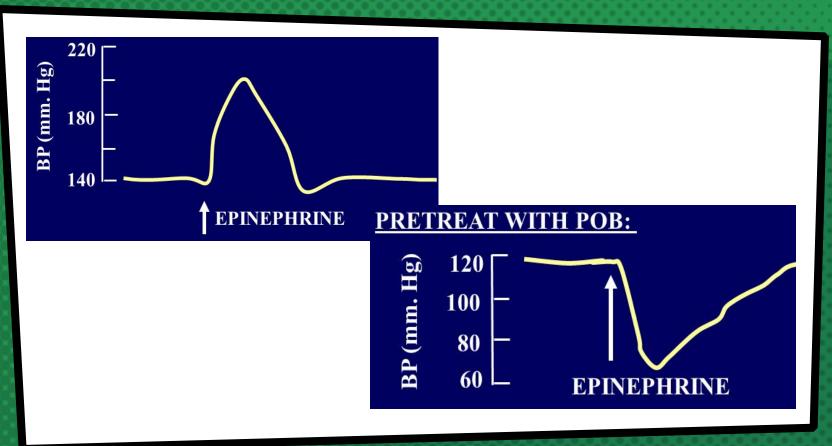


Adrenergic blocking drugs block stimulation of the sympathetic nervous system.

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ADRENERGIC NEURON BLOCKERS ADRENERGIC RECEPTOR BLOCKERS



ADRENALINE REVERSAL

Sir Henry Dale, awarded the Nobel prize in 1936

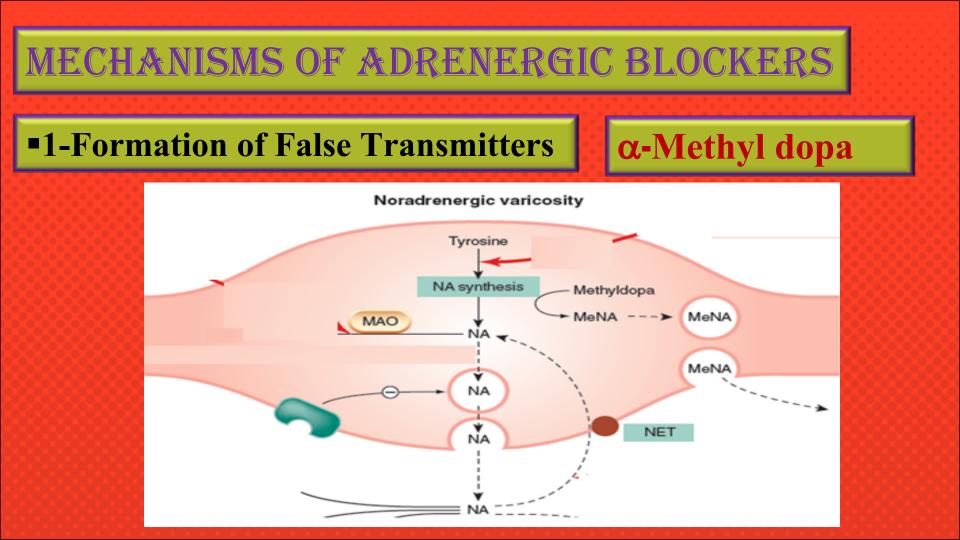


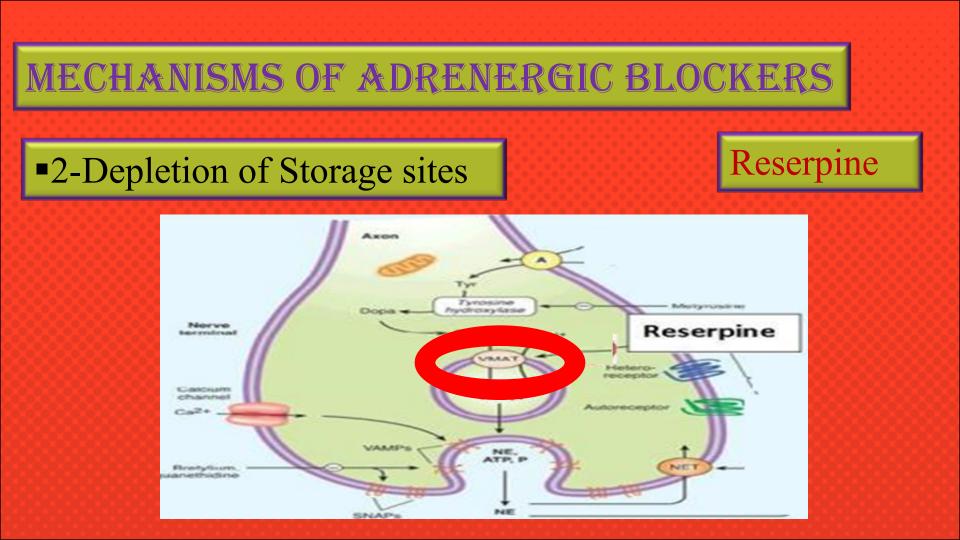
ILOS

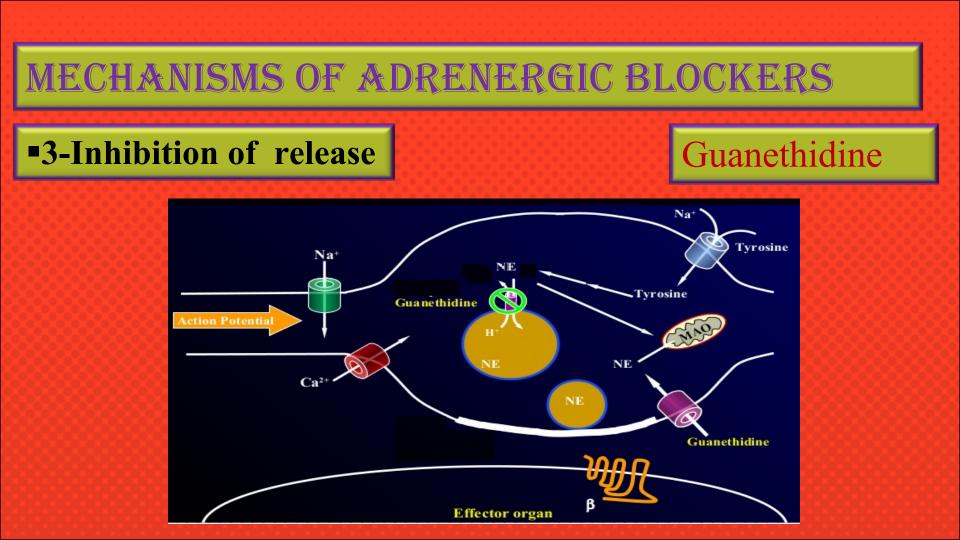
Outline the mechanisms of action of adrenergic neuron blockers

Classify α -receptor blockers into selective & non- selective

Study in detail the pharmacokinetic aspects & pharmacodynamic effects of α adrenergic blockers



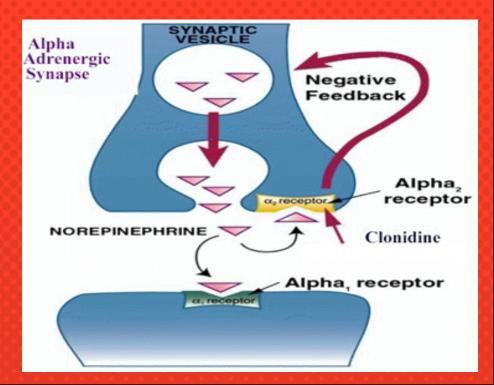




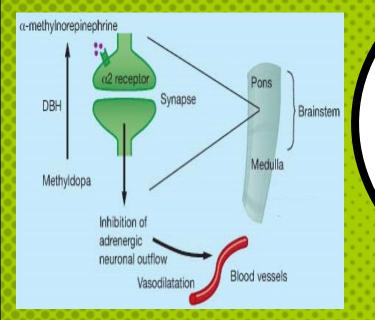
MECHANISMS OF ADRENERGIC BLOCKERS

4-Stimulation of presynaptic α₂ receptors

Clonidine and α-Methyldopa







Forms false transmitter that is released instead of NE

Acts centrally as α₂ receptor agonist to inhibit NE release

Drug of choice in the treatment of hypertension in pregnancy (preeclampsia - gestational hypertension)

Clonidine

Apraclonidine is used in open angle glaucoma as eye drops. acts by decreasing aqueous humor formation

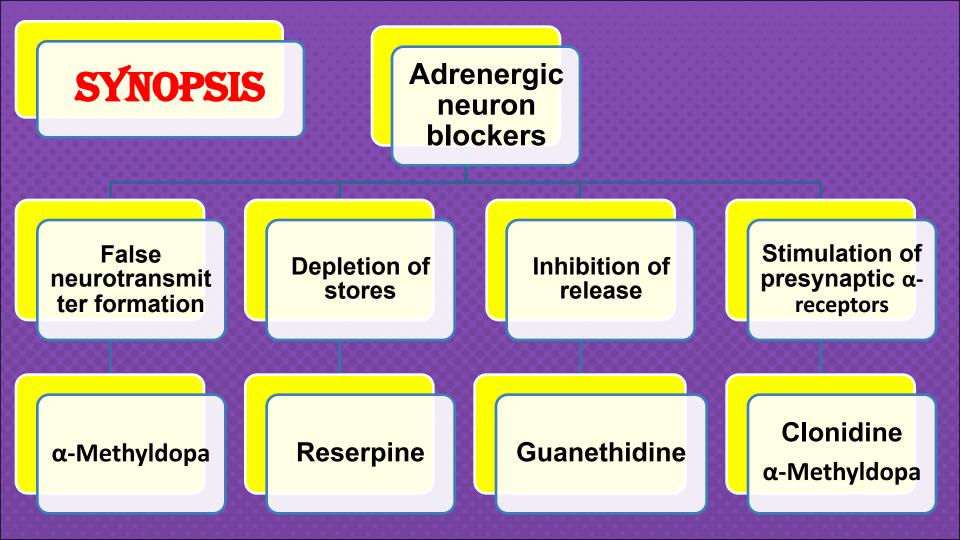
•Acts directly as α_2 receptor agonist to inhibit NE release

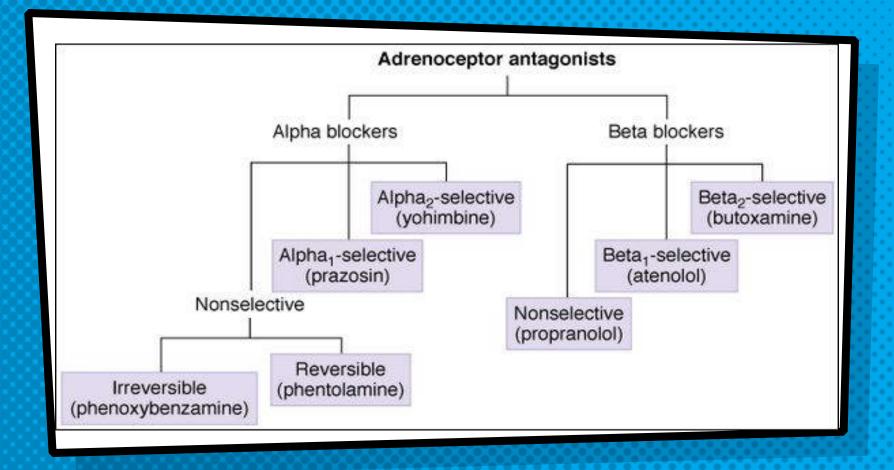
Suppresses sympathetic outflow activity from the brain

Little Used as Antihypertensive agent due to **rebound hypertension** upon abrupt withdrawal

Alpha 1

Alpha 2







α-receptor

They block sympathetic actions by antagonizing:-

ADRENERGIC RECEPTOR BLOCKERS





Non-Selective a - Adrenoceptor Antagonists Phenoxybenzamine: Phenoxybenzamine Irreversible blocks both α_1 and α_2 Rapid Covalent receptors bond Effector cell membrane **Covalently inactivated**

 α_1 -adrenoceptor

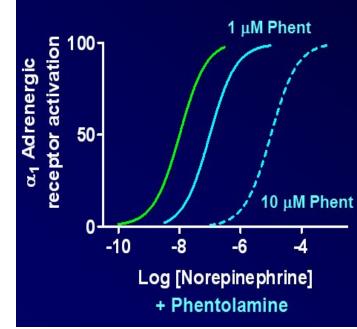
Long-acting (24 hrs).

Non-Selective α - Adrenoceptor Antagonists

Phentolamine

Reversible blocking of α1 & α2 receptors

Short acting (4 hrs)

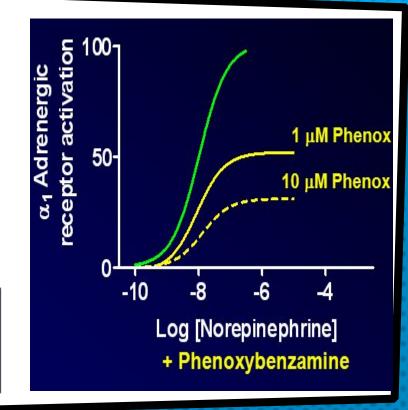


Both drugs cause:

Postural hypotension

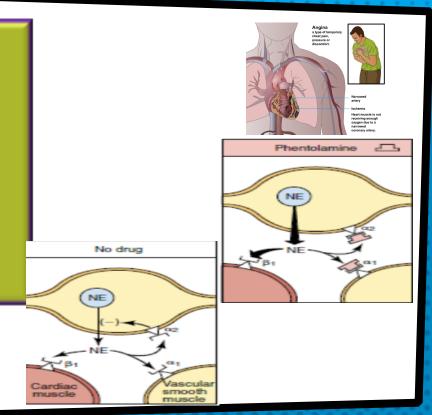
Decrease peripheral vascular resistance

Increase cardiac output (α2 block)



Both drugs can
precipitate arrhythmias
and angina and are
contra-indicated in
patients with decreased
coronary perfusion

Reflex tachycardia

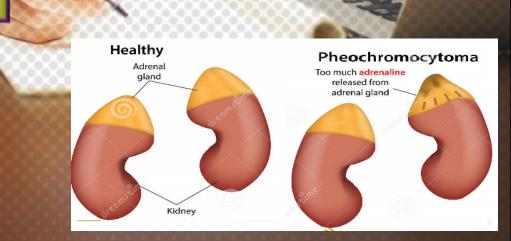


THERAPEUTIC USES:

Pheochromocytoma: Before surgical removal to protect against hypertensive crisis

"PHEochromocytoma"

- Palpitations
- Headache
- Episodic sweating (diaphoresis)



Phentolamine

Dermal necrosis following extravasation of NA



Reversal of local anasthesia

Hypertensive crisis following abrupt withdrawal of clonidine or ingestion of tyramine in patients on MAO inhibitors

Phenoxybenzamine:

Raynaud disease & frostbite





Postural hypotension

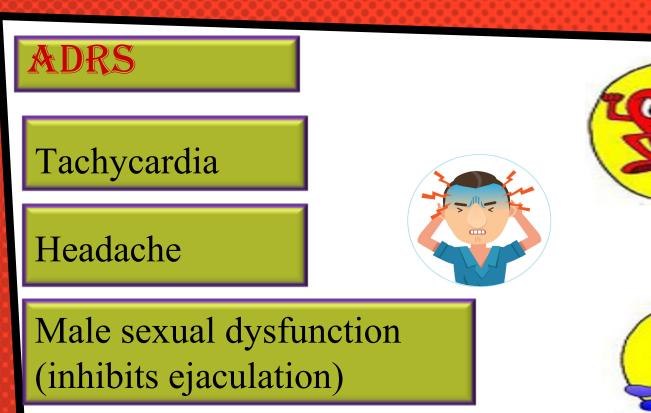
Nasal stuffiness or congestion



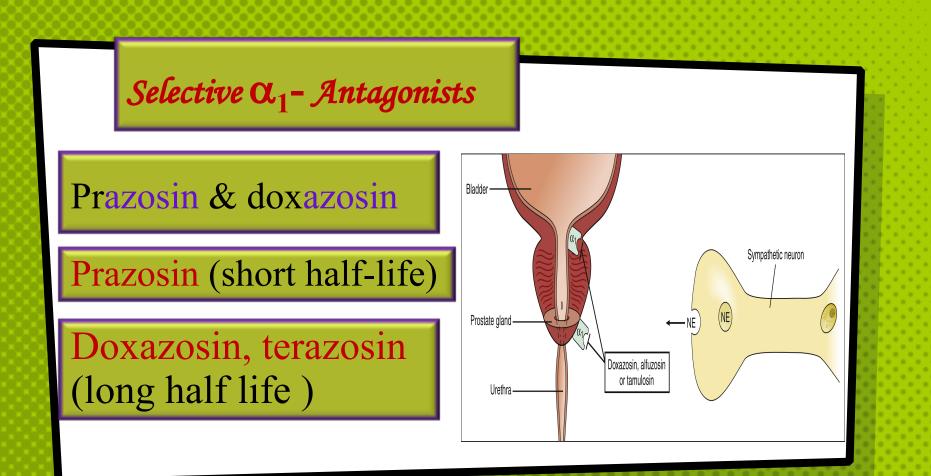




Stuffy Nose







Selective α_1 - Antagonists

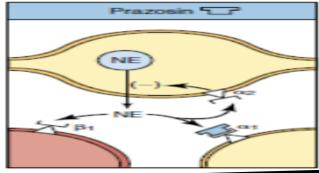
• α_1 -antagonists cause:-

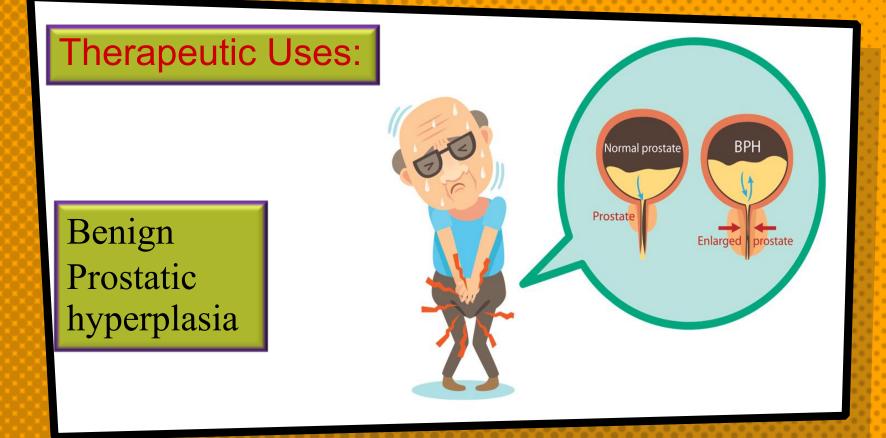
 Vasodilatation due to relaxation of arterial and venous smooth muscles

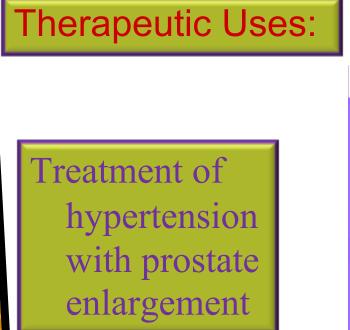
*Fall in arterial pressure with less tachycardia than with nonselective α blockers

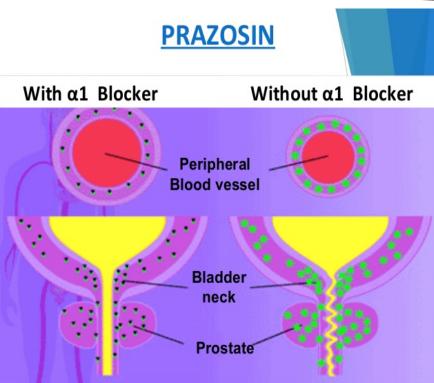


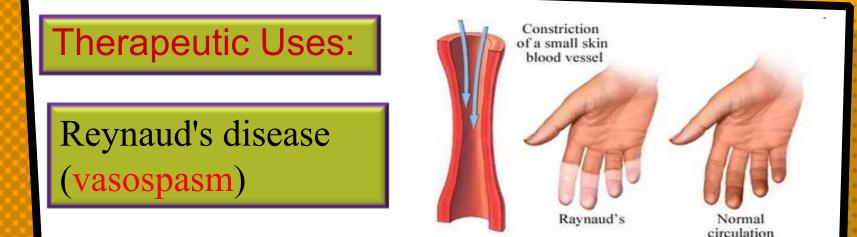
First dose of α_1 receptor blocker may produce an orthostatic hypotensive response that can result in syncope (fainting).











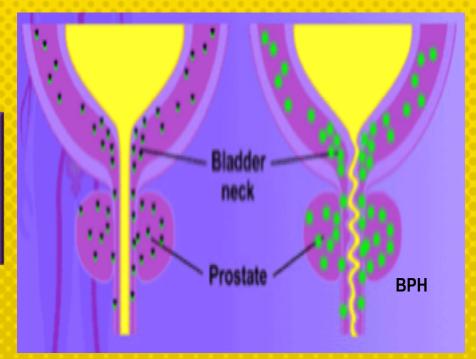
(Reynaud's disease causes some areas of the body such as fingers and toes to feel numb and cold in response to cold temperatures or stress)

Selective *α*1A–antagonist

Tamsulosin (Uroselective)

α 1A receptors present in prostate

Tamsulosin is used in treatment of benign prostatic hypertrophy (BPH)







Tamsulosin produces: relaxation of smooth muscles of bladder neck & prostate →improves urine flow

Has minimal effect on blood pressure





Yohimbine

Used as aphrodisiac in the treatment of erectile dysfunction

Increase nitric oxide release in the corpus cavernosum thus producing vasodilator action and contributing to the erectile process

