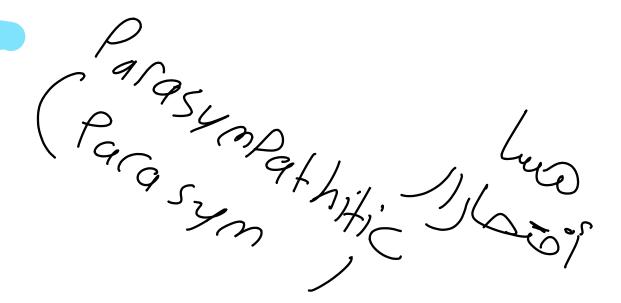
# Cholinergic Antagonists

- Also called:
- ✓ Cholinergic Blocker
- ✓ Parasympatholytics
- ✓ Anticholinergic drugs



- > Bind to cholinoceptors, but they do not trigger the usual receptor-mediated intracellular effects
- > Fall into:
- 1. Muscarinic Antagonists عب المالية المالية
- Neuromuscular Blocking Agents (Skeletal muscle relaxants) (Nicotinic)

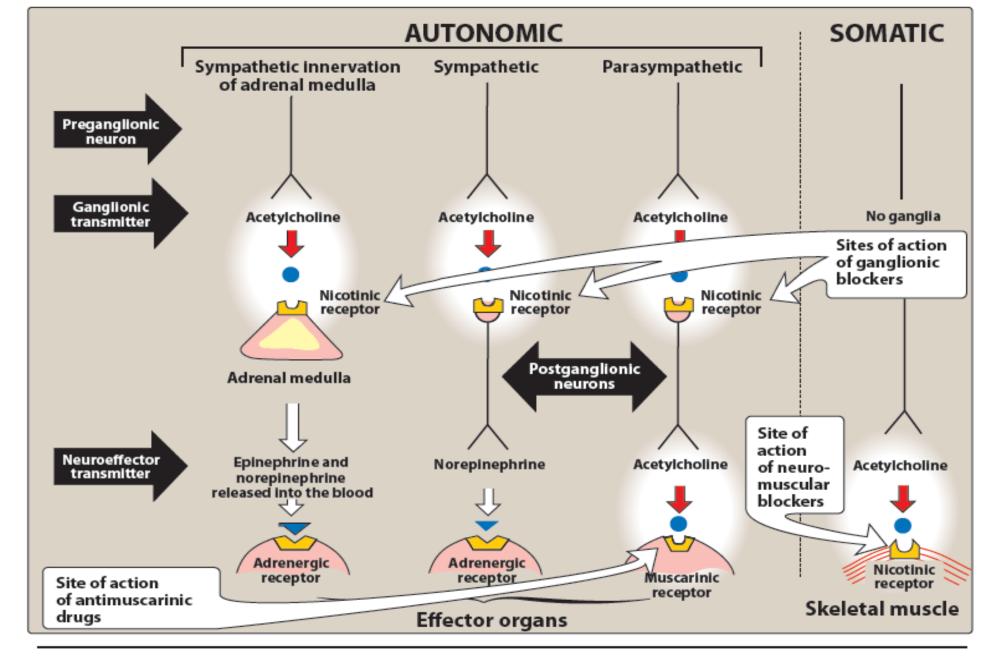
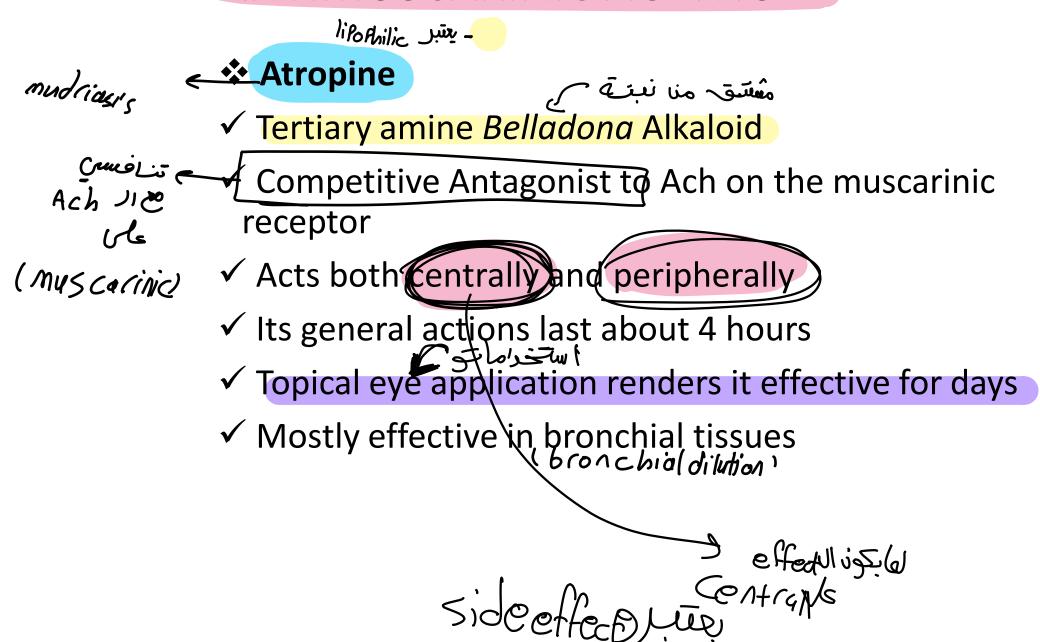


Figure 5.2
Sites of actions of cholinergic antagonists.

### **ANTIMUSCARINIC AGENTS**



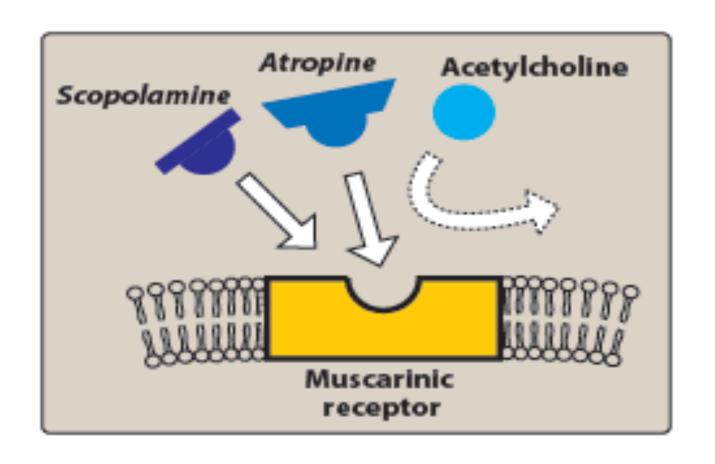


Figure 5.3

Competition of atropine and scopolamine with acetylcholine for the muscarinic receptor. (Parasymantagonist) deine

### **Atropine Actions**

مستعر لساعات

- persistent mydriasis
- ا عنط العين caution in glucoma و منعط العين
- The most potent antispasmodic
  - Decrease bladder contraction

\_ فبتالي رح يزيد من

- Inhibit secretion of saliva and sweat المالية الما

Parasyon antagonist lusa atropine )

لانه المعدة مأنحرك فعارح تعفلنا

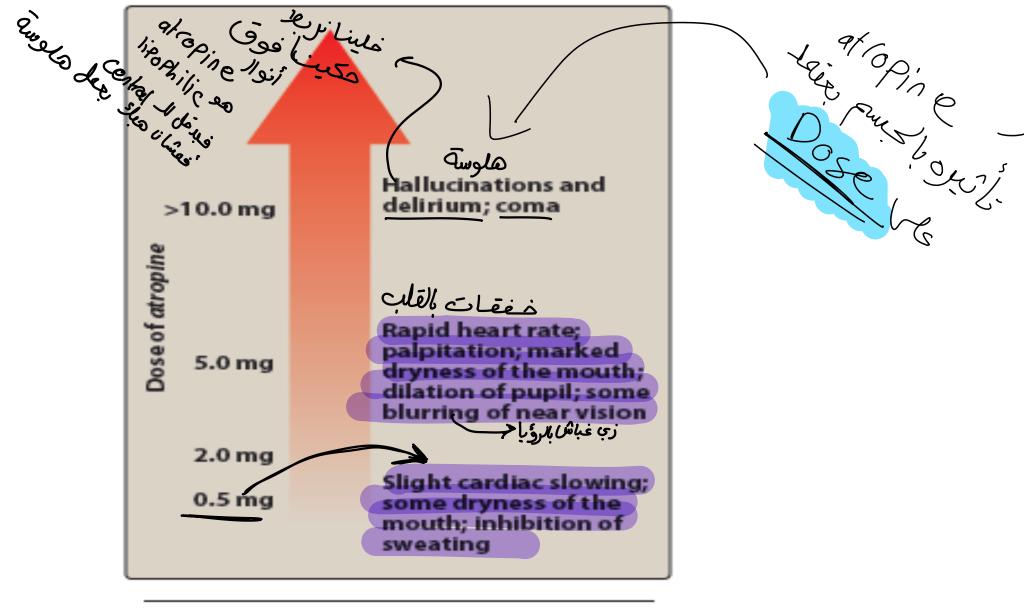


Figure 5.4

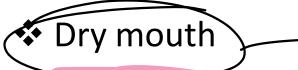
Dose-dependent effects of atropine.

### Atropine Actions

- Cardiovascular :
- At low doses: Bradycardia
- At higher doses: Tachycardia
- ا المراح المراح
  - Atropine is the Antidot for cholinergic agonist
  - treatment of overdoses of cholinesterase inhibitor as (cholinergicagionis) insecticides
  - some types of mushroom poisoning



### Adverse effects



- Blurred vision
- Urinary retention
- Constipation
- CNS related: restlessnes, hallucnations,,
- (تغاقم )

   exacerbate glucoma
- increase body temperature

Table pure d'és et sie sent lles de Atropinelle les im

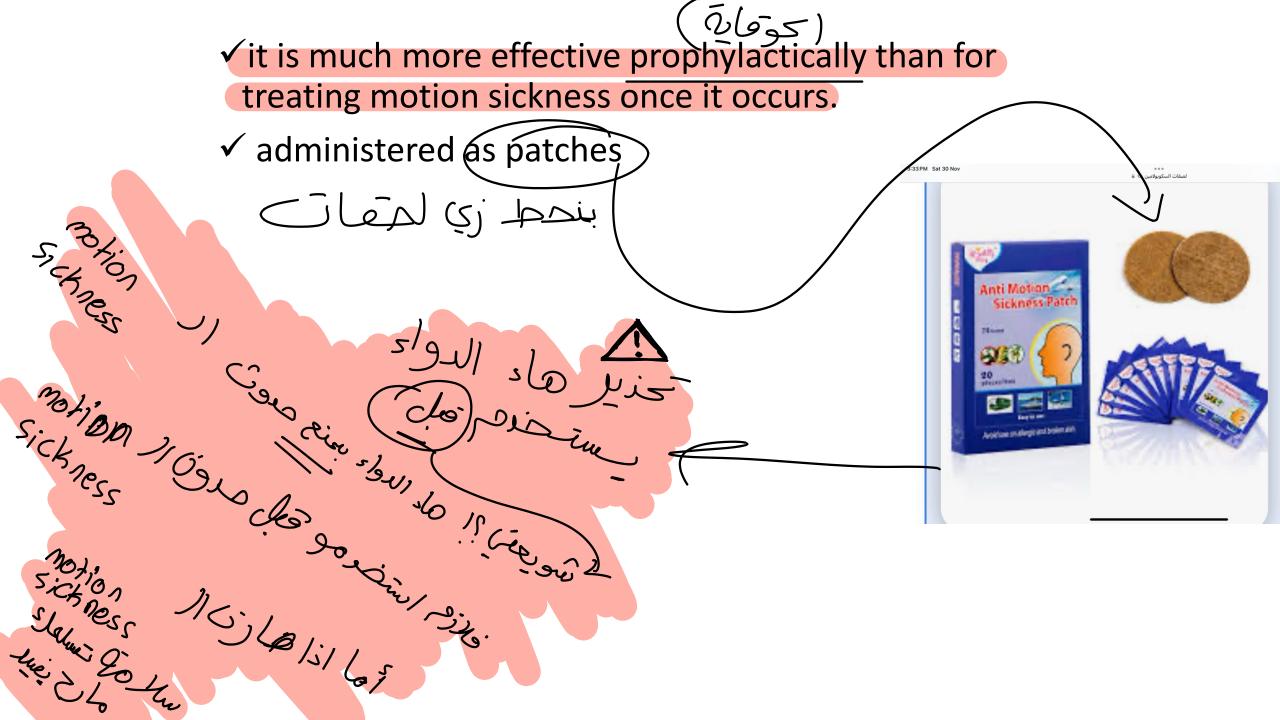
inhibition of Saliza and Sincar

# Scopolamine (anti muscarinic agent (Para sym anta gonist another tertiary amine plant alkaloid

- ✓ scopolamine has greater action on the CNS אינפפעים באינים ולילי
- ✓ Scopolamine is one of the <u>most effective anti-motion</u> sickness drugs available
- ✓ <u>In contrast to atropine, scopolamine</u> produces sedation.

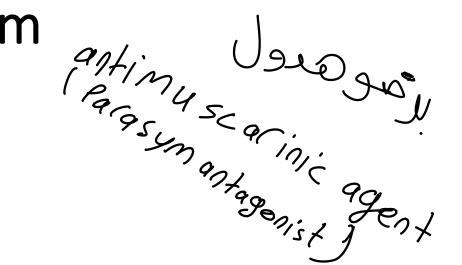
22. Mei dee

motion sickness July postume



# Ipratropium and tiotropium (branchodil ators) — por les interes inter

- Quaternary derivatives of atropine
- ☐ Inhaled products ( حَافَات )
- Approved as <u>bronchodilators</u> for maintenance treatment of
- Chronic bronchitis
- Emphysema



1Pratropium sourtimes daily effect) me tiotopium Ilma tiotopium sours operating once daily coult

Tiotropium is administered once daily, a major advantage over ipratropium, which requires dosing up to four times daily.

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Muscarinic blockers	
Trihexyphenidyl Benztropine	<ul> <li>Treatment of Parkinson disease</li> </ul>
Darifenacin Fesoterodine Oxybutynin Solifenacin Tolterodine Trospium	Treatment of overactive urinary bladder
Cyclopentolate Tropicamide Atropine*	<ul> <li>In ophthalmology, to produce mydriasis and cycloplegia prior to refraction</li> </ul>
Atropine*	<ul> <li>To treat spastic disorders of the Gl and lower urinary tract</li> <li>To treat organophosphate poisoning</li> <li>To suppress respiratory secretions prior to surgery</li> </ul>
Scopolamine	<ul> <li>In obstetrics, with morphine to produce amnesia and sedation</li> <li>To prevent motion sickness</li> </ul>
lpratropium	● Treatment of COPD
Ganglionic blockers	
Nicotine	None

### **GANGLIONIC BLOCKERS**

Cup pleased who



- A component of cigarette smoke
- It is without therapeutic benefit and is deleterious to health.
- depolarizes autonomic ganglia, causing stimualtion (increase release of NTs) and then paralysis of all ganglia

revelsible

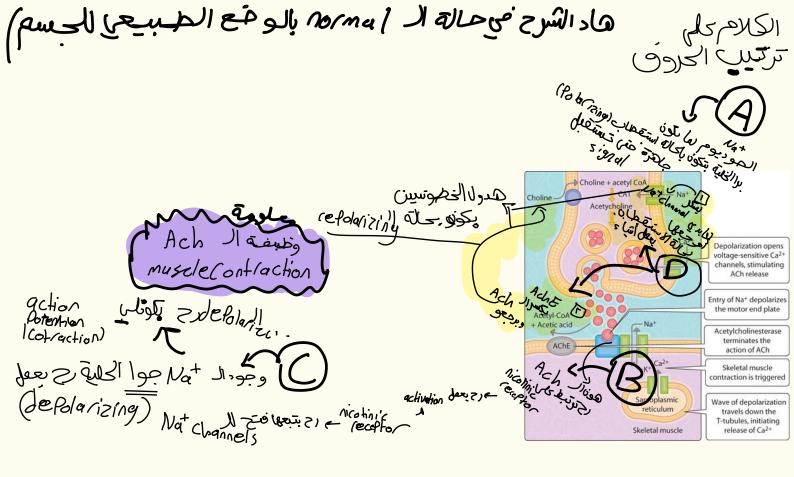
عدا (اللا) من صب

الموجود و الموج ■ Increase BP & HR Loss of apetite المسلامين خان المدفنين خان
 Sexual Arousal المسلامين خان المسلامين خان
 Mood modulation المسلامين خان Mood modulation مین رمفان بکونو معمین المدفنین برمفان بکونو معمین و المدفنین برمفان بکونو هالسیجاره الول مایآذن ویدفنو هالسیجاره به بلاقیهم أنبسطو)

NEUROMUSCULAR-BLOCKING
DRUGS

Outline Statement of the st

neurous dicotinic



- Block choliergic transmission between motor nerve endings and cholinergic receptors in the skeletal muscles on the endplate NMJ
- They include:
- Nondepolarizing (competitive) blockers
- Depolarizing agents

### Nondepolarizing (competitive) blockers

Ach Je guiting (Muscle Celax)

- Curare: a toxin used to primarily to paralyse animals

- Pancuronium (long acting)

- Atracurium and vecuronium (intermediate acting)

depolarizingis mon grien bea

block e gless nicotinic di receptor Ach Michelian Lives lies in Muscle Conficient Mondepolarians.

Mondepolarians.

Mock Jesusopolilon el

Whish Ach W

muscle relax Stime nicotinic

- binds to nicotinic recptors at NMJ and inhibit Ach binding.
- Inhibits muscle contraction
- Its action can be reverse (competively) by increasing
   Ach dose or using AchE inhibitors
- High doses lead to furhter irreversible blockade

- Paralysis starts with muscles of the face and eyes
- Then subsequently spreads to fingers, neck trunck

Finally the diaphragm becomes paralyzed Surgery ) (i is to start the diaphragm becomes paralyzed)

 These blockers are used therapeutically as adjuvant drugs in anesthesia during surgery to relax skeletal muscle.

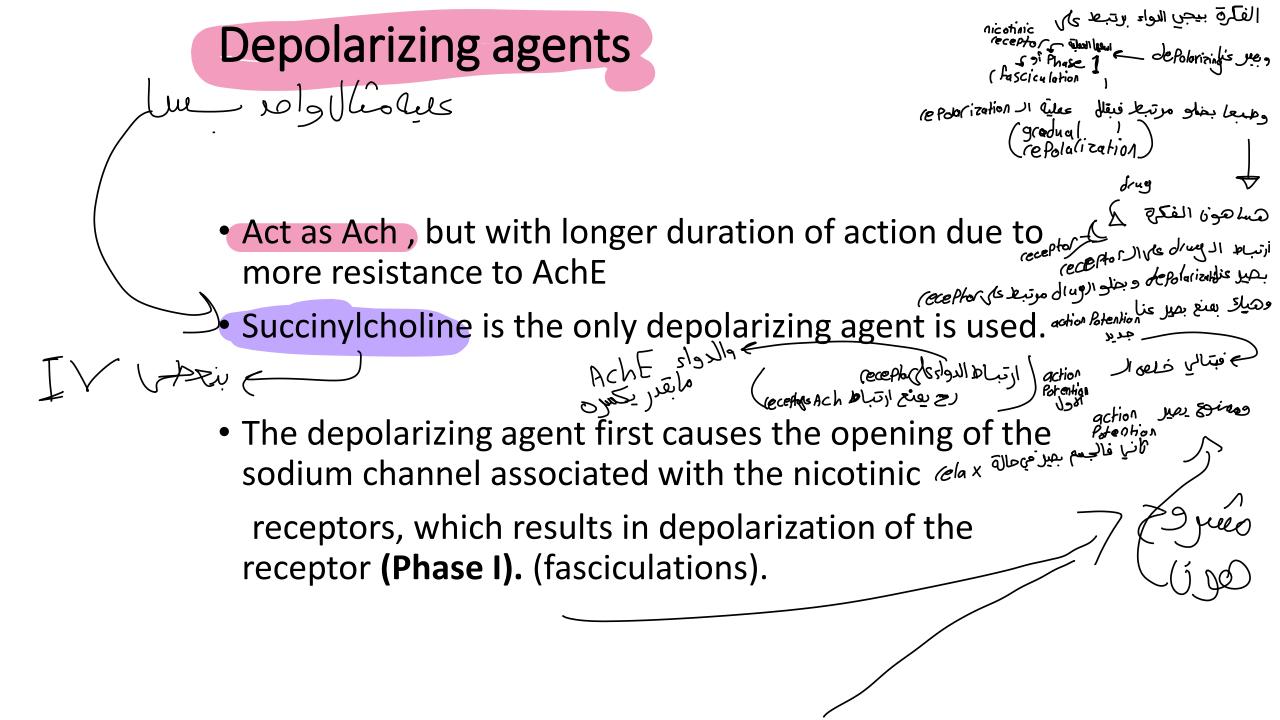
> Outwo Paralysis ) roll of face, eyes (2) fingers neck +runck

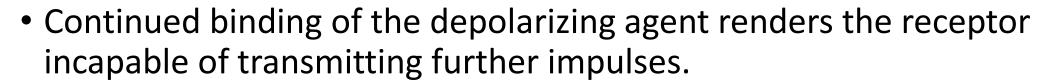
- NM blockers are adminstered IV.
- Poor penetration of cells , BBB
- Poorly metabolized agents
- pancuronium is excreted unchanged in urine.

❖ S/E : hyperkalemia,IOP,

# Drug interactions

- AchE inhibitors
- Aminoglycosides
- CCB





• With time, continuous depolarization gives way to gradual repolarization as the sodium channel closes or is blocked. This causes a resistance to depolarization (Phase II) and flaccid paralysis.

Clax Flogalier

the respiratory muscles are paralyzed last.

Short action

 Normally, the duration of action of Succinylcholine is extremely short, because this drug is rapidly broken down by plasma pseudocholinesterase.

To stum!

 Because of its rapid onset and short duration of action, succinylcholine is useful when rapid 

muscle (elax - des dub as = viol 1;1

Pardysis e des Whors Fisilis

الحلوبالمو مو ي أنو أم عملة

(ح أن ممكن الحق المرض قبل مايعوت)

Skeletal Musc Je



- Succinylcholine is injected intravenously
- sometimes given by continuous infusion to maintain a longer duration of effect. Drug effects rapidly disappear upon discontinuation

### Adverse effects

ارتفاع بدرجة الحرارة الحرارة

# Adrenergic Agonists

### Adrenergic Agonists

- Neurotransmission at adrenergic neurons
- Norepinephrine is the neurotransmitter instead of acetylcholine
- The process involves:
- 1.Synthesis
- 2. Storage
- 3.Release
- 4.receptor binding
- 5. removal of the neurotransmitter from the synaptic gap

# 1. Synthesis of norepinephrine

- Tyrosine entry to the adrenergic neuron via Na+ dependent carrier
- Tyrosine hydoxylation \*\* RLS
- DOPA decarboxyation
- Dopamine hydroxylation(inside the vesicles) निशिक्षे प्रविष्

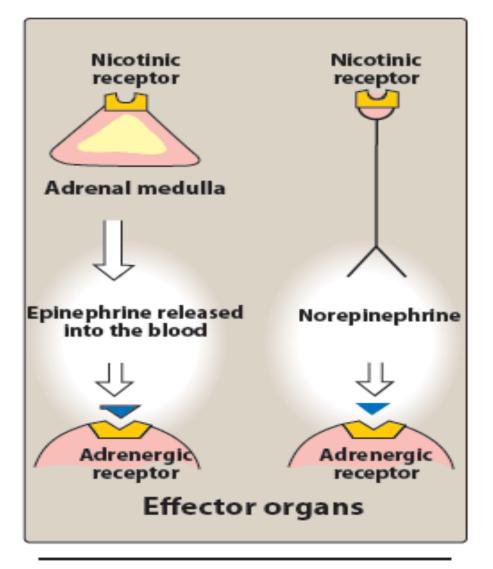


Figure 6.2
Sites of actions of adrenergic agonists.

### 2. Storage of norepinephrine in vesicles

- Dopamine is then transported into synaptic vesicles by an amine transporter system that is also involved in the reuptake of preformed norepinephrine.
- This carrier system is blocked by reserpine
- Dopamine is hydroxylated to form norepinephrine by the enzyme, dopamine b-hydroxylase
- Stored in the vesicle untill released

Dopamine) Jein (reserpine) soul = block does to! = Synaphic Vesicles

by forwlate Dofamine Use. Use

Sho form no reprine hine.

• In the adrenal medulla, norepinephrine is

methylated to yield epinephrine, which is stored in ehromaffin cells along with norepinephrine.

# 3. Release of norepinephrine

Ca+2 influx to the cytoplasm

• Vesicles fuse with the cell membrane —>

Expelling of its content

ne ->

Cellmembrane io

Cellmembrane io

Cellmembrane io

Chis Content

### 4. Binding to receptors

Postsynaphic le notepinephrin chiju love

- Norepinephrine binds to postsynaptic receptors
- Elicit cascade of events including secondary messengers.
- ①- cyclic adenosine monophosphate cAMP
- 2) phosphatidylinositol cycle
- "Norepinephrine also binds to presynaptic receptors that modulate the release of the neurotransmitter"

# 5. Removal of norepinephrine

Possible removal mechanisms:

- Diffuse out of the synaptic space and enter the general circulation ومادي المادية الم
- Metabolism to O-methylated derivatives by postsynaptic cell membrane—associated catechol O-methyltransferase (COMT) in the synaptic space
- Be recaptured by an uptake system that pumps the norepinephrine back into the neuron

neuron l'horefinephrine

iles vego MAO oxiditione norepide North

### When NE reenters Adrenergic neurons

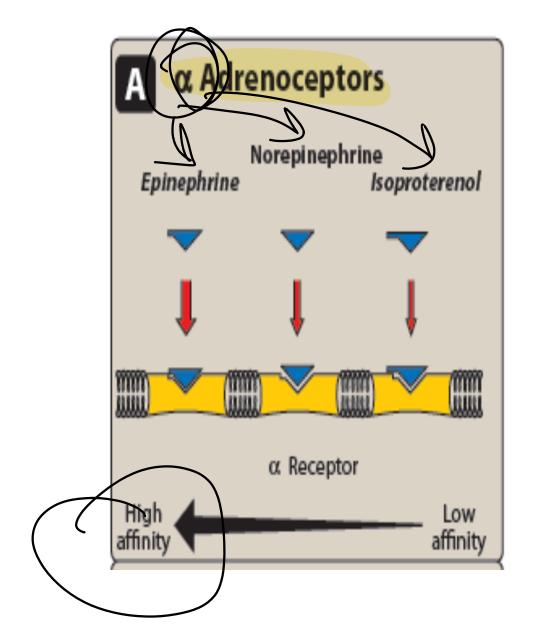
• can be oxidized by monoamine oxidase (MAO) present in neuronal mitochondria.

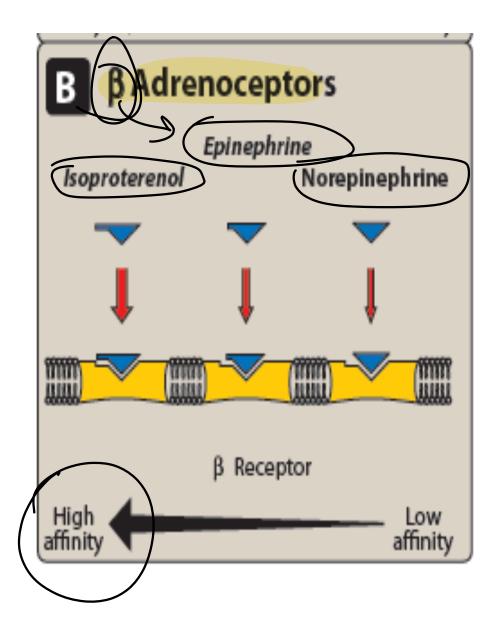
• The inactive products of norepinephrine metabolism are excreted in urine as vanillylmandelic acid, metanephrine, and normetanephrine.

excreted Jup rerefinephrine in urine survive inactive in white how inactive in white was all metanephrine vanily/manddic metanephrine aud

SYNTHESIS OF NOREPINEPHRINE **UPTAKE INTO**  Hydroxylation of tyrosine is STORAGE VESICLES the rate-limiting step. Dopamine enters a vesicle (500 12/1/Ki and is converted to Norepinephrine norepinephrine. metabolites Norepinephrine is protected Tyrosine from degradation in the Tyrosine vesicle. Transport into the vesicle is inhibited by reserpine. DOPA Urine Inactive metabolites **RELEASE OF** Dopamine **NEUROTRANSMITTER**  Influx of calcium causes fusion of the vesicle with Dopamine the cell membrane in a process known as exocytosis. Release is blocked by guanethidine and bretylium. Ca2+111111 Synaptic vesicle REMOVAL OF NOREPINEPHRINE Released norepinephrine is rapidly taken into the neuron. Presynaptic receptor Reuptake is inhibited by cocaine and imipramine. BINDING TO RECEPTOR Postsynaptic receptor Urine Inactive metabolites MAD + is activated by the Norepinephrine binding of neurotransmitter. Catechol-O-) Timethyltransferase SYNAPTIC METABOLISM SPACE

### Adrenergic receptors (adrenoceptors)





#### Adrenergic receptors (adrenoceptors)

#### α Receptors

#### $\geq \alpha 1$ :

- postsynaptic effector organs
- contraction of smooth muscles
- Activation increases IP3 and DAG and Calcium release from the ER to cytplasm

Celeoscof Cather yes

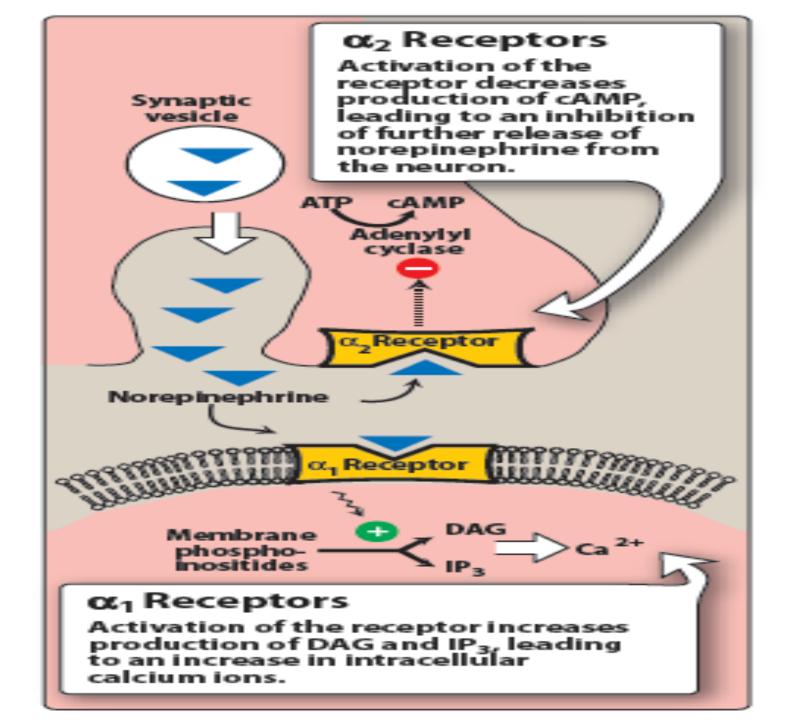
- located presynaptically

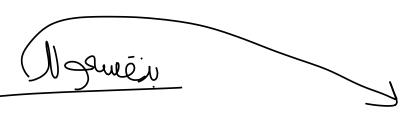
Beta cell of the pancreas and on certain vascular smooth muscle cells, control adrenergic - معل أفرز neuromediator and insulin معل المعادمة المعادمة والمعادمة المعادمة المعا

- feedback inhibition on NE

-fall in the levels of روال مستورات و الماله intracellular cAMP. intracellular insulin طبلق مستورات الماله ماله مستورات الماله مستورات الماله مستورات الماله مستورات الماله الماله مستورات الماله ماله مستورات الماله ا

Contraction
OCSMOOTH
MUSCLES





• The  $\alpha 1$  and  $\alpha 2$  receptors are further divided into  $\alpha 1A$ ,  $\alpha 1B$ ,  $\alpha 1C$ , and  $\alpha 1D$  and into  $\alpha 2A$ ,  $\alpha 2B$ , and  $\alpha 2C$ . This extended classification is necessary for understanding the selectivity of some drugs.

• For example, tamsulosin is a selective α1A antagonist that is used to treat benign prostate hyperplasia. The drug is clinically useful because it targets α1A receptors found primarily in the urinary tract Selectives out so view ster

and prostate gland.

(selective al Annagonist) is ofus soc

### β Receptors

- Strong response to **isoproterenol** rather than to epinephrine
- The β-adrenoceptors can be subdivided into three major subgroups
- β1 (heart)
- β2 (lung) + live/
- β3 (AD)

Binding of a neurotransmitter at any of the three  $\beta$  receptors results in increased concentrations of cAMP within the cell

