ANTICHOLINERGIC DRUGS

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Anticholinergic drugs

What students should know:

Student should be able to :

- Identify the classification of anticholinergic drugs
- •Describe pharmacokinetics and dynamics of muscarinic antagonists
- Identify the effects of atropine on the major organ systems.
- list the clinical uses of muscarinic antagonists.
- know adverse effects & contraindications of anticholinergic drugs.
- Identify at least one antimuscarinic agent for each of the following special uses: mydriasis, cyclopedia, peptic ulcer & parkinsonism.



Definitions:

are drugs that block cholinergic receptors

Anticholinergic drugs







Muscarinic antagonists

Natural alkaloids

- Atropine (Hyoscyamine)
- Hyoscine (scopolamine)
- Lipid soluble
- Good oral absorption
- Good distribution
- Cross blood brain barrier (have CNS actions)

Antimuscarinics Muscarinic antagonists

- **Natural alkaloids**
- **Esters of tropic acid and tertiary amines**
- **Drugs as : Atropine Hyoscine**
- Lipid soluble
- Good oral absorption
- Good distribution
- Cross blood brain barrier (have CNS actions)



Antimuscarinics Muscarinic antagonists

- **Synthetic atropine substitutes**
 - Benztropine
 - Homatropine
 - Tropicamaide
 - Pirenzepine
 - **Ipratropium**
 - Glycopyrrolate
 - Oxybutynin

Antimuscarinic drugs

Mechanism of action

- Reversible competitive blockade of muscarinic receptors.
- Atropine& hyoscine can block all muscarinic receptors (not selective).

Cholinergic actions	Anticholinergic actions
Eye	
Circular muscle of iris	
Contraction (miosis)	relaxation (mydriasis)
<u>Ciliary muscles</u> Contraction accommodation for near vision	relaxation (cycloplegia) loss of accommodation
Heart	
bradycardia (H.R.)	Tachycardia († H.R)
Urinary bladder	
Contraction of muscles	Relaxation of muscles
Relaxation of sphincter	contraction of sphincter
Urination	Urinary retention

Cholinergic drugs	Anticholinergic drugs
Exocrine glands Increase of sweat, saliva, lacrimal, bronchial, intestinal secretions	Decrease all secretions
GIT ↑ peristalsis ↑ secretion relaxation of sphincter Diarrhea	 peristalsis secretion Contraction of sphincter constipation
Lung 1. Bronchoconstriction 2. bronchial secretion	 Bronchodilatation ↓ Decrease secretion

Pharmacological effects of atropine

CNS

- CNS depression (Sedation).
- Antiemetic effect (block vomiting center)
- Antiparkinsonian effect (block basal ganglia).
- Toxic dose: Hyperthermia - excitement-hallucination.

Cardiovascular system (CVS)

- **Tachycardia (increase in heart rate)**
- □ ↑ AV conduction (+ ve dromotropic effect)
- □ Therapeutic dose: ↓ Vasodilatation induced by cholinomimetics.
- □ Toxic dose: Cutaneous vasodilatation → (atropine flush).

Respiratory system

- **Relaxation of bronchial muscles (bronchodilator)**
- $\downarrow \text{Bronchial secretion} \rightarrow \uparrow \text{viscosity}$



□ Passive mydriasis due to paralysis of circular muscle □ Cycloplegia (loss of near accommodation) due to paralysis of ciliary muscle. □Loss of light reflex. □ increase I.O.P # glaucoma. $\Box \downarrow$ Lacrimal secretion \rightarrow sandy eye

Secretions

- \downarrow Salivary secretion \rightarrow (Dry mouth).
- ↓ Sweating → dry skin → Fever in infants and children.
- ↓ Bronchial secretion $\rightarrow \uparrow$ Viscosity
- \downarrow Lacrimal secretion \rightarrow Sandy eye

GIT

- Relaxation of smooth muscles.
- $-\downarrow$ GIT motility \rightarrow Antispasmodic effect.
- ↑ Sphincter contractions
- Constipation

Urinary Tract

- Relaxation of smooth muscles of urinary bladder.
- Sphincter contraction.
- Urinary retention.

Side effects

- **Eye: Blurred vision mydriasis**
- **CVS:** Tachycardia atropine flush
- **UT: Urinary retention**
- **GIT:** Constipation, paralytic ileus
- Secretions: dryness of mouth , sandy eye, increased body temperature.
- **CNS: sedation, hallucination, excitation (toxic dose).**

Treatment of toxicity

- Gastric lavage.
- Anticonvulsant.
- Cooling blanket.

Antidote: Physostigmine (IV slowly) (*direct acting anticholinesterase*).

Hyoscine (scopolamine)

What are the differences between atropine and hyoscine?

Hyoscine has

- Shorter duration of action
- Less CVS effect
- More CNS depressant action
- More antiemetic action used in motion sickness
- Can produce amnesia.

Contraindications

- Glaucoma (angle closure glaucoma)
- Tachycardia
- Prostate hypertrophy in old patients.
- Constipation
- Children in case of atropine

Uses of antimuscarinic drugs

Drugs	organ	Uses
Atropine	CNS	Pre-anesthetic medication Antispasmodic
Hyoscine	CNS	Pre-anesthetic medication, Motion sickness, antispasmodic
Benztropine	CNS	Parkinson's disease
Homatropine Tropicamide	Eye	Fundus examination of eye
Ipratropium	Respiratory system	asthma, COPD, inhalation
Pirenzepine	Stomach	Peptic ulcer
Glycopyyrolate	GIT	Antispasmodics in hypermotility
Oxybutynin	UT	Urinary urgency, Urinary incontinence

Clinical uses of antimuscarinic drugs

- Pre-anesthetic medication
- Parkinsonism
- Vomiting (Motion sickness)
- Asthma & COPD
- Peptic ulcer.
- Intestinal spasm as antispasmodics
- Urinary urgency



Can antimuscarinic drugs reverse the action of neostigmine on skeletal muscles?

SUMMARY

- Antimuscarinics reverse action of cholinomimetics on muscarinic receptors.
- Are useful in many applications including intestinal spasm, urinary urgency, vomiting, parkinsonism, asthma and peptic ulcer.
- Are contraindicated in constipation, Prostate hypertrophy, tachycardia and glaucoma.

Thank you

Questions ?