

## **DIRECT CHOLINERGIC DRUGS**

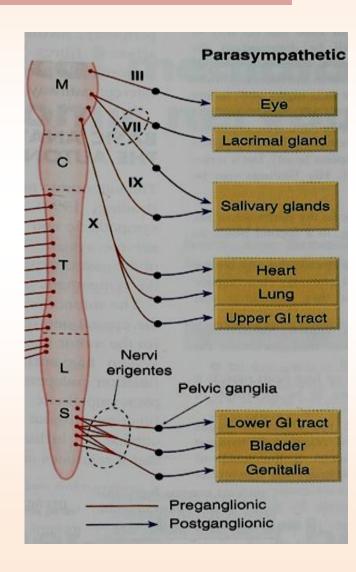
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### By the end of this lecture the student should know

- 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.

# Cholinomimetics Parasympathomimetics

Drugs that produce actions similar to stimulation of parasympathetic system or similar to Ach.



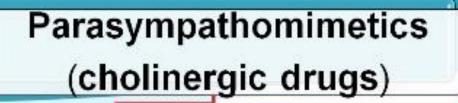
## Types of cholinomimetics

#### **Direct cholinomimetics**

cause direct stimulation of cholinergic receptors.

#### **Indirect cholinomimetics**

acts indirectly by inhibiting acetyl cholinesterase thus prevent the hydrolysis of Ach. They are called (cholinesterase inhibitors or anticholinesterases).



### Direct

Indirect

Acetyl-choline Methacholine Carbachol Bethanechol Pilocarpine

Reversible

Physostigmine Neostigmine Edrophonium Irriversible

Organophosphorus

Echothiophate (used in glucoma)

War gases and Parathion

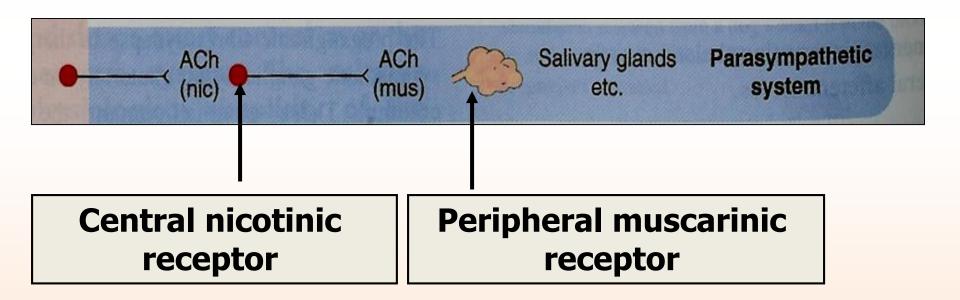
## **Direct Cholinergic drugs**

Cholinergic drugs acts upon two types of receptors

- Nicotinic receptors
- Muscarinic receptors

## Cholinergic or parasympathetic receptors

- Nicotinic receptors (N) = central receptors.
- Muscarinic receptors (M)= peripheral receptors

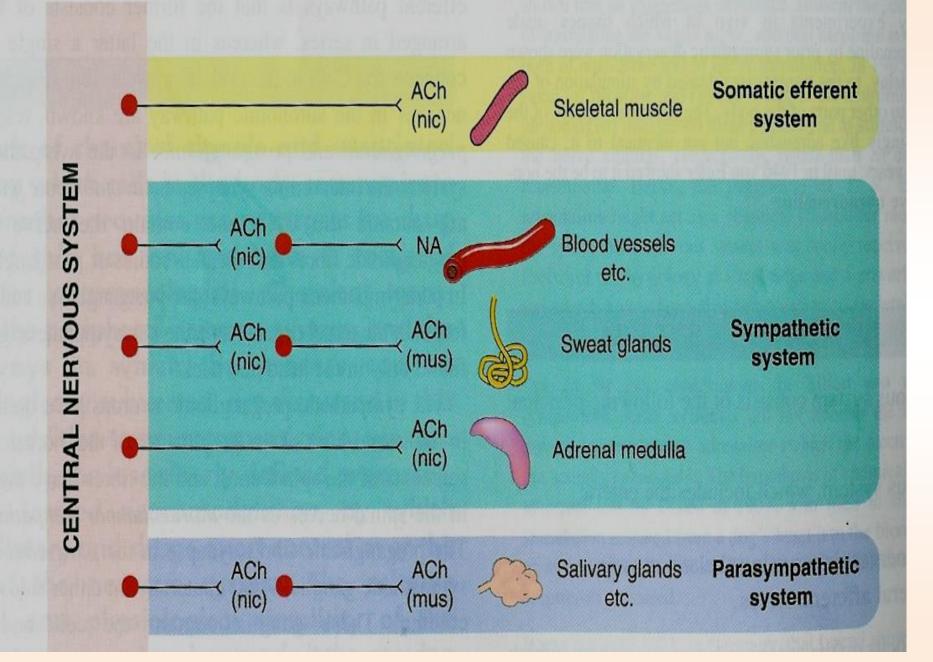


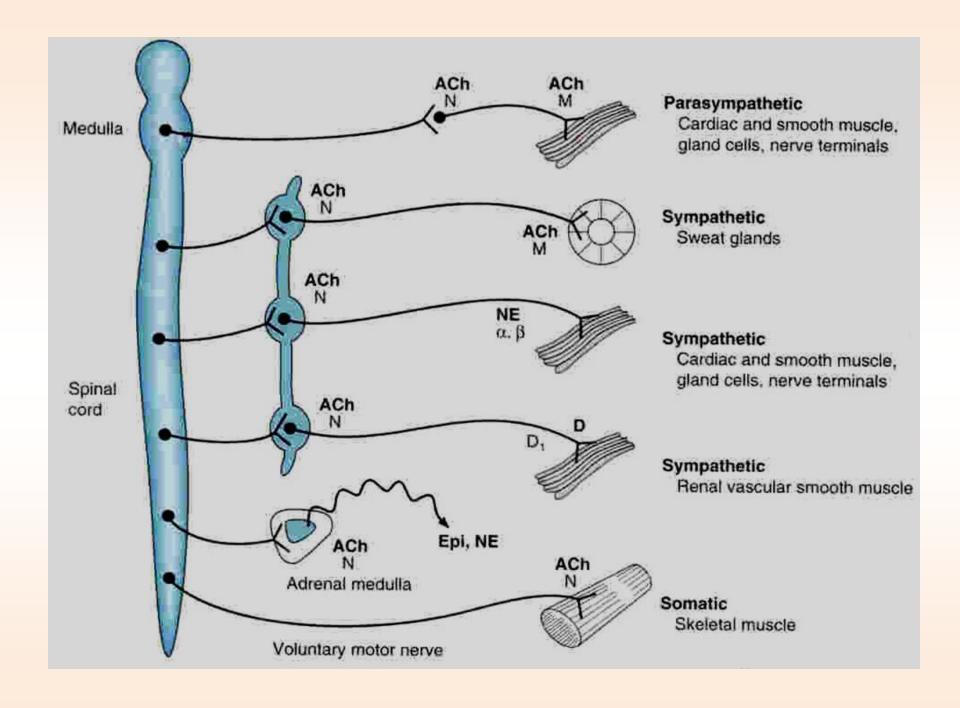
# **Nicotinic receptors**

Type I receptors: ion channel linked receptors

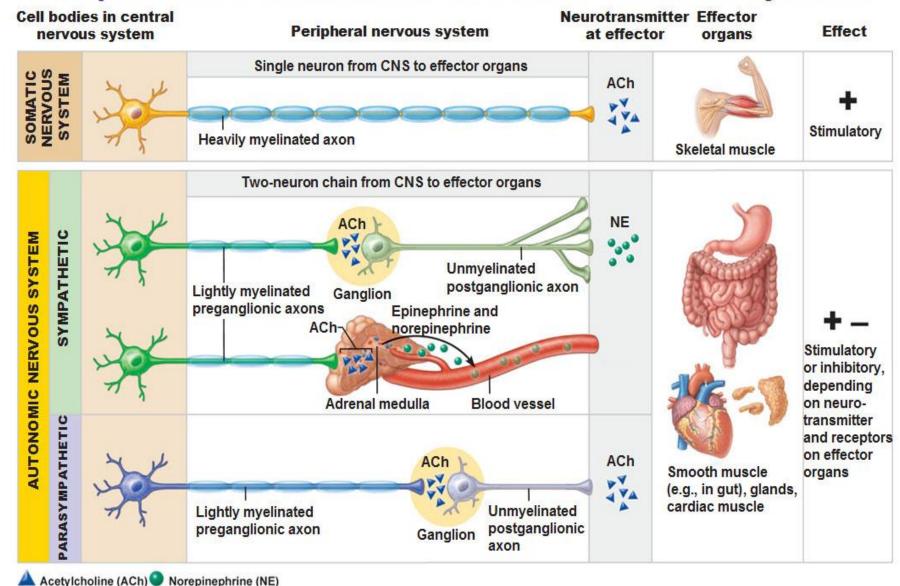
#### **Located in:**

- > Skeletal muscles (neuromuscular junction, Nm)
- Autonomic ganglia (sympathetic and parasympathetic ganglia, Nn).
- >Adrenal medulla (Nn).
- $\geq$  CNS (Nn).





## **Comparison of Autonomic and Somatic Motor Systems**



# Muscarinic receptors

## Type II receptors : G-protein linked receptors

- Five subclasses;  $M_1$ ,  $M_2$ ,  $M_3$ ,  $M_4$  and  $M_5$
- $M_1$ ,  $M_3$ ,  $M_5$  are excitatory or stimulatory in function (stimulation)
- $M_2$ ,  $M_4$  are inhibitory in function (inhibition).
- Located at all target organs that are innervated by postganglionic parasympathetic fibers (e.g, heart, CVS, eye, bladder, etc).

# **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	Vascular endothelium Exocrine glands Smooth muscles (GIT, urinary tract, bronchial muscles)	<ul> <li>Release of nitric oxide (NO), vasodilatation</li> <li>Secretion of glands</li> <li>Smooth muscle contraction</li> </ul>
M4 & M5	CNS	memory, arousal, attention and analgesia

# Cholinergic or parasympathetic receptors

Nicotinic receptors Central cholinoceptors	Muscarinic receptors Peripheral cholinoceptors
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)	<ul> <li>Heart (bradycardia, M2)</li> <li>Exocrine glands (secretion, M3)</li> <li>Smooth muscles (contraction, M3)</li> <li>(GIT, urinary tract, bronchial muscles,</li> </ul>
Skeletal muscles Nm contraction	uterus)

# Pharmacological actions of direct cholinergic drugs

Actions that are similar to the effects of parasympathetic system activation.

## They produce:

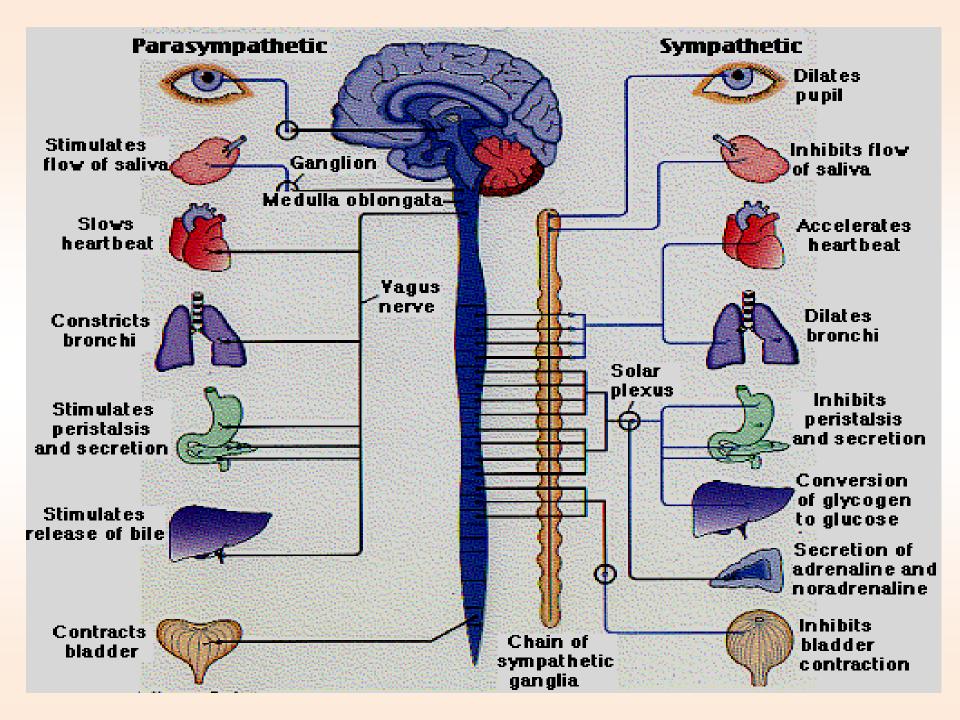
- 1. Nicotinic actions
- 2. Muscarinic actions

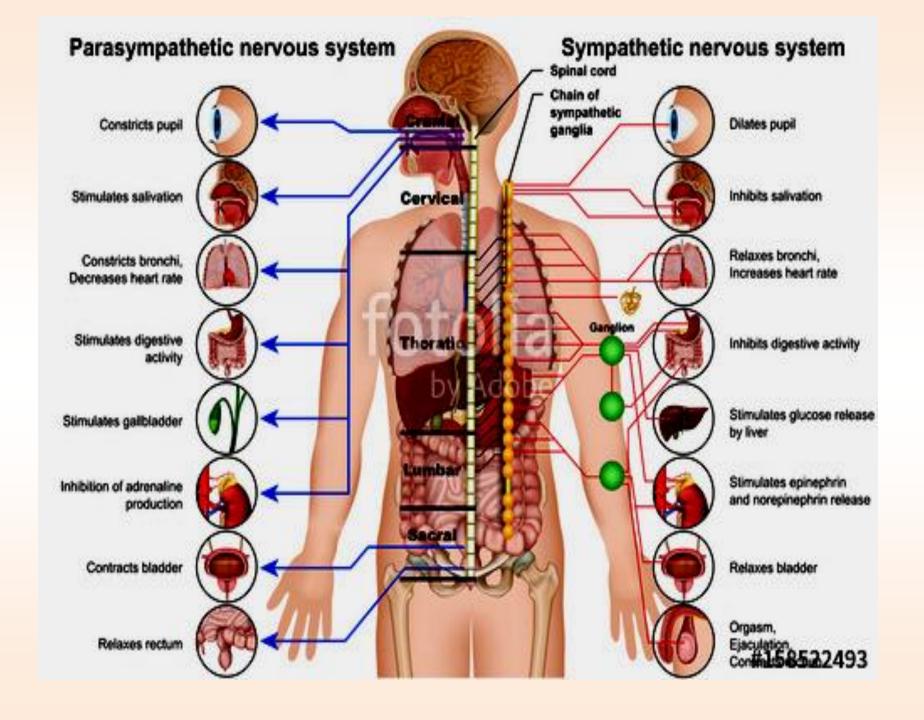
### **Nicotinic actions**

- > Skeletal muscles:
  - **►** Low concentration → muscle contraction
  - $\rightarrow$  High concentration  $\rightarrow$  persistent depolarization & relaxation (depolarization block).
- > Stimulation of Autonomic ganglia (sympathetic & parasympathetic).
- > Stimulation of adrenal medulla: release of catecholamines (Adrenaline & Noradrenaline).

# **Muscarinic actions**

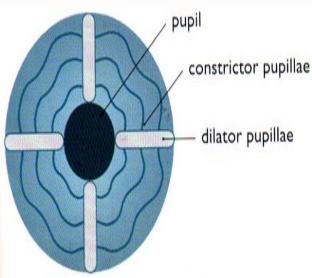
Organs	Cholinergic actions			
Eye	Contraction of circular muscle of iris (miosis)(M3)			
	Contraction of ciliary muscles for near vision (M3)			
	Decrease in intraocular pressure (IOP)			
Heart	bradycardia ( decrease in heart rate ) (M2)			
Endotheliu m	Release of NO (EDRF)			
Lung	Constriction of bronchial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



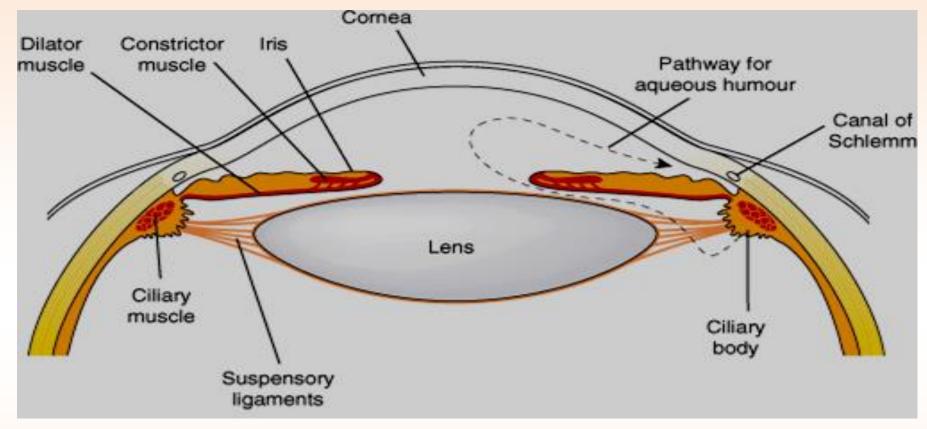


# EYE

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.



## Decrease in IOP by parasympathetic drugs



The aqueous humor is secreted by the epithelium of ciliary body. It is produced by a combination of active transport of ions and ultrafiltration of interstitial fluid. The fluid flows over the surface of the lens, out through the pupil into the anterior chamber. Flows through the trabecular meshwork into Schlemm's canal and is collected in the scleral veins. Parasympathomimetics produce contractions of circular muscles of iris thus pulling ciliary muscles away from the trabecular meshwork and Schlemm's canal thus facilitating drainage and reducing intraocular pressure.

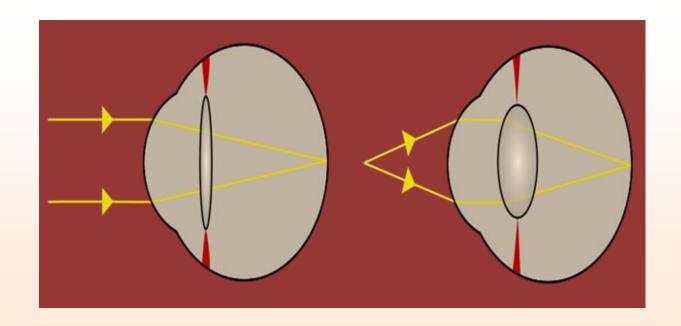
Aqueous humor secreted by ciliary body, is removed continuously by drainage into the canal of Schlemm.

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

Cholinergic drugs  $\rightarrow$ Miosis  $\rightarrow$  $\downarrow$  intraocular pressure in patient with glaucoma

# Cholinergic drugs & accommodate for near vision

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

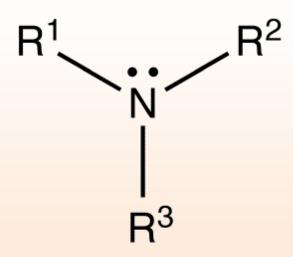


Eye	Parasympathetic Nervous System
Iris radial muscle circular muscle	No effect Contraction (miosis) M3
Ciliary muscle	Contraction M3
Accommodation	for near vision
Intraocular pressure(IOP)	Decrease

## **Direct Cholinomimetics**

-Naturally occurring alkaloids e.g.

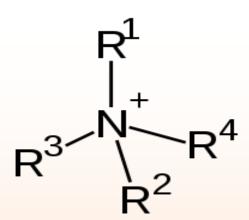
e.g. pilocarpine, nicotine (tertiary amines).



## **Direct Cholinomimetics**

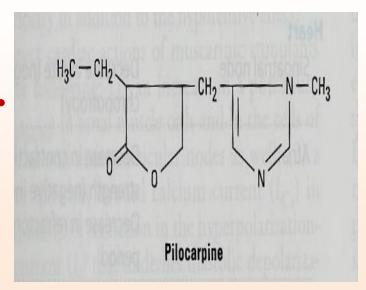
-Natural alkaloids

- -Synthetic choline esters (Quaternary ammonium compounds)
  - Acetylcholine
  - Carbachol
  - Bethanechol
  - Cevimeline



## Pilocarpine (natural alkaloids)

- Tertiary amine non polar = lipophilic
- 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).



## Pilocarpine (continue...)

#### **Uses:**

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

#### **Adverse effects:**

- Profuse sweating
- Salivation
- Bronchoconstriction
- Diarrhea (increase GIT motility)
- CNS effects

# **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 acetycholinesterase

# Synthetic choline esters

- □ include drugs as bethanechol, carbachol
- □ Quaternary ammonium compounds contain N<sup>+</sup> (polar)
- □ Poor distribution
- □ can not cross BBB (No CNS effects)
- □ Not metabolized by cholinesterase.
- ☐ Have longer duration of action than Ach.
- □Never given I.V. or I.M BUT S.C.

$$\begin{array}{c} 0 \\ | 1 \\ H_2 N - C - O - CH_2 - CH_2 - N^+ \stackrel{\frown}{-} CH_3 \\ CH_3 \\ CH_3 \end{array}$$

# Carbachol (carbamoylcholine)

$$\begin{array}{c} & & & \\ & & & \\ II & & & \\ H_2N-C-C-CH-CH_2-H_2-H_3 & & \\ & & & \\ I & & & \\ CH_3 & & & \\ \end{array}$$

Bethanechol (carbamoyl-β-methylcholine)

#### **Carbachol**

- 1. Muscarinic actions on Eye, GIT, UT. (see the previous table).
- 2. Has nicotinic actions (side effects).
- 3. Resistant to hydrolysis by acetyl cholinesterase
- 4. Longer duration than Ach.
- 5. Used for treatment of glaucoma

#### **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

#### **Cevimeline**

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

(autoimmune disease characterized by formation of antibodies that attacks the glands that make tears and saliva leading to dryness Of mouth and eye).

	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 cholinesteras e	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 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

#### Contraindications of direct cholinomimetics

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

