

DIRECT ACTING CHOLINERGIC DRUGS

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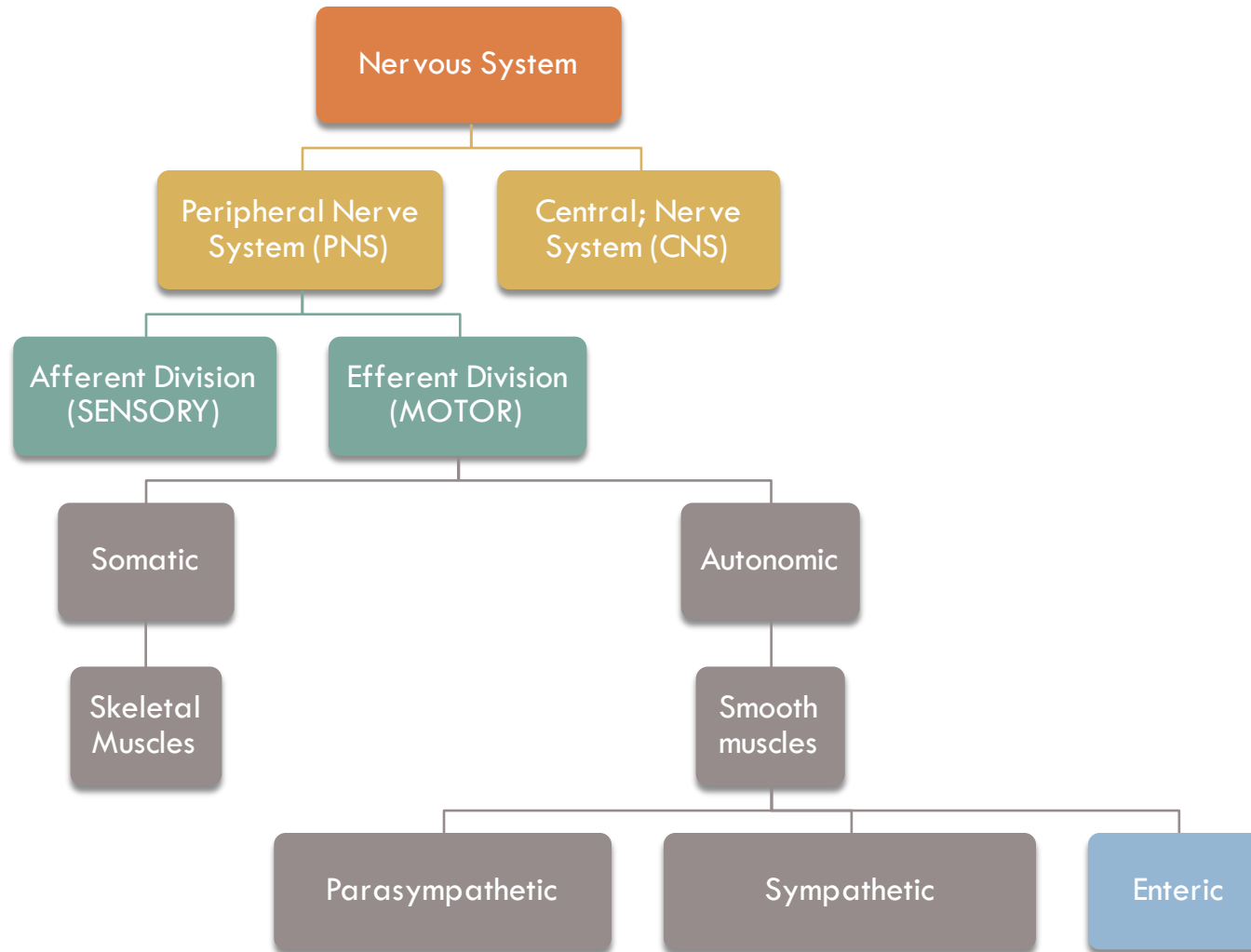
Objectives



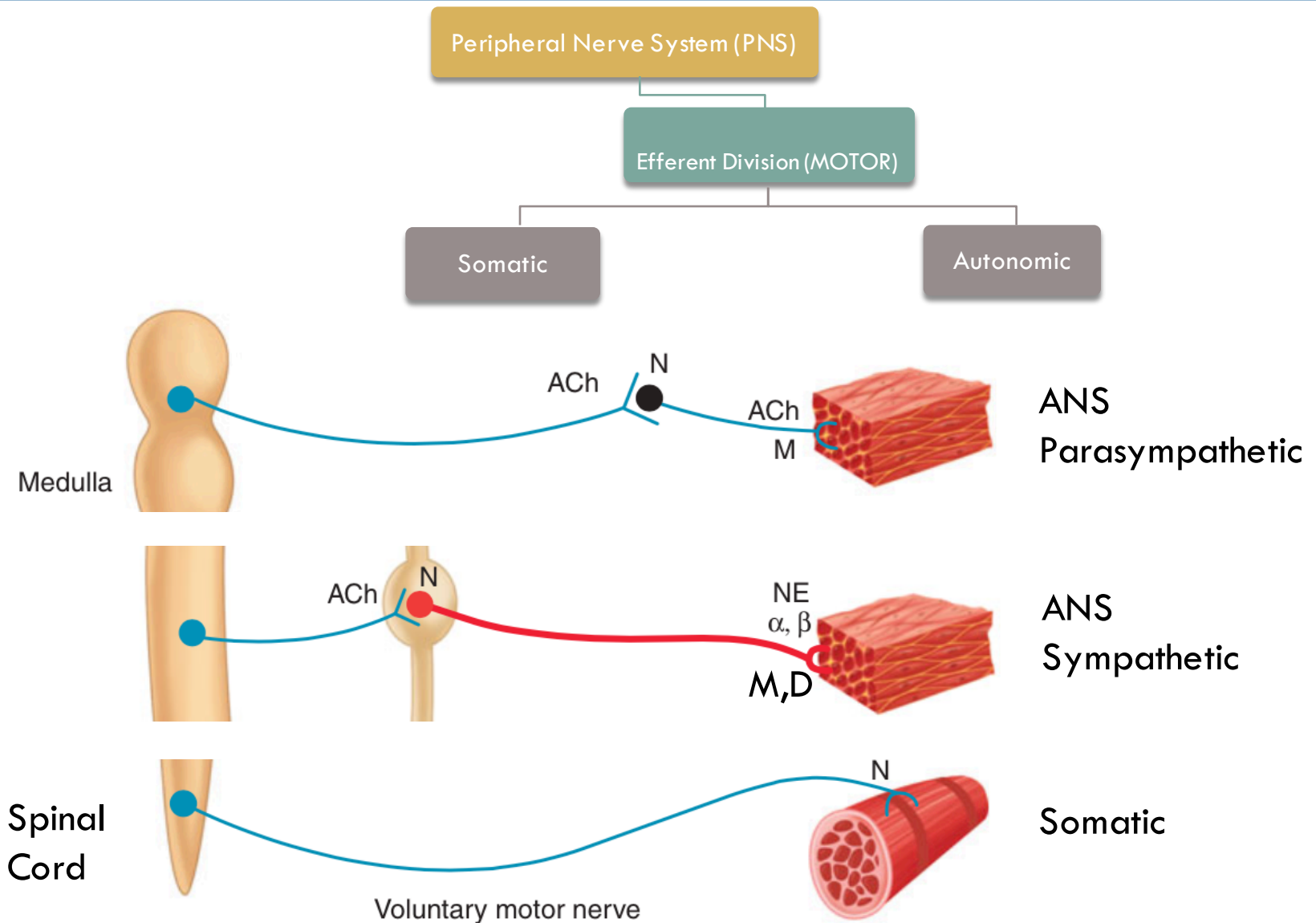
By the end of this lecture the student should be able to :

- Mention the different types, locations and actions of cholinergic receptors.
- Identify the mechanism of action of direct acting cholinomimetics.
- Describe the pharmacokinetics of cholinergic drugs.
- Identify pharmacological actions and uses of cholinomimetics.

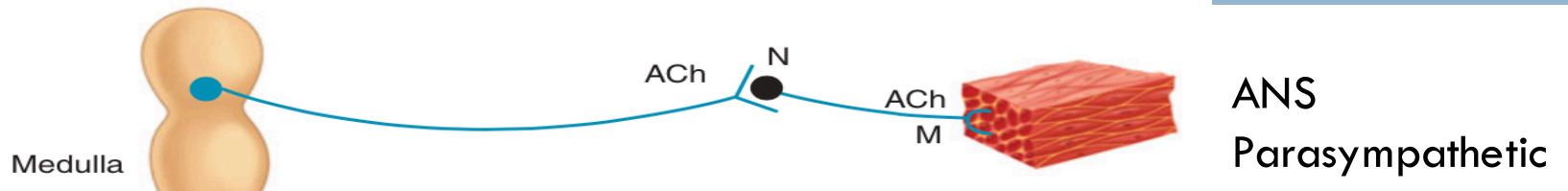
Organization of The Nervous System



ANS , Efferent division of the PNS



ANS , Parasympathetic



- Preganglionic neurons
 - Long
 - Synapses with postganglionic at or near organ
 - ACh is neurotransmitter
 - Nicotinic receptor on postganglionic
- Postganglionic
 - Short
 - Synapses on the organ
 - ACh is neurotransmitter
 - Muscarinic receptor on the organ
- Cholinergic fibers: act by releasing acetylcholine

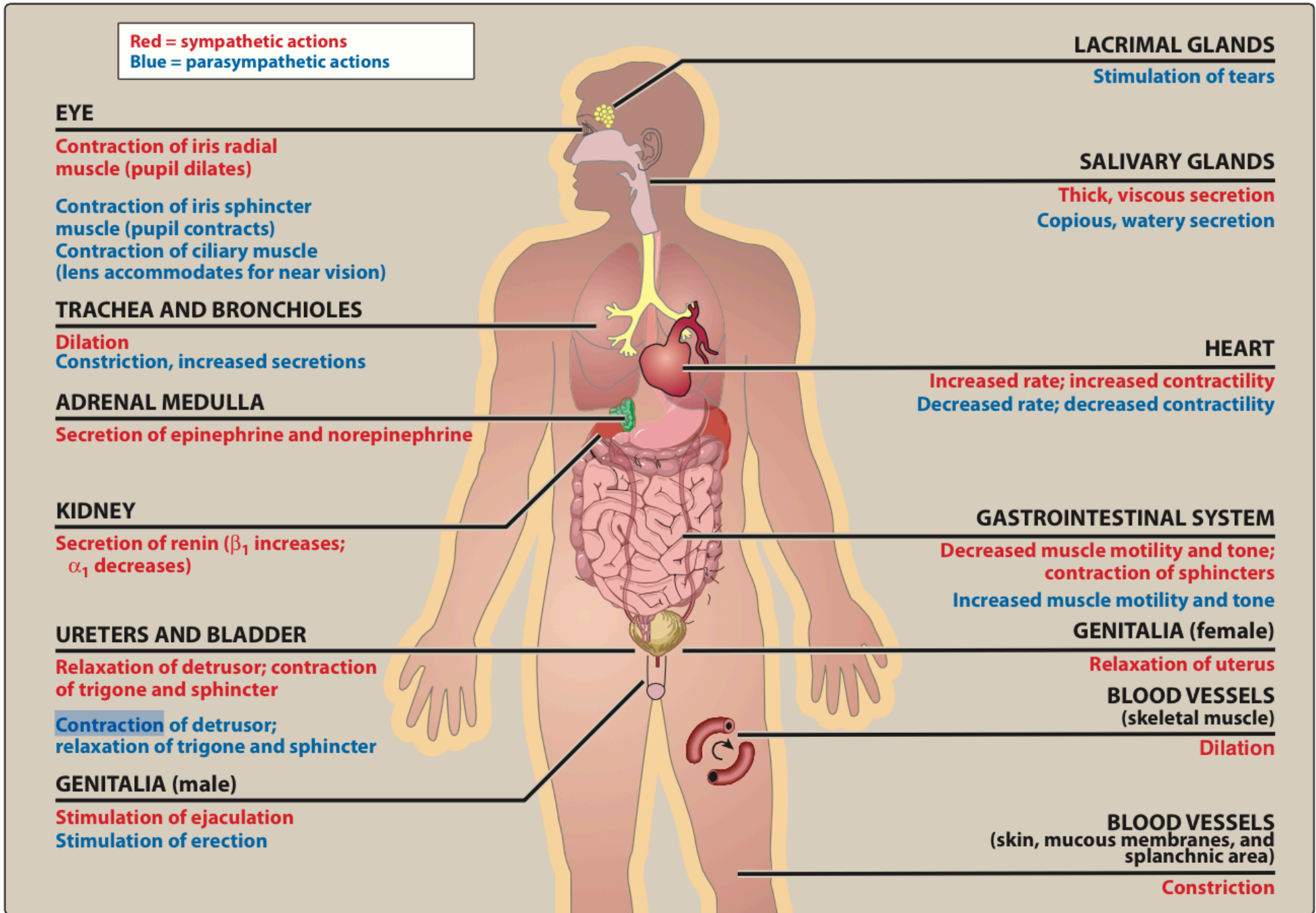
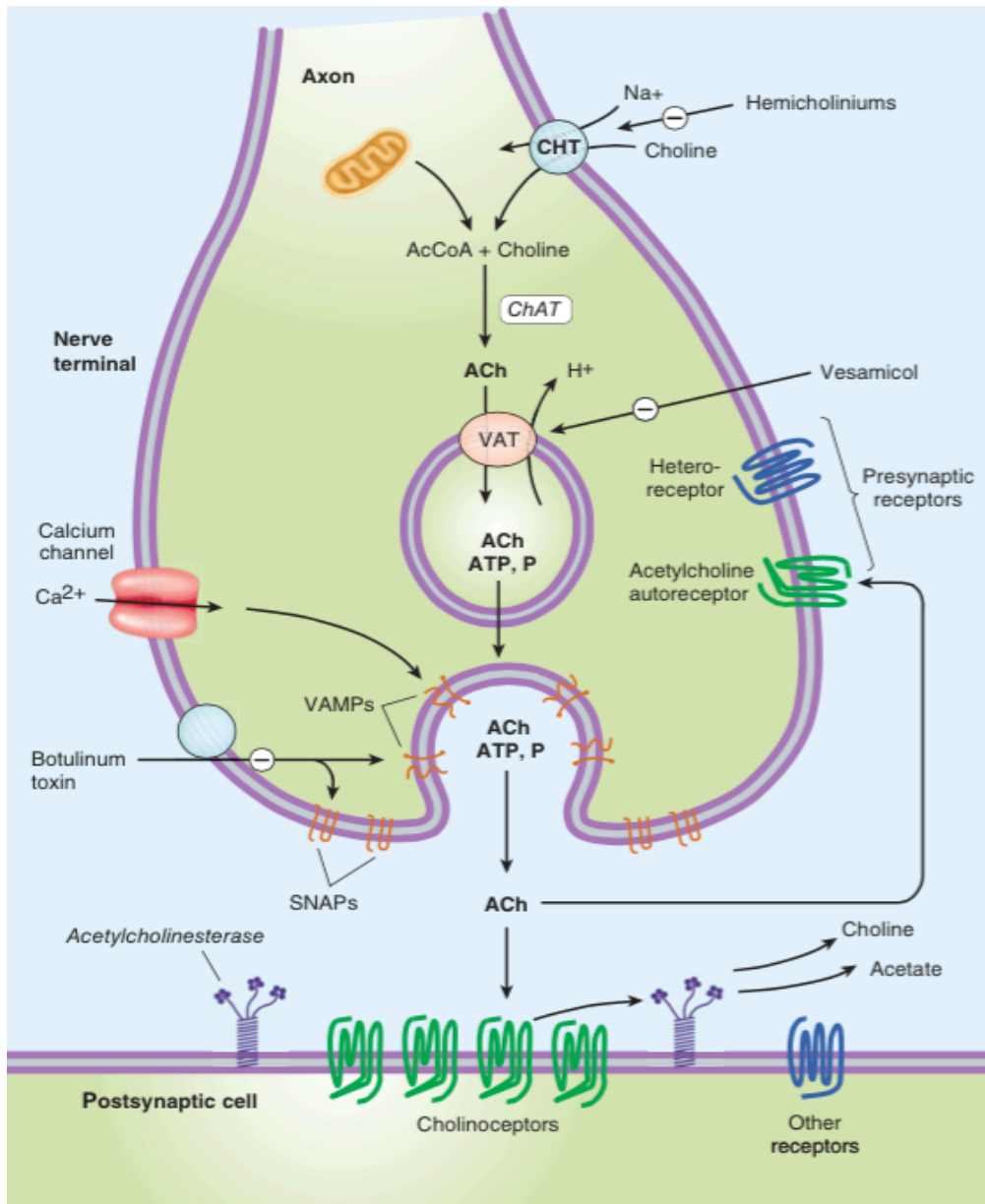


Figure 3.3

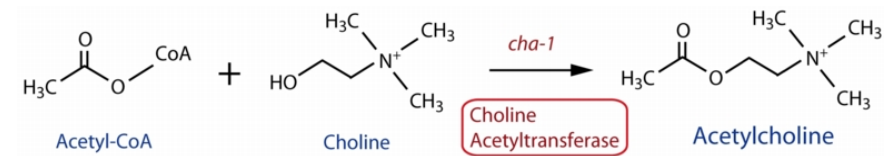
Actions of sympathetic and parasympathetic nervous systems on effector organs.

Cholinergic Transmission



□ Choline Transportation

□ AcCoA Synthesis



□ Acetylcholine Transportation

□ Acetylcholine Release

□ Acetylcholine metabolism

□ Half-life of is very short

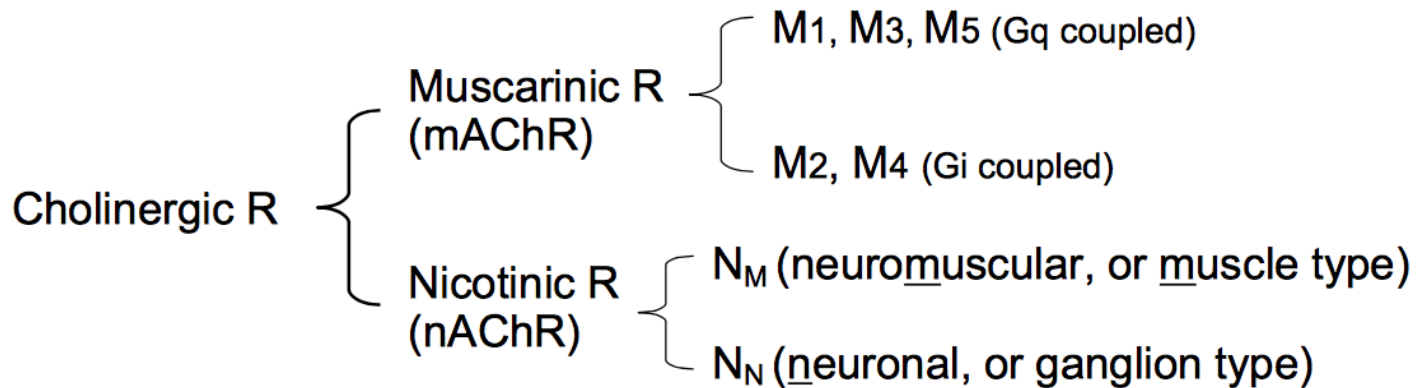
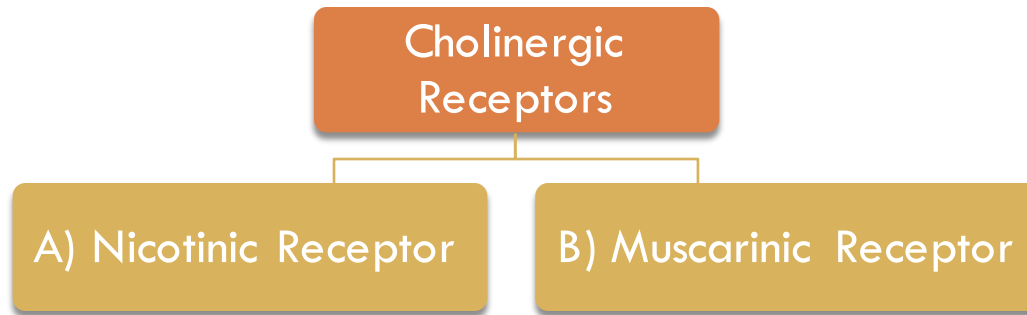
□ Q? why do we need to know

□ Targets for pharmacologic therapy (interventions)

□ Synthesis, storage, release, and termination of action of the transmitter, and receptor effects

□ Inhibitors

Autonomic Receptors



Autonomic Receptors (Cholinergic)

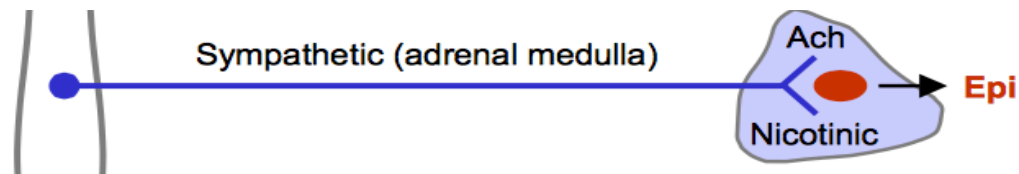
Cholinergic Receptors

A) Nicotinic Receptor

- Nicotinic Receptor (nAChRs)
 - ▣ Similar to those induced by nicotine
- Locations:
 - ▣ At neuromuscular junctions of skeletal muscle (N_M)

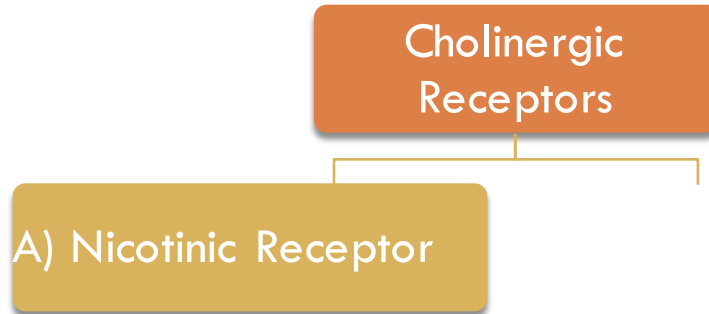


- ▣ On Adrenal medulla (N_N)



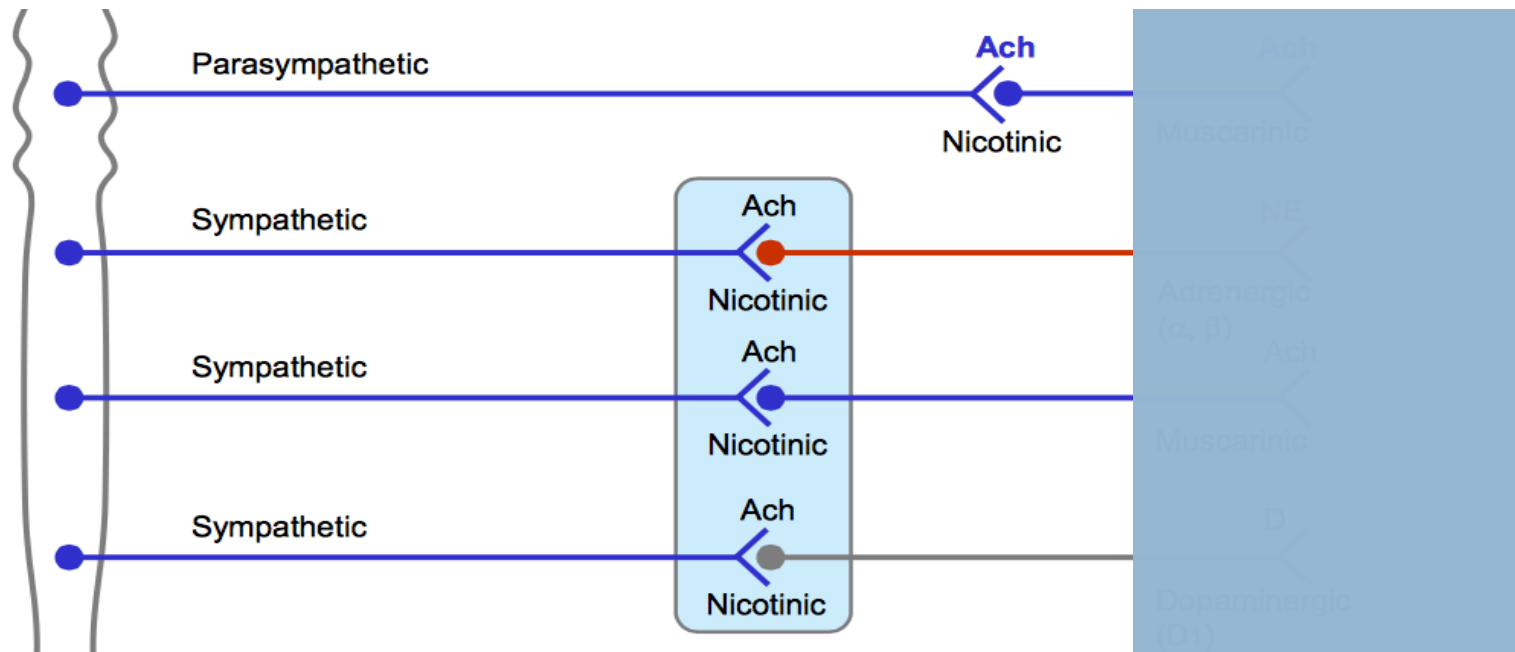
- ▣ In CNS (N_N)

Autonomic Receptors (Cholinergic)



□ Locations:

- Ganglionic neurons in the autonomic ganglia (N_N)

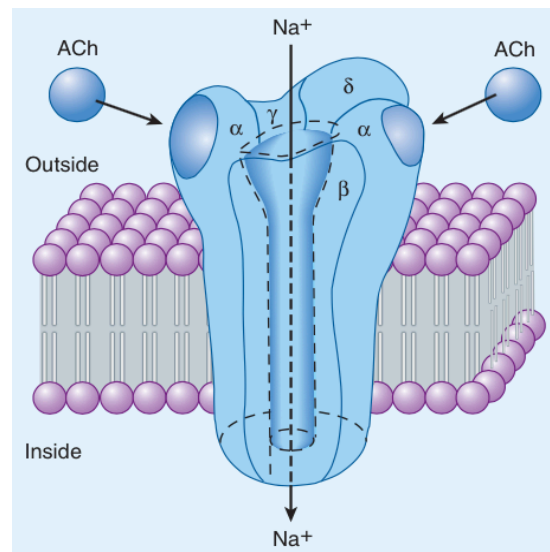


Autonomic Receptors (Cholinergic)

□ Type:

- Ligand-gated ion (Na^+) channel
- ACh binds to the α subunits
- 2 acetylcholine molecules
- Structurally and functionally similar to the Na^+ Channel

A) Nicotinic Receptor



Autonomic Receptors (Cholinergic)

- Primary location of nicotinic receptors and their actions

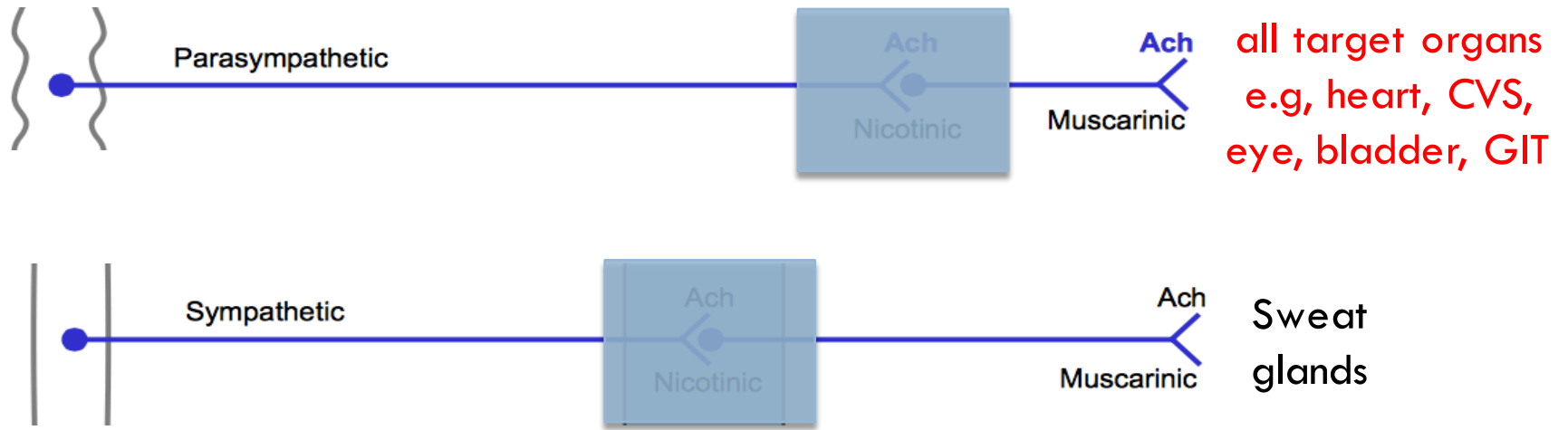
| Receptor | Locations | Pharmacological actions |
|----------|-------------------|--|
| N_N | Autonomic ganglia | sympathetic & parasympathetic stimulation |
| N_N | Adrenal medulla | release of catecholamines (adrenaline & noradrenaline) |
| N_M | Skeletal muscles | Low concentration → muscle contraction High concentration → persistent depolarization & relaxation (depolarization block). |

Autonomic Receptors (Cholinergic)

Cholinergic Receptors

B) Muscarinic Receptor

- Muscarinic Receptors (mAChRs)
 - Similar to those induced by muscarine
- Locations:

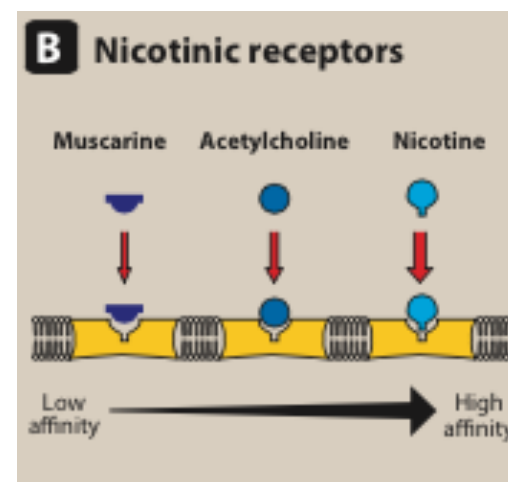
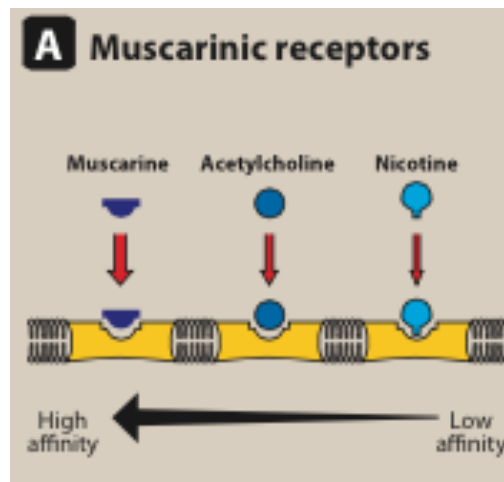


Autonomic Receptors (Cholinergic)

□ Type

- Muscarinic receptors are GPCRs
- Five Subtypes: M_1, M_2, M_3, M_4, M_5
- Odd-numbered members M_1, M_3 : Excitatory
- Even-number M_2, M_4 : Inhibitory
- Affinity to ACh

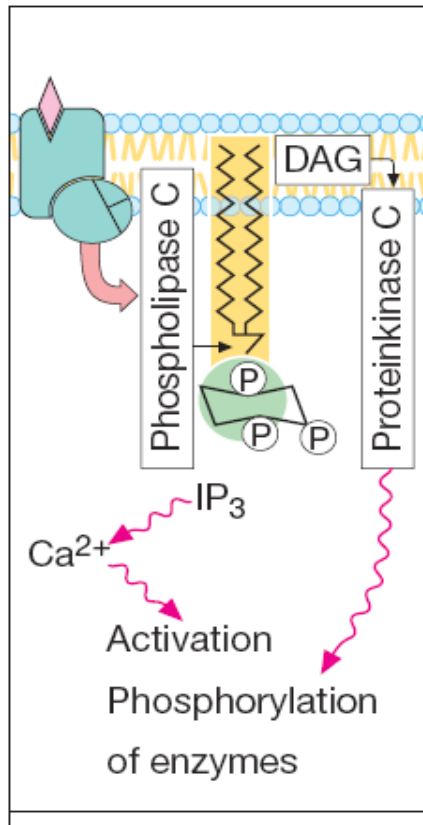
B) Muscarinic Receptor



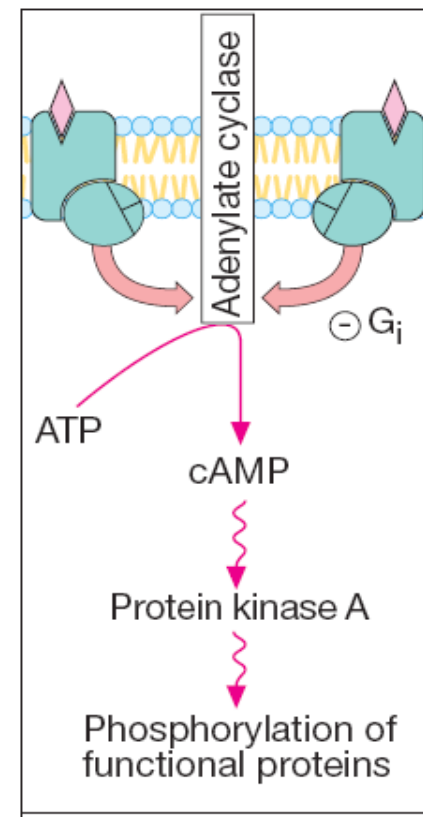
Autonomic Receptors (Cholinergic)

- Muscarinic receptors are GPCRs

- $M_1, M_3,$ and M_5



- M_2 and M_4



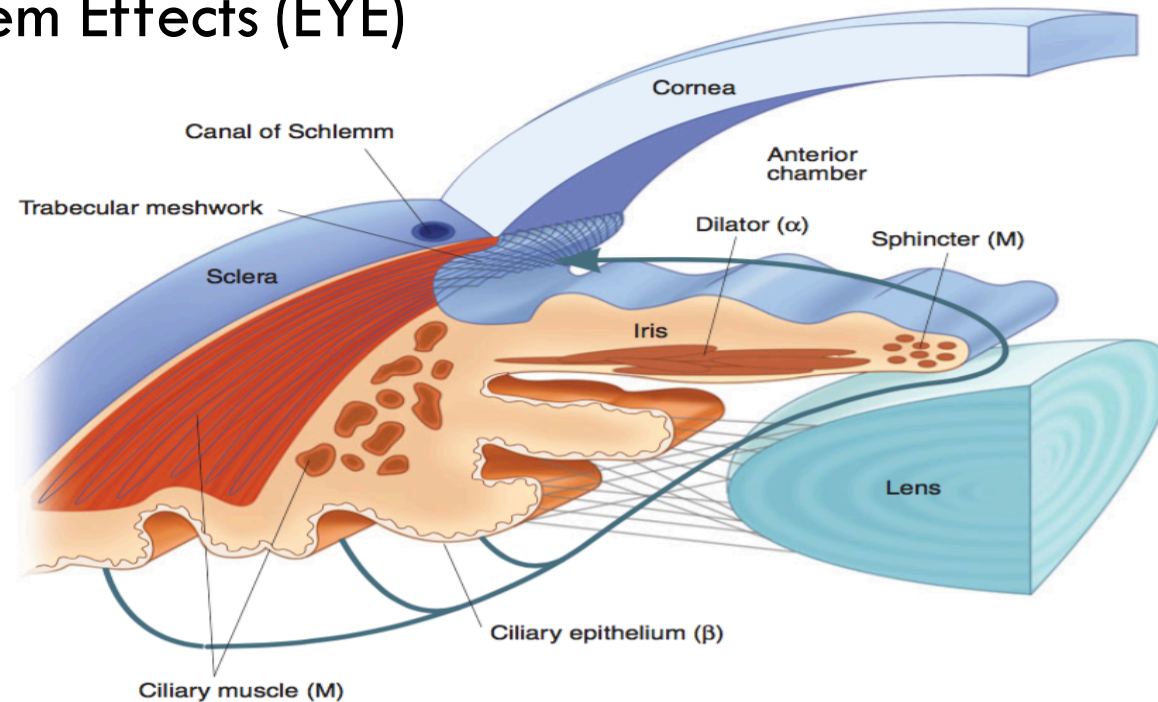
Autonomic Receptors (Cholinergic)

- Primary location of muscarinic receptors and their actions

| Receptor | Locations | Pharmacological actions |
|---------------------------------|---|--|
| M ₁ Excitatory | CNS gastric parietal cells | CNS excitation Gastric acid secretion |
| M ₂ Inhibitory | Heart | Cardiac inhibition (Bradycardia) |
| M ₃ Excitatory | Exocrine glands Smooth muscles (GIT, urinary tract, bronchial muscles) Eye Vascular endothelium | <ul style="list-style-type: none"> • Secretion of glands • Relaxation of sphincter ?? • Smooth muscle contraction • Circular & ciliary muscle Contraction • Vasodilatation (via nitric oxide) |
| M ₄ & M ₅ | CNS | memory, arousal, attention and analgesia |

Drugs In/direct-acting on Ach receptors

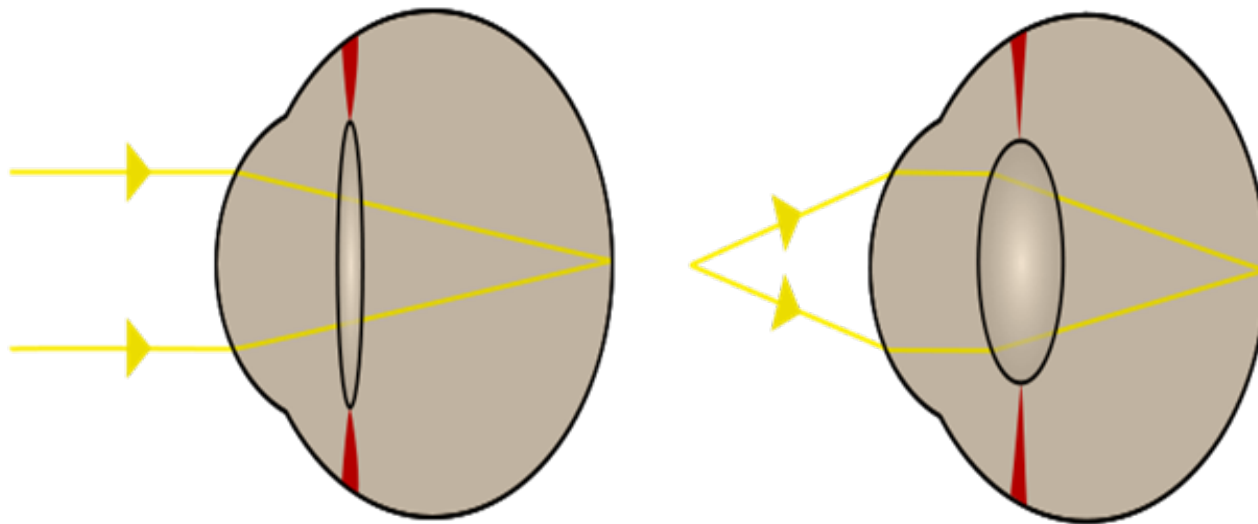
□ Organ System Effects (EYE)



The parasympathetic innervates the **constrictor pupillae (circular muscles of iris)** which is important for adjusting the pupil in response to change in light intensity & regulating the intraocular pressure.

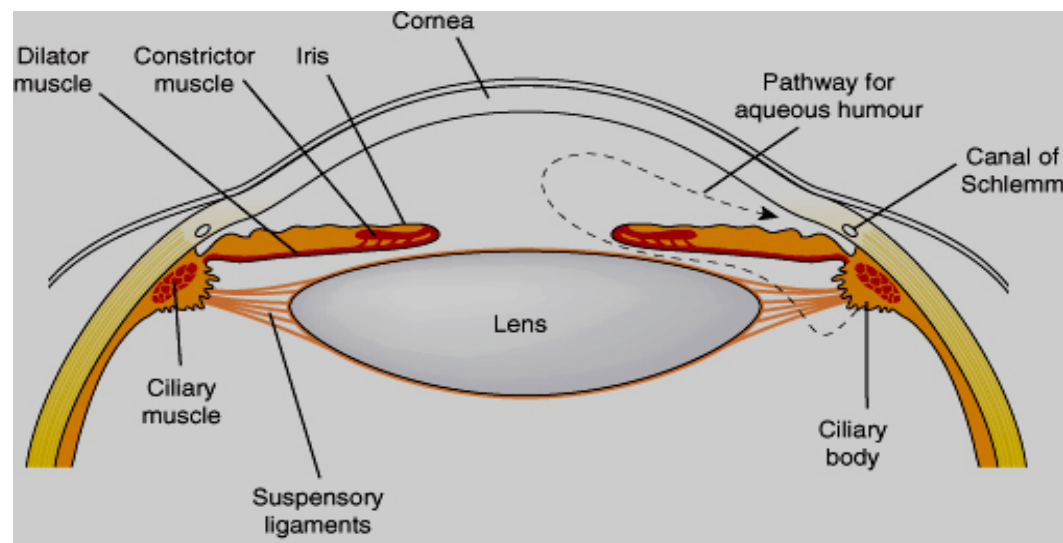
Ach receptors

- Organ System Effects (EYE)
 - ▣ When the ciliary muscle contracts, the lens **bulge** more → this parasympathetic reflex is essential to **accommodate for near vision**



Ach receptors

- Organ System Effects (EYE)
- **Aqueous humour** secreted by **ciliary body**, is removed continuously by drainage into the **Canal of Schlemm**.
- Normal **intraocular pressure** is 10-15mmHg above **atmospheric pressure** . Abnormally raised pressure (glaucoma) → **retinal detachment**.
- Miosis → ↓ intraocular pressure in patient with glaucoma



Pharmacological actions of cholinergic drugs



- Actions that are similar to the effects of **parasympathetic system activation**.
 - nicotinic actions
 - muscarinic actions

- Cholinergic drugs acts upon two types of receptors
 - nicotinic receptors
 - muscarinic receptors

Parasympathomimetics (cholinergic drugs)

Direct

Acetyl-choline
Methacholine
Carbachol
Bethanechol
Pilocarpine

Indirect

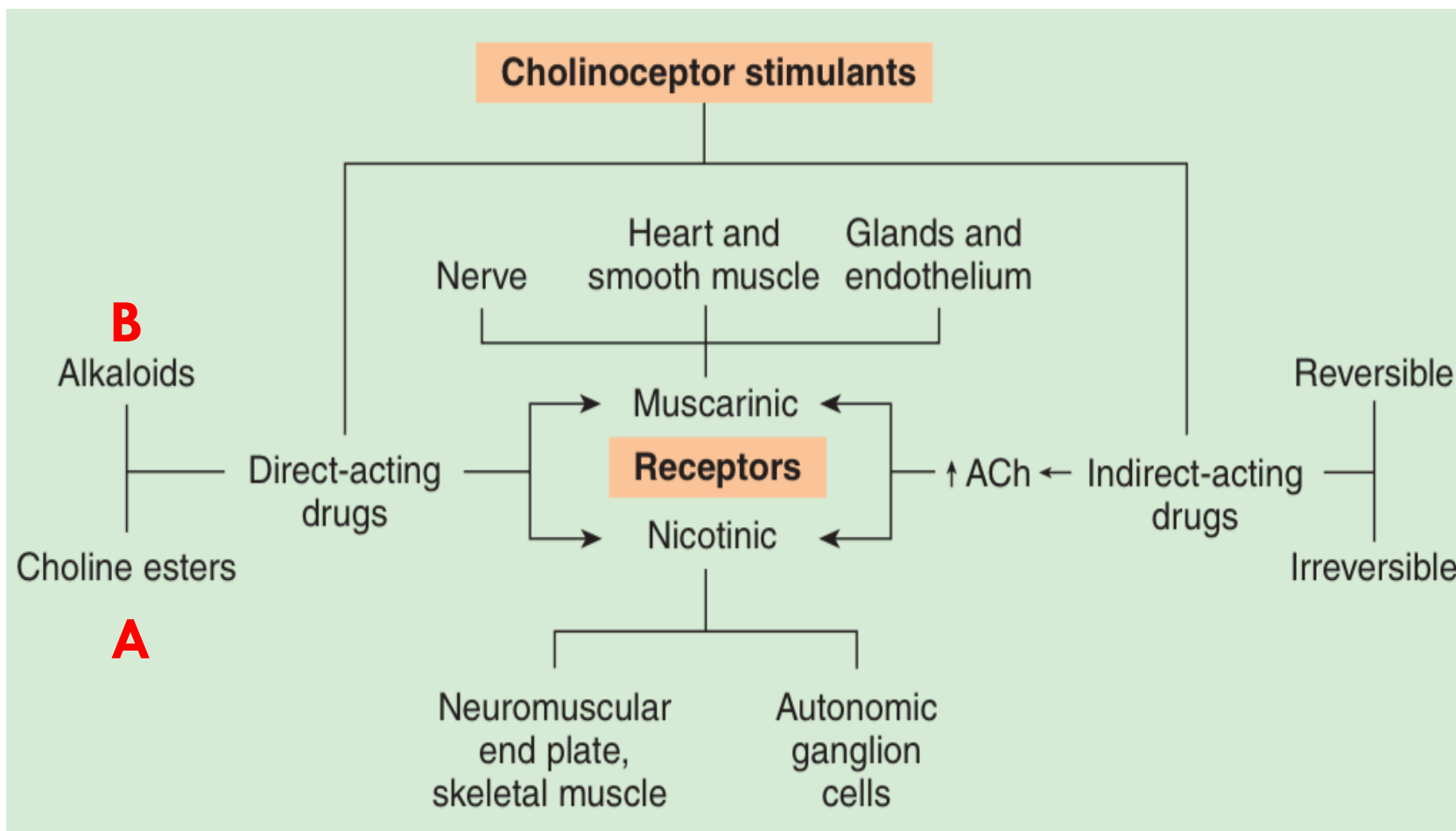
Reversible

Physostigmine
Neostigmine
Edrophonium

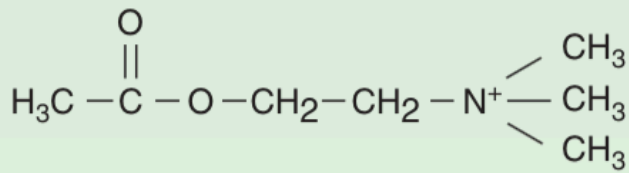
Irrversible

Organophosphorus
Echothiophate (used in glaucoma)
War gases and Parathion

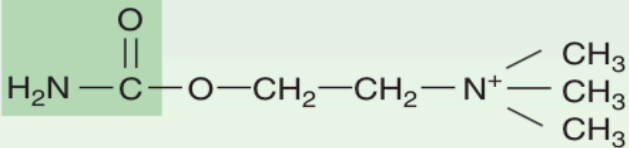
Parasympathomimetic (Cholinergic Drugs)



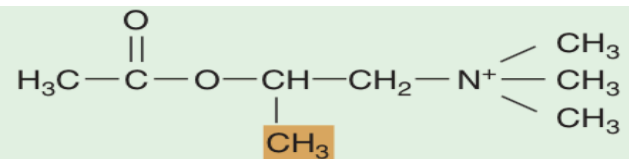
Drugs direct-acting on Ach receptors (CHOLINOCEPTORS)



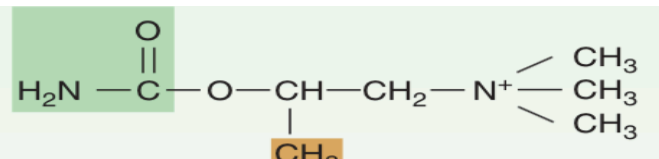
Acetylcholine



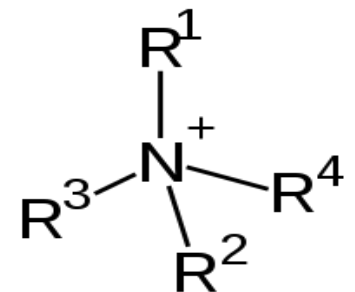
Carbachol
(carbamoylcholine)



Methacholine
(acetyl-β-methylcholine)



Bethanechol
(carbamoyl-β-methylcholine)



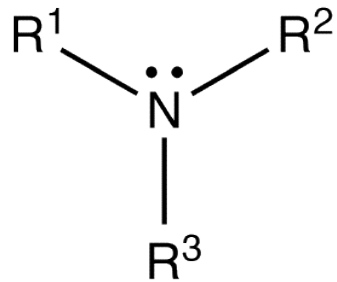
□ A Choline esters

- Charged quaternary ammonium group- Activity (**polar**)
- Poor distribution
- can not cross BBB (No CNS effects)
- Not metabolized by cholinesterase.(except Ach)
- Have longer duration of action than Ach.
- β-methyl group : Selectivity to M receptor
- Never given I.V. or I.M But S.C **Why??**
- Cevimeline

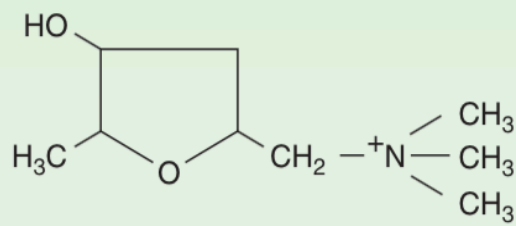
Drugs direct-acting on Ach receptors (CHOLINOCEPTORS)

□ **B** Tertiary natural alkaloids – Muscarine
quaternary

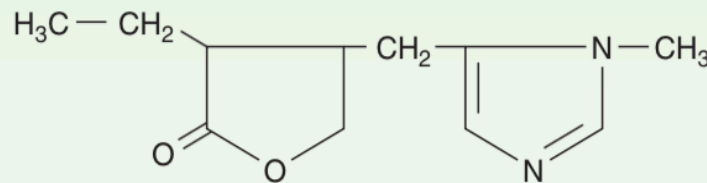
□ Well absorbed except Muscarine , Excreted by the
kidneys



Action chiefly muscarinic

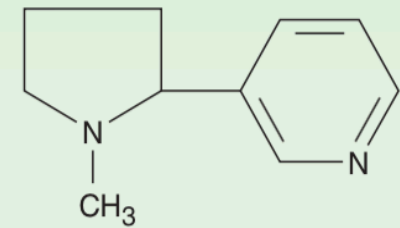


Muscarine

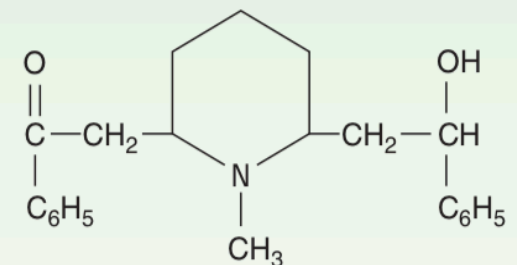


Pilocarpine

Action chiefly nicotinic



Nicotine



Lobeline

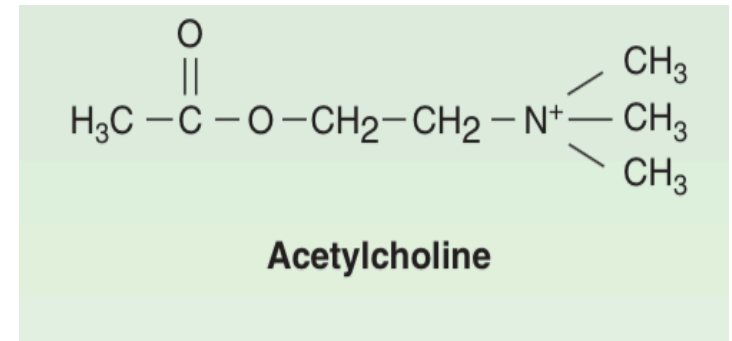
Drugs direct-acting on Ach receptors (CHOLINOCEPTORS)

□ Acetylcholine (Ach)

□ Muscarinic and nicotinic agonist

□ Not used clinically because Ach

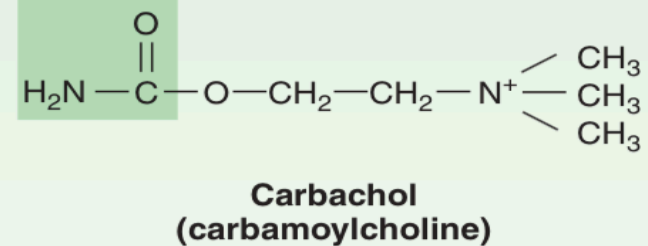
- Is not selective as it acts on both **nicotinic and muscarinic receptors**
- Has short duration of action. Why?
- Due to rapid metabolism by **acetylcholinesterase**



Drugs direct-acting on Ach receptors (CHOLINOCEPTORS)

□ Carbachol

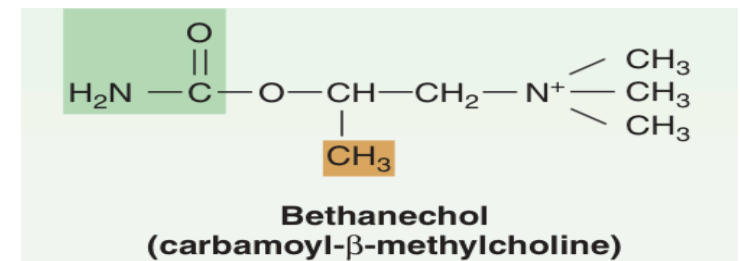
- Muscarinic actions on Eye, GIT, UT.
- Has nicotinic actions (side effects).
- Resistant to hydrolysis by acetyl cholinesterase
- Longer duration than Ach.
- Used for treatment of glaucoma



Drugs direct-acting on Ach receptors (CHOLINOCEPTORS)

□ Bethanechol

- Prominent muscarinic actions on GIT, UT.
- No nicotinic action
- Resistant to hydrolysis by acetyl cholinesterase
- Longer duration than Ach
- Used for
 - Paralytic ileus
 - Urinary retention in cases of post-operative atony & neurogenic bladder



Drugs direct-acting on Ach receptors (CHOLINOCEPTORS)

□ **Cevimeline**

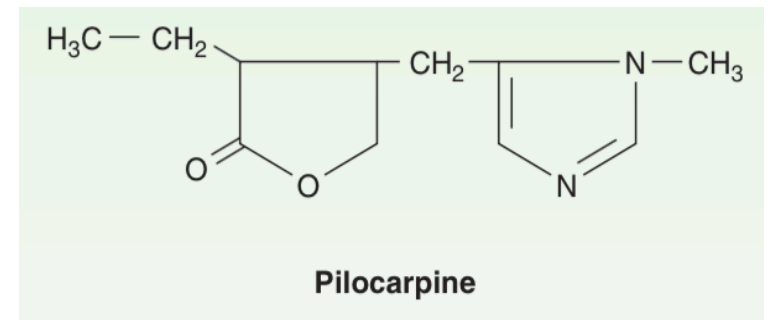
- Direct acting muscarinic agonist (M3)
- Used for treatment of dry mouth symptom
- associated with Sjogren's syndrome

(autoimmune disease characterized by Formation of antibodies leading to dryness of mouth and eye).

Drugs direct-acting on Ach receptors (CHOLINOCEPTORS)

□ Pilocarpine

- well absorbed, good distribution
- Cross BBB (has central effects).
- Not metabolized by cholinesterase
- Long duration of action
- Excretion is enhanced by acidification of urine
- Direct muscarinic agonist (mainly on eye & secretion).



Drugs direct-acting on Ach receptors (CHOLINOCEPTORS)

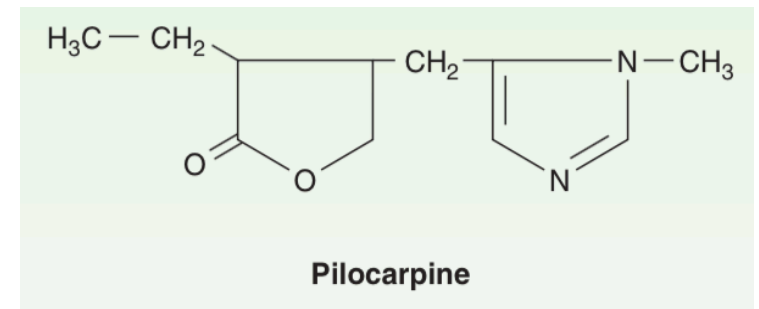
□ Pilocarpine

□ Uses:

- Xerostomia (*dry mouth*).
- Drug of choice in emergency glaucoma
applied as eye drops.

□ Adverse effects:

- Profuse sweating
- Salivation
- Bronchoconstriction
- Diarrhea
- CNS effects



Drugs direct-acting on Ach receptors (CHOLINOCEPTORS)

| | ACh | Carbachol | Bethanechol | Pilocarpine |
|---|--|--|-------------------------------------|-------------------------------|
| Chemistry | Quaternary Polar | Quaternary Polar | Quaternary Polar | Tertiary non polar |
| Absorption | NOT | better absorbed than ACh | better absorbed than ACh | Complete |
| Metabolism by cholinesterase | metabolized by cholinesterase | NOT metabolized by cholinesterase | | |
| Duration | Very short | Longer (++) | Longer (++) | Longer (++) |
| administration | I.V. eye drops | Oral, eye drops S.C. | Oral S.C. | oral, eye drops |

Drugs direct-acting on Ach receptors (CHOLINOCEPTORS)

| | ACh M, N | Carbachol M,N | Bethanechol M | Pilocarpine M | Cevimeline M |
|--------------------|---------------------------------------|---|--|---|-------------------------------------|
| Receptors | Muscarinic Nicotinic | Muscarinic Nicotinic | Muscarinic | Muscarinic | Muscarinic |
| Muscarinic | +++ | +++ | +++ | +++ | +++ |
| Selectivity | NOT | Eye, GIT Urinary bladder | GIT, Urinary bladder | More on eye, exocrine glands | Exocrine glands |
| Nicotinic | +++ | +++ | NO | NO | NO |
| Uses | NO | Glaucoma | Paralytic ileus Urinary retention | Glaucoma Xerostomia | Sjogren's syndrome |

Drugs direct-acting on Ach receptors (CHOLINOCEPTORS)



Contraindications

1. Bronchial asthma.
2. Peptic ulcer.
3. Angina pectoris
4. Urinary incontinence
5. Intestinal obstruction

End