

Pharmacodynamic interaction of remifentanil and dexmedetomidine on depth of sedation and tolerance of laryngoscopy

M.A.S. Weerink *et al.*

Supplemental Digital Content 1 - Supplementary tables and figures

Table S1.1. Model performances evaluated by using Varvel criteria.¹ Sorted in ascending MDPE for session 1. Performance metrics are shown as mean and standard error of the mean (SE between parenthesis) across volunteers.

DEXMEDETOMIDINE				
	Dexmedetomidine only phase		Interaction phase	
Model	MDPE (%)	MDAPE (%)	MDPE (%)	MDAPE (%)
<i>Hannivoort</i> ²	27 (5.4)	34 (4.1)	5.7 (3.8)	20 (1.9)
<i>Talke</i> ³	39 (5.1)	41 (4.7)	17 (3.3)	22 (2.2)
<i>Dyck</i> ⁴	48 (5.1)	56 (4.2)	30 (4.2)	33 (3.5)
<i>Venn</i> ⁵	48 (5.6)	52 (4.9)	30 (3.9)	32 (3.3)
<i>Lin</i> ⁶	50 (8.0)	56 (6.6)	24 (5.7)	32 (4.4)
<i>Cortinez</i> ⁷	54 (8.1)	57 (7.5)	35 (5.7)	39 (5.0)

REMIFENTANIL				
	Remifentanil only phase		Interaction phase	
Model	MDPE (%)	MDAPE (%)	MDPE (%)	MDAPE (%)
<i>Eleveld</i> ⁸	3.6 (6.5)	32 (3.7)	35 (7.7)	45 (5.9)
<i>Minto</i> ⁹	-4.0 (5.8)	30 (3.2)	25 (7.0)	39 (4.7)

MDPE = Median Performance Error, MDAPE = Median Absolute Performance error

INFUSION SCHEMES

DAY 1



DAY 2

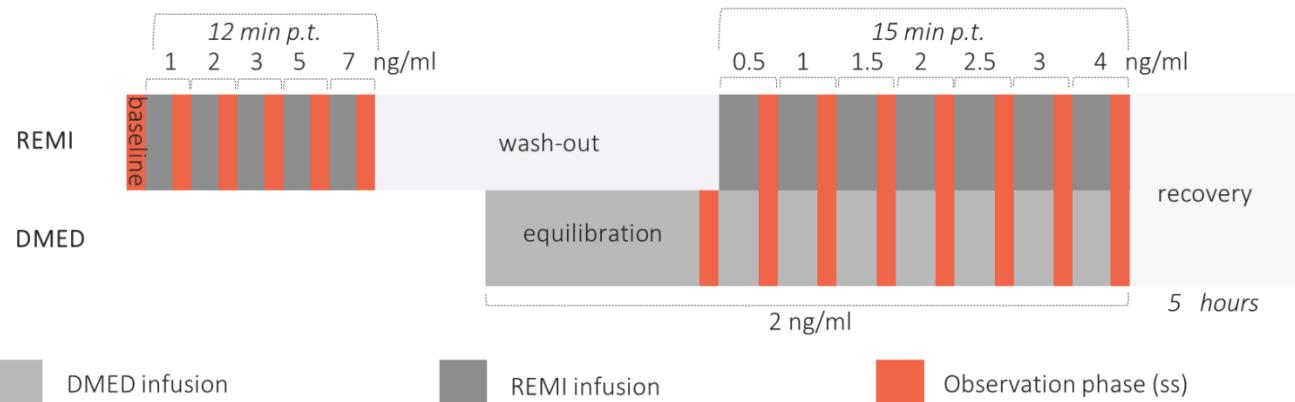


Fig. S1.1. Schematic overview of infusion regimens and observation phases. Concentrations are target controlled infusion target concentrations. DMED = dexmedetomidine, REMI = remifentanil, p.t. per target, ss=steady-state.

OBSERVATION PHASE (SS)

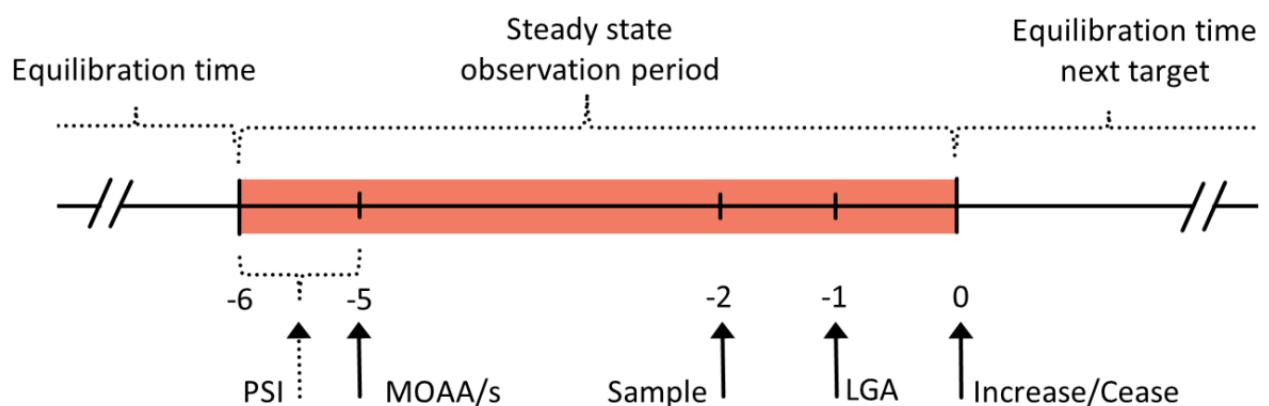


Fig. S1.2. Schematic overview of the timing of measurements during steady-state (SS) observation phases. Numbers indicate minutes before the end of the infusion step. PSI = Patient State Index, MOAA/S = Modified Observers Assessment of Alertness and Sedation scale¹⁰, LGA = Laryngoscopy Attempt.

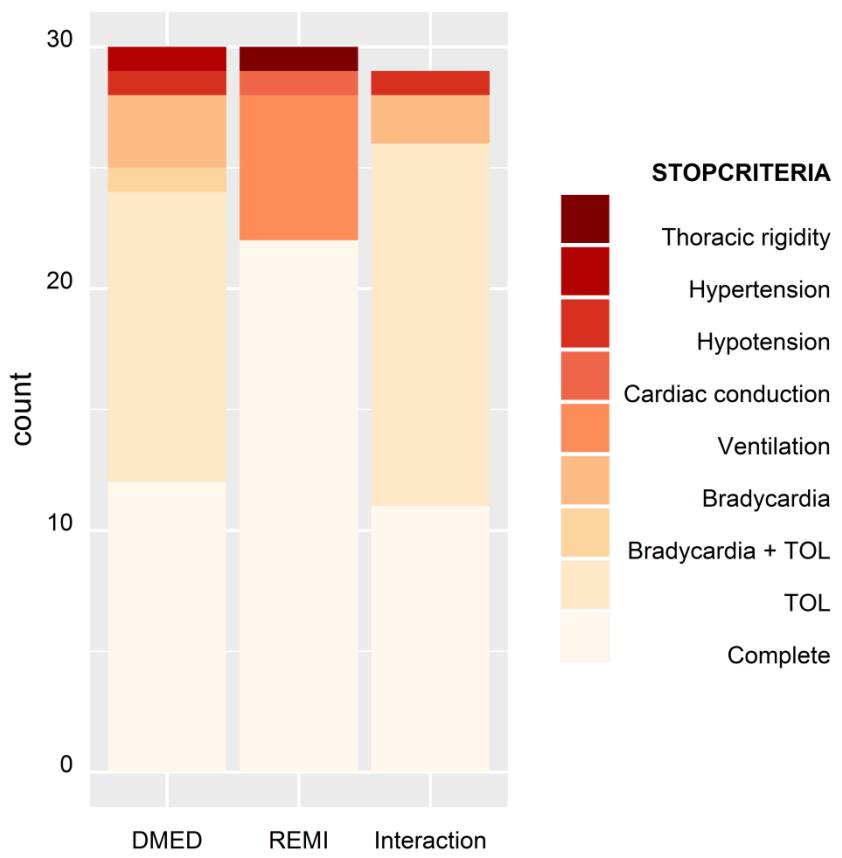


Fig. S1.3. Stop reasons of the dexmedetomidine (DMED), remifentanil (REMI) and DMED+REMI infusion phases. TOL = Tolerance of laryngoscopy.

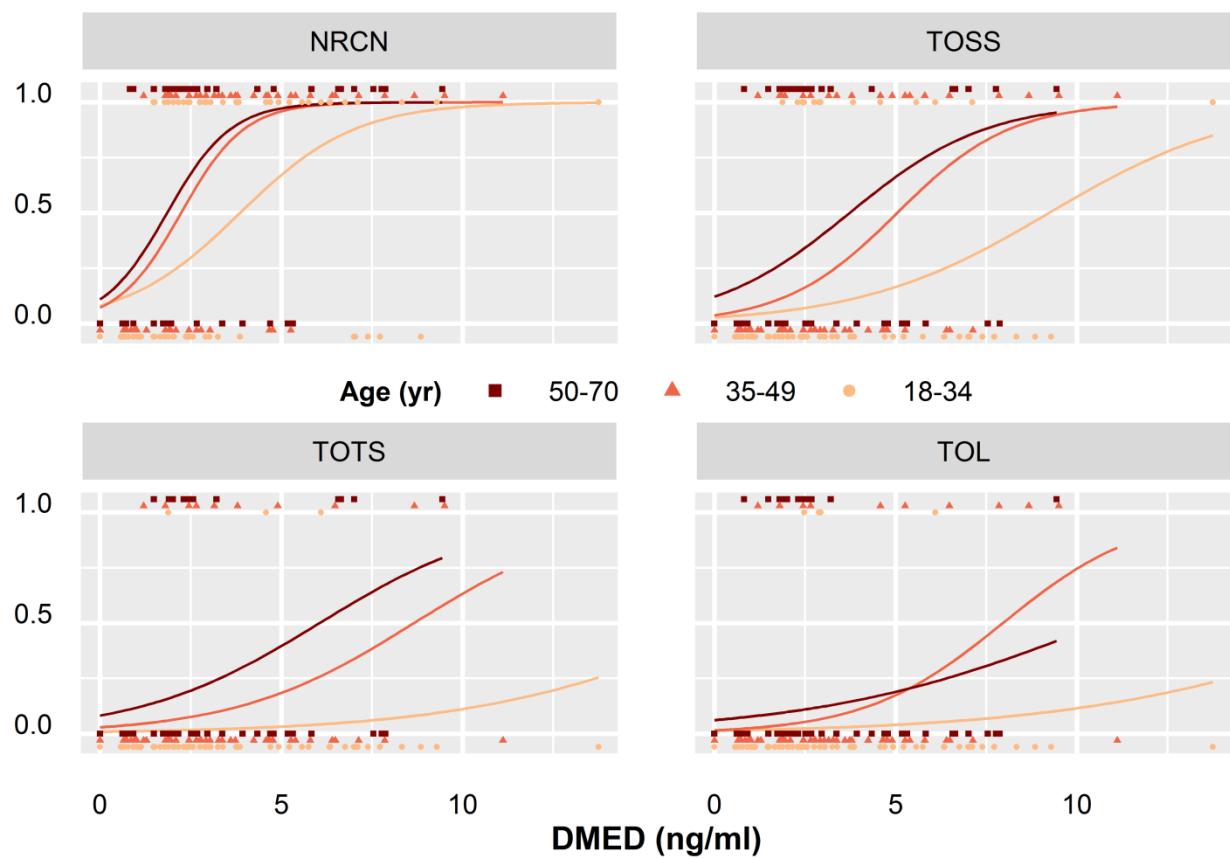


Fig. S1.4. Observations per age category, for no response to calling of name (NRCN), tolerance of shake and shout (TOSS), tolerance of trapezius squeeze (TOTS) and tolerance of laryngoscopy (TOL) versus dexmedetomidine concentrations (ng/ml).

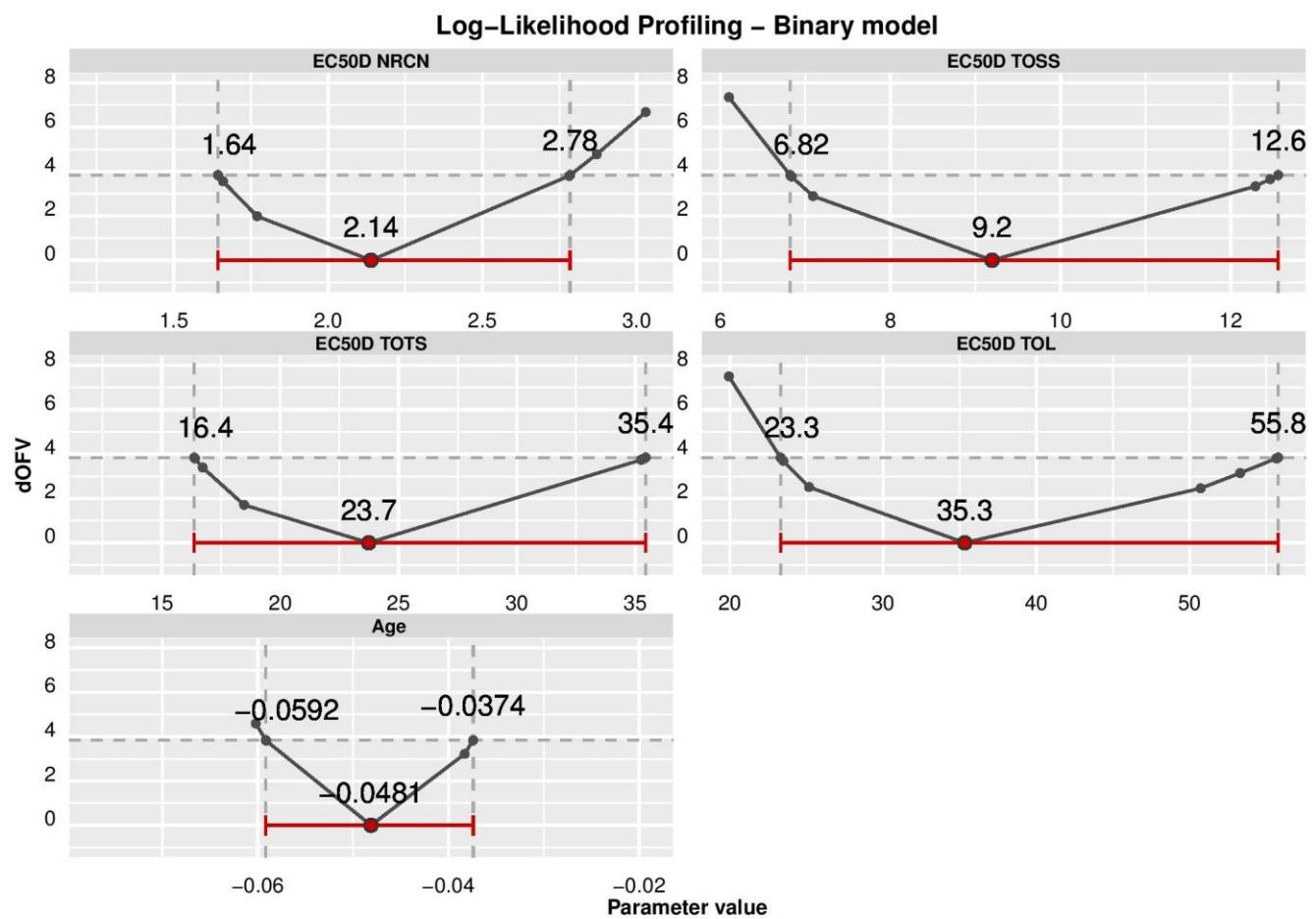


Fig. S1.5. Log-likelihood profiles for parameters estimates of the binary model, with 95% upper- and lower-confidence limits. dOFV= Δ objective function, EC50D = half maximal effective concentration dexmedetomidine (ng/ml) for no response to calling of name (NRCN), tolerance of shake and shout (TOSS), tolerance of trapezius squeeze (TOTS) and tolerance of laryngoscopy (TOL).

Log-Likelihood Profiling – PSI model

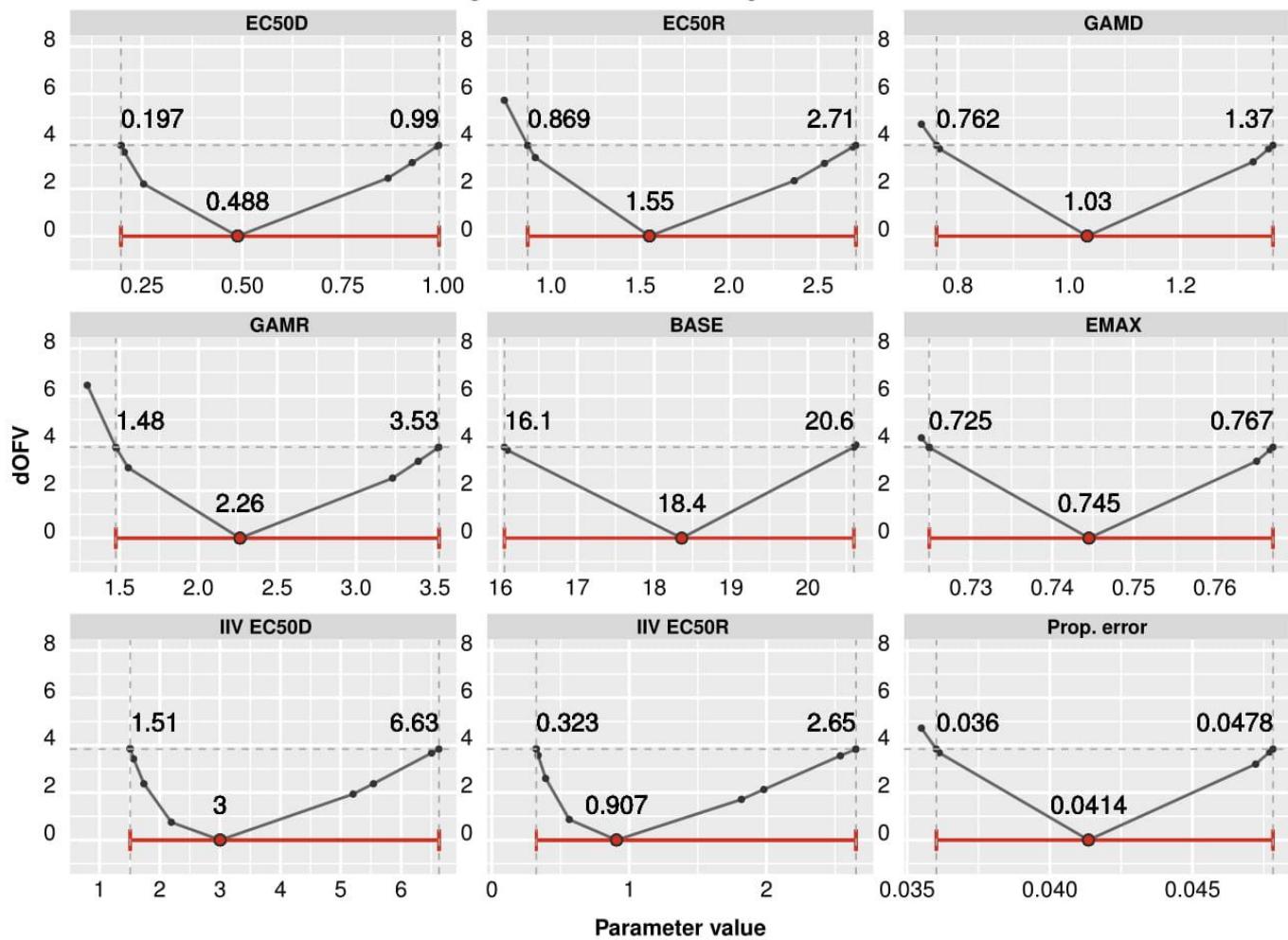


Fig. S1.6. Log-likelihood profiles for parameters estimates of the PSI model, with 95% upper- and lower-confidence limits. dOFV= Δ objective function, EC50D = half maximal effective concentration dexmedetomidine (ng/ml), EC50R = half maximal effective concentration remifentanil (ng/ml), GAMD= dexmedetomidine gamma, GAMR= remifentanil gamma, BASE= estimate for baseline PSI is 100-BASE. EMAX = Maximal effect, IIV= Inter Individual Variability, Prop. Error = proportional error.

Goodness-of-fit plots final PSI model

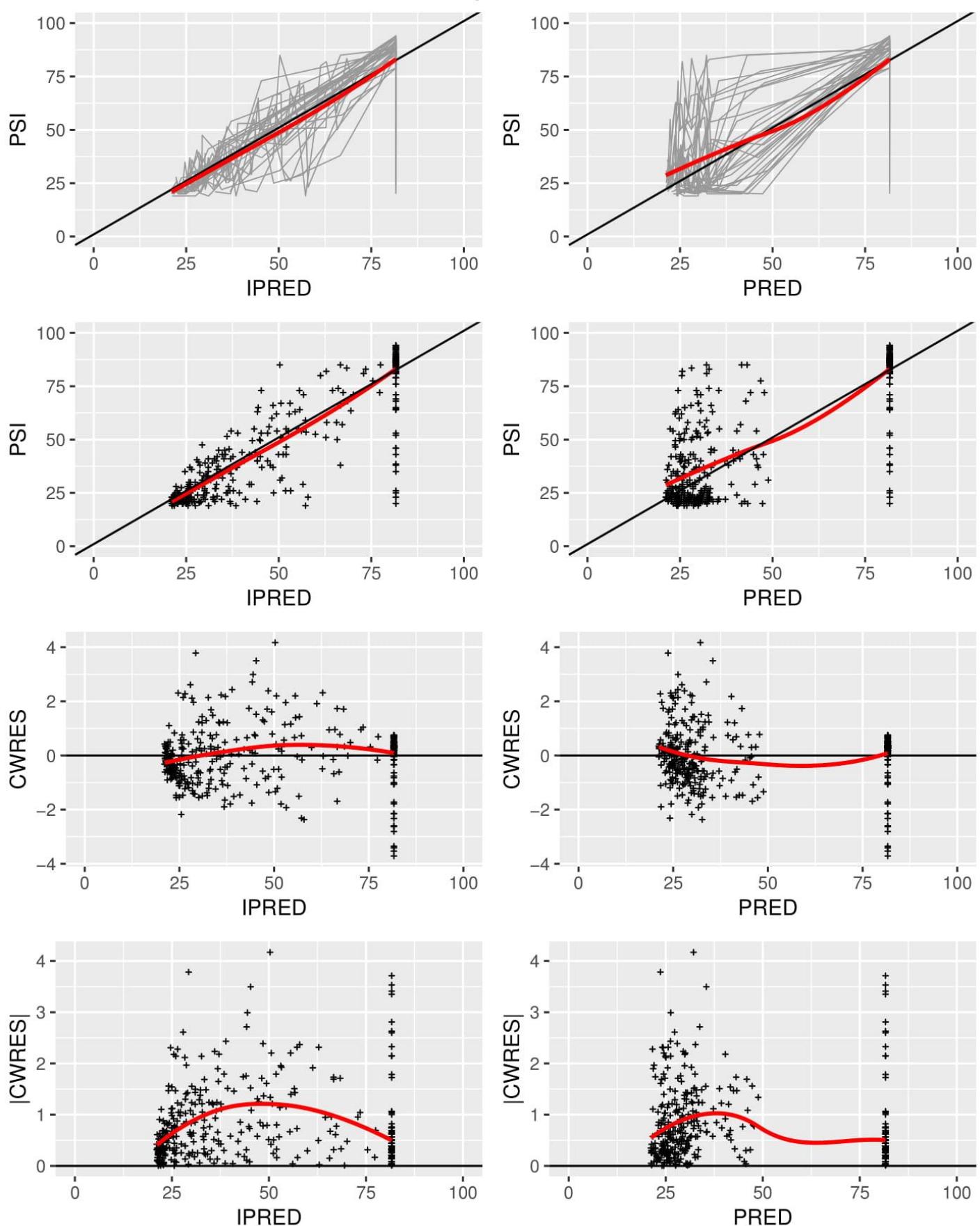


Fig. S1.7. PSI = patient state index, IPRED = Individual model predictions, PRED = population model predictions, CWRES = conditionally weighted residuals. Red lines are LOESS smoothers.

References:

1. Varvel JR, Donoho DL, Shafer SL: Measuring the predictive performance of computer-controlled infusion pumps. *J Pharmacokinet Biopharm* 1992; 20:63–94
2. Hannivoort LN, Eleveld DJ, Proost JH, Reyntjens KMEM, Absalom AR, Vereecke HEM, Struys MMRF: Development of an Optimized Pharmacokinetic Model of Dexmedetomidine Using Target-controlled Infusion in Healthy Volunteers. *Anesthesiology* 2015; 123:357–67
3. Talke P, Richardson CA, Scheinin M, Fisher DM: Postoperative pharmacokinetics and sympatholytic effects of dexmedetomidine. *Anesth Analg* 1997; 85:1136–42
4. Dyck JB, Maze M, Haack C, Azarnoff DL, Vuorilehto L, Shafer SL: Computer-controlled infusion of intravenous dexmedetomidine hydrochloride in adult human volunteers. *Anesthesiology* 1993; 78:821–8
5. Venn RM, Karol MD, Grounds RM: Pharmacokinetics of dexmedetomidine infusions for sedation of postoperative patients requiring intensive care. *Br J Anaesth* 2002; 88:669–75
6. Lin L, Guo X, Zhang M-Z, Qu C-J, Sun Y, Bai J: Pharmacokinetics of dexmedetomidine in Chinese post-surgical intensive care unit patients. *Acta Anaesthesiol Scand* 2011; 55:359–67
7. Cortínez LI, Anderson BJ, Holford NHG, Puga V, la Fuente N de, Auad H, Solari S, Allende FA, Ibáñez M: Dexmedetomidine pharmacokinetics in the obese. *Eur J Clin Pharmacol* 2015; 71:1501–8
8. Eleveld DJ, Proost JH, Vereecke H, Absalom AR, Olofsen E, Vuyk J, Struys MMRF: An Allometric Model of Remifentanil Pharmacokinetics and Pharmacodynamics. *Anesthesiology* 2017; 126:1005–18
9. Minto CF, Schnider TW, Egan TD, Youngs E, Lemmens HJ, Gambus PL, Billard V, Hoke JF, Moore KH, Hermann DJ, Muir KT, Mandema JW, Shafer SL: Influence of age and gender on the pharmacokinetics and pharmacodynamics of remifentanil. I. Model development. *Anesthesiology* 1997; 86:10–23
10. Chernik DA, Gillings D, Laine H, Hendler J, Silver JM, Davidson AB, Schwam EM, Siegel JL: Validity and reliability of the Observer's Assessment of Alertness/Sedation Scale: study with intravenous midazolam. *J Clin Psychopharmacol* 1990; 10:244–51