986.
33. Davies D.M. (ed.) Textbook of Adverse Drug Reactions 4th ed. Oxford : Oxford Medical Publications, 1991.
34. Griffiths A.D. Neonatal haemorrhage associated with maternal anticonvulsant therapy. Lancet (1981) : 1296-1297.
35. Boglium, G. et al, Anticonvulsant drugs and bone metabolism Acta Neurol Scand. 74 (1986) : 284-288.
36. Wallin, A., Jalling, B., and Boreus, L.O. Plasma concentrations of phenobarbital in the neonate during prophylaxis for neonatal hyperbilirubinemia. J. PEDIATR. 85 (3) (September 1974) : 392 - 397.
37. Mayner, E.W. Phenobarbital. Absorption, Distribution and Excretion. In D.M. Woodbury, J.K. Penry , and C.E. Pippenger. (eds.) Antiepileptic Drugs, pp.309-328, New York : Raven Press, 1982
38. Nelson , E. et al. Phenobarbital Pharmacokinetics and Bioavailability in Adults. J.Clin. Pharmacol. 22 (1982) : 141-148.
39. Scheyer, R.D., and Cramer, J.A. Pharmacokinetics of Antiepileptic Drugs. Seminars in Neurology 10 (4) (December 1990) : 414-421.

40. Pitlick, W., Painter, M., and Pippenger, C. Phenobarbital Pharmacokinetics in neonates. Clin. Pharmacol. Ther. 23 (3) (March 1978) : 346-350.
41. Kapetanovic, I.M., Sweeney D.J., and Rapoport S.I. Phenobarbital pharmacokinetics in rat as a function of age. Drug Metabolism and Disposition 10 (6) (Nov.-Dec. 1982): 586-589.
42. Nelson, E et al. Phenobarbital pharmacokinetics and bioavailability in adults. J. Clin. Parmacal 22 (2-3) (Feb.-Mar. 1982) : 141-148.
43. Kutt, H., and Paris-Kutt, H. Phenobarbital. Interactions with other drugs. In D.M. Woodbury, J.K. Penry, and C.E.Pippenger. Antiepileptic Drugs, pp.329-340. New York :Raven Press, 1982.
44. Stockley, I.H. (ed.). Drug Interactions 3rd ed. Oxford : Blackwell Scientific Publication, 1194.
45. Hansten, P.D., and Horn, J.R. Drug Interactions. 6th ed. Philadelphia : Lea & Febiger, 1989.
46. Leppik, I.E., and Wolff, D.L. Antiepileptic Medication Interactions Neurologic Clinics. 11 (4) (November 1993) : 905-921.
47. Buchtal, F., and Svensmark, O. Serum concentrations of diphenylhydantoin (phenytoin) and phenobarbital and their relation to therapeutic and toxic effects. Psychiatr. Neurol. Neurochir. 74 (1971) : 117-136.
48. Eadie, M., Lander, C., Hooper, W., and Tyrer, J. Factors influencing plasma phenobarbital levels in epileptic patients. Br. J. Clin. Pharmacol. 4 (1977) : 541-547.

49. Suzuki, Y., Cox, S., Hayes, J., and Walson, P.D. Phenobarbital Dose Necessary to Achieve "Therapeutic" Concentrations in Children. Dev. Pharmacol. Ther. 17 (1991) : 79-87.
50. Henderson, D.R., Friedman, S.F., Harris, J.D., Manning, W.B., and Coli, M.A. CEDIA, a New Homogeneous Immunoassay system. Clin. Chem. 32 (9) (1986) : 1637-1641.
51. Scholz, H. et al In I. Sunshine (ed.) TM-TOX 90 New York, M. Dekker, 1991.

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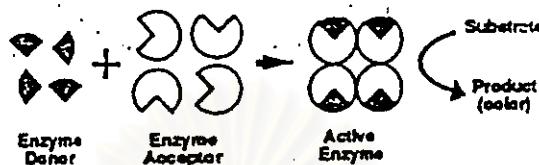


APPENDIX A

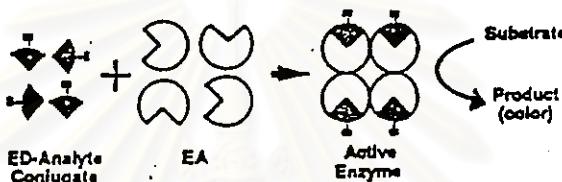
Figures about CEDIA®

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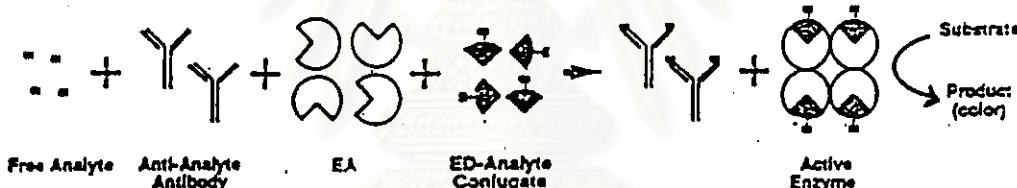
CEDIA assays are based on the bacterial enzyme β -galactosidase. The enzyme has been genetically engineered into two fragments; the Enzyme Donor (ED) and the Enzyme Acceptor (EA). ED and EA spontaneously reassociate to form fully active enzyme. In an assay format, the active enzyme cleaves a substrate generating a color change that can be measured on a spectrophotometric clinical chemistry analyzer.



In CEDIA assays, analyte is attached to ED in a way that does not interfere with this spontaneous reassociation.



Sample is mixed with EA and analyte-specific antibody. ED is then added. If analyte is present in the sample, antibody will bind to the analyte; ED will be free to form active enzyme with EA.



If there is no analyte present in the sample, the antibody will bind to ED and inhibit the reassociation of ED and EA. No active enzyme will be formed.



CEDIA assays are linear because the amount of enzyme formed is directly proportional to the amount of analyte present.

Figure A The mechanism CEDIA®

Contents of the kit	Cat. No. 1299930	
Bottle 1 Liquid	1 x 14 ml	Enzyme Donor Reconstitution Buffer MOPS 3-(N-morpholino-propansulfonic acid buffer) , salts , and preservative.
Bottle 1a Lyophilisate	1 for 14 ml	Enzyme Donor Reagent Enzyme donor (microbial) conjugated to phenobarbital, buffer salts, mouse monoclonal anti-phenobarbital antibody, Chlorophenol red-B-D galactopyranoside, carrier protein, stabilizers and preservative.
Bottle 2 Liquid	1 x 12 ml	Enzyme Acceptor Reconstitution Buffer MOPS 3-(N-morpholino-propansulfonic acid buffer), buffer salts and preservative.
Bottle 2a Lyophilisate	1 for 12 ml	Enzyme Acceptor Reagent Enzyme acceptor (microbial), goat anti-mouse antibodies, buffer salts, stabilizers and preservative.
Bottle 3 Liquid	1 x 4 ml	Low Calibrator Phosphate buffer with bovine serum albumin and preservative
Bottle 4 Liquid	1 x 4 ml	High Calibrator Phosphate buffer with bovine serum albumin, phenobarbital and preservative.

Figure B.1 The reagents information

Preparation and stability of the solution for

For stability of the unopened components, refer to the box label for the expiration date. DO NOT FREEZE.

Prepare the working solutions using cold reagents and buffers. Remove the kit from refrigerated storage (2-8 °C) immediately prior to preparation of the working solutions

NOTE : To ensure reconstituted EA reagent stability, protect from prolonged continuous exposure to bright light.

Prepare the working solutions in the following order to minimize possible contamination :

R1 Enzyme Donor Working Solution

Pour the entire contents of one Bottle 1 (ED Reconstitution Buffer) into one Bottle 1a (ED Reagent). Mix by gentle inversion. Allow to stand for 5 minutes at room temperature (20 - 25 °C), then mix again by gentle inversion. Avoid the formation of foam. Transfer R1 Working Solution back into Bottle 1. Place the bottle directly into the reagent compartment of the analyzer or into refrigerated storage (2 - 8 °C) and equilibrate for 30 minutes before use.

Stable for 30 days stored refrigerated on analyzer or at 2 - 8 °C. DO NOT FREEZE.

R2 Enzyme Acceptor Working Solution

Pour the entire contents of one Bottle 2 (EA Reconstitution Buffer) into one Bottle 2a (EA Reagent). Mix by gentle inversion. Allow to stand 5 minutes at room temperature (20 - 25 °C), then mix again by gentle inversion. Avoid the formation of foam. Transfer R2 Working Solution back into Bottle 2. Place the bottle directly into the reagent compartment of the analyzer or into refrigerated storage (2 - 8 °C) and equilibrate for 30 minutes before use.

Stable for 30 days stored refrigerated on analyzer or at 2 - 8 °C. DO NOT FREEZE

Low and High Calibrator

Ready for use. No preparation is required.

Stable for 30 days at 2 - 8 °C. DO NOT FREEZE.

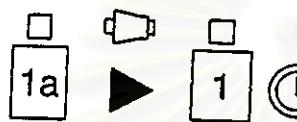
Figure B.2 The reagent preparation and stability

Reagent Preparation

- 1 ED Reconstitution Buffer
 2 EA Reconstitution Buffer

- 1a ED Reagent
 2a EA Reagent

R1 Stable 60 days refrigerated on the analyzer or at 2-8 °C.



Mix by gentle inversion. Let stand at 15-25 °C for 5 min.



Mix again. Let stand cold 5 min.

R2 Stable 60 days refrigerated on the analyzer or at 2-8 °C.



Mix by gentle inversion. Let stand at 15-25 °C for 5 min.



Mix again. Let stand cold 5 min.

Figure B3 : Reagent Preparation diagram

Cross - Reactivity

<u>Compound</u>	<u>Cross-reactivity (%)</u>
Amytryptyline	< 1%
Carbamazepine	< 1%
Chlorazepate	< 1%
Chlorpromazine	< 1%
Diazepam	< 1%
Ethotoin	< 1%
Ethosuximide	< 1%
5-Ethyl-5-phenylhydantoin	< 1%
Imipramine	< 1%
Mephentytoin	< 1%
Methosuximide	< 1%
2-Phenyl-2-ethylmalonamide	< 1%
Phenytoin	< 1%
Primidone	< 1%
Promethazine	< 1%
Sulthiamine	< 1%
Valproic Acid	< 1%
p-Hydroxyphenobarbital	< 1%
Aprobarbital	< 1%
Butabarbital	< 1%
1, 3-Dimethylbarbituric acid	< 1%
Secobarbital	< 1%
Pentobarbital	< 1%
Barbital	< 1%

Amobarbital (>20 %) and mephobarbital (> 100%) show significant interference with the CEDIA Phenobarbital Assay.

Figure C. % Cross reactivity of phenobarbital to other medicines.

' Method Comparison

CEDIA® Phenobarbital II Assay vs.
FPIA Phenobarbital Assay

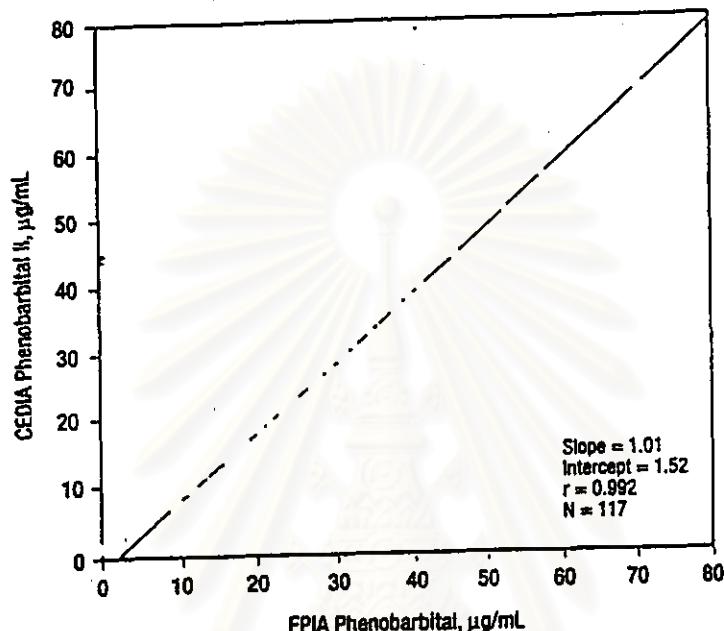


Figure D. Method comparison between CEDIA® and FPIA

VITAE

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