

(mean maximum delta SBP:  $0.4 \pm 9.4$  mm Hg;  $P < 0.01$  vs group I). There was no significant change in SBP following saline injection in groups II and IV. When the renin-angiotensin system is suppressed, captopril significantly reduces blood pressure by a mechanism that is inhibited by indomethacin.

#### References

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#### The interaction of antibiotics with ethinyloestradiol in the rat and rabbit

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Conjugation is a major route of metabolism of the synthetic oestrogen ethinyloestradiol (EE<sub>2</sub>). Conjugates formed in the liver and gut wall may be subsequently available for enterohepatic circulation (EHC). Tritiated EE<sub>2</sub> conjugates were obtained from the bile of 'donor' rats and were then infused into the caecum of 'recipient' rats. Bile was collected from the 'recipient' rats over a period of 6 hours. Radioactivity appearing in the bile of 'recipient' rats is a measure of the extent of deconjugation in the gastrointestinal tract, since only unconjugated steroid can be reabsorbed across the intestinal mucosa. The influence of

various antibiotics on the EHC of EE<sub>2</sub> was then studied following pretreatment of 'recipient' animals with ampicillin, a combination of neomycin + lincomycin, or cefoxitin. There was a reduction in the biliary excretion of the radiolabelled drug of 83%, 79% and 81% respectively, with a concomitant suppression of the gut microflora (Table 1).

Following the intravenous administration of EE<sub>2</sub> to rabbits, a biphasic decline in plasma concentration of the steroid was found. However, after 7 h a secondary peak was observed in all animals. Pretreatment with the antibiotic combination of neomycin + lincomycin ( $100 + 100$  mg kg<sup>-1</sup> day<sup>-1</sup> for 4 days) resulted in a significant decrease ( $P < 0.01$ ) in the area under the plasma concentration time curve (AUC<sub>control</sub>  $61.3 \pm 6.2$ ; AUC<sub>antibiotic</sub>  $37.4 \pm 5.3$  ng ml<sup>-1</sup> h). Not only was there a reduction in the secondary peak consistent with a reduced EHC, but also a change in the initial disposition of EE<sub>2</sub>.

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Table 1 Effect of chronic antibiotic treatment on the EHC of EE<sub>2</sub> and the gut microflora

| Treatment  | % excretion<br>in bile |   | Caecal flora |
|--|------------------------|---|--------------|
|  | Control                | Ampicillin (200 mg kg <sup>-1</sup> day <sup>-1</sup> for 4 days) |              |
| Control  | 32.6 $\pm$ 2.3         | LFC + + + ; M.An. + + +   |              |
| Ampicillin (200 mg kg <sup>-1</sup> day <sup>-1</sup> for 4 days)        | ***8.1 $\pm$ 2.6       | LFC + * ; M.An. $\pm$   |              |
| Neo + Linco (100 + 100 mg kg <sup>-1</sup> day <sup>-1</sup> for 4 days) | ***6.9 $\pm$ 1.7       | No LFC; M. An. $\pm$  |              |
| Cefoxitin (100 mg kg <sup>-1</sup> day <sup>-1</sup> for 4 days)         | ***6.2 $\pm$ 1.3       | —   |              |

LFC—Lactose fermenting coliforms (e.g. *E. Coli*; *Strep. faecalis*) M.An.—Mixed Anaerobes (e.g. *Clostridia* spp.; *Bacteroides* spp.)  $\pm$   $< 10^3$ /ml;  $+ 10^3-10^5$ /ml;  $++ + 10^7-10^{10}$ /ml.

\*\*\* Significantly different from controls,  $P < 0.001$ .

\* Emergence of ampicillin resistant microflora.