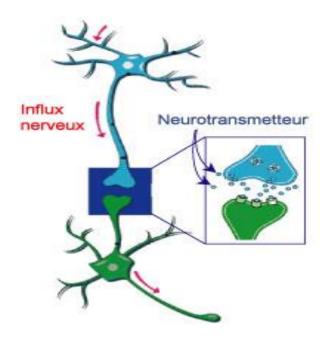
## **Cholinergic Antagonist Drugs**



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# Cholinergic Antagonist Drugs

- Anti-muscarinic drug: Atropine-like drugs, Hyoscine (Scopolamine)
- Anti-nicotinic drugs
- a) <u>Ganglion blockers</u>: Used in experimental pharmacology. E.g. Nicotine, Trimethapan.
- b) <u>Neuro-muscular blockers</u>: Used in surgery to produce complete muscle relaxation.

# Anti-muscarinic anticholinergic drugs



- Natural agents:
- Atropine, Hyoscine
- □ Semi-synthetic
- Homatropine
- Synthetic
- Ipratropium, Pirenzepine, Propantheline

## Anti-muscarinic

- □ Atropine (Hyoscyamine)
- Alkaloids obtained from Atropa Belladona,
- Considered as prototype for parasympatolytics



- ☐ Hyoscine (Scopolamine)
- Obtained from Hyocyamus niger plant (Datura Stramonium)



Note: Antihistamines, phenothiazides and some antidepressants have anti-muscarinic effects

# Clinical pharmacology of antimuscarinic drugs

Mechanism of action:

- Reversible blockade of M receptors
- Exocrine glands are most sensitive
- Gastric secretion is the least affected
- **Heart** is intermediate

Note: Atropine blocks all 3 subtypes receptors (M<sub>1</sub>,M<sub>2</sub>,M<sub>3</sub>)

### **Pharmacokinetics**

- Absorption:
- Natural and most tertiary amines: good
- Wide distribution and cross BBB
- Quaternary amines: poorly absorbed and poor crossing BBB (Ipratropium)
- Atropine t½: 2hrs
- Partly metabolized and partly excreted unchanged

## Routes of administration





**Topical (suppositories)** 





# **Pharmacodynamics**

- Exocrine glands: at low doses reduced secretions
- Salivary
- Bronchial
- Sweet glands

## **CNS**



- Central stimulant effects (Atropine) due to increased release of excitatory transmitters after blocking the presynaptic muscarinic receptors.
- Some may produce sedation (Hyoscine)
- Hyoscine blocks M receptors in vomiting centre and has anti-emetic effect
- Toxic doses: hallucination, convulsion, coma

# Eye



- •Mydriasis (dilatation of pupil)
- •Cycloplegia (relaxation of the ciliary muscle) cause: blurred vision and impaired accommodation to near vision
- Decreased lacrimation
- Increase IOP

## **CVS**



#### **Depending in the doses**

- Central effect (temporary & with very small doses):
- Decrease heart rate (due to stimulation of vagal center in the medulla)
- **Peripheral** effect (prominent effects):
- Blockade of cardiac M2 receptors and prevent vagal nerve action this lead to increase heart rate
- ABP:
- No change

# Respiratory system



- Bronchodilatation
- Reduced bronchial secretion
- Ipratropium (quaternary amine derivate of Atropine) inhalation:
  - Useful in asthma and chronic obstructive pulmonary disease (COPD), also in patient who are unable to take adrenergic agonists.

## **GIT**



- Decrease salivation
- Decrease acid secretion
- Decrease motility
- Delay gastric emptying
- Prolong intestinal transit time
- Anti-diarrhoeal and anti-spasmodic effects

## **GUT**



- Relaxation of bladder wall
- Useful in inflammatory spasm and pains of the urinary tract
- **Risky** in patients with **BPH** (Benign Prostatic Hypertrophy)

#### **CNS** disorders:

- Parkinson's disease
- Drug-induced parkinsonism as Phenothiazine (induced acute dystonias)
- Benztropine, Benzhexol: useful
- Motion sickness: Hyoscine oral, injection, transdermal patches

#### Ocular uses:

- In eye examination (Tropicamide) produce mydriasis and cycloplegia
- In iritis (Atropine eye drop) prevent synechia (adhesion of the iris to the lens)

#### Note:

- Atropine eye drops effects: 7 days
- Tropicamide eye drops effects: 4-12hrs

- Premedication: Hyoscine and Atropine (use as adjunct in anaesthetic procedure)
- Bronchial asthma: Ipratropium inh. (produce bronchodilatation)

#### Cardiovascular:

Bradycardia and heart block following AMI: Atropine

#### GI disorders:

- Anti-diarrhoeal
  - Lomotil= atropine + diphenoxylate
- Anti-spasmodics (in intestinal colic, IBS)
  - Atropine, hyoscine, clidinium, prifinium

#### **Urinary disorders:**

- Urinary urgency with UTI
- Renal colic

- Cholinergic poisoning as:
  - Irreversible CEI insecticide poisoning
  - Chemical warfare intoxication
- To counteract muscarinic effects
- (nicotinic effects can not be reversed)
- Atropine IV

# Adverse effects of anti-muscarinic agents



- Dry mouth
- Blurred vision
- Tachycardia
- Constipation
- Hot flushed dry skin & hyperthermia may occur with high doses

## **Contraindications**



- □ Glaucoma
  - Increase IOP
- BPH
  - Bladder wall relaxation & sphincter contraction

# Atropine poisoning



- Hot flushed dry skin & hyperthermia,
- Agitation, delirium, hallucination,
- Convulsions & coma
- Treatment is symptomatic

# Individual drugs



- Atropine
- Hyoscine
  - Buscopan
- Clidinium
  - Libraxam
- Prifinium
  - Riabal