

ANTIANGINAL DRUGS

LEARNING OUTCOMES

Recognize variables contributing to a balanced myocardial supply versus demand

Differentiate between drugs used to alleviate acute anginal attacks and those meant for prophylaxis & improvement of survival

Detail the pharmacology of nitrates and other drugs used as antianginal therapy



MINICASE

Helmi, a 62-year-old male smoker with type 2 diabetes mellitus and hypertension presents with a 4-month history of exertional chest pain. Physical examination shows a blood pressure of 152/90 mm Hg but is otherwise unremarkable. The ECG is normal, and laboratory tests show a fasting blood glucose value of 110 mg/dL, glycosylated hemoglobin 6.0%, creatinine 1.1 mg/dL, total cholesterol 160, LDL 120, HDL 38, and triglycerides 147 mg/dL. He exercises for 8 minutes, experiences chest pain, and is found to have a 2-mm ST-segment depression at the end of exercise.

WHICH SIGNS OR SYMPTOMS OF HELMI SUGGEST DIAGNOSIS OF ANGINA PECTORIS?

A Pain is caused either by obstruction (severity) due to ischemia of heart muscle

Pain is caused by (a) K^+ , PGs, the ischemia
Or spasm



olites secondary to



Typical distribution of referred pain

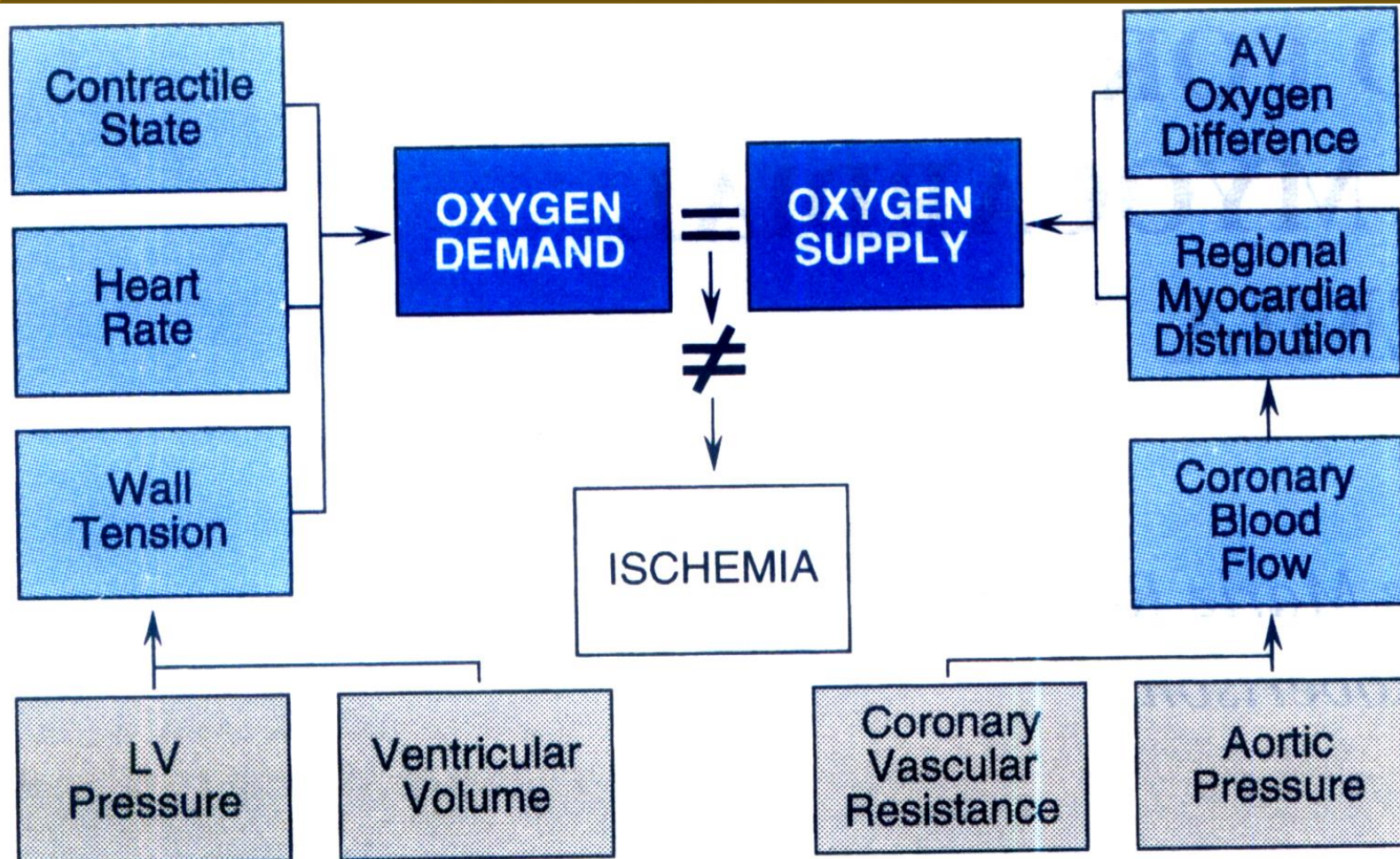
MINICASE



WHAT LIFE STYLE MODIFICATIONS
SHOULD HELMI CARRY OUT?

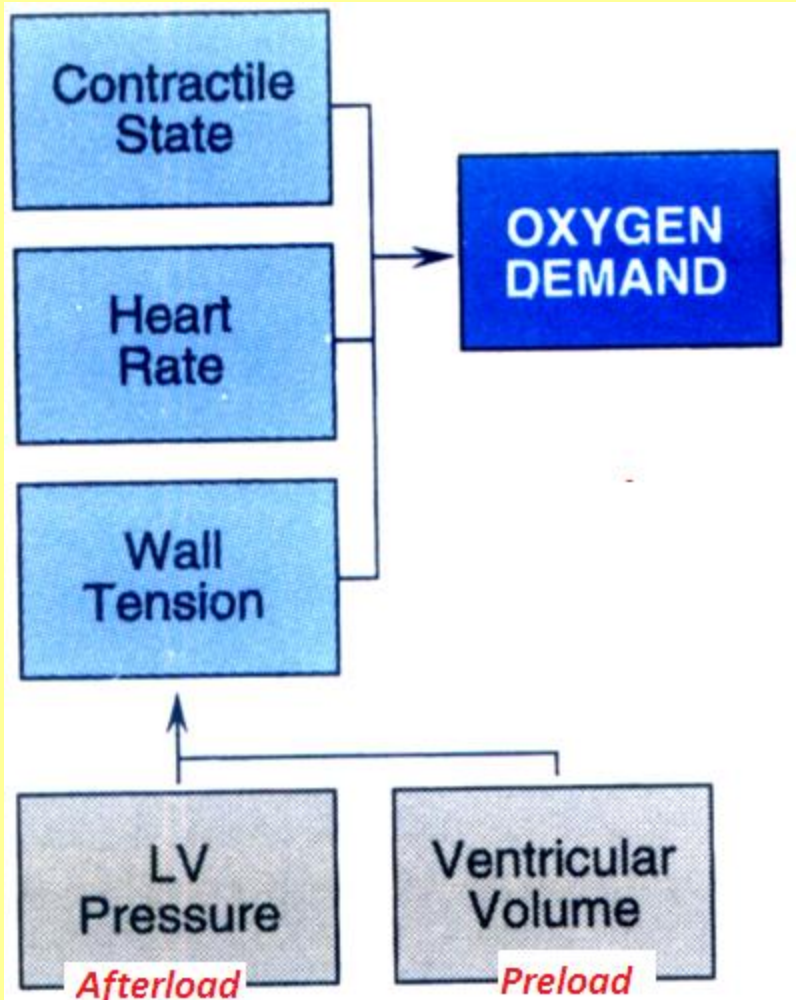
WHAT IS BASIC MECHANISM OF ANGINA PECTORIS?

WHAT ARE THE DETERMINANTS OF OXYGEN DEMAND AND SUPPLY?



MYOCARDIAL OXYGEN
DEMAND IS DETERMINED BY:-

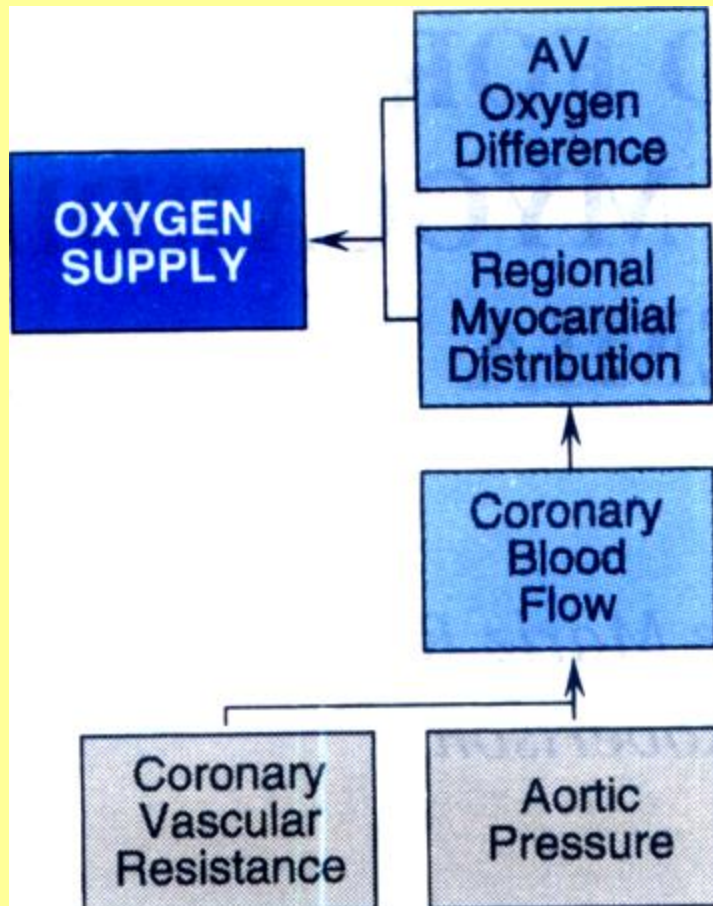
MYOCARDIAL OXYGEN
DEMAND IS DIMINISHED BY:-



Reducing contractility
Reducing heart rate
Reducing the preload
Reducing the afterload

MYOCARDIAL OXYGEN
SUPPLY IS DETERMINED BY:-

MYOCARDIAL OXYGEN
SUPPLY IS ENHANCED BY:-



Reducing coronary vascular resistance
Prolonging diastolic period
Reducing external compression
Dilating collateral vessels
Reducing LV end diastolic pressure

MINICASE



WHAT TRIGGERS THE ONSET OF SYMPTOMS IN HELMI?

WHAT FACTORS WORSEN THE SYMPTOMS IN CASE OF HELMI?

Types of Angina Pectoris

Stable Angina

**Effort ,
Typical.**

Atherosclerosis.

**Exercise,
Emotion,
Heavy meal.**

Pain

Variant Angina

Prinzmetal.

**α - receptor
mediated V.C.**

With or without
atherosclerosis.

Pain even at rest

Unstable Angina

Accelerated.

Severe type.

change in pattern.

**↑ frequency & or
duration of pain.**

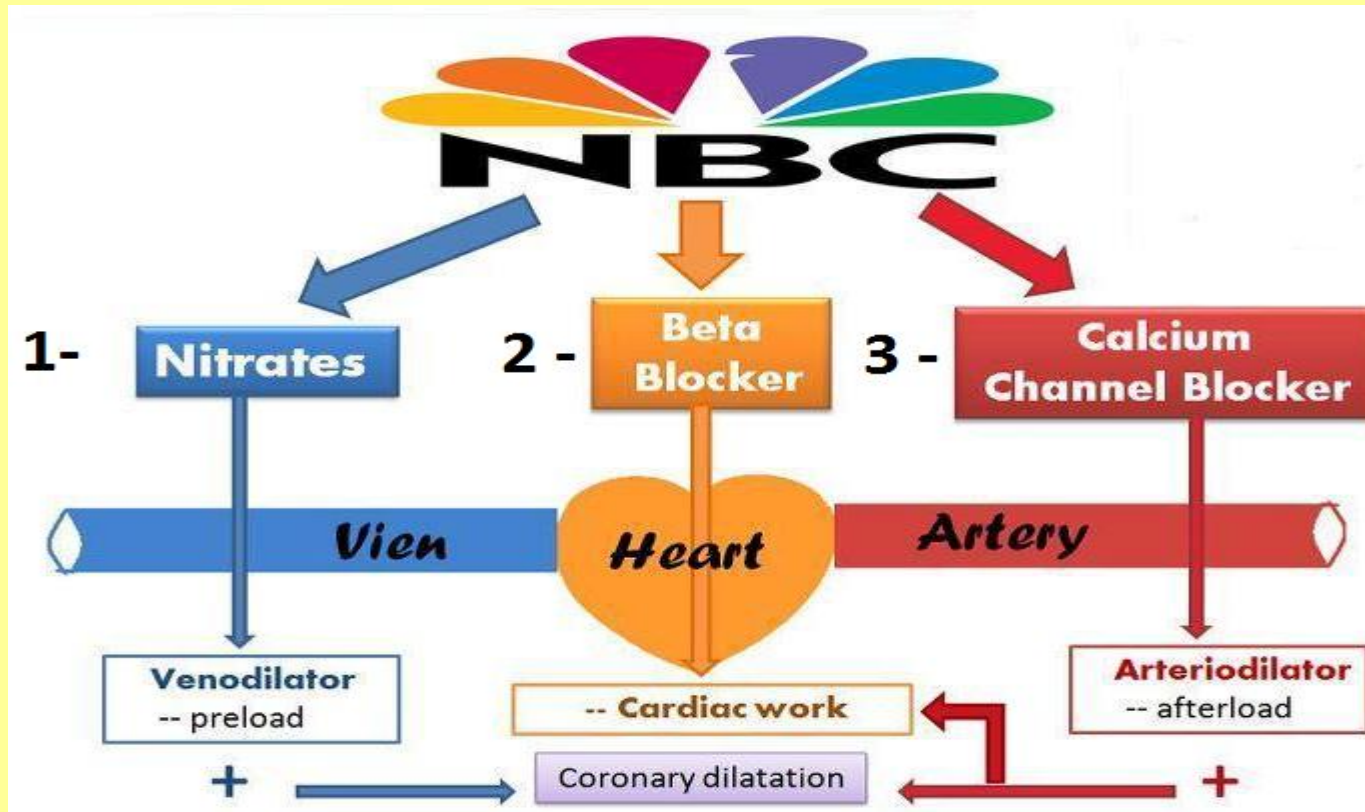
MINICASE



WHAT IS THE POSSIBLE UNDERLYING
CAUSE OF HELMI'S EXERTIONAL PAIN?

TREATMENT OF ANGINA PECTORIS

1-Agents that improve symptoms & ischemia



- ❁ Potassium channel openers
- ❁ Metabolically- acting agents
- ❁ Ranolazine Ivabradine

TREATMENT OF ANGINA PECTORIS

2-Agents that improve prognosis

 Aspirin / Other antiplatelets

 Statins

 ACE Inhibitors

 β -Adrenoceptor blockers

ORGANIC NITRATES

MECHANISM OF ACTION

LONG ACTING

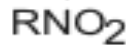
ISOSORBIDE MONONITRATE

SHORT ACTING

NITROGLYCERINE

Sodium Nitrate

Organic Nitrates



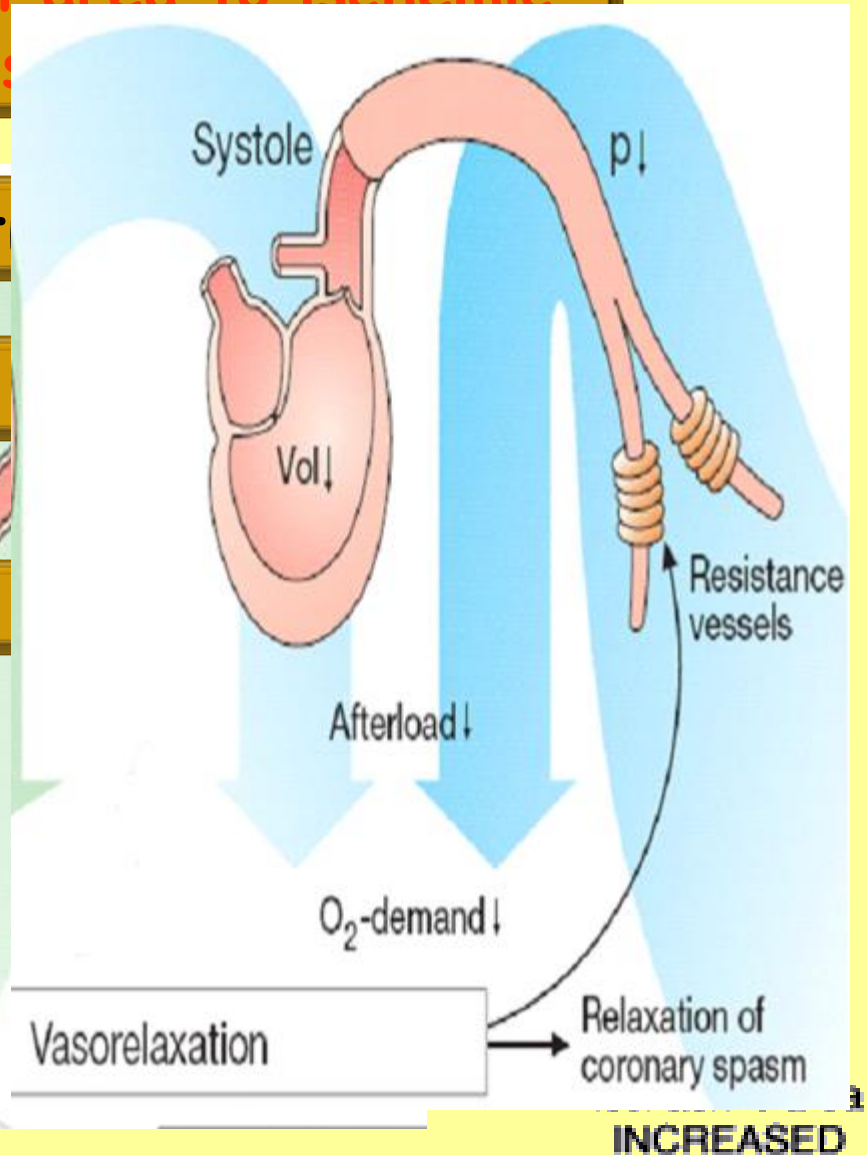
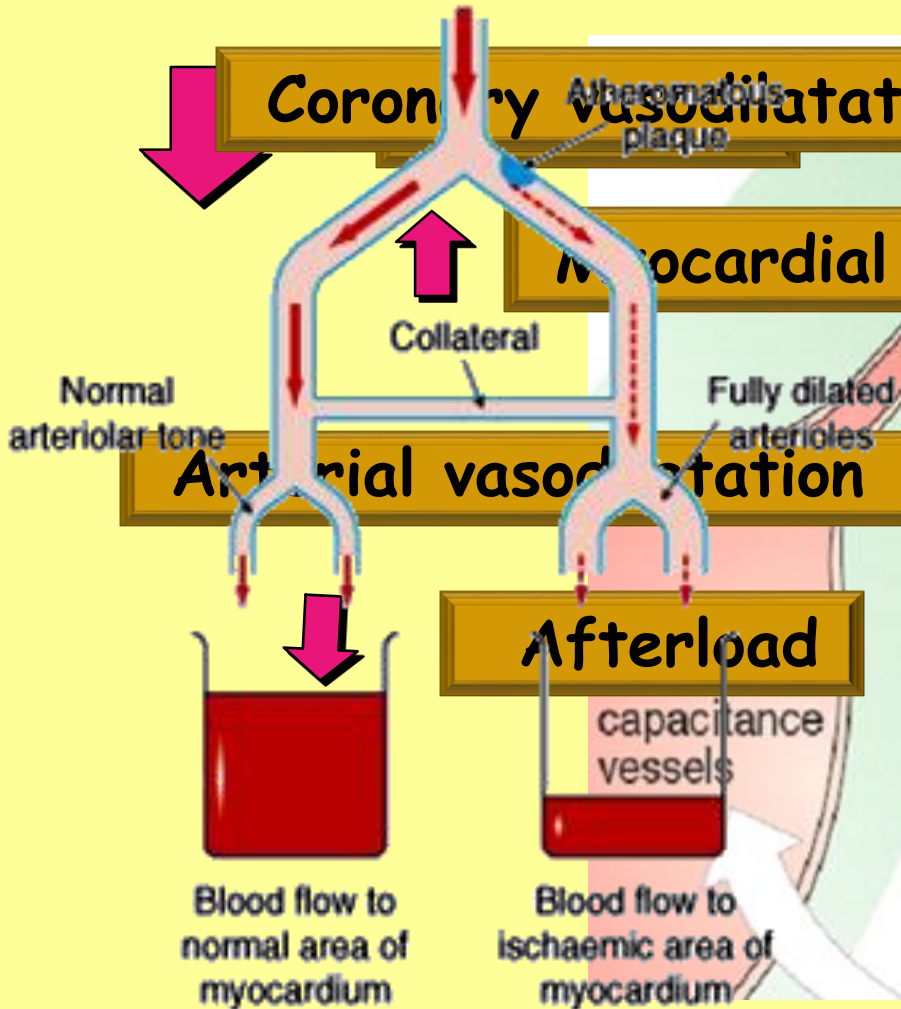
Nitric
vasc

ate
ell t

cGM. activates cGMP to produce relaxation

HEMODYNAMIC EFFECTS OF NITRATES

Shunting of flow from normal area to ischemic area by dilating collateral vessels



THINK-PAIR-SHARE

Match the effects of nitrates in treatment of angina with their results

Effects

1-↓ Arterial pressure

2-Reflex ↑ in contractility

3-↑ Collateral flow

4-↓ Ventricular volume

5-Reflex tachycardia

6-↓ Left ventricular diastolic pressure

7-↓ Diastolic perfusion time due to tachycardia

8-Vasodilation of epicardial coronary arteries

Results

A-↓ O₂ demand

B-↑ O₂ demand

C-Relief of coronary artery spasm

D-Improved perfusion to ischemic myocardium

E-Improve subendocardial perfusion

F-↓ myocardial perfusion

PHARMACOKINETICS

Oral isosorbide dinitrate & mononitrate

Very well absorbed & 100% bioavailability

20%) bioavailability

The dinitrate undergoes denitration to two mononitrates → both possess antianginal activity

($t_{1/2}$ 1-3 hours)

Further denitrated metabolites conjugate to glucuronic acid in liver. Excreted in urine.

INDICATIONS

IN STABLE ANGINA;

IN VARIANT ANGINA → sublingual GTN

Prevention; Persistent prophylaxis → Isosorbide mono or dinitrate

Heart Failure

Refractory AHF → IV GTN

**CHF → Isosorbide mononitrate + hydralazine
[if contraindication to ACEIs]**

AMI → IV GTN

CONTRAINDICATIONS

Concomitant administration of PDE₅ Inhibitors

Known sensitive to organic nitrates

Sexual stimulation

Organic nitrates

Glaucoma; nitrates → ↑ aqueous humor formation

Nitric oxide

Activates

Headache; cerebral haemorrhage; hypotension; hypotension; hypotension

GTP

eGMP

Sildenafil
X

GMP

Guanylate cyclase

PDE

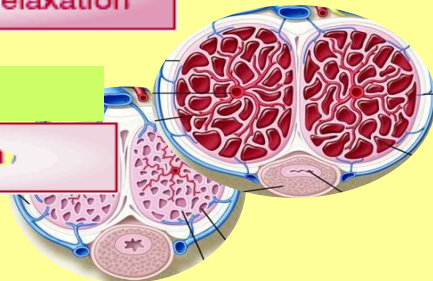
Uncorrected hypovolemia

Corpus cavernosum smooth muscle relaxation

Vascular smooth muscle relaxation

Erection

Vasodilation



ADVERSE DRUG REACTIONS

THROBING HEADACHE



FLUSHING IN BLUSH AREA



TACHYCARDIA & PALPITATION



POSTURAL HYPOTENSION, DIZZINESS & SYNCOPE





RARELY METHEMOGLOBINEMIA

PREPARATIONS

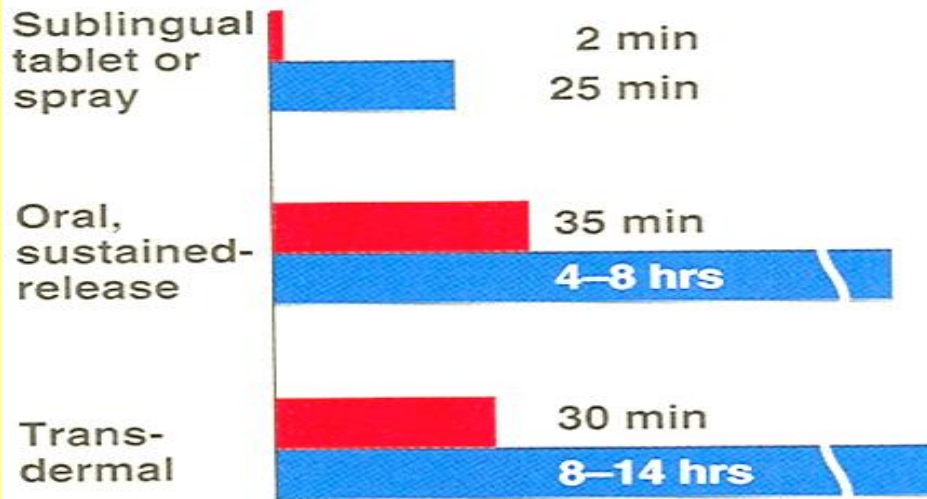
Nitroglycerine

Sublingual t

Transderma

Key:  Onset of action
 Duration of action

Nitroglycerin

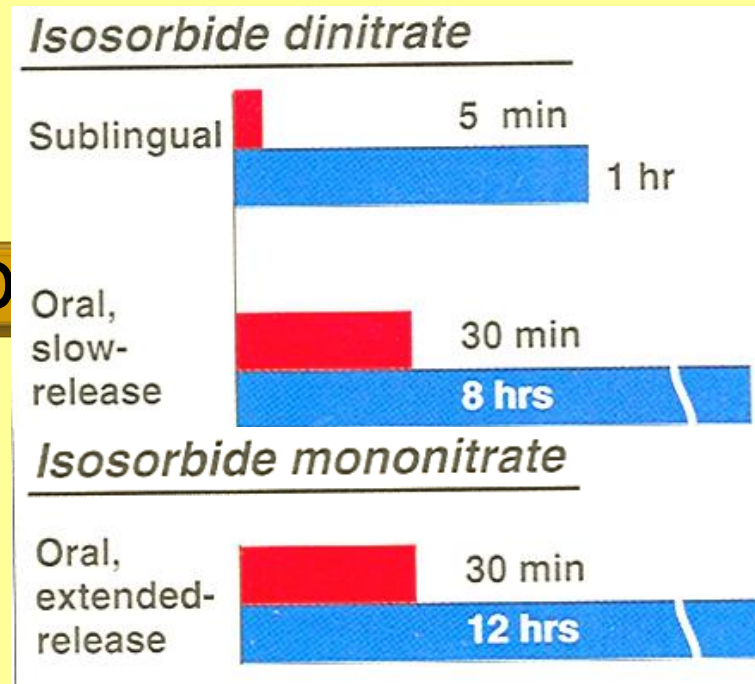


Oral or bucal sustained release
I.V. Preparations

PREPARATIONS

Isosorbide dinitrate

- Dinitrate Sublingual tablets
- Dinitrate Oral sustained release
- Infusion Preparations



▪ Mononitrate O

NITRATES TOLERANCE

Loss of vasodilator response of nitrates on use of long-acting preparations (oral, transdermal) or continuous intravenous infusions, for more than a few hours without interruption.

MECHANISM

1-Compensatory neurohormonal counter-regulation

2-Depletion of free-SH groups

MINICASE



If Helmi was prescribed nitrates & tolerance developed to their effects, how to overcome tolerance to nitrates?

Nitrate tolerance can be overcome by:

Smaller doses at increasing intervals (Nitrate free periods twice a day).

Giving drugs that maintain tissue SH group e.g. Captopril.

TASK- SELECTION OF A P-DRUG

Instructions:

- 1- Select a leader for your group
- 2- Discuss the case according to the steps shown in the sheet
- 3- Use your internet access to obtain evidence for efficacy, toxicity, convenience & cost.
- 4- Due to time constrains divide yourself into groups of five, each doing one search e.g. evidence for efficacy.
- 5- You have 10 minutes to do this and 1 minute to report to the class.

GENERAL MECHANISM OF ANTIANGINAL DRUGS

