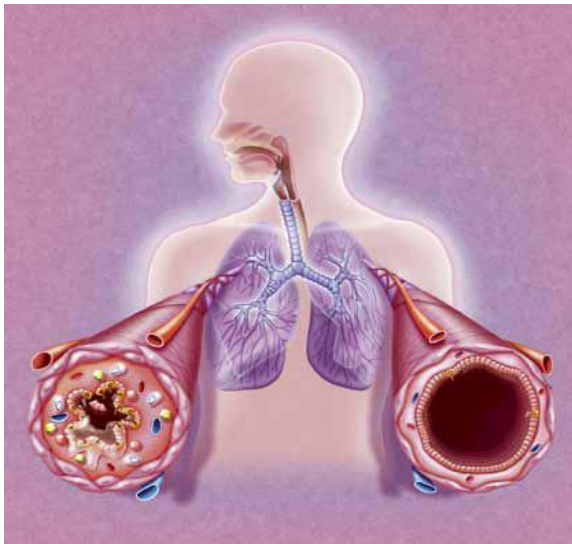


Pharmacology of drugs used in bronchial asthma & COPD

By

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ILOs: The students should be able to

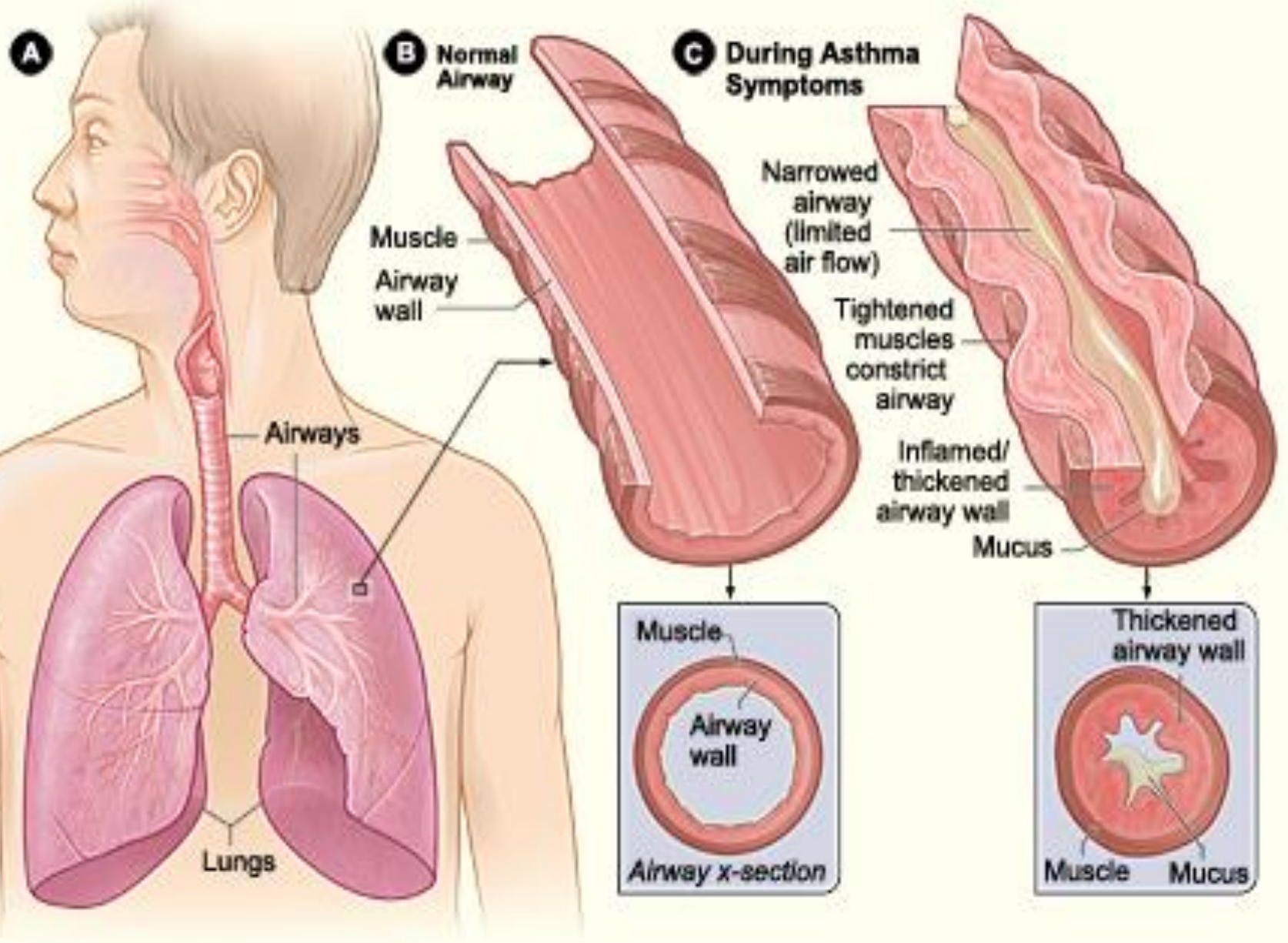
- 1. Different types of drugs used for treatment of asthma**
- 2. Differentiate between treatment and prophylactic therapy for asthma**
- 3. Recognize the different types of bronchodilators regarding pharmacokinetics, pharmacodynamics, uses and side effects.**
- 4. Identify the different anti-inflammatory drugs for asthma in respect to kinetics, dynamics, uses and side effects.**

Bronchial Asthma

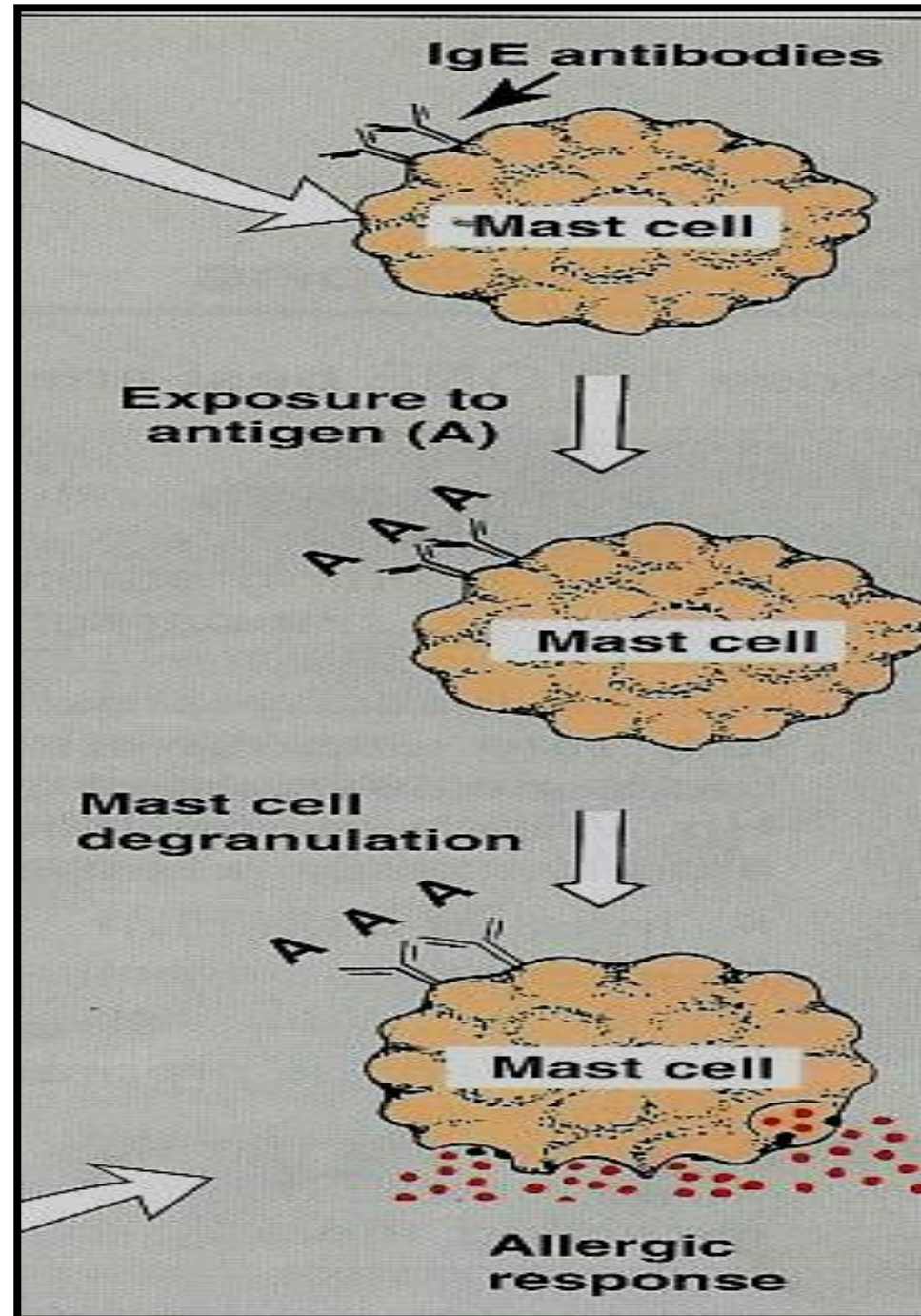
Asthma is a chronic inflammatory disorder of bronchial airways that result in airway obstruction in response to external stimuli (as pollen grains, cold air and tobacco smoke).

Characters of airways in asthmatic patients :

- **Airway hyper-reactivity:** abnormal sensitivity of the airways to any external stimuli.
- **Inflammation**
 - ↑ edema, swelling
 - ↑ Thick mucus production.
- **Bronchospasm** (constriction of the bronchial smooth muscles).



Airway hyper-reactivity



Symptoms of asthma

Asthma produces recurrent episodic attack of

- **Acute bronchoconstriction**
- **Shortness of breath**
- **Chest tightness**
- **Wheezing**
- **Rapid respiration**
- **Cough**

Symptoms can happen each time the airways are irritated by inhaled irritants or allergens.

Causes

- **Infection**
- **Stress**
- **Exercise (cold air)**
- **Pets**
- **Seasonal changes**
- **Emotional conditions**
- **Some drugs as aspirin, β -bockers**

Asthma drug targets

➤ **Parasympathetic supply**

M3 receptors in smooth muscles and glands.

➤ **Bronchoconstriction**

➤ **Increase mucus secretion**

➤ **No sympathetic supply** but **B₂ receptors** in smooth muscles and glands.

➤ **Bronchodilation**

➤ **Decrease mucus secretion**

Anti asthmatic drugs:

1) Quick relief medications:

Bronchodilators used to relieve acute episodic attacks of asthma.

2) Control therapy (prophylactic drugs):

Glucocorticoids; anti-inflammatory drugs
used to reduce the
frequency of attacks, and nocturnal awakenings.

Anti asthmatic drugs

Bronchodilators

(Quick relief medications)

treat acute attack of asthma

- **Short acting β 2-agonists**
- **Antimuscarinics**
- **Xanthine preparations**

Anti-inflammatory Agents

(Prophylactic therapy)

reduce the frequency of attacks

- **Corticosteroids**
- **Mast cell stabilizers**
- **Leukotrienes antagonists**
- **Anti-IgE monoclonal antibody**
- **Long acting β 2-agonists**

Bronchodilators

These drugs can produce rapid relief of bronchoconstriction.

Bronchodilators:

- **β 2 - adrenoreceptor agonists**
- **Antimuscarinics**
- **Xanthine preparations**

Sympathomimetics

β - adrenoceptor agonists

Mechanism of Action

- direct β_2 stimulation \longrightarrow stimulate adenylyl cyclase \longrightarrow \uparrow cAMP \rightarrow bronchodilation.
- Increase mucus clearance by (increasing ciliary activity).
- Stabilization of mast cell membrane.

Classification of β agonists

➤ Non selective β agonists:

epinephrine - isoprenaline

➤ Selective β_2 – agonists (Preferable).

Salbutamol (albuterol)

Terbutaline

Salmeterol

Formeterol

Non selective β -agonists.

Epinephrine

- **Potent bronchodilator**
- **Given subcutaneously, S.C.**
- **rapid action (maximum effect within 15 min).**
- **Has short duration of action (60-90 min)**
- **Drug of choice** for acute anaphylaxis
(hypersensitivity reactions).

Disadvantages

- **Not effective orally.**
- **Hyperglycemia**
- **Skeletal muscle tremor**
- **CVS side effects:**
tachycardia, arrhythmia, hypertension
- **Not suitable for asthmatic patients with hypertension or heart failure.**

Contraindications:

CVS patients, diabetic patients

Selective β_2 –agonists

- Are mainly given by **inhalation** by (metered dose inhaler or nebulizer).
- Can be given orally, parenterally.
- **Short acting β_2 agonists**
e.g. salbutamol, terbutaline
- **Long acting β_2 agonists**
e.g. salmeterol, formoterol

Nebulizer



Inhaler



Short acting β_2 agonists

Salbutamol, inhalation, orally, i.v.

Terbutaline, inhalation, orally, s.c.

- **Have rapid onset of action (15-30 min).**
- **short duration of action (4-6 hr)**
- **used for acute attack of asthma (drugs of choice).**

Long acting selective β_2 agonists

Salmeterol & formoterol

- are given by inhalation
- Long acting bronchodilators (12 hours) due to high lipid solubility (creates depot effect).
- are not used to relieve acute episodes of asthma
- used for nocturnal asthma.
- combined with inhaled corticosteroids to control asthma (decreases the number and severity of asthma attacks).

Advantages of selective β_2 agonists

- Minimal CVS side effects
- suitable for asthmatic patients with CV disorders as hypertension or heart failure.

Disadvantages of selective β_2 agonists

- Skeletal muscle tremors.
- Nervousness
- Tolerance (β -receptors down regulation).
- Overdose may produce tachycardia due to β_1 stimulation.

Muscarinic antagonists

Ipratropium – Tiotropium

- Act by blocking muscarinic receptors .
- given by aerosol inhalation
- Have delayed onset of action.
- Quaternary derivatives of atropine (polar).
- Does not diffuse into the blood
- Do not enter CNS.
- Have minimal systemic side effects
- **Ipratropium** has short duration of action 3-5 hr
- **Tiotropium** has longer duration of action (24 h).

Pharmacodynamics

- Inhibit bronchoconstriction and mucus secretion
- Less effective than β_2 -agonists.
- No anti-inflammatory action only bronchodilator

Uses

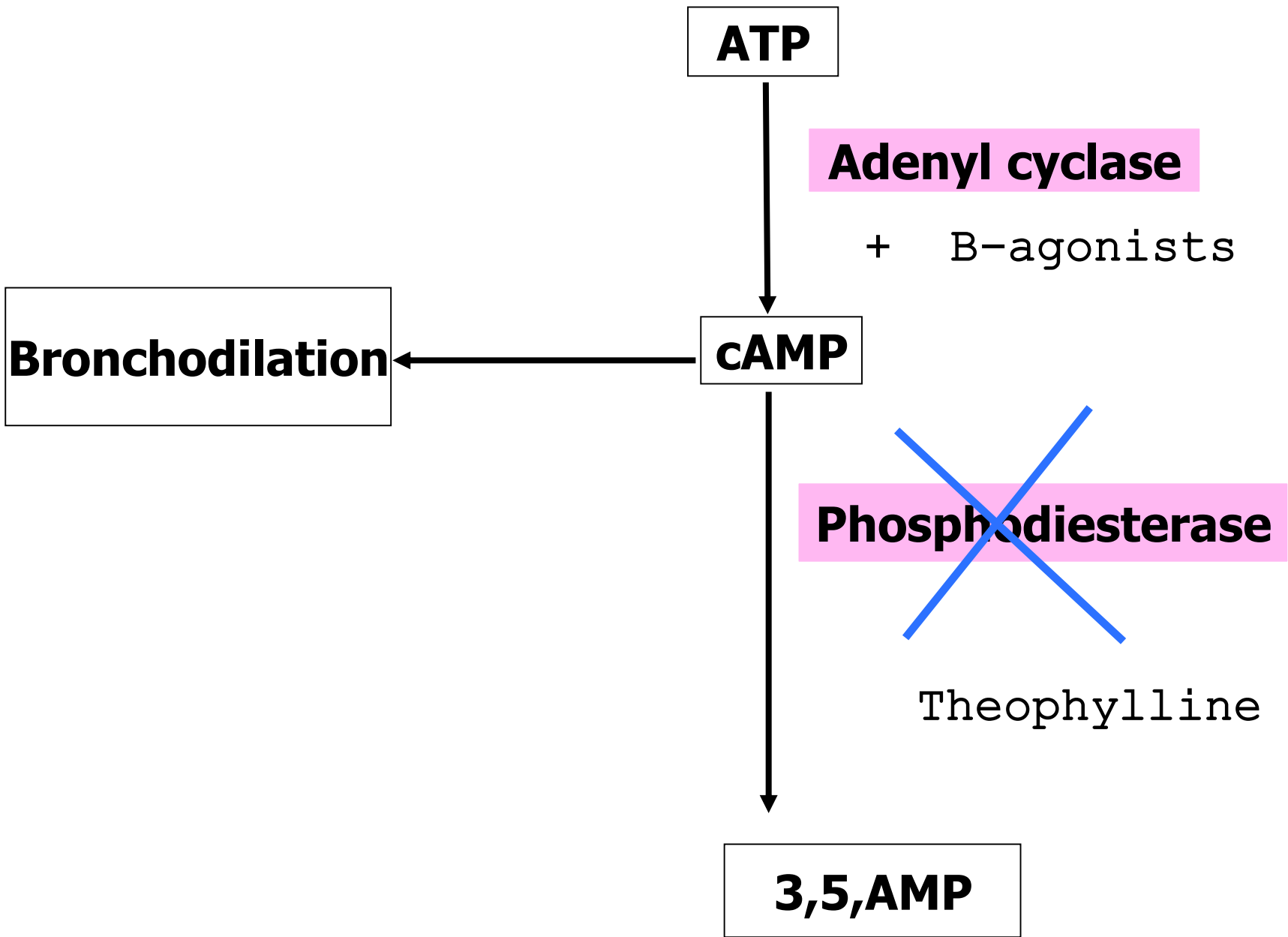
- Main choice in chronic obstructive pulmonary diseases (COPD).
- In acute severe asthma combined with β_2 agonists & corticosteroids.

Methylxanthines

- Theophylline - aminophylline

Mechanism of Action

- are phosphodiesterase inhibitors
- \uparrow cAMP \rightarrow bronchodilation
- Adenosine receptors antagonists (A1) (**not very significant in asthma**)
- Increase diaphragmatic contraction
- Stabilization of mast cell membrane



Pharmacological effects :

- Bronchial muscle relaxation
- ↑ contraction of diaphragm → improve ventilation

CVS: ↑ heart rate, ↑ force of contraction

GIT: ↑ gastric acid secretions

Kidney: ↑ renal blood flow, weak diuretic action

CNS stimulation

- * stimulant effect on respiratory center.
- * decrease fatigue & elevate mood.
- * overdose (tremors, nervousness, insomnia, convulsion)

Pharmacokinetics

- **Theophylline** is given orally
- **Aminophylline**, is given as slow infusion
- **metabolized by Cyt P450 enzymes in liver**
- $T_{1/2} = 8$ hours
- **has many drug interactions**
 - **Enzyme inducers:**
 - as phenobarbitone & rifampicin
 - \uparrow metabolism of theophylline $\rightarrow \downarrow T_{1/2}$.
 - **Enzyme inhibitors:**
 - as erythromycin
 - \downarrow metabolism of theophylline $\rightarrow \uparrow T_{1/2}$.

Uses

- Second line drug in asthma (theophylline).
- For status asthmatics (aminophylline, is given as slow infusion).

Side Effects

- **Low therapeutic index (narrow safety margin)**
monitoring of theophylline blood level is necessary.
- **CVS effects:** hypotension, arrhythmia.
- **GIT effects:** nausea & vomiting
- **CNS side effects:** tremors, nervousness, insomnia, convulsion

Prophylactic therapy

Anti - inflammatory drugs include:

- **Glucocorticoids to be discussed in (COPD)**
- **Leukotrienes antagonists**
- **Mast cell stabilizers**
- **Anti-IgE monoclonal antibody**
e.g. omalizumab

Anti - inflammatory drugs:

(control medications / prophylactic therapy)

- ↓ bronchial hyper-reactivity.
- ↓ reduce inflammation of airways
- ↓ reduce the spasm of airways

Glucocorticoids

Mechanism of action

- **Anti-inflammatory action due to:**
 - Inhibition of **phospholipase A2**
 - ↓ prostaglandin and leukotrienes
 - ↓ Number of inflammatory cells in airways.
 - **Mast cell stabilization** → ↓ histamine release.
 - ↓ capillary permeability and mucosal edema.
 - Inhibition of antigen-antibody reaction.
- **Upregulate β_2 receptors** (have additive effect to B_2 agonists).

Routes of administration

➤ **Inhalation:**

e.g. Budesonide & Fluticasone, beclometasone

- Given by inhalation (metered-dose inhaler).
- Have first pass metabolism
- Best choice in asthma, less side effects

➤ **Orally:** Prednisone, methyl prednisolone (for acute asthma attack)

➤ **Injection:** Hydrocortisone, dexamethasone

Glucocorticoids in asthma

- Are not bronchodilators
- Reduce bronchial inflammation
- Reduce bronchial hyper-reactivity to stimuli
- Have delayed onset of action (effect usually attained after 2-4 weeks).
- Maximum action at 9-12 months.
- Given as prophylactic medications, used alone or combined with β_2 agonists.
- Effective in allergic, exercise, antigen and irritant-induced asthma,

Systemic corticosteroids are reserved for:

- Status asthmaticus (i.v.).

Inhalation has very less side effects:

- Oropharyngeal candidiasis (thrush).
- Dysphonia (voice hoarseness).

(to reduce these effects, Instruct patient to rinse mouth properly after inhalation).

Withdrawal

- Abrupt stop of corticosteroids should be avoided and dose should be tapered (to avoid exacerbation of asthmatic attack and adrenal insufficiency).

Mast cell stabilizers

e.g. Cromoglycate – Nedocromil (not commonly used)

- act by stabilization of mast cell membrane.
- given by inhalation (aerosol, nebulizer).
- Have poor oral absorption (10%)

Pharmacodynamics

- are Not bronchodilators
- Not effective in acute attack of asthma.
- **Prophylactic** anti-inflammatory drug
- Reduce bronchial hyper-reactivity.
- Effective in exercise, antigen and irritant-induced asthma.
- Children respond better than adults

Uses

- Prophylactic therapy in asthma especially in children.
- Allergic rhinitis.
- Conjunctivitis.

Side effects

- Bitter taste
- minor upper respiratory tract irritation (burning sensation, nasal congestion)

Leukotrienes antagonists

Leukotrienes

- synthesized by inflammatory cells found in the airways (eosinophils, macrophages, mast cells).
- produced by the action of 5-lipoxygenase on arachidonic acid.
- **Leukotriene B4:** chemotaxis of neutrophils
- **Cysteinyl leukotrienes C4, D4 & E4:**
 - bronchoconstriction
 - increase bronchial hyper-reactivity
 - ↑ mucosal edema, ↑ mucus secretion

Mechanism of action of leukotrienes antagonists

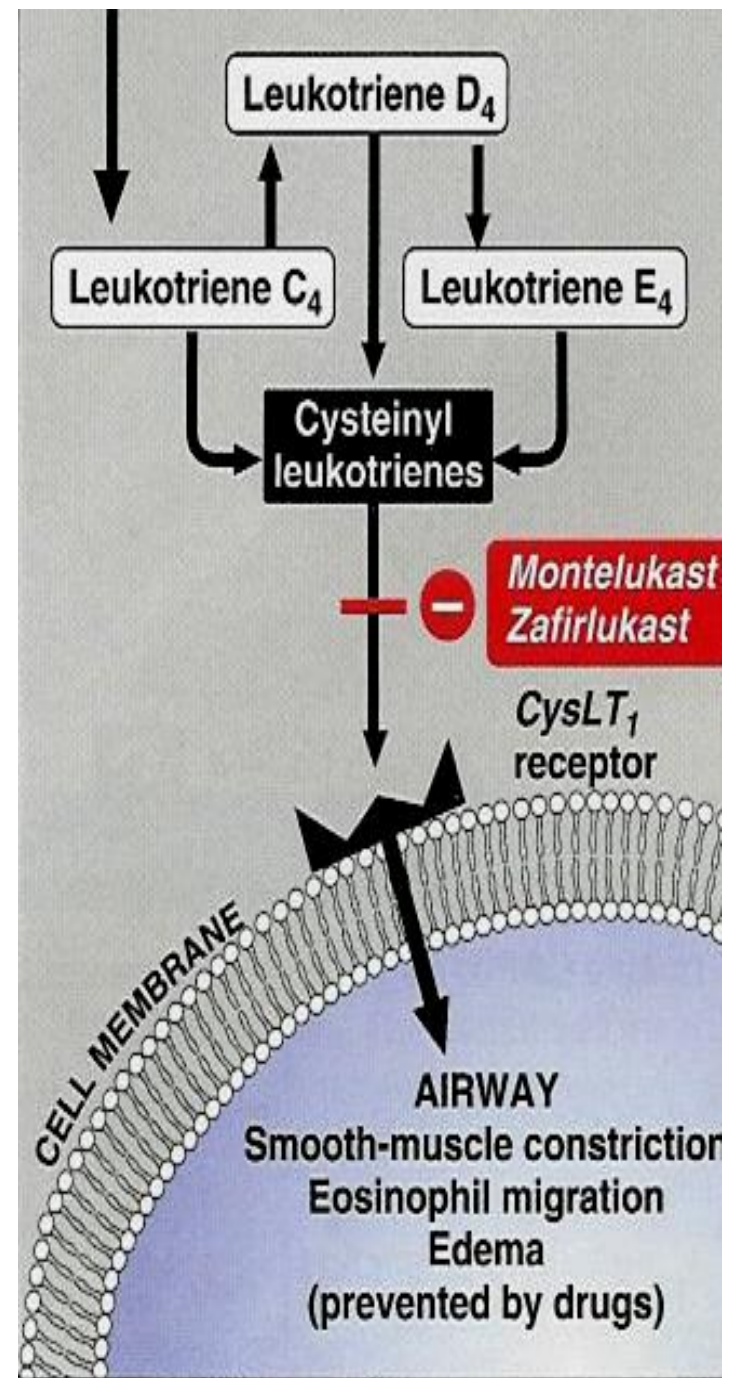
e.g.

Zafirlukast

Montelukast

Pranlukast

are selective, reversible antagonists of cysteinyl leukotriene receptors (CysLT₁ receptors).



Leukotriene receptor antagonists

e.g. zafirlukast, montelukast, pranlukast

- Taken orally.
- Are bronchodilators
- Have anti-inflammatory action
- Less effective than inhaled corticosteroids
- Have glucocorticoids **sparing effect** (potentiate corticosteroid actions).

Uses of leukotriene receptor antagonists

- **Not** effective in acute attack of asthma.
- **Prophylaxis** of mild to moderate asthma.
- Aspirin-induced asthma
- Antigen and exercise-induced asthma
- Can be combined with glucocorticoids (additive effects, low dose of glucocorticoids can be used).

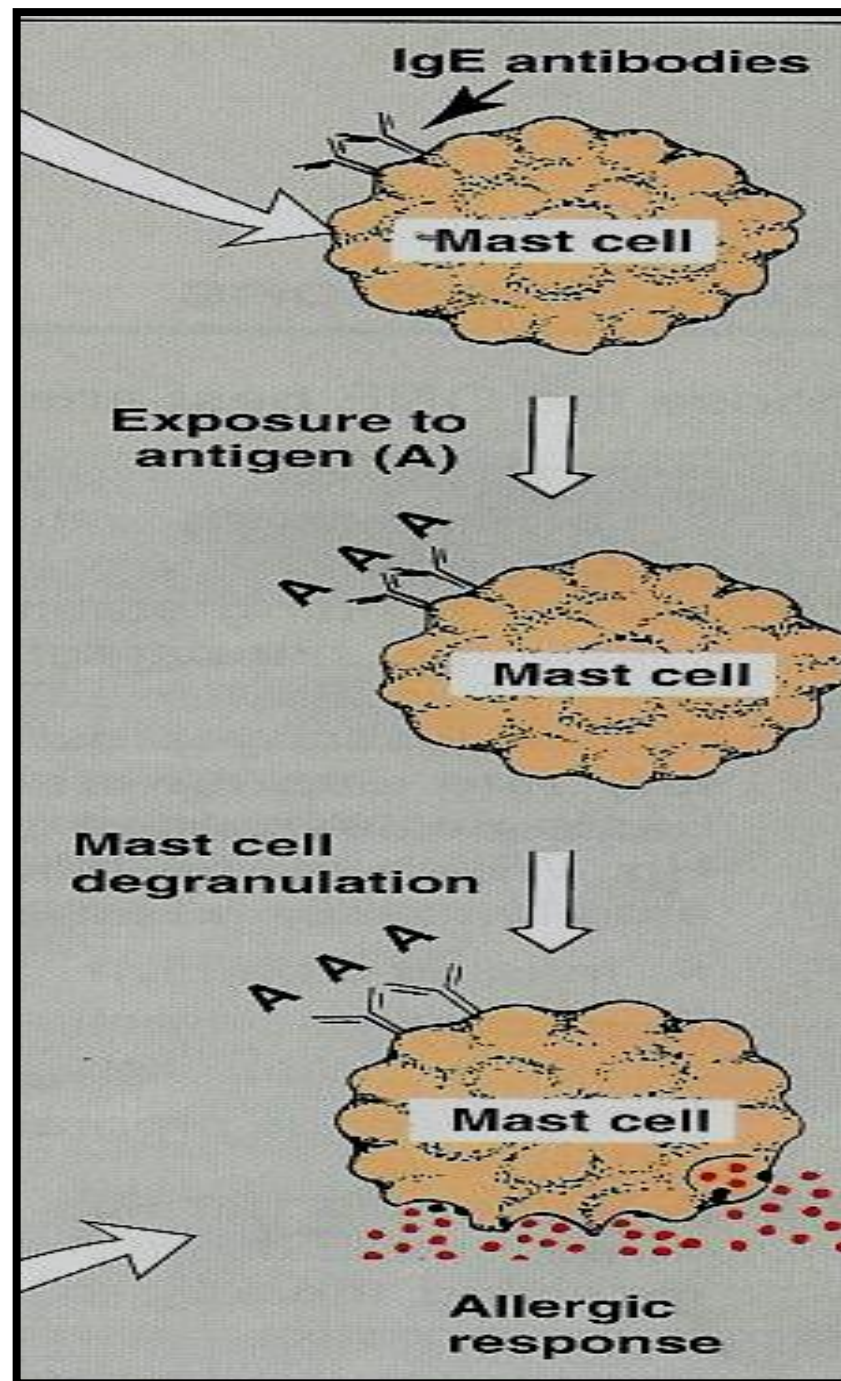
Side effects:

Elevation of liver enzymes, headache, dyspepsia

Anti-IgE monoclonal antibody

e.g. Omalizumab

- is a monoclonal antibody directed against **human IgE** – given by injection (s.c.)
- prevents IgE binding with its receptors on mast cells & basophiles.
- ↓ release of allergic mediators.
- Expensive-not first line therapy.
- used for treatment of moderate to severe allergic asthma which does not respond to high doses of corticosteroids.



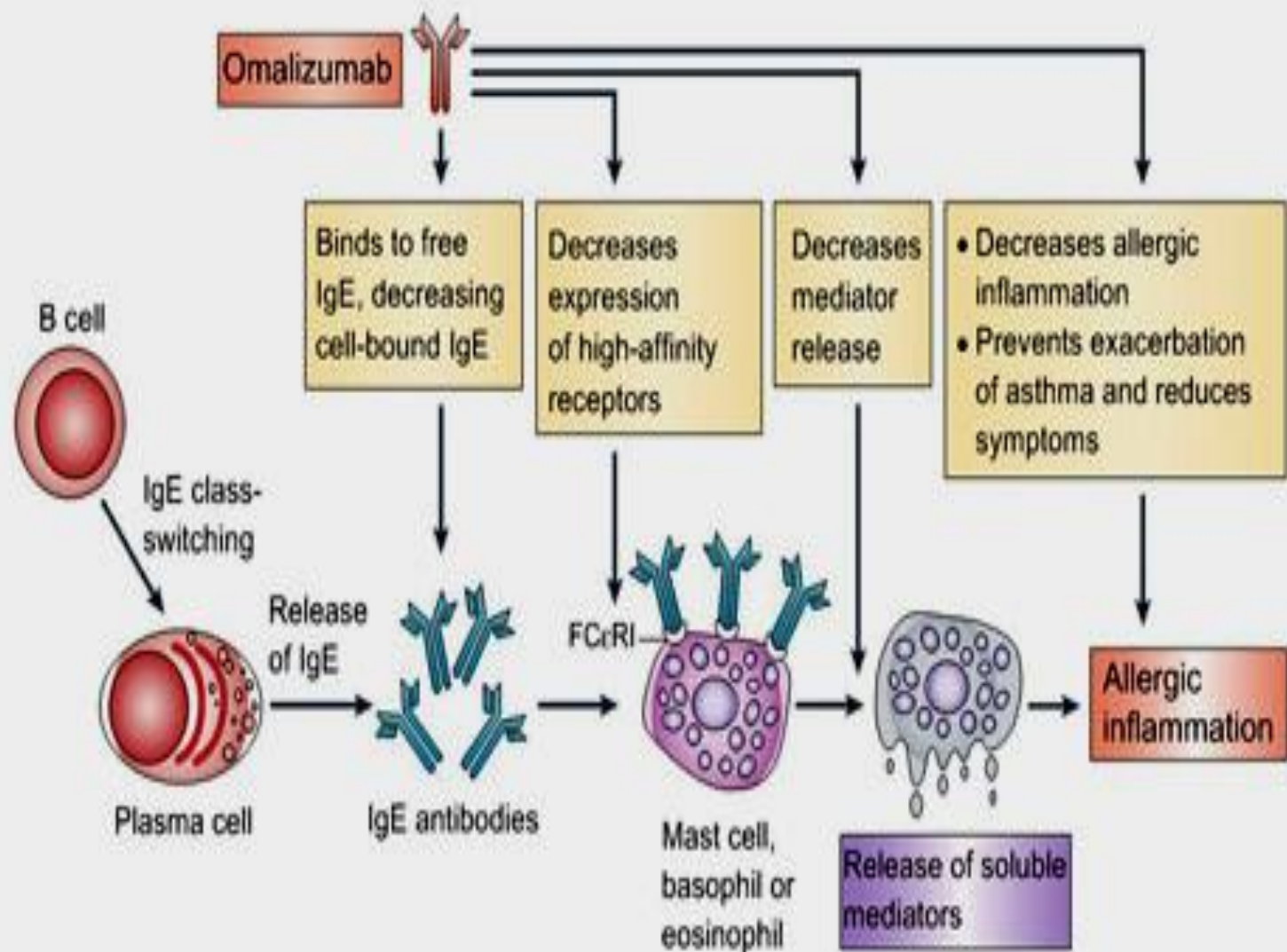


Figure 1. Mechanisms of action of omalizumab in allergic asthma.

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Abbreviation: Fc RI, high-affinity IgE receptor.

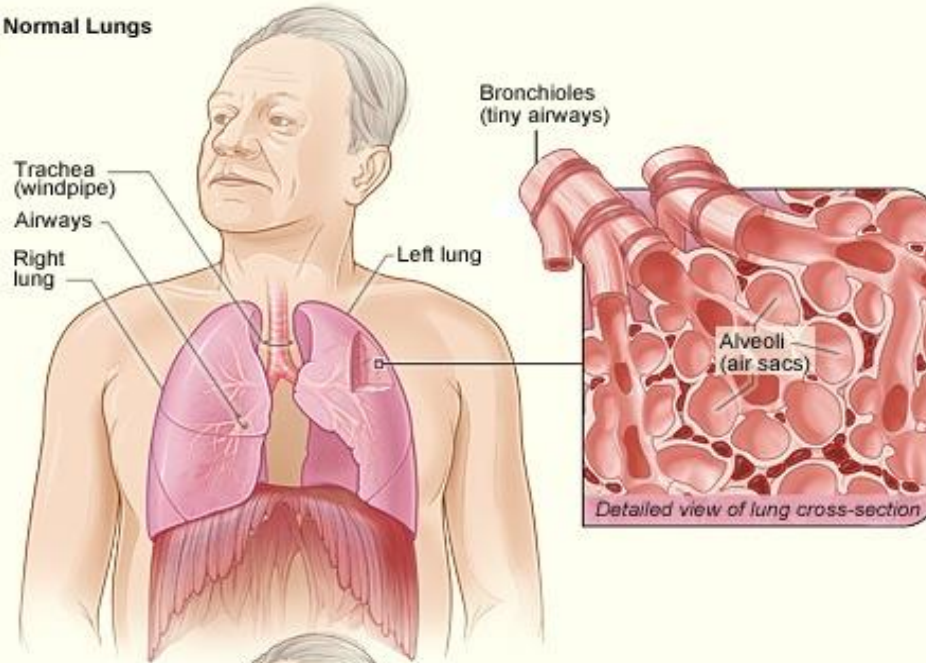
Drugs used in chronic obstructive pulmonary disease (COPD)

- **COPD** is a chronic irreversible airflow obstruction, lung damage and inflammation of the air sacs (alveoli).
- **COPD** is characterized by chronic bronchitis and emphysema (destruction of walls of alveoli).

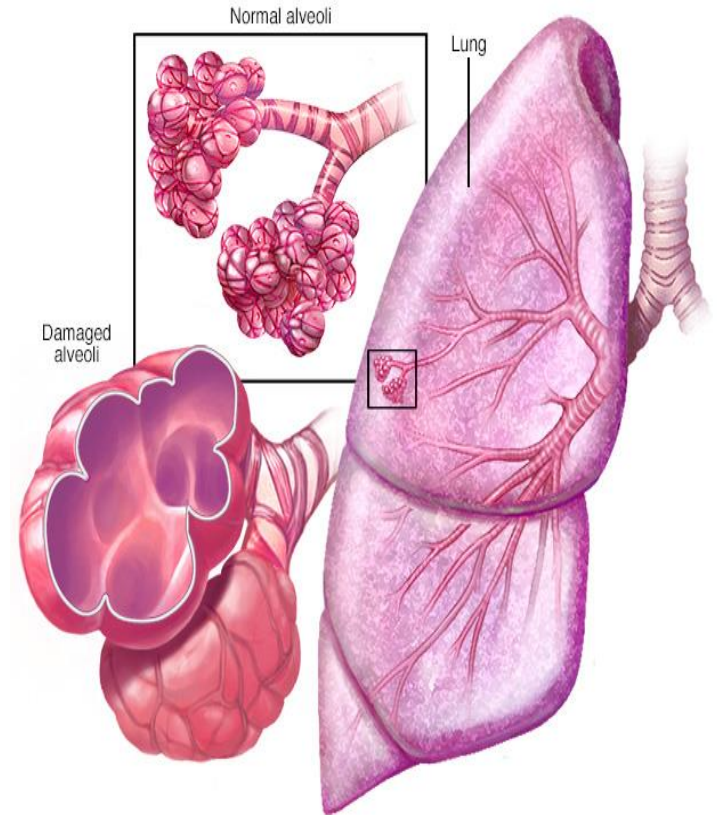
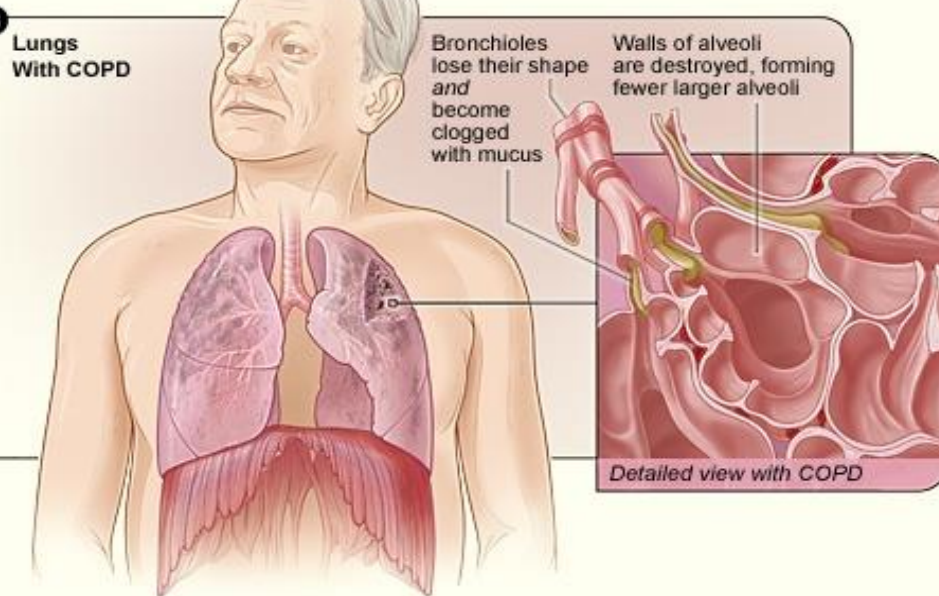
Drugs used in chronic obstructive pulmonary disease (COPD)

- **Smoking** is a high risk factor but air pollution and genetic factors can contribute.

A Normal Lungs



B Lungs With COPD



Treatment:

- Inhaled bronchodilators
- Inhaled glucocorticoids
- Oxygen therapy
- **Antibiotics** specifically macrolides such as **azithromycin** to reduce the number of exacerbations.
- Lung transplantation

Inhaled bronchodilators in COPD

➤ Inhaled antimuscarinics

➤ Ipratropium & tiotropium.

➤ are superior to β_2 agonists in COPD

➤ β_2 agonists

➤ these drugs can be used either alone or combined

– salbutamol + ipratropium

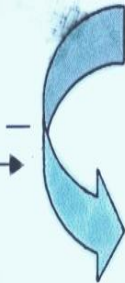
– salmeterol + Tiotropium (long acting-less dose frequency).

Efferent Vagus Endings



Release of Acetylcholine

Ipratropium



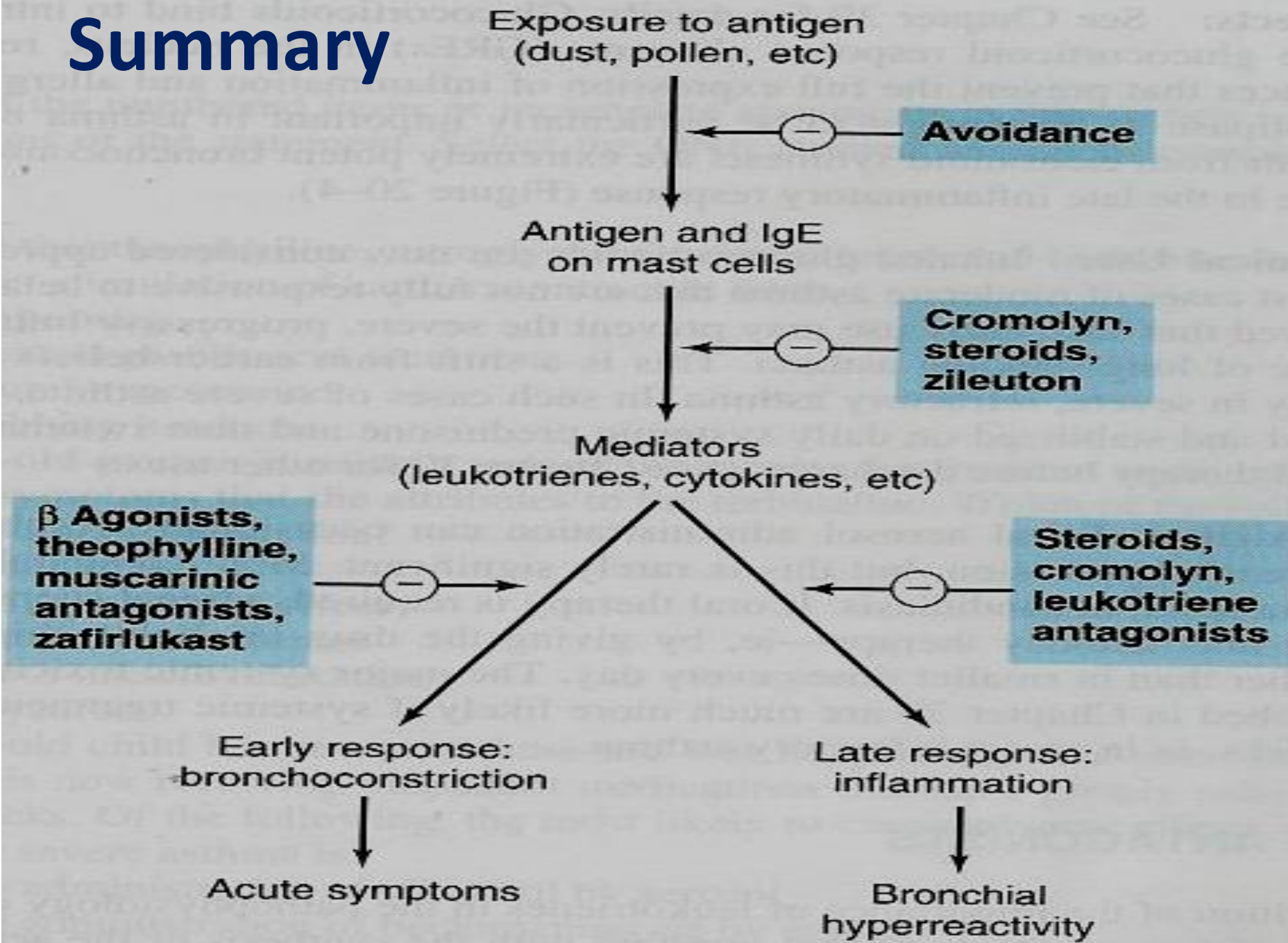
Contraction of Smooth Muscle



Ipratropium

Secretion of Mucous

Summary



Bronchodilators (relievers for bronchospasm)

Drugs		
B2 agonists Salbutamol, terbutaline	<ul style="list-style-type: none"> – Short acting – main choice in acute attack of asthma – Inhalation 	↑ Adenyl cyclase ↑ cAMP
Salmeterol, formoterol	Long acting, Prophylaxis Nocturnal asthma	
Antimuscarinics Ipratropium (Short) Tiotropium (long)	Main drugs For COPD Inhalation Inhalation	Blocks M receptors
Xanthine derivatives Theophylline Aminophylline	 (orally) (parenterally)	Inhibits phosphodiesterase ↑ cAMP

Anti-inflammatory drugs (prophylactic)

Corticosteroids (Inhibits phospholipase A2) Dexamethasone, Fluticasone, budesonide	Inhalation
prednisolone	Orally
Hydrocortisone	parenterally
Mast stabilizers Cromoglycate (Cromolyn), Nedocromil	Inhalation, prophylaxis in children
Cysteinyl antagonists (CyLT1 antagoist) Zafirlukast, montelukast	orally
Omalizumab (Anti IgE antibody)	Injection (SC)

Videos about asthma

Bronchial Asthma

<https://www.youtube.com/watch?v=S04dci7NTPk>

<https://www.youtube.com/watch?v=4aK76DoxKGk>

COPD

<https://www.youtube.com/watch?v=NICVVDHQBgs>

<https://www.youtube.com/watch?v=T1G9RI65M-Q>