

IN VITRO INVESTIGATION OF ANTIBACTERIAL ACTIVITY OF DRUGS USED IN SEDATION IN INTENSIVE CARE UNIT

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ABSTRACT

Introduction: Sepsis is a systemic inflammatory response to infection and is a life-threatening condition. Sedation is important such as these patients. Some drugs that used for sedation may have antimicrobial effects. The aim of this study was to investigate the antimicrobial activity of propofol, ketamine, thiopental, dexmedetomidine and midazolam, which are widely used in intensive care in the form of infusion for sedation.

Materials and methods: In vitro antimicrobial activities of dexmedetomidine, midazolam, ketamine, propofol and thiopental sodium drugs of different concentrations were investigated by using the agar well diffusion method. Ampicillin, streptomycin and fluconazole were used as standard antibacterial and antifungal drugs, respectively. While selecting the microorganism, the agents which are unexpected to cause sepsis were included in the study in addition to the causative agents leading to sepsis, in order to understand the antimicrobial effect more clearly. All test microorganisms as follows: *E. coli* ATCC, *Y.pseudotuberculosis* ATCC, *P. auroginosa* ATCC, *E. faecalis* ATCC, *S. aureus* ATCC, *B. cereus*, *M. smegmatis* ATCC, *C. albicans* ATCC, *C. tropicalis* ATCC and *S. cerevisiae* ATCC.

Results: Ketamine was found to have antimicrobial activity against all of the microorganisms tested, but the highest efficacy was determined against *S. aureus*. Bactericidal (and fungocidal) activity of ketamine was determined against all other microorganisms.

Conclusion: We consider that it can be important to conduct the trial on the doses used in practice, and to demonstrate the usefulness of the antibacterial activity of these drugs in practice. In conclusion, in patients with sepsis followed in the intensive care unit, ketamine may be preferred for sedation. Thus, this can contribute to the patient's antibiotherapy. However, further clinical research is needed to evaluate the effectiveness of antimicrobial activity of ketamine in clinical practice and to assess the effectiveness of reducing the mortality in patients with sepsis.

Keywords: Antimicrobial activities, dexmedetomidine, midazolam, ketamine, propofol and thiopental sodium.

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Introduction

Sepsis is a systemic inflammatory response to infection and is a life-threatening condition. However, despite intensive care treatment, the mortality rate in sepsis is high. Antibiotherapy against sepsis is one of the most important parts of the treatment. A rapid, appropriate and intensive treatment approach can reduce mortality. Therefore, the treatment of patients diagnosed with sepsis should be done in intensive care⁽¹⁾. Anxiety and agitation may develop in intensive care patients due to various factors such as fear, loss of control, insomnia, pain, biochemical disorders, drugs, and fever⁽²⁾.

Non-suppression of stress is characterized by hypertension, tachycardia, discomfort, hypoxia and hypercapnia.

Therefore, sedation is important in suppressing stress response. Sedation suppresses stress response, reduces anxiety, increases tolerance to ventilator support, and facilitates procedures such as aspiration, invasive procedures, and dressings^(3,4). The selection of the drug used for sedation has been reported to affect the treatment results of the patient⁽⁵⁾. In the intensive care units, agents such as midazolam, propofol, thiopental, ketamine and dexmedetomidine are used frequently and in the form of infusion^(2,5).

Studies on the antimicrobial effects of these drugs used in patients with sepsis in intensive care are limited. The aim of this study was to investigate the antimicrobial activity of propofol, ketamine, thiopental, dexmedetomidine and midazolam, which are widely used in intensive care in the form of infusion for sedation.

Materials and methods

Invitro antimicrobial activity of drug containing midazolam, propofol, thiopental, ketamine and dexmedetomidine was investigated.

Antimicrobial activity assessment

The microorganisms leading to sepsis such as *Escherichia coli* or *Pseudomonas aeruginosa* were included in the study. In addition, the microorganisms that rarely cause sepsis such as *Bacillus cereus* or *Saccharomyces cerevisiae* were also included for understanding the antimicrobial effect more clearly. All test microorganisms were obtained from the Turkey Public Health Agency (Ankara, Turkey) and were as follows: *Escherichia coli* ATCC 25922, *Yersinia pseudotuberculosis* ATCC 911, *Pseudomonas aeruginosa* ATCC 27853, *Enterococcus faecalis* ATCC 29212, *Staphylococcus aureus* ATCC 25923, *Bacillus cereus* 709 ROMA, *Mycobacterium smegmatis* ATCC607, *Candida albicans* ATCC 60193, *Candida tropicalis* ATCC13803 and *Saccharomyces cerevisiae* ATCC 60193.

Agar well diffusion method

All bacteria were suspended in Mueller Hinton (MH) broth (Difco, Detroit, MI). The yeast-like fungi were suspended in yeast extracts (YE) broth (Difco, Detroit, MI). Then, the microorganisms were diluted to approximately 106 colony forming units (CFUs) per mL. Mueller hinton and Brain heart infusion (BHI) agars with 0.02% Tween 80 were used for all bacteria and *M. smegmatis* respectively. For yeast-like fungi, Potato dextrose (PD) agar (Difco, Detroit, MI) was used. These were "flood-inoculated" onto the surface of MH, BHI and PD agars and then dried. Five-millimeters diameter wells were cut from the agar using a sterile cork-borer, and 50 μ L of the extract substances was delivered into the wells⁽⁶⁾. The plates (MHA and PDA) were then incubated at 35°C for 18 h and 48 h respectively. *M. smegmatis* was grown for 3 to 5 days on BHI agar plates at 35°C.

Antimicrobial activity was calculated by comparing the zone of inhibition against the test organism. Ampicillin (10 μ g), streptomycin (10 μ g), and fluconazole (5 μ g) were used as standard drugs.

Determination of minimal inhibitory concentration (MIC) and minimal bactericidal concentration (MBC)

Stock solutions of Dexmedetomidine (200 mg/2mL), Midazolam (mg / mL), Ketamine (50 mg / mL), Propofol (%1, 100 mg/20 mL) and Thiopental Sodyom (500 mg / 20 mL) were used for determination of minimal inhibitory and minimal bactericidal concentration.

Ketamine

The antimicrobial effects of the substances were tested quantitatively in respective broth media using double dilution and the minimal inhibitory concentration (MIC) values (μ g/mL) were determined^(7,8). The antibacterial and antifungal assays were performed in MH broth at pH7.3 and YE at pH 7.0, respectively. Dilution of Ketamine to be tested was prepared in 0.1 mL volumes of sterile MH, BHI and YE broths to give concentrations ranging from 5000 μ g/mL to 5 μ g/mL. After preparation of suspensions of test microorganisms in MH, BHI and YE broth (approximately 106 microorganisms per mL), one drop of suspension (0.02 mL) was added to the extract/broth dilutions. After 18-72 h at 35 °C incubation, the tubes were then examined for growth.

The MIC was defined as the lowest concentration that showed no growth. The dilutions without visible growth were used for minimal bactericidal concentration (MBC) determination; spread 100 μ L samples across the surface of dried MH, BHI and PD agar whit sterile, bent glass rods and then incubated 18-72 h at 35 °C. The MBC of each extract was taken as the lowest concentration that showed no growth on agar plate. Ampicillin (10 mg/mL), Streptomycin (10 mg/mL) and fluconazole (2 mg/mL) were used as standard antibacterial and antifungal drugs, respectively.

Definitions

MIC: Minimum inhibitory concentration. This dose may be bactericidal or bacteriostatic (which stops reproduction, continues to proliferate once the effect of the drug has gone away). This is done by MBC to determine.

MBC: Minimum bactericidal concentration.

That means the lowest drug concentration value that kills bacteria.

Results

It was determined that only ketamine showed antimicrobial activity among the drugs (propofol, midazolam, thiopental, dexmedetomidine and midazolam) tested by microdilution and agar well. Ketamine was found to have antimicrobial activity against all of the microorganisms tested, but the highest efficacy was determined against gram positive bacteria and *M. smegmatis* (Table 1, Figure 1).

Drug Name	Test Conct. $\mu\text{g/mL}$	Microorganisms and Inhibition Zone (mm)										
		Ec	Yp	Pa	Sa	Ef	Bc	Ms	Ca	Ct	Sc	
Dexmedetomidine	5	-	-	-	-	-	-	-	-	-	-	-
$1/2$ dilution	2.5	-	-	-	-	-	-	-	-	-	-	-
Midazolam	250	-	-	-	-	-	-	-	-	-	-	-
$1/2$ dilution	125	-	-	-	-	-	-	-	-	-	-	-
Ketamine	2 500	10	10	10	18	14	15	30	8	12	8	
$1/2$ dilution	1250	6	6	8	14	10	10	20	6	6	6	
Propofol %1	250	-	-	-	-	-	-	-	-	-	-	
$1/2$ dilution	125	-	-	-	-	-	-	-	-	-	-	
Thiopental Sodyom	1250	-	-	-	-	-	-	-	-	-	-	
	652	-	-	-	-	-	-	-	-	-	-	
Amp.	10	10	10	16	10	35	15					
Strep.	10							30				
Flu.	2								25	25	25	

Table 1: Antimicrobial activity of the some anesthetics drugs ($\mu\text{g/mL}$).

Ec: *E. coli* ATCC 35218, *Yp:* *Y. pseudotuberculosis* ATCC 911, *Pa:* *P. aeruginosa* ATCC 27853, *Sa:* *S. aureus* ATCC 25923, *Ef:* *E. faecalis* ATCC 29212, *Bc:* *B. cereus* 709 Roma, *Ms:* *M. smegmatis* ATCC607, *Ca:* *C. albicans* ATCC 60193, *C. tropicalis* ATCC13803, *S. cerevisiae* RSKK 251, *Amp.:* Ampicillin, *Strep.:* Streptomycin, *Flu.:* Fluconazole, (-): no activity of test concentrations.

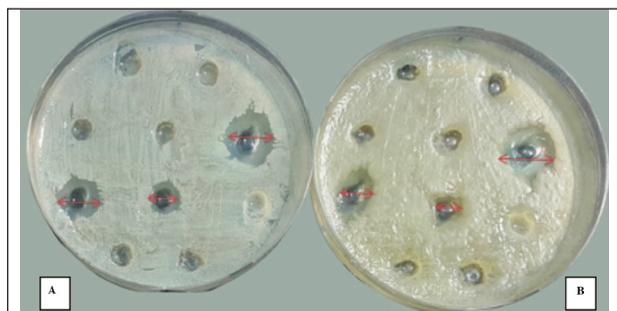


Fig.1: Efficacy of Ketamine in Agar well method. a; *S. aureus*, B; *B. cereus*, marked by red arrows, are zones of inhibition zone formed by the amount of Ketamine in concentrations of 2500, 1250 and 650 $\mu\text{g/mL}$, respectively..

MIC value of ketamine against *B. cereus* was 15.6 mg/mL . Bactericidal (and fungocidal) activity

of ketamine was determined against all other microorganisms. MBC values of ketamine was determined in the range of 15.6-250 mg/mL . The most sensitive microorganisms were *S. aureus* and *M. smegmatis*, and the MIC and MBC values against these bacteria were found to be 15.6 mg/mL (Table 2).

Tested Microorganisms	Ketamine 50 mg/mL	
	Minimal Inhibition Concentration (MIC)	Minimal Bactericide Concentration (MBC)
<i>S. aureus</i> ATCC 25923	78.125	156.25
<i>E. faecalis</i> ATCC 29212	625	1250
<i>E. coli</i> ATCC 35218	2500	2500
<i>P. aeruginosa</i> ATCC 27853	1250	2500
<i>Y. pseudotuberculosis</i> ATCC 911	2500	2500
<i>B. cereus</i> 709 Roma	156.25	-
<i>M. smegmatis</i> ATCC607	156.25	156.25
<i>C. albicans</i> ATCC 60193	1250	1250
<i>C. tropicalis</i> ATCC13803	1250	1250
<i>S. cerevisiae</i> RSKK 251	1250	1250

Table 2: Antimicrobial activity of the Ketamine ($\mu\text{g/mL}$).

Discussion

In the intensive care units, sedation is used to treat anxiety and agitation. In intensive care patients, sedation suppresses stress response, reduces anxiety and increases tolerance to ventilator support. Propofol, ketamine, thiopental, dexmedetomidine and midazolam are frequently used for sedation in intensive care unit^(8,9). Antimicrobial activity of midazolam, propofol, thiopental, ketamine and dexmedetomidine may provide a secondary benefit in sedation patients with sepsis. Therefore, those who have antimicrobial effect from these drugs may gain a secondary benefit and may be more prominent in patients with septic shock and in patients who need long-term sedation and may be among the first choices. In a study examining the antibacterial effect of dexmedetomidine and midazolam, the antimicrobial effects against *S. aureus*, *Enterococcus faecalis*, *E. coli* and *P. aeruginosa* were assessed using microdilution method. *E. coli* and *P. aeruginosa* showed only inhibitory effect. They found that midazolam had inhibitory activity against *S. aureus* and *E. faecalis*. They also reported inhibitory effect of dexmedetomidine against *S. aureus*, *E. coli* and *P. aeruginosa*⁽¹⁰⁾. Pelz et al.⁽¹¹⁾ investigated the antimicrobial effects of anesthetic drugs and the preservatives they contain.

They found that the main cause of antimicrobial effect was not preservatives, and that the active

substances and preservative had a synergistic effect. Keles et al.⁽¹²⁾ showed that midazolam had antimicrobial effect on *E.coli*, *P. aeruginosa*, *A. baumannii* and *E. coli*, but dexmedetomidine had no antimicrobial effect on these tested microorganisms. Göcmen et al.⁽¹³⁾ investigated antimicrobial activity of ketamine against *S. aureus*, *S.epidermidis*, *E.faecalis*, *S.pyogenes*, *P.aeruginosa* and *E.coli* using disc diffusion method. They found that discs containing 500 and 250 mg of ketamine were as effective as ciprofloxacin and that they inhibit bacterial growth. They also found that 125 µg ketamine containing discs had antibacterial activity against bacteria other than *E.coli*, and also stated that disc containing 6.25 µg ketamine did not show antibacterial effect⁽¹³⁾.

Of the antimicrobials included in the study, only the commercial form of ketamine showed antimicrobial affect against *E. coli*, *Y. pseudotuberculosis*, *P. aeruginosa*, *S. aureus*, *E. faecalis*, *B. Cereus*, *M. smegmatis*, *C. albicans*, *C. tropicalis*, and *S. cerevisiae*. It can be said that substances used as preservatives (i.e. benzetonium chloride) in the preparations containing ketamine might play a role in and contribute to the antibacterial effect. In our study, the antibacterial activity of ketamine was similar to the results obtained from previous studies. In addition, the fact that ketamine showed inhibitory and bactericidal effect against most bacteria in the study shows that the antibacterial activity spectrum of this drug is wide and the potency of bactericidal effect is good.

Some of the studies in the literature have positive results related to the antibacterial activity of midazolam and dexmedetomidine^(10,13). In our study, commercial forms of these drugs did not show antibacterial activity. These differences may be due to the difference in concentration. Because antimicrobial activity was evaluated using the dilutions of the commercial forms of the antimicrobials, but the previous studies tested the antimicrobial activity using the active substance directly and they used higher concentrations of the drugs.

Conclusions

In the present study, we consider that it can be important to conduct the trial on the doses used in practice, and to demonstrate the usefulness of the antibacterial activity of these drugs in practice. In conclusion, in patients with sepsis followed in the intensive care unit, ketamine may be preferred for sedation. Thus, this can contribute to the patient's

antibiotherapy. However, further clinical research is needed to evaluate the effectiveness of antimicrobial activity of ketamine in clinical practice and to assess the effectiveness of reducing the mortality in patients with sepsis.

References

- 1) Gotts JE, Matthay MA. Sepsis: Pathophysiology and clinical management. *BMJ*. 2016; 353: i1585.
- 2) Ostermann ME, Keenan SP, Seiferling RA, Sibbald WJ. Sedation in the intensive care unit: a systematic review. *JAMA*. 2000; 283 (11): 1451-9.
- 3) Muellejans B, Matthey T, Scholpp J, Schill M. Sedation in the intensive care unit with remifentanyl/propofol versus midazolam/fentanyl: a randomised, open-label, pharmacoeconomic trial. *Crit Care*. 2006; 10 (3): R91.
- 4) Muellejans B, Lopez A, Cross MH, Bonome C, Morrison L, Kirkham AJ. Remifentanyl versus fentanyl for analgesia based sedation to provide patient comfort in the intensive care unit: a randomized, double-blind controlled trial. *Crit Care*. 2004; 8 (1): R1-11.
- 5) Kress JP, Pohlman AS, O'Connor MF, Hall JB. Daily interruption of sedative infusions in critically ill patients undergoing mechanical ventilation. *N Engl J Med*. 2000; 342 (20): 1471-7.
- 6) Woods GL, Brown-Elliott BA, Desmond EP, Hall GS, Heifets L, Pfyffer GE, Ridderhof JC, Wallace RJ Jr., Warren NC, Witebsky FG: Susceptibility testing of mycobacteria, nocardiae, and other aerobic actinomycetes; Approved Standard. NCCLS document M24-A. Willanova. 2003; 23 (18).
- 7) National Committee for Clinical Laboratory Sandard. Methods for Determining Bactericidal Activity of Antimicrobial Agents; Approved Guideline. M26-A, CCLS document Willanova, 2013; 19 (18)
- 8) Ozkan Seyhan T. Sedative and analgesic agent used in Intensive Care. *J Turk Soc Intens Care*. 2006; 4 (1): 45-9.
- 9) McGrane S, Pandharipande PP. Sedation in the intensive care unit. *Minerva Anesthesiol*. 2012; 78 (3): 369-80.
- 10) Ayoglu H, Kulah C, Turan I. Antimicrobial effects of two anaesthetic agents: dexmedetomidine and midazolam. *Anaesth Intensive Care*. 2008; 36 (5): 681-4.
- 11) Pelz K, Wiedmann-Al-Ahmad M, Bogdan C, Otten JE. Analysis of the antimicrobial activity of local anaesthetics used for dental analgesia. *J Med Microbiol*. 2008; 57 (Pt 1): 88-94.
- 12) Keles GT, Kurutepe S, Tok D, Gazi H, Dinc G. Comparison of antimicrobial effects of dexmedetomidine and etomidate-lipuro with those of propofol and midazolam. *Eur J Anaesthesiol*. 2006; 23(12): 1037-40.
- 13) Gocmen S, Buyukkocak U, Caglayan O. In vitro investigation of the antibacterial effect of ketamine. *Ups J Med Sci*. 2008; 113 (1): 39-46.

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