

Pharma1: Histamine & Histamine Antagonists

	First generation (sedation) [mine]	Second generation [ine]
Example	<ul style="list-style-type: none"> Ethanolamines: Diphenhydramine, Clemastine Dimethindene Ethylenediamine: Triprolidine Alkylamine: Chlorpheniramine Phenothiazine: Promethazine Piperazines: Hydroxyzine Cyclizine, Meclizine 	<ul style="list-style-type: none"> Cetirizine Fexofenadine Loratadine Desloratadine Azelastin
Uses	<ul style="list-style-type: none"> *Anaphylaxis (with H2 Antagonists, epinephrine) *Antiallergy *Sedative/sleep aid (Diphenhydramine) *prevent motion sickness (meclizine, cyclizine) *Antiemetic: (promethazine) *Antivertigo (meclizine) safe in pregnancy *Local anesthetic: (diphenhydramine) * Antitussive (diphenhydramine) 	Antiallergy
Adverse affect	<ul style="list-style-type: none"> Sedation (but in children excitation) Dizziness Fatigue Tachydysrhythmias Allergic with topical use Peripheral antimuscarinic effects <ul style="list-style-type: none"> ➤ dry Mouth ➤ blurred Vision ➤ constipation ➤ urinary Retention 	<p>^^Lower incidence of adverse effects than the first generation agents.</p> <ul style="list-style-type: none"> terfenadine and astemizole removed from the market due to → effects on cardiac K⁺ channels – prolong QT interval → fatal arrhythmia “to rsades de pointes” fexofenadine is active metabolite of terfenadine Cetirizine appears to have more CNS actions (sedative) than fexofenadine or loratadine. So that cetirizine not be used by Pilots Erythromycin and ketoconazole inhibit the Metabolism of fexofenadine and loratadine

	First generation	Second generation
Drug interaction	<ul style="list-style-type: none"> • additive ❖ antimuscarinics • Potentiate CNS depressants ❖ opioids ❖ sedatives ❖ general and narcotic analgesics ❖ alcohol 	
PK	<ul style="list-style-type: none"> • All H1 blockers are active by the oral route. • topical use (in the eye or nose) • Cross BBB and placenta • metabolized in the liver (induce hepatic microsomal enzymes) • Half-lives (4 to 12) h 	<ul style="list-style-type: none"> • Cetirizine , loratadine , fexofenadine *absorbed and excreted unmetabolized *less lipid soluble than the first Generation *half-lives of 12–24 h. *induce Cyt P450 liver enzymes

*Diphenhydramine ⇒ sedative /sleep aid

Local anesthetic

Antitussive

*Meclizine ⇒ prevent motion sickness

Antivertigo

*Histamine H2- antagonists

-Cimetidine → prototype

-Ranitidine , famotidine and Zolindine

(fewer adverse effect than cimetidine)

-PK orally active, T1/2 (1- 3)h

-All available OTC

-Clinical use → (H2 related to gastric problem)

1-Acid-peptic disease

2-Zollinger-Ellison syn

3-Gastro esophageal reflex (GERD)

4-Prevent gastric erosions and hemorrhage

**PPIs are preferred in Zollinger-Ellison syn, And GERD

