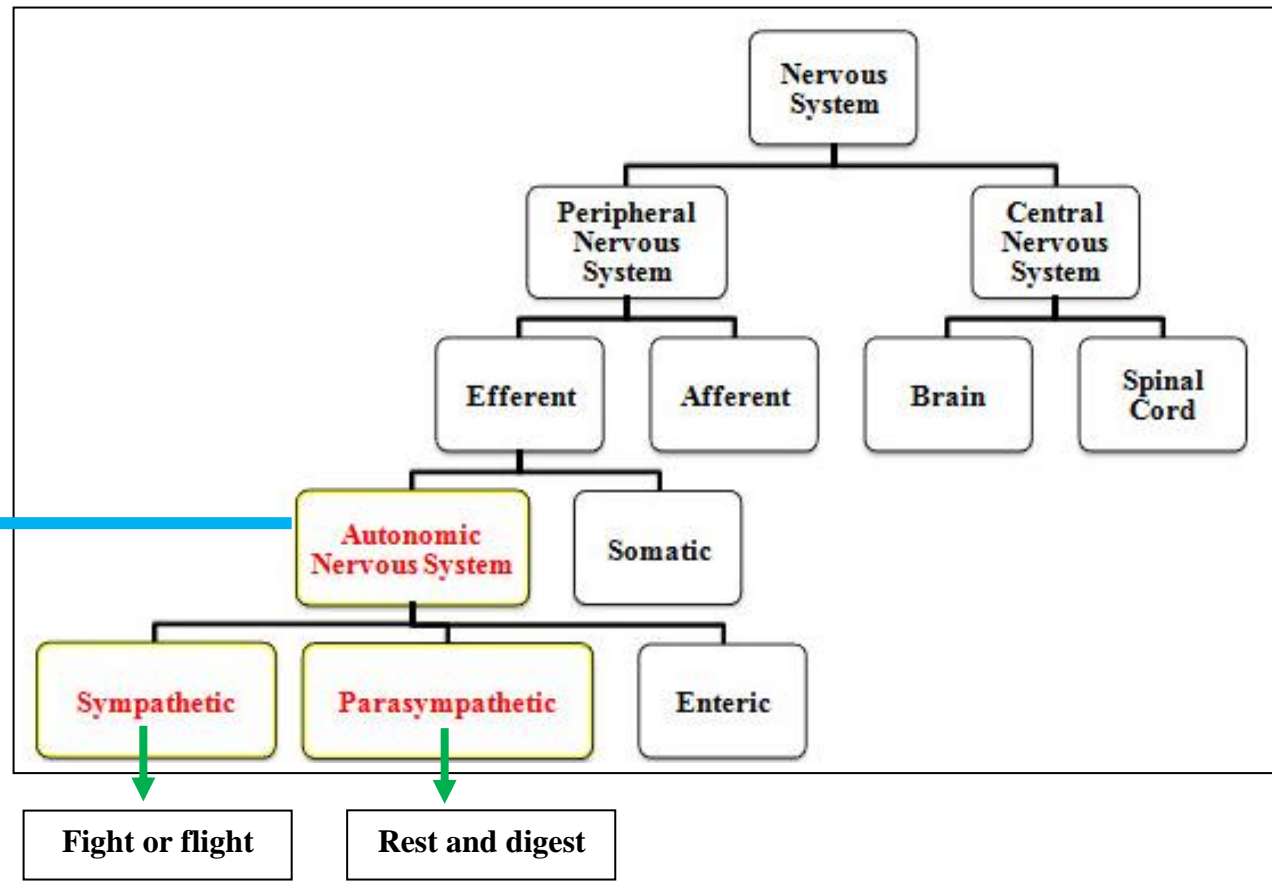
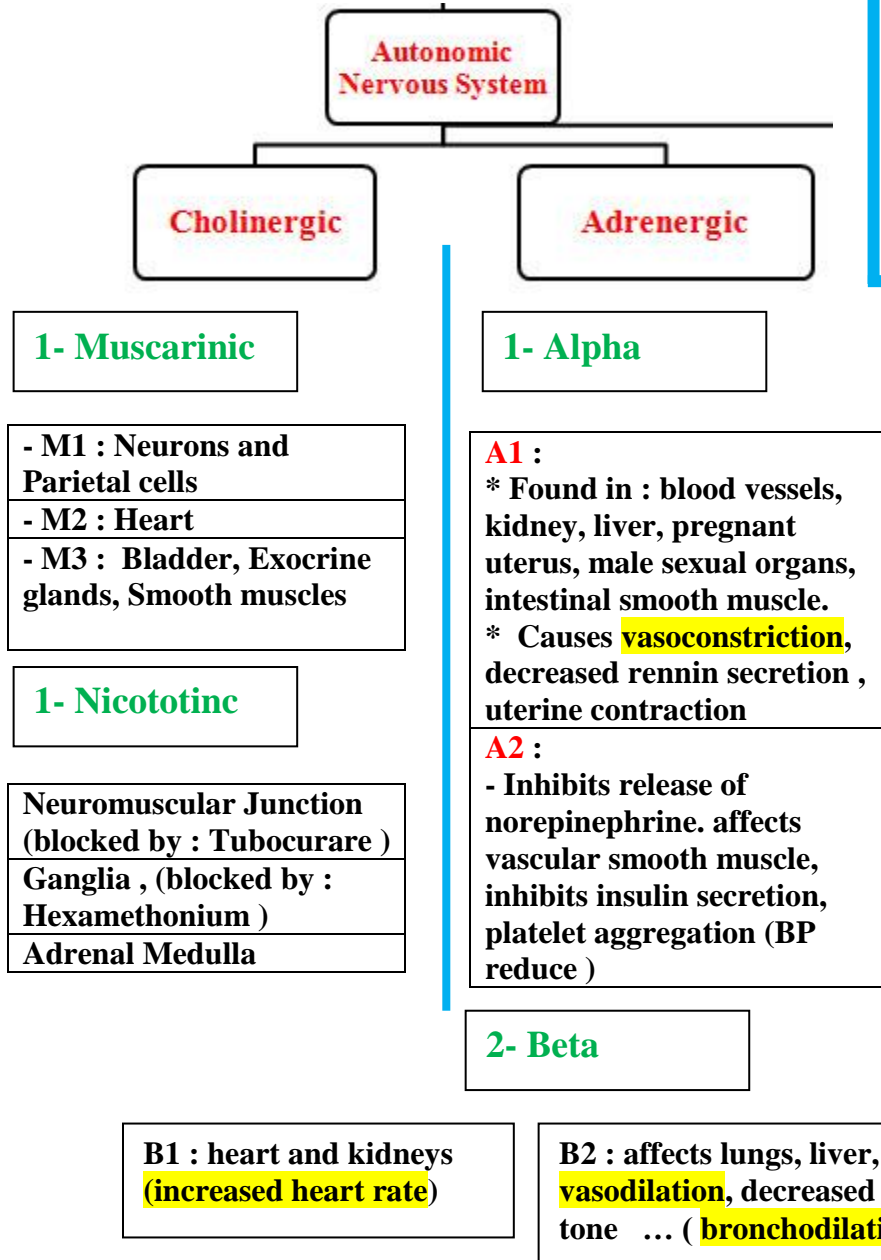


ANS Pharmacology summary :

1) Introduction :

- ANS Receptors :



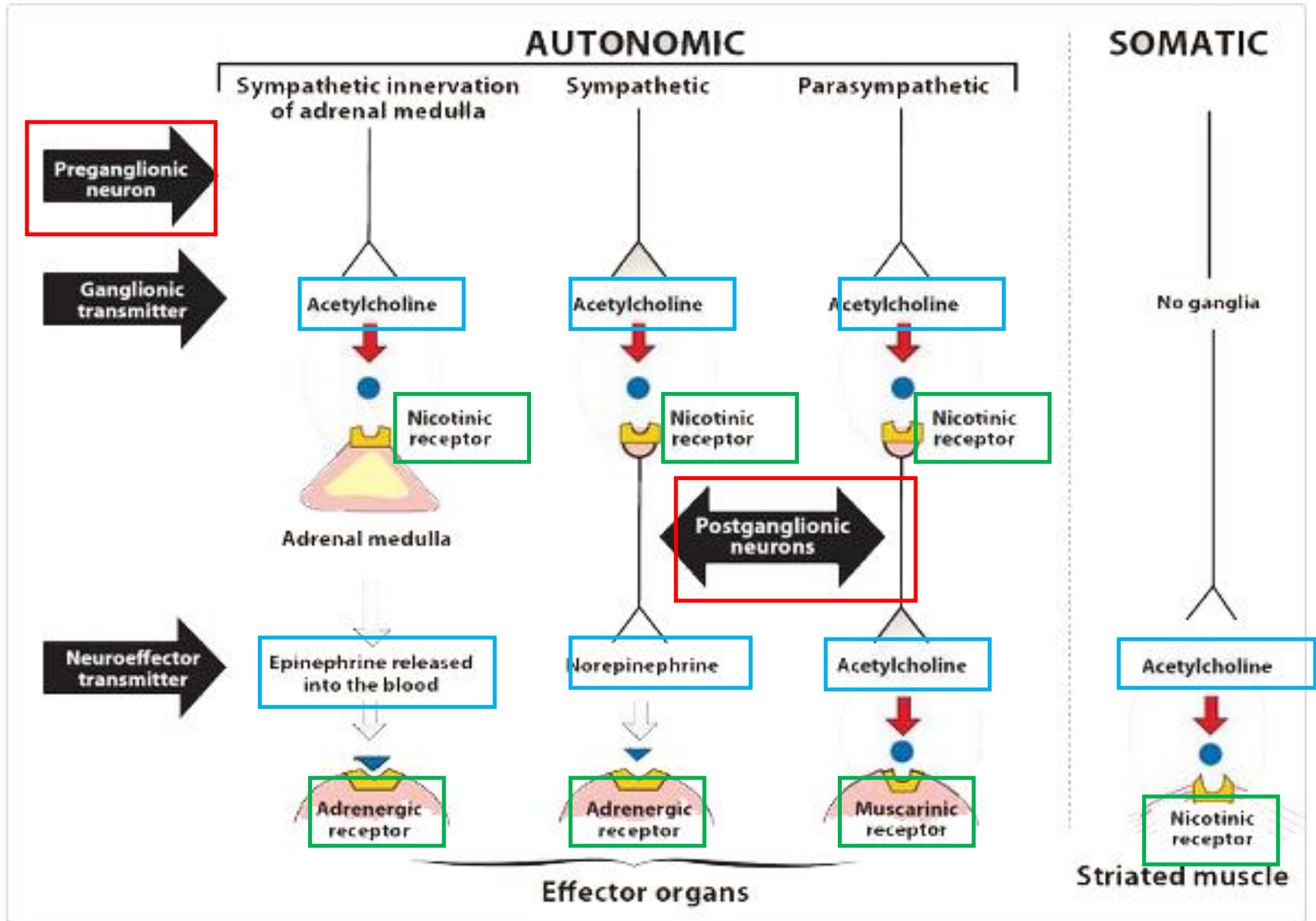
	Sympathetic	Parasympathetic
Arises from	Thoracolumbar	Craniosacral
Type of discharge	Generalized	Discrete
Prepares body for	Fight or Flight	Rest and Digest
Preganglionic fibers	Short	Long
Ganglia	Close to midline	Close to or within effector organ
Postganglionic fibers	Long	Short
Neurotransmitter	Norepinephrine (mainly)	Acetylcholine

- Exceptions :only symp (adrenal medulla / sweat gland / pilomotor muscle)
(only pregan.) (Only ACH)

Fibers

Receptors

Neurotransmitters



ANS drugs :

- produce their effect either by : **mimicking** (Agonist) or **altering** the function of the system (antagonist)
- Always keep this RULE in ur mind : most drugs work in receptors , so we can classify them according to the receptors :D

- General Effects of Cholinergic Drugs :

- 1) CVS : Bradycardia / BP↑
- 2) GIT : salivation↓ / motility and secretion↑ / Relaxation of sphincters
- 3) Eye : Miosis / Fixed Accommodation
- 4) Urinary : urination
- 5) RS : Bronchospasm / secretion
- 6) sweating↑
- 7) production of tears↑
- 8) CNS effect : tremors / convulsions
- 9) Muscles : Twitching and contraction / Paralysis (at high doses)

Cholinergic drugs : produce effects that mimic the effects of the endogenous Acetylcholine (also called cholinomimetic or parasympathomimetic)

Classification of Cholinergic Drugs

1) Agonist

2) Antagonist

KEY : atropine .. ipratropium .. scop (IFMSA !)
= at trip with scop
* success tu bo victory

Act on muscarinic receptors

DIRECT ACTING

- Acetylcholine
- Bethanechol
- Carbachol
- Cevimeline
- Pilocarpine

Choline Esters Alkaloids

INDIRECT ACTING (reversible)

- Ambenomium
- Demecarium
- Donezepil
- Edrophonium
- Galantamine
- Neostigmine
- Physostigmine
- Pyridostigmine
- Rivastigmine
- Tacrine

KEY : ABC .. pile is alkal ! ... edro news at Ph by radio ... echo pray

Inhibit Acetylcholinesterase

INDIRECT ACTING (irreversible)

- Echothiophate

REACTIVATION OF ACETYLCHOLINE ESTERASE

- Pralidoxime

ANTIMUSCARINIC AGENTS

- Atropine
- Cyclopentolate
- Ipratropium
- Scopolamine
- Tropicamide

GANGLIONIC BLOCKERS

- Mecamylamine
- Nicotine

NEUROMUSCULAR BLOCKERS

- Atracurium
- Cisatracurium
- Doxacurium
- Metocurine
- Mivacurium
- Pancuronium
- Rocuronium
- Succinylcholine
- Tubocurarine
- Vecuronium

Depolarizing (agonist)

Non-depolarizing (competitive antagonist)

**** Contraindications** for adrenergic agonist :

- Cardiac dysrhythmias, angina pectoris (B1)
- Hypertension
- Hyperthyroidism
- Cerebrovascular disease
- Distal areas with a single blood supply such as fingers, toes, nose and ears
- Renal impairment use caution

Adrenergic drugs : produce effects that mimic the effects of the endogenous Acetylcholine (also called cholinomimetic or parasympathomimetic)

1- Adrenergic Agonists

DIRECT-ACTING

- Albuterol
- Clonidine ←
- Dobutamine* ←
- Dopamine* ←
- Epinephrine* ←
- Formoterol
- Isoproterenol* ←
- Metaproterenol
- Methoxamine
- Norepinephrine* ←
- Phenylephrine
- Piruterol
- Salmeterol
- Terbutaline

INDIRECT-ACTING

- Amphetamine ←
- Cocaine
- Tyramine

DIRECT and INDIRECT ACTING (mixed action)

- Ephedrine ←
- Pseudoephedrine

KEY : (dopamine / norepinephrine / epinephrine) must be familiar to u !
* remain : clonidine , dobutamine , isoproterenol .. mmmmmmm

(clon do.but is not protected)

Indications

- Emergency drugs in treatment of acute cardiovascular, respiratory and allergic disorders (anaphylaxis)
- For vasoconstrictive and hemostatic purposes (local anesthetics, shock)
- Inhibition of uterine contractions
- Phenylephrine may be used to treat nasal congestion

1- Adrenergic Antagonists
(sympatholytic drugs)

α-BLOCKERS

- Alfuzosin ←
- Doxazosin
- Phenoxybenzamine ←
- Phentolamine
- Prazosin
- Tamsulosin ←
- Terazosin
- Yohimbine

-osin , ine

β-BLOCKERS

- Acebutolol
- Atenolol
- Carvedilol
- Esmolol
- Labetalol
- Metoprolol
- Nadolol
- Pindolol
- Propranolol ←
- Timolol

- olol

DRUGS AFFECTING NEUROTRANSMITTER UPTAKE OR RELEASE

- Guanethidine ←
- Reserpine ←

KEY : (PNT Es
MAA Pin CaLabe)

- * Act on skin, mucosa, intestines, lungs and kidneys to prevent vasoconstriction
- * Effects:
 - dilation of arterioles and veins
 - decreased blood pressure
 - pupillary constriction
 - increased motility of GI tract

ADRENOCEPTORS

α_1

- Vasoconstriction
- Increased peripheral resistance
- Increased blood pressure
- Mydriasis
- Increased closure of internal sphincter of the bladder

α_2

- Inhibition of norepinephrine release
- Inhibition of acetylcholine release
- Inhibition of insulin release

β_1

- Tachycardia
- Increased lipolysis
- Increased myocardial contractility
- Increased release of renin

β_2

- Vasodilation
- Slightly decreased peripheral resistance
- Bronchodilation
- Increased muscle and liver glycogenolysis
- Increased release of glucagon
- Relaxed uterine smooth muscle

- Blood vessels, kidney, liver, pregnant uterus, male sexual organs, intestinal smooth muscle.
- Causes vasoconstriction

- α_2 agonists are used in hypertension to reduce the blood pressure. (**clonidine**)
- α_1 agonist this will result in hypertension.

- Affects heart and kidneys
- stimulating of β_1 will result in tachycardia

- Affects lungs, liver, blood vessel vasodilatation, decreased motility and tone, present in the bronchi, there stimulation results in dilation (**relaxation**).. (given to pregnant)

Agonist : will produce the same effect !

Antagonist (blockers) : will produce the reverse effect ! or will just block the effect

1- Adrenergic Agonists

	DRUG	RECEPTOR SPECIFICITY	THERAPEUTIC USES
CATECHOLAMINES <ul style="list-style-type: none"> ● Rapid onset of action ● Brief duration of action ● Not administered orally ● Do not penetrate the blood-brain barrier 	<i>Epinephrine</i>	α_1, α_2 β_1, β_2	Acute asthma Treatment of open-angle glaucoma Anaphylactic shock In local anesthetics to increase duration of action
	<i>Norepinephrine</i>	α_1, α_2 β_1	Treatment of shock
	Isoproterenol	β_1, β_2	As a cardiac stimulant
	<i>Dopamine</i>	Dopaminergic α_1, β_1	Treatment of shock Treatment of congestive heart failure Raise blood pressure
	Dobutamine	β_1	Treatment of congestive heart failure
	<i>Oxymetazoline</i>	α_1	As a nasal decongestant
	Phenylephrine	α_1	As a nasal decongestant Raise blood pressure Treatment of paroxysmal supraventricular tachycardia
	<i>Methoxamine</i>	α_1	Treatment of supraventricular tachycardia
	Clonidine	α_2	Treatment of hypertension
	<i>Metaproterenol</i>	$\beta_2 > \beta_1$	Treatment of bronchospasm and asthma
NONCATECHOLAMINES Compared to catecholamines: <ul style="list-style-type: none"> ● Longer duration of action ● All can be administered orally 	Albuterol <i>Pirbuterol</i> <i>Terbutaline</i>	β_2	Treatment of bronchospasm (short acting)
	<i>Salmeterol</i> <i>Formoterol</i>	β_2	Treatment of bronchospasm (long acting)
	Amphetamine	$\alpha, \beta, \text{CNS}$	As a CNS stimulant in treatment of children with attention deficit syndrome, narcolepsy, and appetite control
	Ephedrine <i>Pseudoephedrine</i>	$\alpha, \beta, \text{CNS}$	Treatment of asthma As a nasal decongestant Raise blood pressure

Direct acting

Indirect

Mixed

2- Adrenergic Antagonist (beta blockers)

Contraindications

Heart block
Heart failure
Diabetes (caution)
B2 in pregnant
B2 in Asthma patients

Effects of beta blocking drugs

Decreased heart rate
Decreased force of contraction
Decreased CO
Slow cardiac conduction
Decreased automaticity of ectopic pacemakers
Decreased renin secretion from kidneys
Decreased production of aqueous humor in eye

prototype

DRUG	RECEPTOR SPECIFICITY	THERAPEUTIC USES
<i>Propranolol</i>	β_1, β_2 Non-cardioselective	Hypertension Glaucoma Migraine Hyperthyroidism Angina pectoris Myocardial infarction
<i>Nadolol</i> <i>Timolol</i>	β_1, β_2	Glaucoma Hypertension
<i>Acebutolol</i> ¹ <i>Atenolol</i> <i>Esmolol</i> <i>Metoprolol</i>	β_1 cardioselective	Hypertension
<i>Pindolol</i> ¹	β_1, β_2	Hypertension
<i>Carvedilol</i> <i>Labetalol</i>	$\alpha_1, \beta_1, \beta_2$	Hypertension Congestive heart failure

ANS Diseases and Their drugs

Disease	Drug for therapy	Side effects	Notes
<p>Glaucoma</p> <p>Is a condition characterized by an increase in the Intra-Ocular Pressure (IOP) which may eventually cause damage to the optic nerve</p>	<p>Pilocarpine (emergency)</p> <p>Carbachol (Synthetic)</p> <p>Echothiophate</p> <p>Physostigmine</p> <p>Propranolol</p> <p>nadolol / Timolol</p>	<p>Fixation of accommodation, excessive sweating and salivation and CNS effects</p> <p>- ↓ cardiac output and heart rate And bronchoconstriction</p>	<ul style="list-style-type: none"> - alkaloid , uncharged - Not Hydrolysed by Acetylcholin-esterase - Decrease salivation - Choline Ester as eye drops (produce miosis) - Not Hydrolysed by Acetylcholin-esterase - Muscarinic/Nicotinic Receptors - charged Irreversible Anticholinesterases (used for Chronic Open-Angle Glaucoma) , antidote : Atropine (atropine is contraindicated in : Glaucoma ! and prostate enlargement , and urinary retention)
<p>Eyedrops for rapid miosis before surgery</p>	<p>Acetylcholine (Endogenous)</p>		<ul style="list-style-type: none"> - Choline Ester - Hydrolysed by Acetylcholin-esterase - Muscarinic/Nicotinic Receptors - charged
<ul style="list-style-type: none"> - Postsurgical /Postparum Atony / Non-obstructive urinary retention / Neurogenic Atony / Megacolon - Atonic bladder - intestinal atony 	<p>Bethanechol (Synthetic)</p> <ul style="list-style-type: none"> - Physotigimine - Neostigmine 		<ul style="list-style-type: none"> - Choline Ester - Not Hydrolysed by Acetylcholin-esterase - Muscarinic Receptors - charged
<p>Xerostomia (dry mouth syndrome) and Sjogren Syndrome</p>	<p>Pilocarpine</p>		<p>** Sjogren Syndrome : systemic autoimmune disease in which immune cells attack and destroy the exocrine glands that produce tears and saliva</p>

Myasthenia Gravis An autoimmune disease characterized by the progressive weakness of muscles that is caused by antibodies against the nicotinic receptors of the Neuro-muscular junction	Edrophonium Neostigmine Pyridostigmine		- Diagnose Myasthenia gravis
Cholinergic Crisis A condition in which there's severe cholinergic effects Caused by excessive intake of Anticholinesterases	Atropine		Side effects : - loss accommodation * Atropine competitively inhibits muscarinic responses to ACh
Toxicity of Organophosphate Compounds (Nerve Gases)	Antidote: Atropine Pralidoxime		Toxicity of nerve gases will produce: -- Runny nose, chest tightness, constricted pupil -- Excessive salivation, urination and defecation -- Muscle weakness and paralysis -- Coma, convulsions -- Death
Acute Asthma	Ipratropium terbutaline / albuterol		B2 agonist
Prevent motion sickness	Scopolamine (hycosine)	- Amnesia effect حالة من النسيان	Peripheral effects similar to atropine More CNS effects
Used during surgery to relax muscles	Turbocurarine		Non-depolarizing (competitive antagonist) Block ion channels at motor end plate - Increases safety of anesthetics - Does not cross blood-brain barrier
endotracheal intubations electroconvulsive shock therapy	Succinylcholine		Depolarizing (agonist) Activates receptor ** Problem: can cause apnea (breath stop)
Block uptake process of choline inhibit release of ACh	Hemicholinium Botulinum toxin		

stimulate release of ACH	Black widow spider		
Hypertension	All the beta blockers ! remember the key ! (PNT Es MAA Pin CaLabe)	- arrhythmia , sexual dysfunction ,	
Migraine Hypothyroidism Angina pectoris Myocardial infraction	Propranolol		
Congestive heart failure	Carvedilol labetolol dobutamine		
nasal decongestant	Phenylephrine		
BPH (benign prostatic hyperplasia) تضخم البروستات الحميد	Alpha 1 blockers (<i>Tamsulosin</i> and <i>alfuzosin</i>)		Inhibit contraction of muscles in prostate and bladder
pheochromocytoma, (catecholaminesecreting tumor of cells derived from the adrenal medulla.)	<i>Phenoxybenzamine</i>	postural hypotension, nasal stiffness, nausea, and vomiting	



Best wishes ^_^

Omar Sawas