

DIRECT CHOLINOMIMETICS

Amanita muscaria

Muscarine

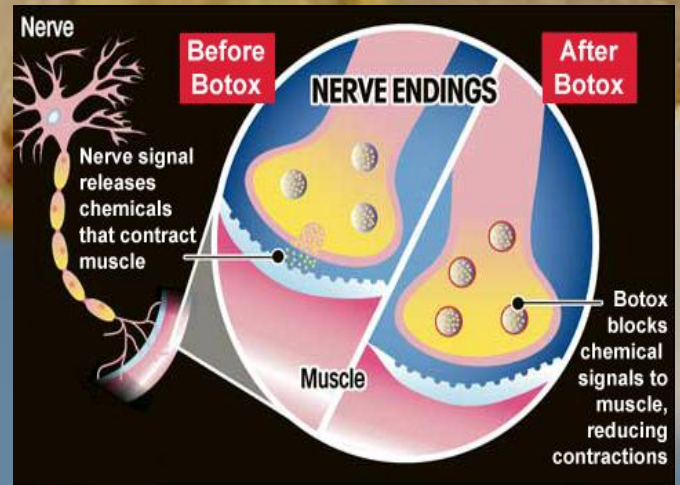
What is botox?

Botulinum toxin

A toxin produced by
Clostridium botulinum

Before

After



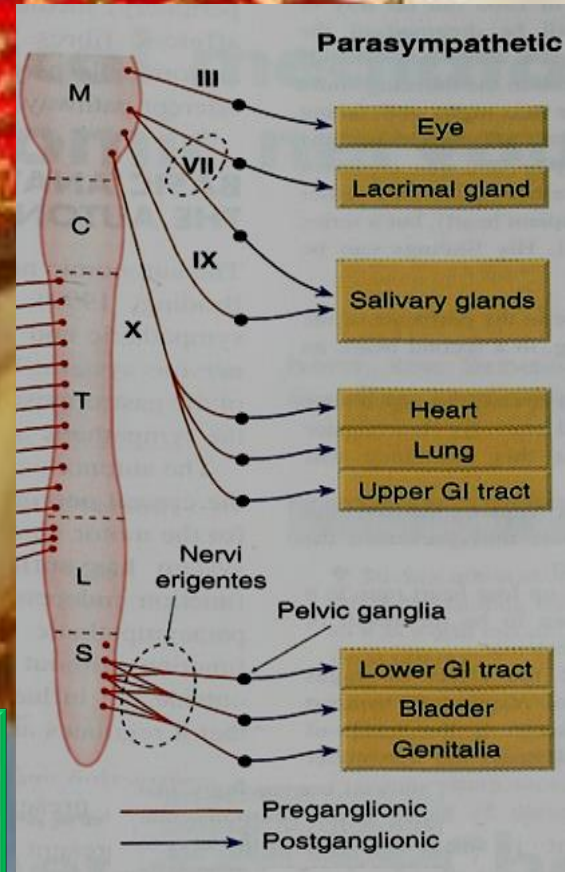
DIRECT CHOLINOMIMETICS

ILOS

To identify the mechanism of action of direct acting acetylcholine receptor stimulants

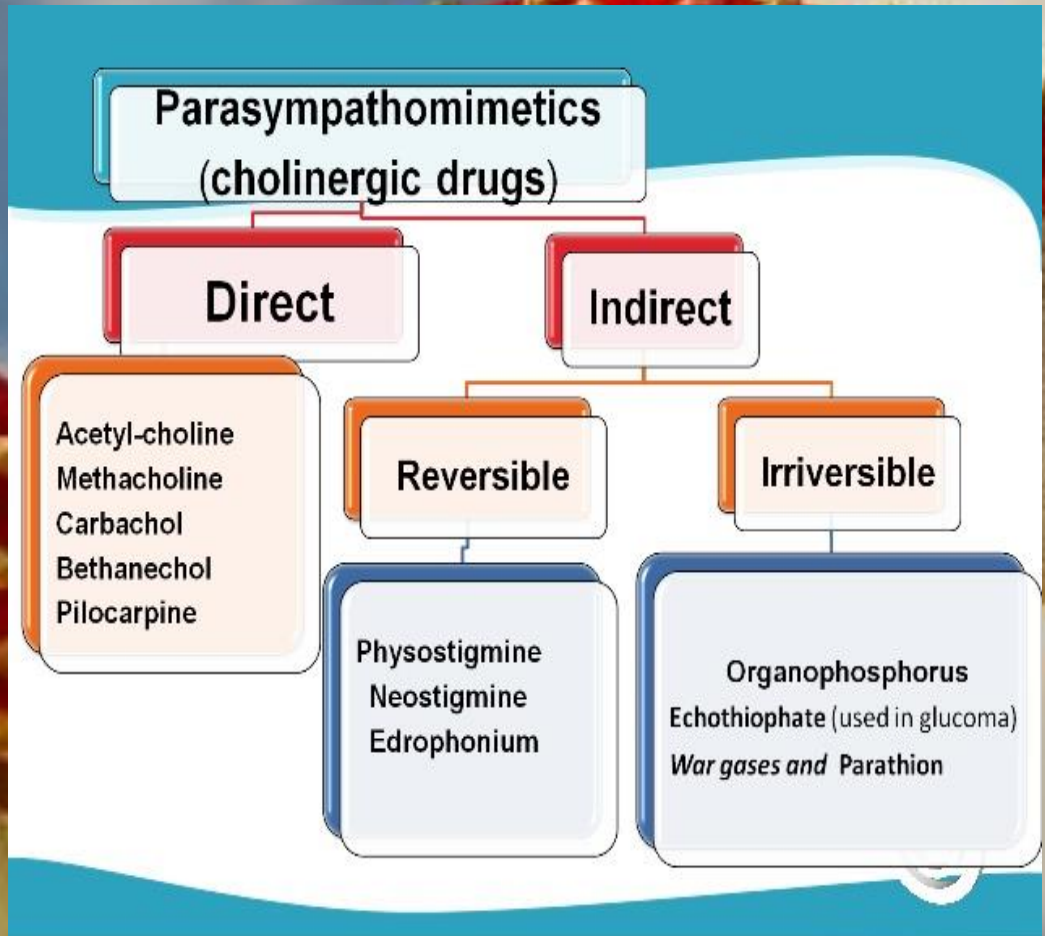
To discuss the pharmacokinetic aspects and pharmacodynamic effects of direct cholinomimetics

To outline the therapeutic uses and toxicity of direct cholinergic agonists



DIRECT CHOLINERGIC AGONISTS

Classification of cholinergic agonists



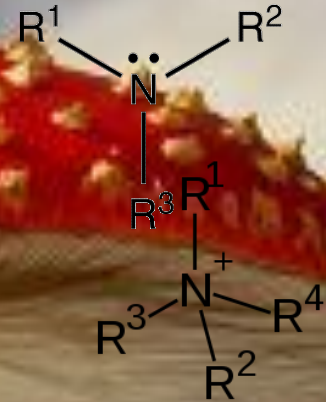
DIRECT CHOLINERGIC AGONISTS

Produce primarily effect by activation of **muscarinic or nicotinic receptors**

Classification according to chemical structure

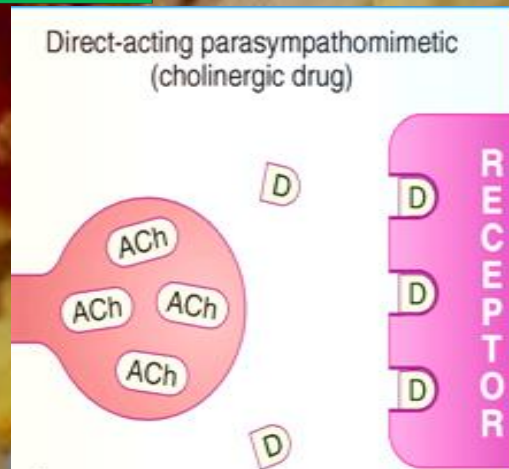
Tertiary cholinomimetics

Quaternary group



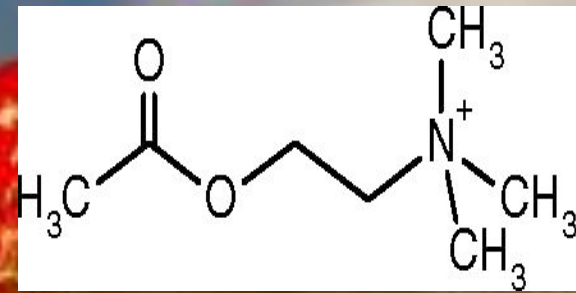
**pilocarpine,
nicotine ,
lobeline**

**acetylcholine ,
methacholine,
carbachol,
bethanechol**



PHARMACOKINETICS

Acetylcholine low lipid- solubility



Poorly absorbed poorly distributed in the CNS

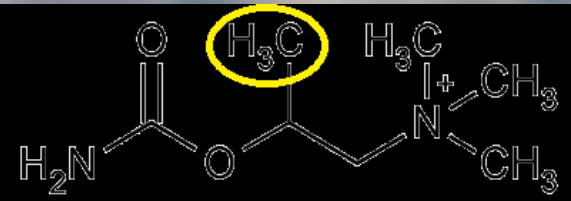
Hydrolyzed in the GIT , not active by the oral route

Ach is very sensitive to hydrolysis by cholinesterases

Methacholine is 3 times more **resistant** to hydrolysis

Carbachol & bethanechol are completely resistant to hydrolysis

PHARMACOKINETICS



Presence of a methyl group on **bethanechol** reduces its potency at **nicotinic** junction.

Tertiary cholinomimetics are well absorbed from most sites of administration

Nicotine, lipid –soluble, absorbed across the skin.

✚ **Muscarinic quaternary amines** , less completely absorbed from the GIT but still toxic when ingested in **mushroom**.

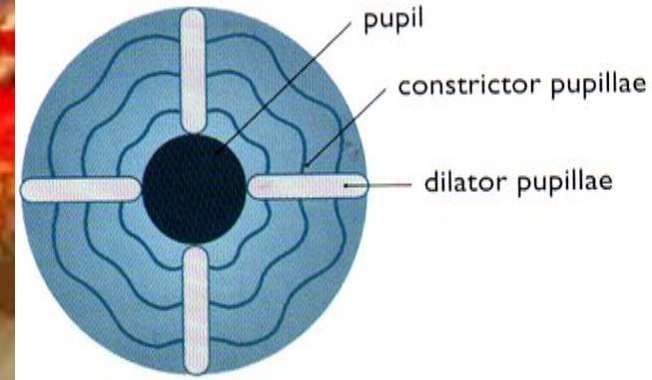
✚ Excretion by **kidney**, clearance of tertiary amines can be enhanced by **acidification of urine**

PHARMACODYNAMIC EFFECTS

1-Eye

The parasympathetic innervates the **constrictor pupillae**, runs circumferentially in the **iris**

Constrictor pupillae is important for adjusting the pupil in response to change in **light intensity** & regulating the **intraocular pressure**

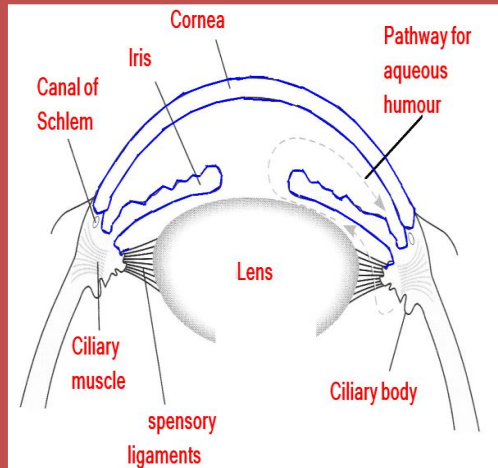
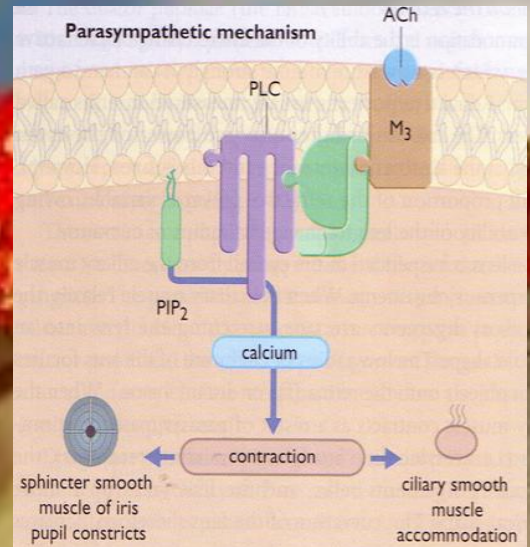


PHARMACODYNAMIC EFFECTS

1-Eye

Parasympathetic activation contracts the ciliary muscle

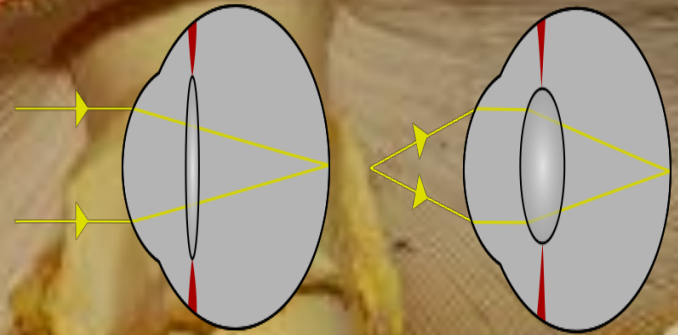
Contraction of ciliary muscle pulls the ciliary body **forward & inward**, relaxing the tension on the **suspensory** ligaments of the lens



PHARMACODYNAMIC EFFECTS

1-Eye

When the ciliary muscle contracts, the lens **bulge** more
→ ↓ **focal length**, this
parasympathetic reflex is
essential to **accommodate for
near vision**

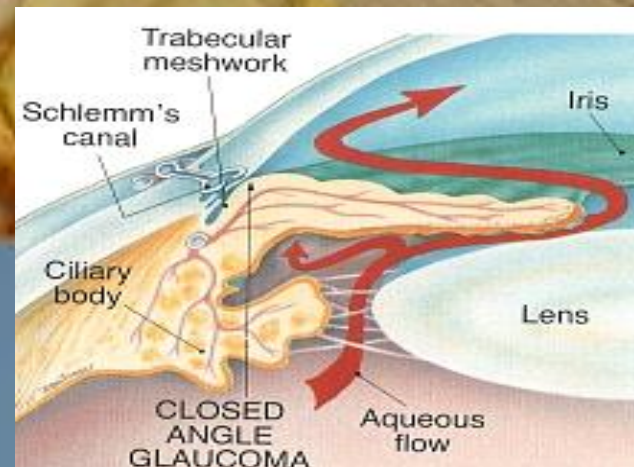
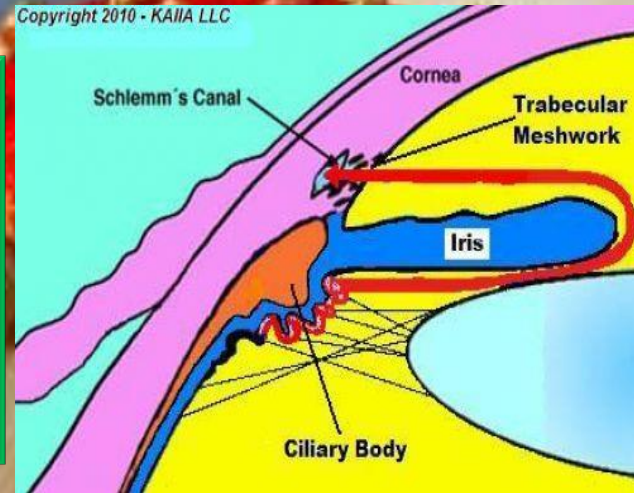


PHARMACODYNAMIC EFFECTS

✚ **Aqueous humour** secreted by the cells of the epithelium covering the **ciliary body**, is removed continuously by drainage into the **canal of Schlemm**

In some people drainage of aqueous humour is impeded when the **iris is dilated** → folding of the iris tissue occludes the drainage angle → **↑intraocular pressure**

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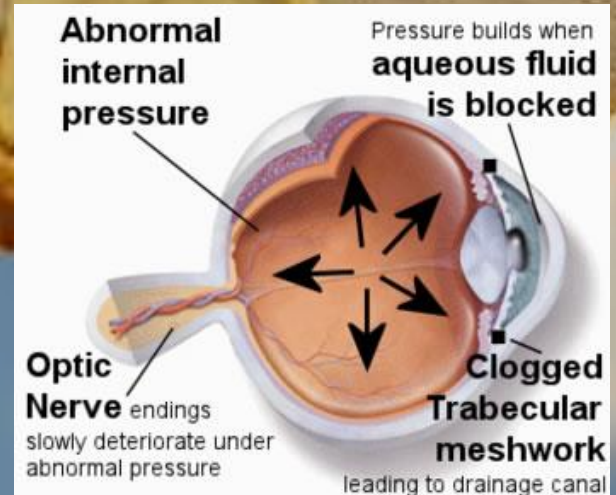
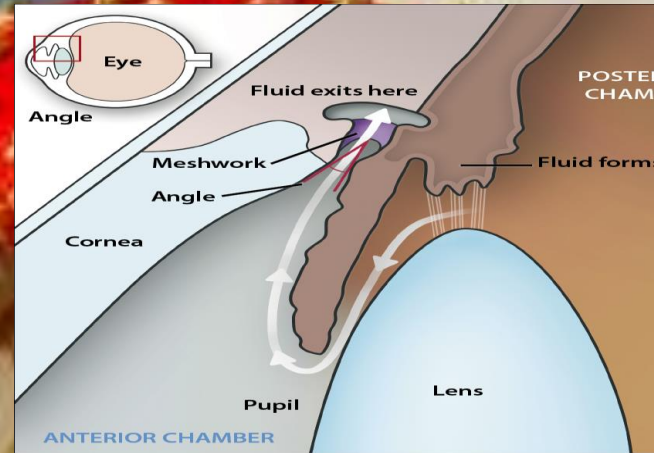


PHARMACODYNAMIC EFFECTS

Activation of constrictor pupillae → ↓ intraocular pressure in these individuals

Also ↑ **tension** in the ciliary body allow drainage

Normal **intraocular pressure** is 10-15mmHg above **atmospheric pressure** .
Abnormally raised pressure → **retinal detachment**



PHARMACODYNAMIC EFFECTS

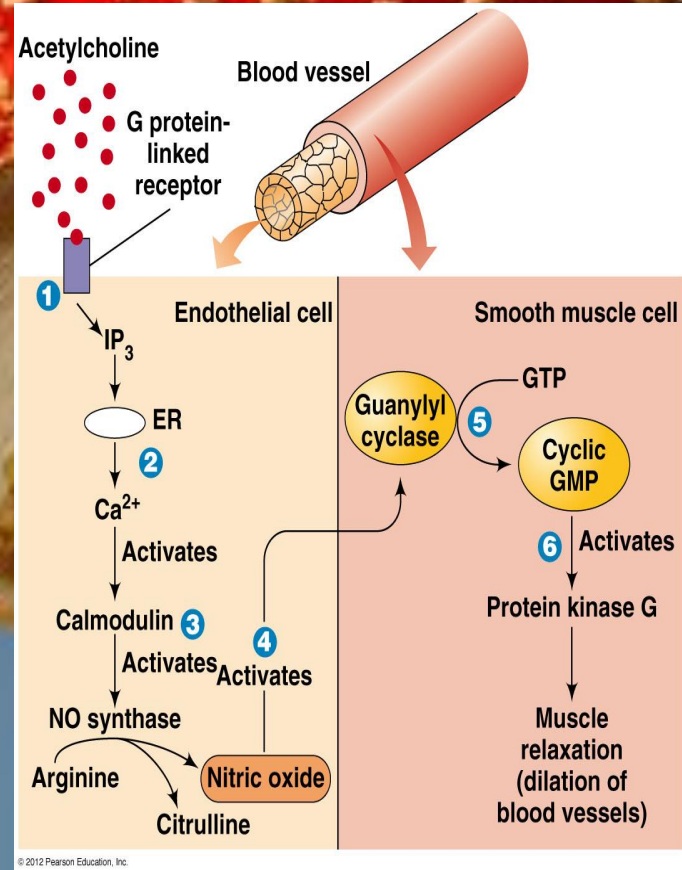
2-Cardiovascular effect

Ventricle has sparse **parasympathetic** innervations

Cardiac **slowing**, $\downarrow CO \rightarrow \downarrow$ force of contraction of the atrium

Vasodilation occurs, effect not associated with muscarinic innervations

BP: Hypotension is opposed by **reflex sympathetic** discharge

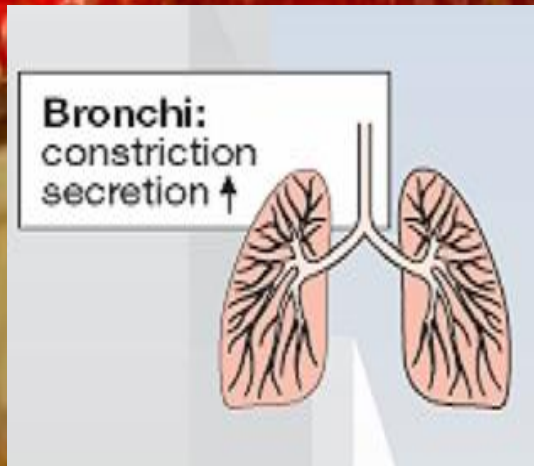


PHARMACODYNAMIC EFFECTS

3-Respiratory system

Muscarinic stimulants contract smooth muscles of **bronchial tree**

↑ **Glandular secretion**, may cause symptoms in individuals with **asthma**



PHARMACODYNAMIC EFFECTS

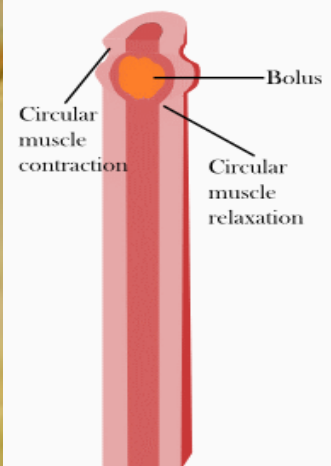
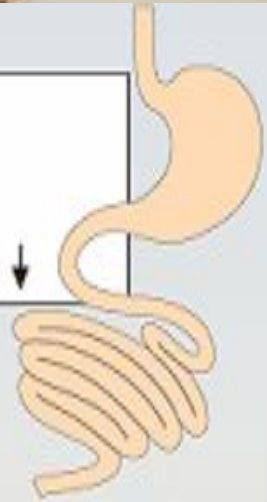
4-GIT:-

↑ Secretion of **gastric glands**

↑ **Peristaltic movement**

Sphincters relaxed.

GI tract:
secretion ↑
peristalsis ↑
sphincter tone ↓



PHARMACODYNAMIC EFFECTS

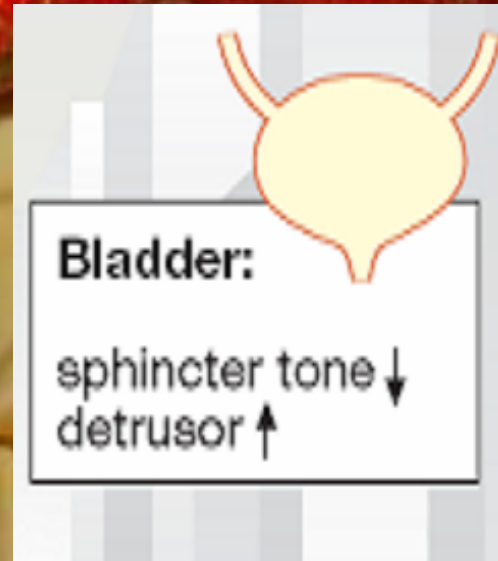
5-Genitourinary tract:-

Stimulate muscles of **bladder** & **relax sphincters** promoting voiding

Human uterus is **not sensitive** to muscarinic agonists

6-Miscellaneous secretory glands:-

Stimulate secretion of **sweat**, **lacrimal**, **nasopharyngeal glands**



PHARMACODYNAMIC EFFECTS



7-CNS:-

Both muscarinic & nicotinic receptors are found in the CNS

Nicotine & lobeline

✱ **alerting action**

High level of nicotine

✱ **convulsions & coma**

CLINICAL USES

1-The Eye

Glaucoma

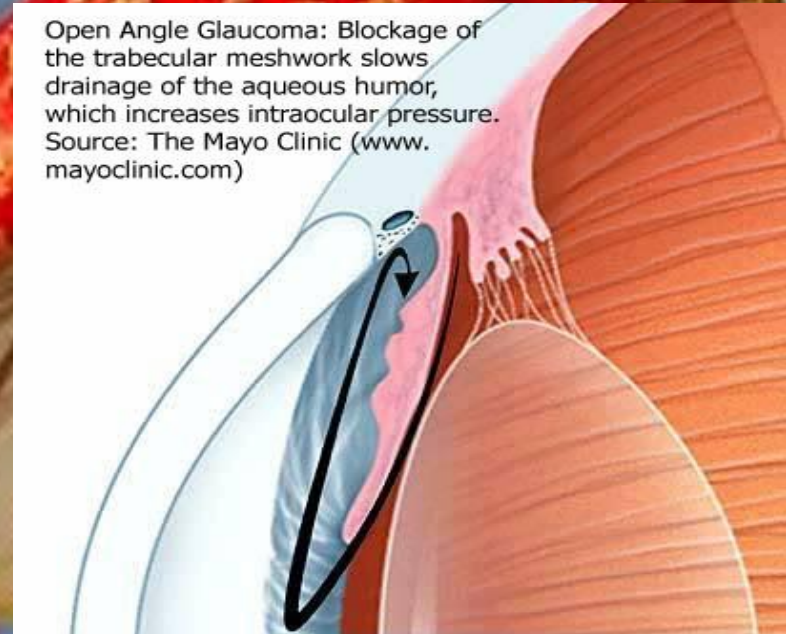
1- Primary

A- Angle closure

B- Open angle

2- Secondary

Open Angle Glaucoma: Blockage of the trabecular meshwork slows drainage of the aqueous humor, which increases intraocular pressure. Source: The Mayo Clinic (www.mayoclinic.com)



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caused by trauma, inflammation, surgical procedures

CLINICAL USES

Acute angle closure

Medical emergency , initially treated by drugs

Surgery for permanent correction [**iridectomy**]

Muscarinic stimulants ↓intraocular pressure by:-

1-facilitating **outflow** of aqueous humor

2-↓rate of its **secretion**

e.g. Direct stimulants

Methacholine, carbachol,
pilocarpine

CLINICAL USES

2-GIT & Urinary tract

A-Postoperative ileus “**atony** or paralysis of the stomach following surgery

B-Postoperative **urinary retention**

Bethanechol

C-Xerostomia → **Pilocarpine**



Sjogren's Syndrome

Sjogren's Syndrome is an autoimmune disease.

characterized by the abnormal production of antibodies directed to the lacrimal and salivary glands → eye and mouth dryness.

Cevimeline is a direct muscarinic agonist with particular effect on M3 receptors.

By activating the M3 receptors cevimeline stimulates secretion by the salivary & lacrimal glands thereby alleviating dry mouth & dry eye

Rapidly absorbed after oral administration and excreted unchanged in urine



TOXICITY

DUMBELS

A-Directly- acting muscarinic stimulants:-

nausea, vomiting ,diarrhoea, salivation,
cutaneous vasodilatation, bronchial constriction

B-Directly- acting nicotinic stimulants:-

I] Acute toxicity

✚1- **CNS stimulant action**, convulsions , coma ,
respiratory arrest

✚2-**Skeletal muscle endplate depolarization**
→depolarization block & respiratory paralysis

✚3-**Hypertension & cardiac arrhythmias**

TOXICITY

⚡ Treatment of **symptoms**:-

Muscarinic excess → **atropine**

CNS stimulation → central anticonvulsants e.g. **diazepam**

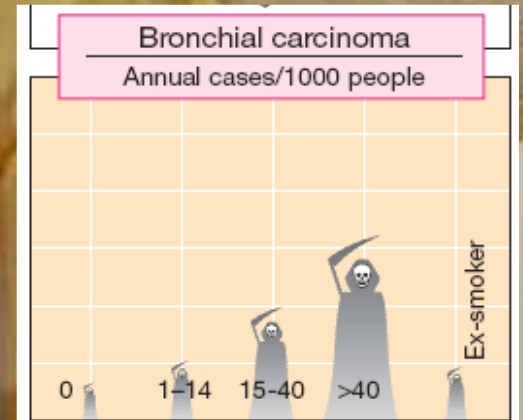
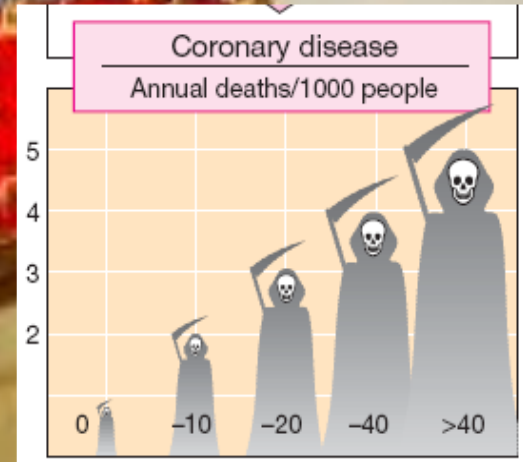
Neuromuscular block → **mechanical** respiration



ii- Chronic nicotinic toxicity

30% of deaths due to cancer & coronary heart disease are due to smoking

Nicotine contributes to ↑ risk of vascular diseases, sudden coronary death, ↑ ulcer



No. cigarettes / day

Muscarinic receptors

Receptor	Locations	Pharmacological actions
M1 Excitatory	CNS gastric parietal cells	CNS excitation Gastric acid secretion
M2 Inhibitory	Heart	Cardiac inhibition (Bradycardia)
M3 Excitatory	Exocrine glands Smooth muscles (GIT, urinary tract, bronchial muscles) Vascular endothelium	<ul style="list-style-type: none">• Secretion of glands• Smooth muscle contraction• Vasodilatation (via nitric oxide)
M4 & M5	CNS	memory, arousal, attention and analgesia

Cholinergic or parasympathetic receptors

Nicotinic receptors
Central cholinceptors

Muscarinic receptors
Peripheral cholinceptors

Almost excitatory

Excitatory or inhibitory

Autonomic ganglia Nn
 sympathetic & parasympathetic
 stimulation

On all peripheral organs innervated
 by postganglionic parasympathetic
 fibers

Adrenal medulla Nn
 release of catecholamines
 (adrenaline & noradrenaline)

Heart (bradycardia, M2)
 exocrine glands (secretion, M3)

Skeletal muscles Nm
 contraction

Smooth muscles (contraction, M3)
 (GIT, urinary tract, bronchial
 muscles, uterus)

Muscarinic actions of Ach

Organs	Cholinergic actions
Eye	Contraction of circular muscle of iris (miosis)(M3) Contraction of ciliary muscles for near vision (M3) Decrease in intraocular pressure (IOP)
Heart endothelium	bradycardia (decrease in heart rate) (M2) Release of NO (EDRF)
Lung	Constriction of bronchial smooth muscles Increase in bronchial secretion M3
GIT	Increase in motility (peristalsis) Increase in secretion Relaxation of sphincter -defecation M3
Urinary bladder	Contraction of muscles Relaxation of sphincter M3 Urination
Exocrine glands	Increase of secretions of exocrine glands sweat, saliva, lacrimal, bronchial, intestinal secretions M3

	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

direct Cholinomimetic

	ACh M, N	Carbachol M,N	Bethanechol M	Pilocarpine	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 Xerostomi a	Sjogren's syndrome