

# **DRUGS RELATED TO BALANCE SYSTEM**

The overall incidence of dizziness, vertigo, and imbalance is 5-10%

It reaches 40% in patients older than 40 years.

Accounts for 3% of total visits to emergency department

The incidence of falling due to imbalance is 25% in subjects older than 65 years.

1% of falls results in hip fracture

Roughly 50% of fractured hips will not function normally.



# **DRUGS RELATED TO BALANCE SYSTEM**

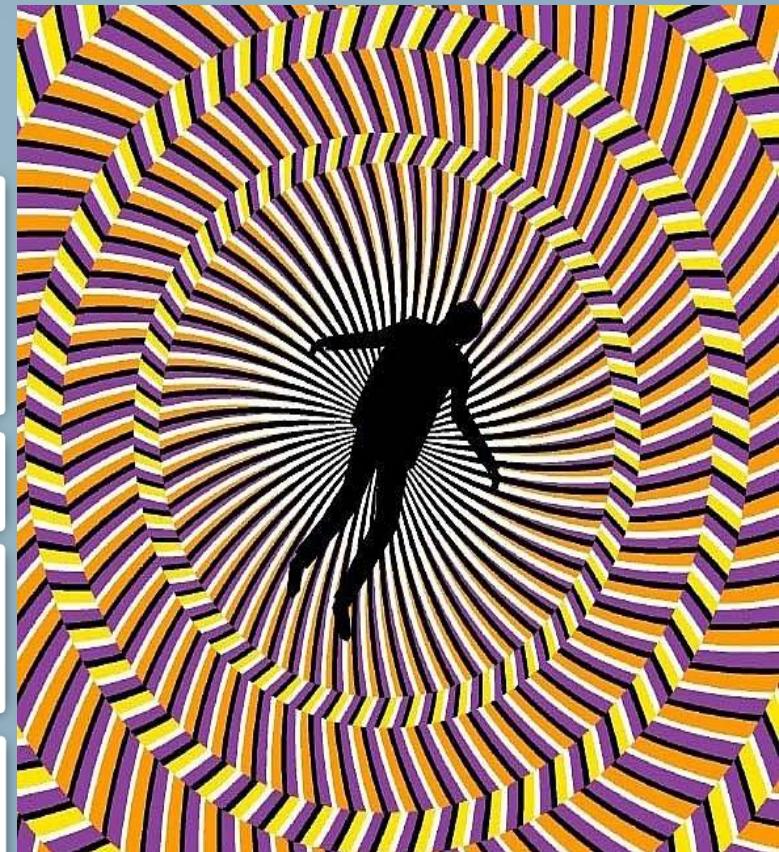
## **ILOS**

To differentiate between classes of drugs used **to control** or to **prevent** vertigo

To hint on some disorders of balance

To detail on some drugs used **to control** or to **prevent** vertigo

To identify drugs that can precipitate vertigo



# **DRUGS RELATED TO BALANCE SYSTEM**

**Balance Disorders**

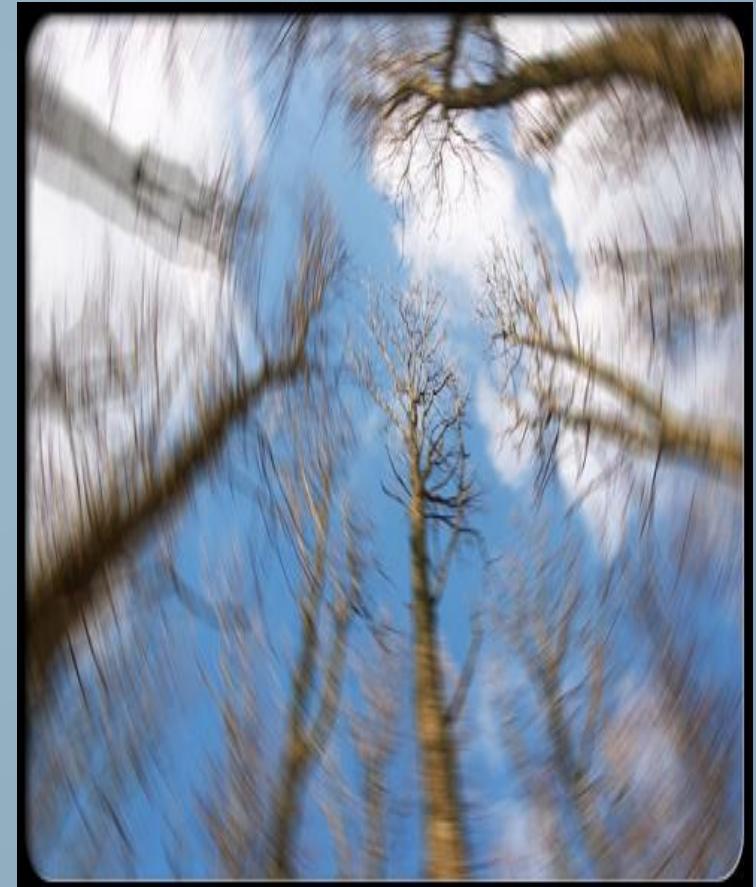
**Definition**

**Terms**

**Dizziness**

**Vertigo**

**Light headedness**



# **SYMPTOMS**

**Spinning (vertigo)**



**Confusion or disorientation**

**Falling or feeling as if one is going to fall**

**Nausea or vomiting**

**Sweating**

**Abnormal eye movement (nystagmus)**

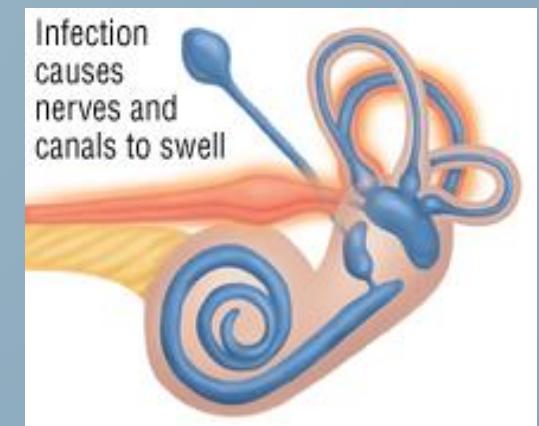
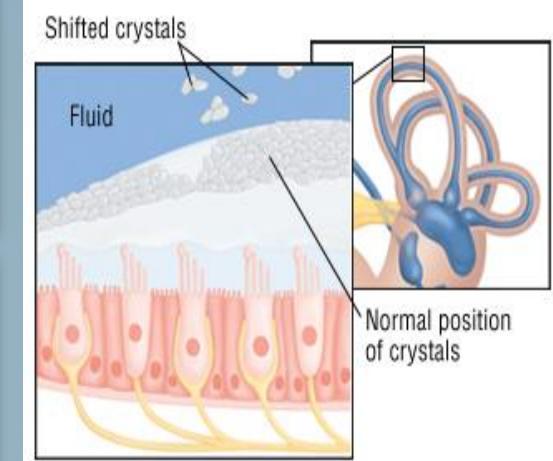


# BALANCE DISORDERS

**Benign paroxysmal positional vertigo**:-A change in head position causes a sudden sensation of spinning.

**Acute labyrinthitis**:-Inflammation of the balance apparatus of the inner ear, probably caused by a viral infection.

**Ménière's disease**:-This causes repeat episodes of dizziness, usually with ringing in the ear and progressive low-frequency hearing loss.



# PHARMACOLOGIC APPROACH

## Specific treatment

Involves targeting the underlying cause of the disease

## Symptomatic treatment

Involves controlling the acute symptoms and autonomic complaints

## Prophylactic treatment

Aims to prevent specific symptoms (e.g., vertigo and nausea/vomiting)

■ Diuretics (but not loop diuretics)

Corticosteroids

■ Ca Channel Blockers  
■ Cinnarizine, Verapamil

# **SYMPTOMATIC CONTROL**

## **Vestibular suppressants**

Vestibular **Antiemetics** are drugs that reduce the intensity of vertigo and nystagmus evoked by a vestibular imbalance.

**1-Anticholinergics**

**2-Benzodiazepines**

**3-Betahistine**

## **1-Anticholinergics**

Anticholinergics inhibit firing in vestibular nucleus neurons

Reduce the velocity of vestibular nystagmus

e.g. hyoscine, also useful in motion sickness, sedation

ADRs:- dry mouth, blurred vision, sedation

## **2-Benzodiazepines**

In small dosages useful for the management of acute vertigo

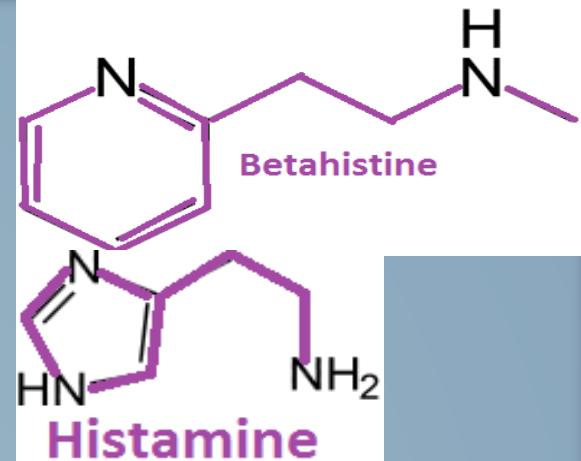
Minimize anxiety and panic associated with vertigo

**Lorazepam, Clonazepam, Diazepam**

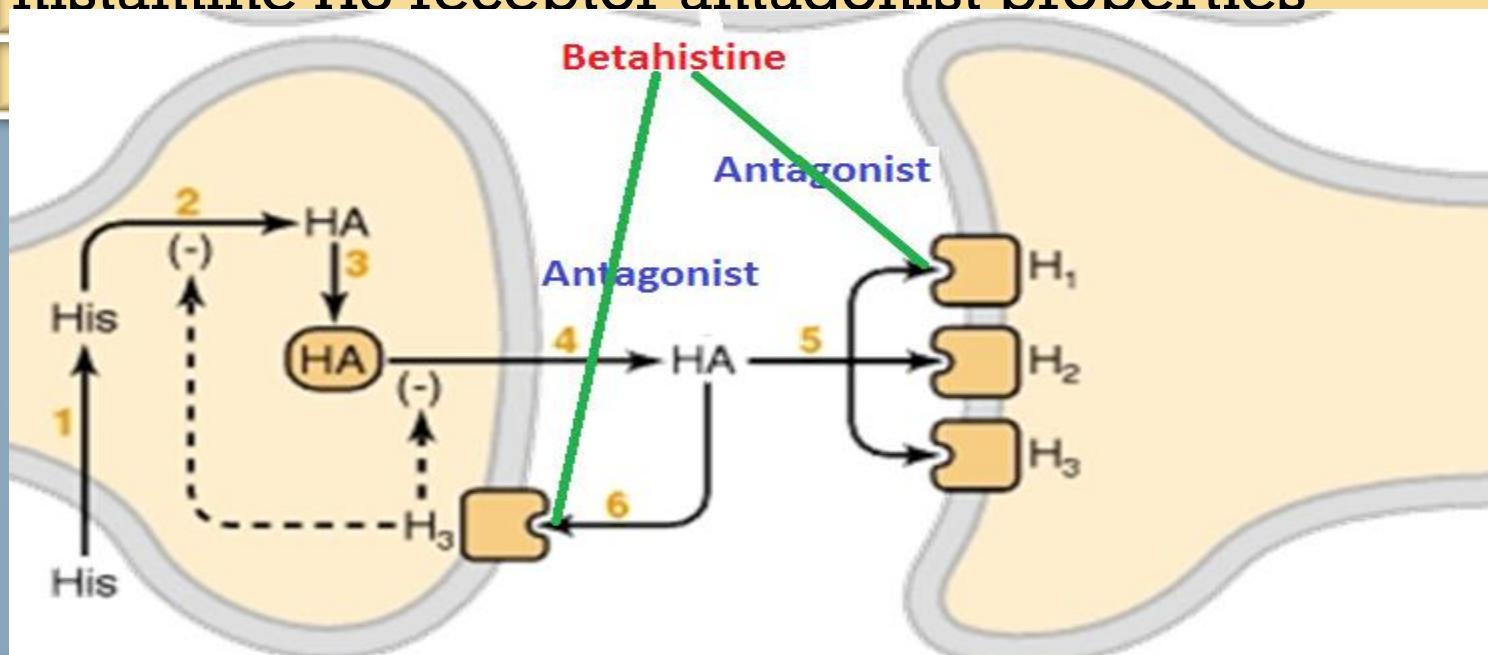
ADRs:- Dependence, impaired memory, increased risk of falling.

## 3-Betahistine

### Mehanism of Action:-



It is a structural analog of histamine with weak histamine H1 receptor agonist and more potent histamine H3 receptor antagonist properties



# **Pharmacokinetics**

## **Contraindications**

Phaeochromocytoma

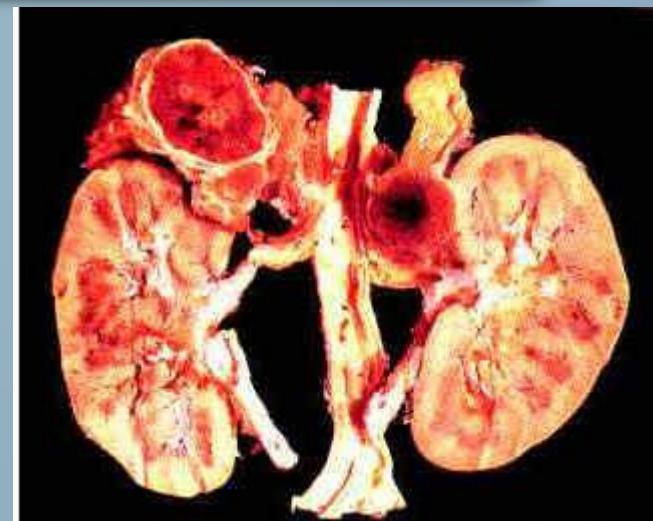
absorbed.

Bronchial asthma

urine within 24 hours

History of peptic ulcer

Hypersensitivity reactions



# **ANTIEMETICS**

Antiemetics are drugs used to control vomiting and nausea

**Antihistamines** e.g. diminhydrinate

**Phenothiazines** e.g. prochlorperazine

**Dopamine antagonists** e.g.  
**metoclopramide** and domperidone



# DIMINHYDRINATE

Block H<sub>1</sub> receptors in CRTZ

Sedative effects

Weak anticholinergic effects

Anticholinergic side

↓ Excitability in the labyrinth & blocking conduction in vestibular-cerebellar pathways

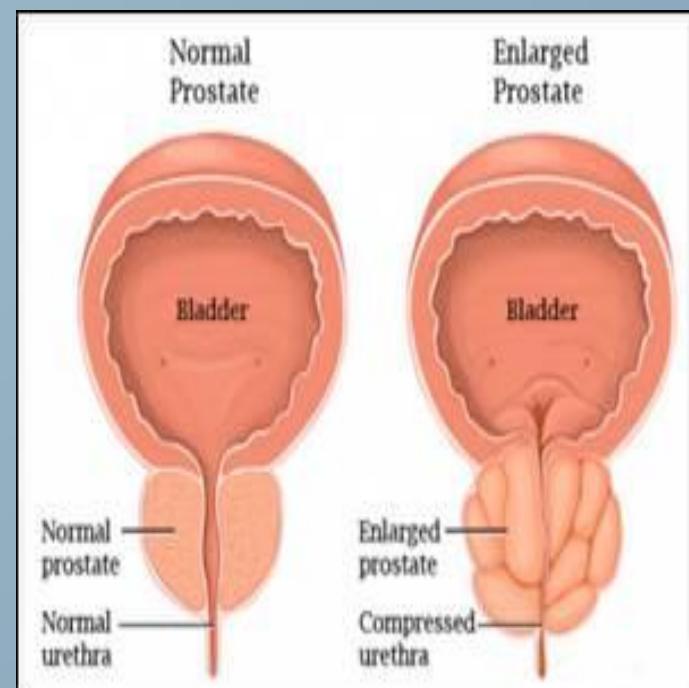
Indications :-

Glaucoma

Benign prostatic enlargement

In vertigo

Motion sickness



# **PROCHLORPERAZINE**

**Blocks dopamine receptors at CRTZ**

**Antipsychotic , some sedation + antiemetic**

**Indications**

**One of the best antiemetics in vertigo,  
has some vestibular suppressant action**

# **METOCLOPRAMIDE**

A potent central antiemetic acting on CRTZ

Has some sedative action

Has potent **gastroprokinetic** effect

## **ADRS:-**

Restlessness or drowsiness

Extrapyramidal manifestations  
on prolonged use

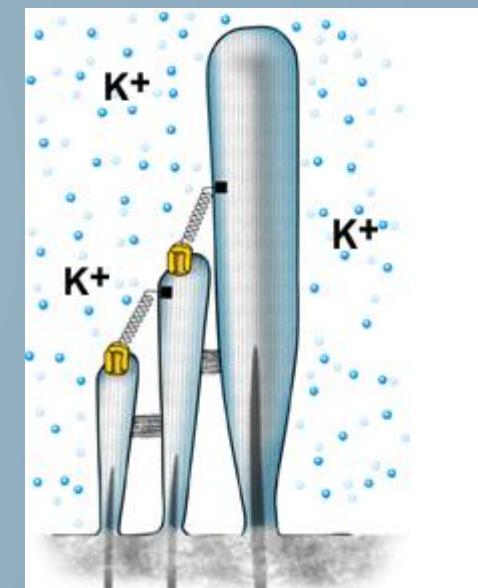
# CINNARIZINE

Selective calcium & potassium channels blocker,  
antihistamine, antiserotonin, antidopamine

Inhibition of K<sup>+</sup> currents on hair

It promotes cerebral blood flow

Cinnarizine inhibits K<sup>+</sup> currents



Inhibition of K<sup>+</sup> currents lessen the vertigo and motion-induced nausea by dampening the over-reactivity of the vestibular hair cells.

# **PHARMACOKINETICS**

## **Clinical uses:-**

Used to treat nausea and vomiting associated with motion sickness, vertigo, Meniere's disease.

~~Low oral bioavailability due to hepatic first pass~~

## **Car drivers**

If administered IV in lipid emulsion, it has better Muscle rigidity and tremor

# DRUGS INDUCING VERTIGO

Drugs producing damaging effects on  
structure or function of labyrinthine hair cells  
&/ or their neuronal connections

Vesicular toxins

Drugs altering fluid &  
electrolyte balance

Diuretics

Drugs altering vestibular firing

Anticonvulsants

Antidepressants

Sedative hypnotics

Alcohol

Cocaine

Mixed ototoxins

Alter function

# MIXED OTOTOXINS

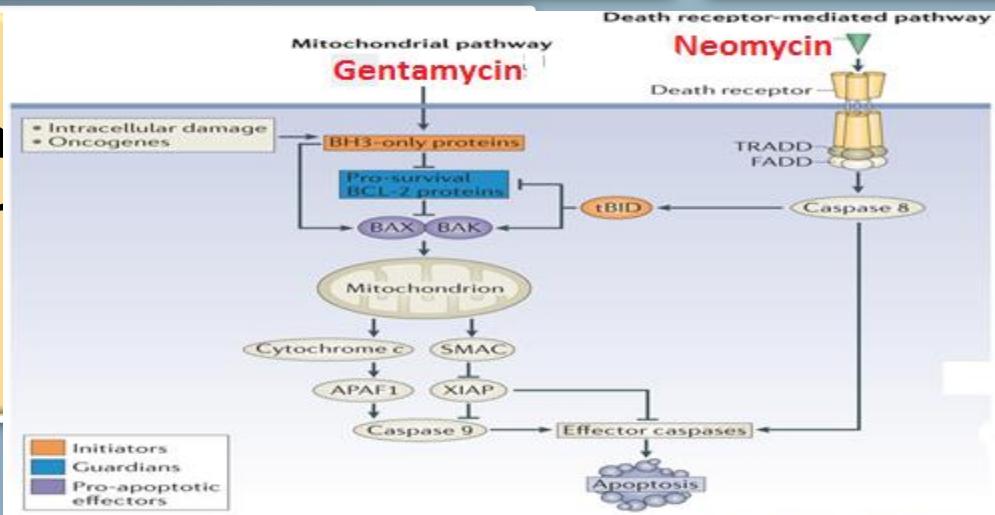
Aminoglycoside antibiotics;  
*gentamycin, kanamycin,  
neomycin, streptomycin*

Loop diuretics

Gentamycin → Induce apoptosis  
by evoking free radicals →  
Mitochondrial Pathway

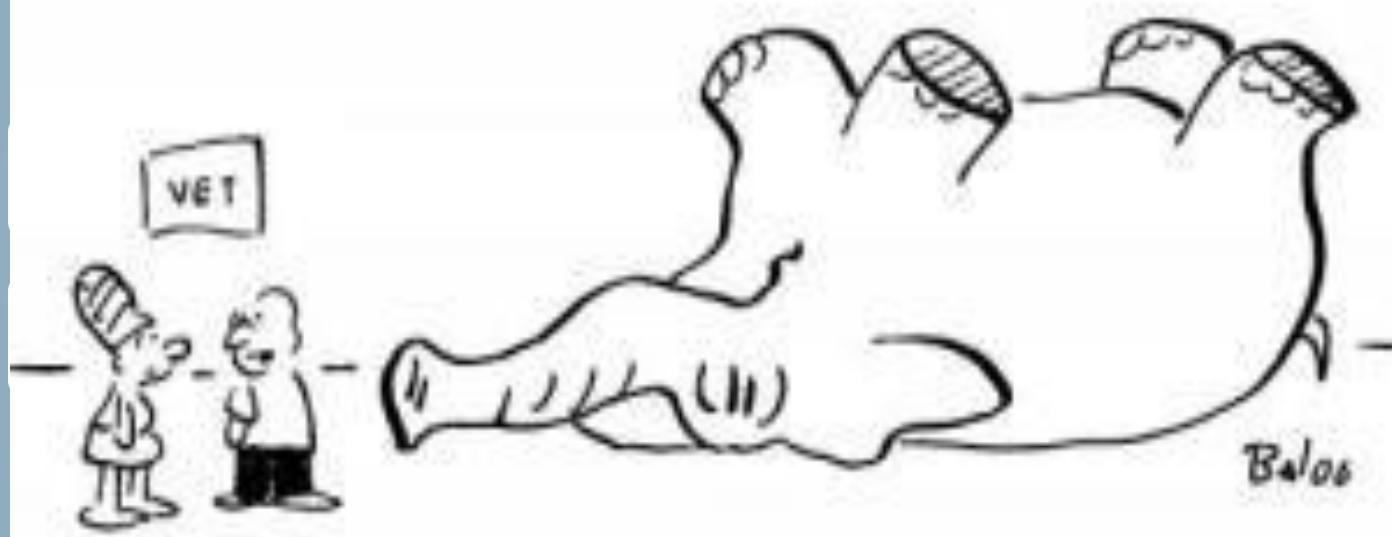
↓ Local  
biochem  
electro  
transdu  
impulse

Neomycin → Induce apoptosis  
by activating caspases →  
Death Receptor Pathway



# SYNOPSIS

Drugs  
Affecting



"It may be his inner ear."

antagonist