

# Antiemetics

**Prof. Hanan Hagar**

**Dr Ishfaq Bukhari**

**Pharmacology Department**

**College of Medicine**

# Learning objectives

- Classify the main different classes of antiemetic drugs according to their mechanism of action.
- Know the characteristic pharmacokinetics & dynamics of different classes of antiemetic drugs.
- Identify the selective drugs that can be used according to the cause of vomiting.
- Learn the adjuvant antiemetics.
- Describe the major side effects for the different classes of antiemetics.

# Vomiting

- **Is a complex series of integrated events culminating in the forceful expulsion of gastric contents through the mouth.**
- **Vomiting can be a valuable, life-saving physiological response **WHY ????****

# Consequences of vomiting

- **Severe vomiting may result in :**
- **Dehydration**
- **Acid-base imbalance**
- **Electrolyte depletion**
- **Aspiration, pneumonia**

# Causes of Vomiting

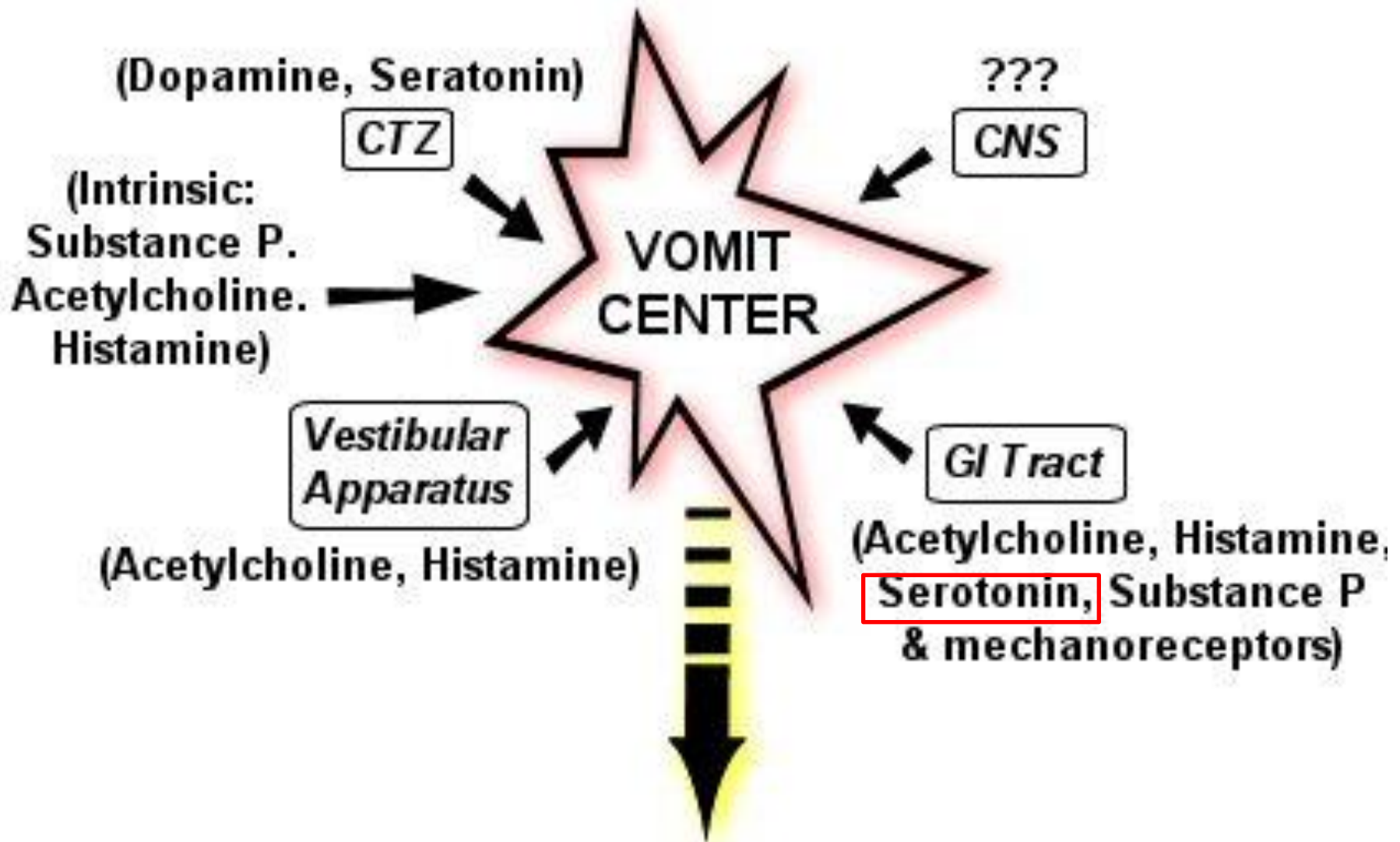
Nausea and vomiting occurs due to stimulation of **vomiting center** that respond to **inputs from:**

- Higher cortical centers stimulation (**CNS**)
- Chemoreceptor trigger zone (**CTZ**) stimulation
- Disturbance of **vestibular system**
- The **periphery (Pharynx, GIT)** via sensory nerves

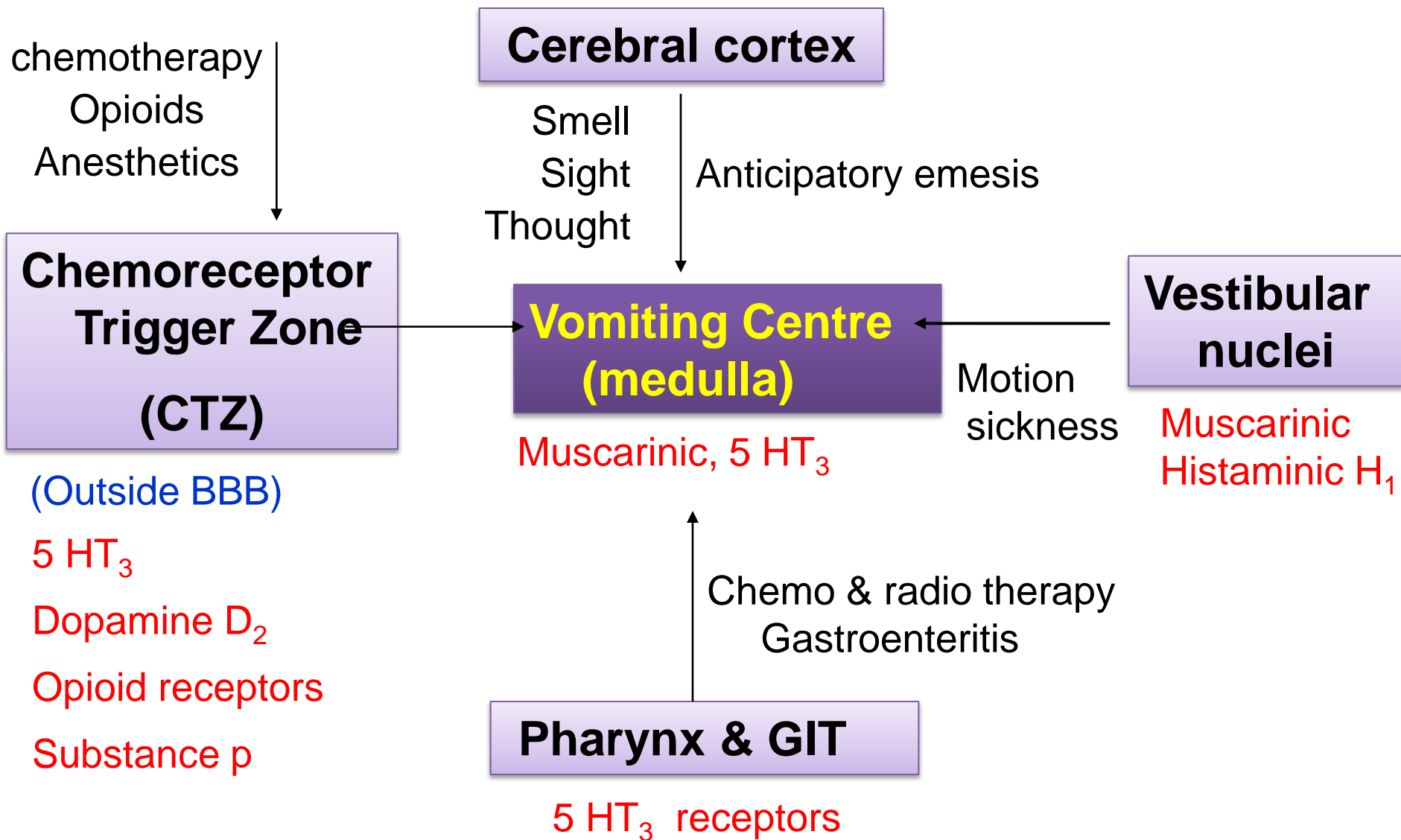
# 1. Stimulation of chemoreceptor trigger zone (CTZ)

- CTZ is an area of medulla that communicate with vomiting center to initiate vomiting.
- CTZ is physiologically outside BBB.
- CTZ contains **D<sub>2</sub> receptors, 5 HT<sub>3</sub> receptors & opioid receptors.**
- **stimulated by:**
  - ✓ Emetogenic drugs (opioids, general anesthetics, digitalis, L-dopa).
  - ✓ chemicals and toxins (blood, CSF).
  - ✓ Radiation.
  - ✓ Uremia, estrogen (vomiting of pregnancy)

# Receptors Associated with Nausea and Vomiting



# Pathophysiology of Emesis





# Chemical transmitters & receptors involved in vomiting and drug targets:

- **Ach (Muscarinic receptors)**
- **Dopamine (D2)**
- **Histamine (Histaminergic receptors H1)**
- **Serotonin (5-HT<sub>3</sub>)**
- **Substance P (Neurokinin receptors, NK1)**
- **Opioid (Opioid receptors)**

# Classification of Antiemetic Drugs

1. 5-HT<sub>3</sub> antagonists
2. D<sub>2</sub> receptor antagonists
3. NK<sub>1</sub> antagonists
4. H<sub>1</sub>-receptor antagonists
5. Muscarinic receptor antagonists
6. Cannabinoids
7. Glucocorticoids

# Serotonin (5-HT<sub>3</sub>) antagonists

- **Drugs as**
  - Ondansetron
  - Granisetron
- Orally or parenterally,
- have long duration of action, first pass effect
- The most potent antiemetic drugs
- Act by blocking 5-HT<sub>3</sub> receptor centrally (in vomiting center, CTZ) and peripherally (5HT<sub>3</sub> receptors on GI vagal afferents).

# Uses of 5-HT<sub>3</sub> antagonists

- **First choice for prevention of moderate to severe emesis:**
  - **Chemotherapy-induced nausea and vomiting (CINV) especially cisplatin**
  - **Post-radiation NV & Post-operative NV**
  - **Their effects is augmented by combination with corticosteroids and NK<sub>1</sub> antagonists.**

## Side effects

- **Well tolerated**
- **Headache, dizziness and constipation**
- **minor ECG abnormalities (QT prolongation)**

# **D<sub>2</sub> receptor antagonists**

- **block D<sub>2</sub> dopamine receptors in the CTZ**
- **Two types exist:**
  - Prokinetics drugs
  - Neuroleptics (antipsychotics)

# D2 receptor antagonists

## Prokinetics drugs

- **Domperidone: oral**
- **Metoclopramide: oral, i.v**
- **Are prokinetic agents ( increased GI motility & gastric emptying).**

# Uses

- **Antiemetics (blocking D2 receptors in CTZ)**
  - **Effective against vomiting due to cytotoxic drugs, gastroenteritis, surgery, toxins, uremia, radiation**
  
- **Prokinetic (5 HT4 agonist activity )**
  - **Gastroesophageal reflux disease (GERD)**
  - **Gastroparesis (impaired gastric emptying after surgery).**



**Metoclopramide crosses BBB but domperidone cannot (both have antiemetic effects as CTZ is outside BBB).**

**Side effects (only for metoclopramide):**

- ✓ **Dyskinesia (*extra-pyramidal side effects*),**
- ✓ **Galactorrhea, menstrual disorders, impotence**
- ✓ **Postural hypotension ( $\alpha$ -blocking action).**
- ✓ **Sedation, drowsiness**

# Other D2 receptor antagonists

## **Neuroleptics (Antipsychotics)**

- **Chlorpromazine (CPZ), droperidol**
- **used for postoperative vomiting and chemotherapy-induced emesis.**

## **Side effects:**

- **Extra pyramidal symptoms**
- **Sedation**
- **Postural hypotension**

# Neurokinin1 (NK1) receptor antagonists

## **Aprepitant**

- Acts centrally as substance P antagonist by blocking neurokinin 1 receptors in vagal afferent fibers.
- Orally
- Usually combined with 5-HT<sub>3</sub> antagonists and corticosteroids in prevention of chemotherapy-induced nausea and vomiting and post-operative NV.

# H<sub>1</sub>-receptor antagonists

- **Include drugs as**
  - diphenhydramine, promethazine
  - meclizine, cyclizine
- **Used for**
  - Motion sickness
  - Morning sickness in pregnancy
  - Promethazine: severe morning sickness of pregnancy **(if only essential)**.

## **Side effects:**

- Prominent sedation**
- Hypotension**
- Anticholinergic effects or atropine like actions (dry mouth, dilated pupils, urinary retention, constipation).**

# Muscarinic receptor antagonists

- **Hyoscine (scopolamine)**
- **Orally, injection, patches**
- **Used as transdermal patches in motion sickness (applied behind the external ear).**
- **Reduce impulses from vestibular apparatus**
- **Not in chemotherapy-induced vomiting**

## **Side effects:**

- **Sedation**
- **Tachycardia, blurred vision, dry mouth, constipation, urinary retention (atropine-like actions).**

# Glucocorticoids

- **Dexamethasone - methylprednisolone**
- **Used in chemotherapy-induced vomiting**
- **combined with 5-HT<sub>3</sub> antagonists or NK1 receptor antagonists.**



# Glucocorticoids

## Side effects long term use:

- **Hyperglycemia**
- **Hypertension**
- **Cataract**
- **Osteoporosis**
- **Increased intraocular pressure**
- **Increased susceptibility to infection**
- **Increased appetite & obesity**

# Summary

The choice of antiemetic depends on the etiology

**Motion sickness**

**Muscarinic antagonists**

**Antihistaminics**

**Vomiting with pregnancy (morning sickness)**

**avoid all drugs in the first trimester**

**Pyridoxine (B6)**

**Promethazine (late pregnancy).**

**Drug- induced vomiting (CTZ), uremia, gastritis**

**Dopamine antagonists**

**Post operative nausea & vomiting**

**Dopamine antagonists**

**Vomiting due to cytotoxic drugs.**

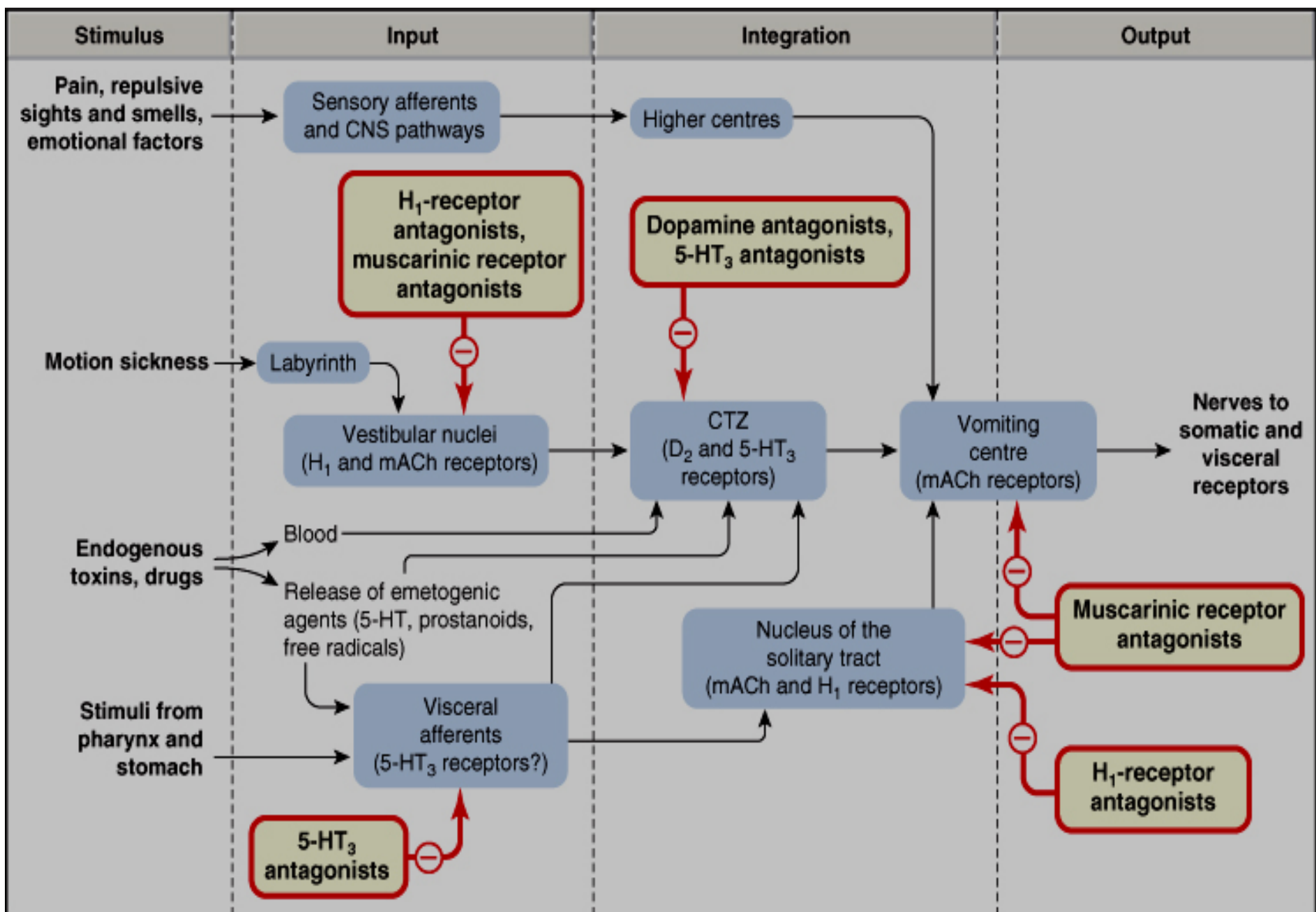
**5-HT<sub>3</sub> antagonists**

**NK<sub>1</sub> antagonists**

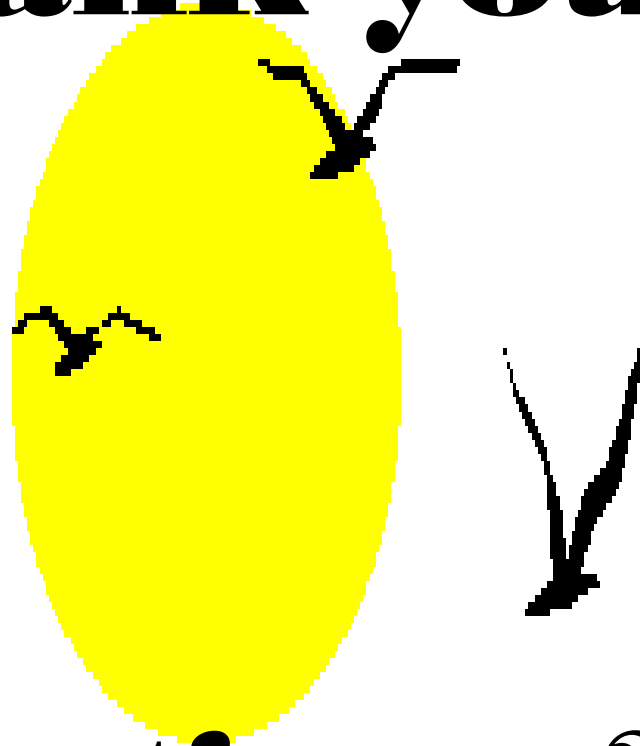
**D<sub>2</sub>- antagonists**

**Glucocorticoids**

**Cannabinoids**



**Thank you**



**Questions ?**