Anti-emetic Drugs

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Vomiting

- Useful vomiting occurs as a protective mechanism for eliminating irritant and harmful substances from the upper GIT
- ▶ Pregnancy, motion sickness, cancer therapy, etc.....
- ► The act of emesis is controlled by **vomiting center in medulla**, which receive stimuli from various sources:
 - Chemoreceptor trigger zone (CTZ)
 - vestibular system (motion sickness)
 - periphery (irritation of pharynx & gut, MI, biliary or renal stones)

Classification of antiemetic drugs

- Dopamine D2 receptor antagonists: Metoclopramide, domperidone, haloperidol, phenothiazines (chlorpromazine, prochlorperazine)
- ▶ 5HT3-receptor antagonist: ondansetron
- ► Antimuscarinics: hyoscine
- ▶ H1-receptor antagonists: meclizine, cyclizine, dimenhydrate
- ▶ Others: corticosteroids, cannabinoids, benzodiazepines

Metoclopramide

- ▶ Clopram, plasil
- Acts centrally by blocking dopamine D2 receptors in CTZ, and
- peripherally by enhancing action of acetylcholine at muscarinic nerve ending in the gut, it raises tone of lower esophageal sphincter, relax pyloric antrum, increases peristalsis and emptying of stomach
- Therefore, it is used to empty stomach before emergency anesthesia and labour
- ► Half-life 4 hrs

Therapeutic Uses

- N & V associated with GI disorders, cytotoxic drugs, radiotherapy
- ► In migraine
- Used as pro-kinetic agent (enhances gastric emptying and intestinal motility)



- Extrapyramidal dystonia due to dopamine receptor antagonists (facial spasm), mainly in children and young adults
- ▶ Stimulate prolactin release causes gynecomastia and lactation
- Diarrhea
- ▶ Long-term use; tardive dyskinesia mainly in elderly

Domperidone

- Motilat, motilium
- ▶ Is selective dopamine D2-receptor antagonist
- ▶ Unlike metoclopramide, it does not pose acetylcholine-like effect
- Less risk of adverse effects because it does not readily penetrate BBB
- Useful in patients in treatment of with N & V, bloating in patients with dyspepsia
- May cause gynecomastia and galactorrhea

Ondansetron

- Zofran
- ▶ Is a selective 5HT3- receptor antagonist
- Highly effective against N & V induced by cytotoxic agents and radiotherapy
- ▶ Anticancer treatment release serotonin (5HT) from enterochromaffin cells in the gut mucosa (where resides more that 80% of serotonin in the body), thereby activating specific receptors in gut and CNS to cause to emesis



- ► Half-life 5 hrs
- ▶ Side effects: constipation, headache

Motion sickness

- ls more easily prevented than cured
- ▶ It is due to **over-stimulation of the vestibular system**
- ▶ It is common on a rough sea
- ▶ H1-receptor antagonists: meclizine, cyclizine, dimenhydrate
- Prophylaxis with antiemetic is best taken 1 hour before motion
- Once motion has started, oral administration of drugs fail, IM or SC or rectal route are required
- Alternatively, hyoscine as dermal patch is given

Vomiting due to cytotoxic drugs

- Cisplatin is highly emetic
- Ondansetron is highly effective as is dexamethasone
- Lorazepam is useful adjuvant, may cause sedation, dysphoria
- In sever vomiting, ondansetron plus dexamethasone with or without lorazepam
- ▶ Metoclopramide may be substituted for ondansetron

Vomiting in pregnancy

- ► This reaches a peak at 10-11 weeks, resolve by 13-14 week of gestation
- ► Histamine H1-receptor antagonist or phenothiazide
- Hyperemesis gravidarum requires IV fluids and multivitamins supplements

Vertigo

- ▶ Antimuscarinics and phenothiazines are preferred
- ► Cyclizine or prochlorperazine is used to relief an acute attack
- ▶ Betahistine (histamine analogue) is used for improving blood circulation to the inner ear in Meniere's syndrome, cinnarizine is also used