

Autonomic pharmacology

Cholinergic pharmacology

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- **Sources**
- **Lippincott Illustrated Reviews: Pharmacology 7th Edition**
- **Katzung ; Basic & Clinical Pharmacology 14th Edition**
- **Bennett & Brown ; Clinical pharmacology 11th edition**
- **Essentials of Medical Pharmacology; Lafi 09**

Cholinergic pharmacology

ANS – Parasympathetic & Sympathetic Basics

- Parasympathetic - “**CHOLinergic**”
 - Craniosacral, cGMP
 - **MUSCARINIC** - Most
 - **NICOTINIC**: Located at **NMJ** and **Ganglia**

Cholinergic Agents

- Also called cholinomimetics , cholinergic stimulants, cholinergic agonists
- Drugs that stimulate the parasympathetic nervous system (PSNS)
- Mimic the effects of the PSNS neurotransmitter
- Acetylcholine (ACh)

Cholinergic Receptors

Two types, determined by:

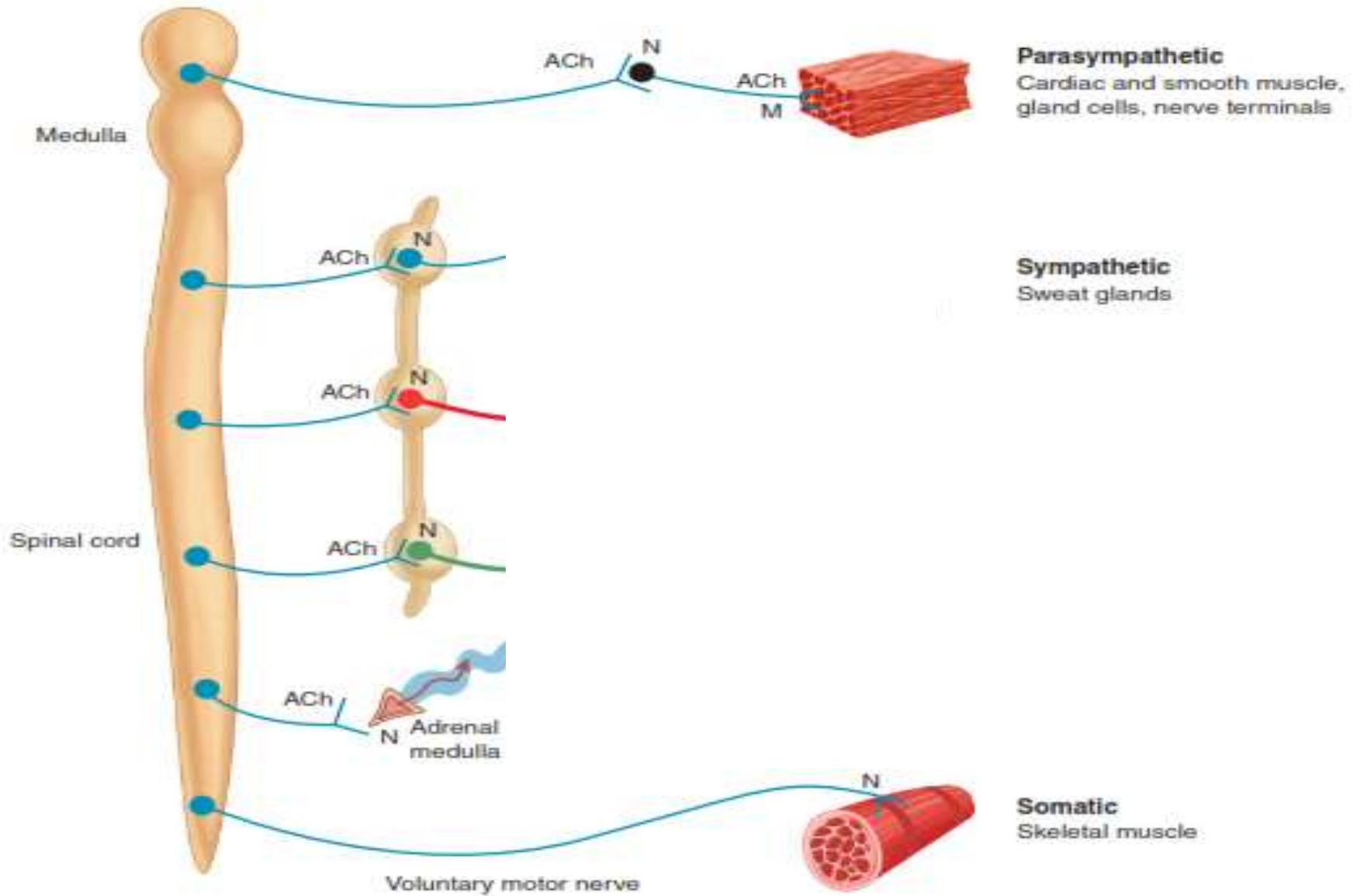
- Location
- Action once stimulated

Nicotinic receptors and Muscarinic receptors

Nicotinic Receptors

- Located in the ganglia of both the PSNS and SNS
- At the skeletal muscle NMJ
- Named “nicotinic” because can be stimulated by the alkaloid nicotine

Nicotinic receptors distribution and effects

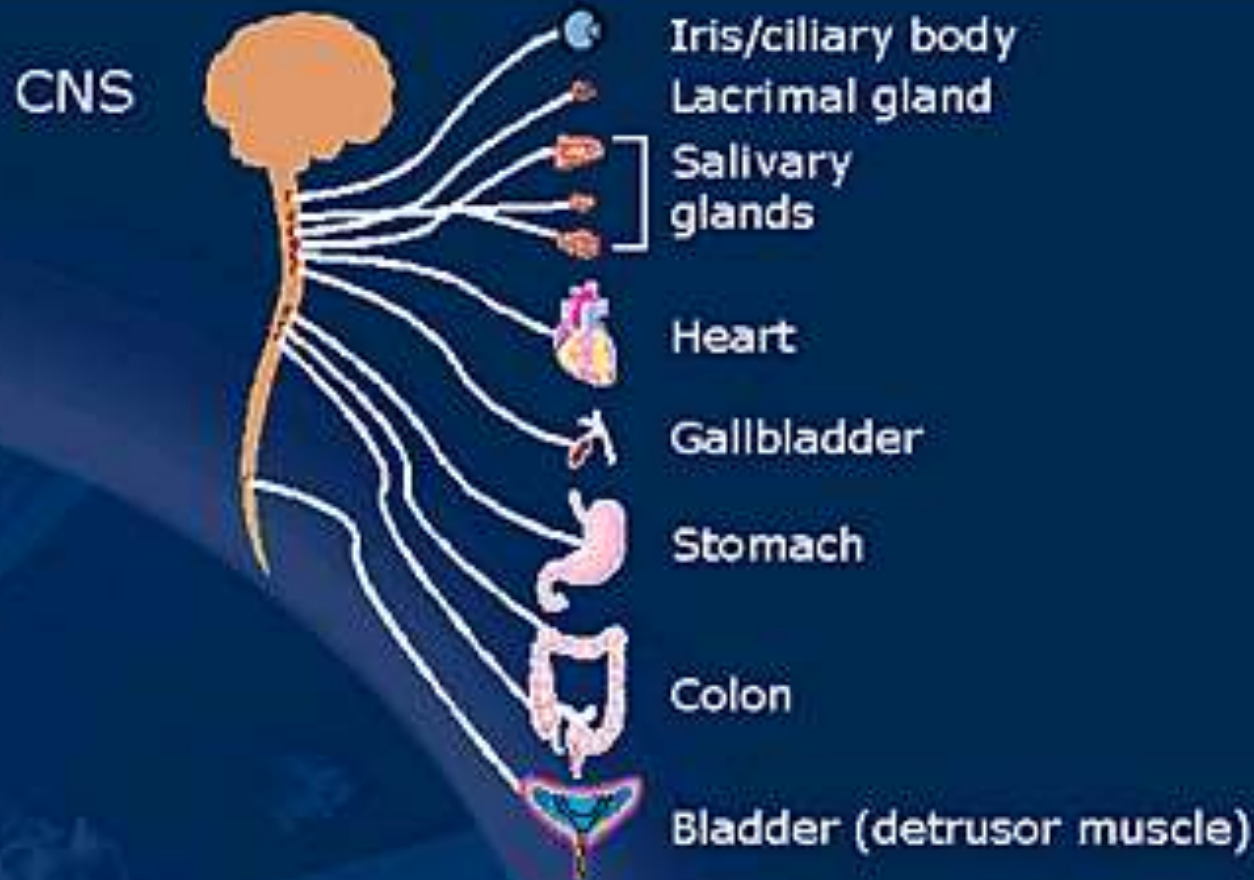


Receptor subtype	Location	Response to receptor activation
Nicotinic_N	All autonomic nervous system ganglia & adrenal medulla	Stimulation of sympathetic and parasympathetic postganglionic nerves & release of adrenaline from adrenal medulla
Nicotinic_M	Neuromuscular junction	Contraction of skeletal muscle

Muscarinic Receptors

- Located postsynaptically:
 - **Smooth muscle**
 - Cardiac muscle
 - **Glands** of parasympathetic fibers
 - Effector organs of **cholinergic sympathetic fibers** (**Sweat gland**)
- Named “muscarinic” because can be stimulated by the alkaloid muscarine

Muscarinic Receptor Distribution



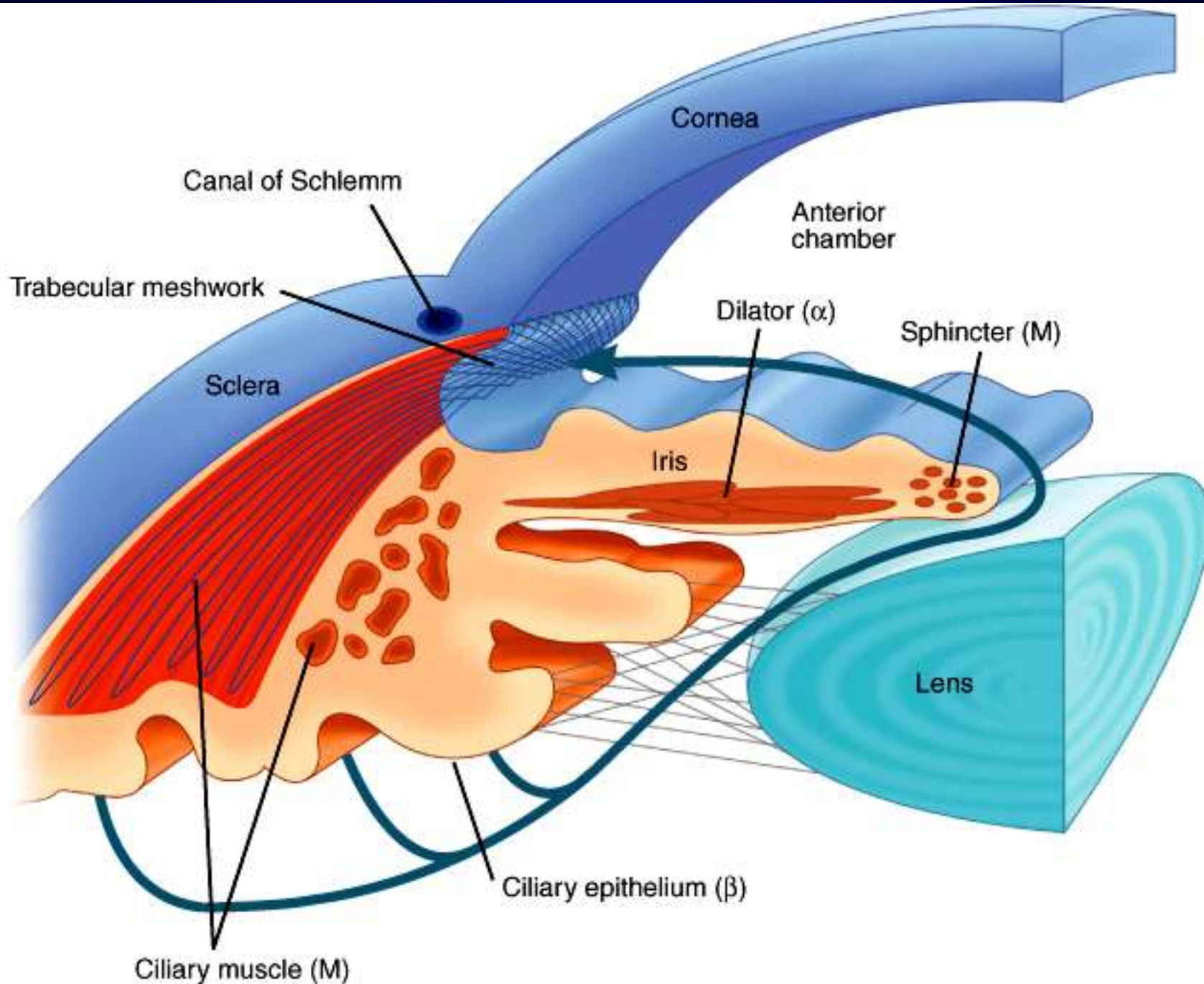
Muscarinic

All parasympathetic target organ & Sweat glands

Eye

Contraction of the ciliary muscle focuses
for near vision

Contraction of the iris sphincter causes
miosis (decreased pupil diameter)



the ciliary epithelium causes

Cholinergic Receptor

Receptor subtype	Location	Response to receptor activation
Muscarinic	Heart	Decreased rate (Vagal)
	Lung	Contraction of bronchi Promotion of secretion
	Bladder	Voiding (Contraction)
	GIT	Salivation (secretion) Increased gastric secretion Defecation (Contraction)

Receptor subtype	Location	Response to receptor activation
Muscarinic	Sweat gland	Generalized sweating
	Sex organs	Erection
	Blood vessels* * Endothelium	Vasodilatation

Parasympathetic System

- Cholinergic

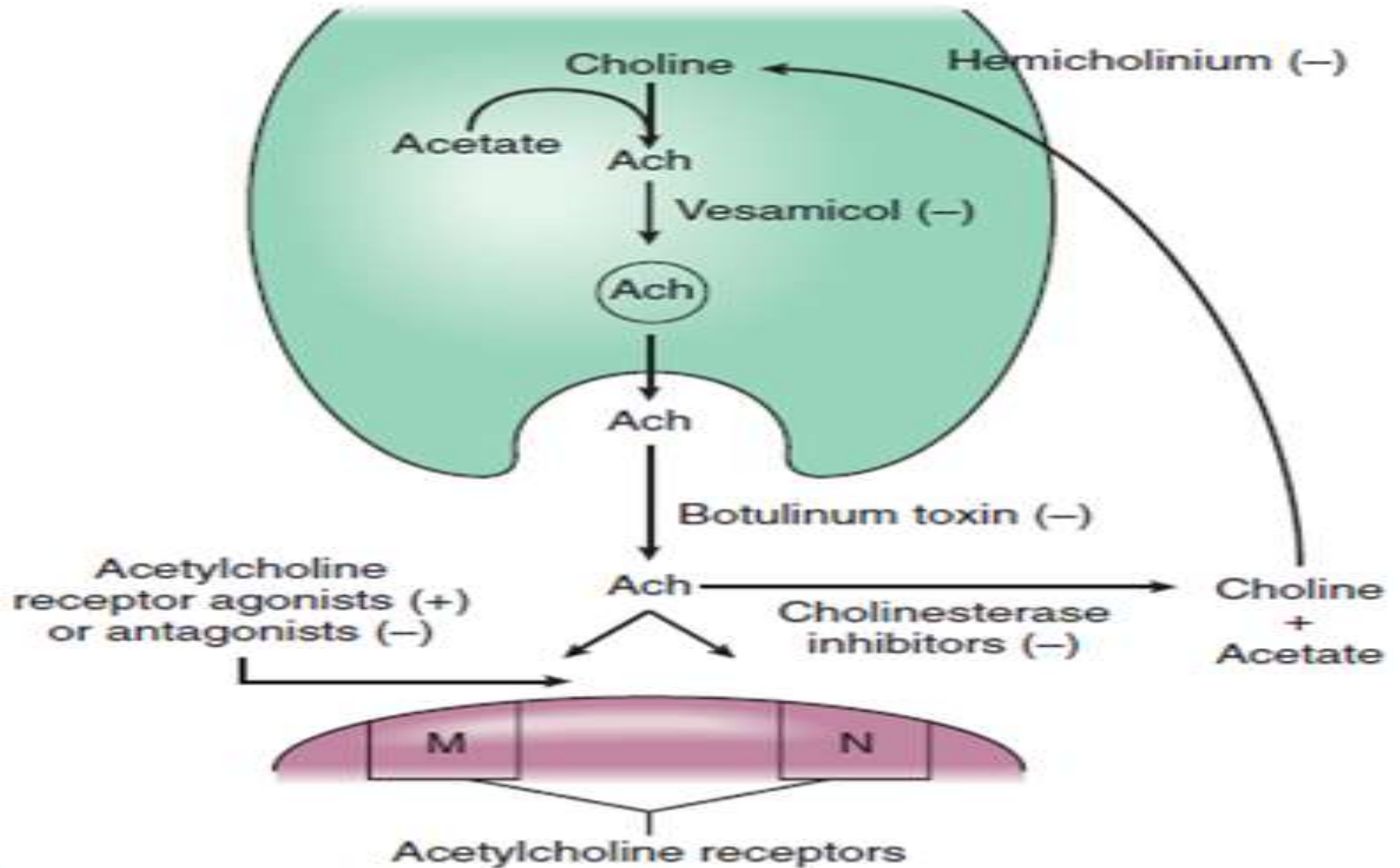
■ **M1** – CNS/ENS

■ **M2** – Heart

■ **M3** – **EG MP AC BB**

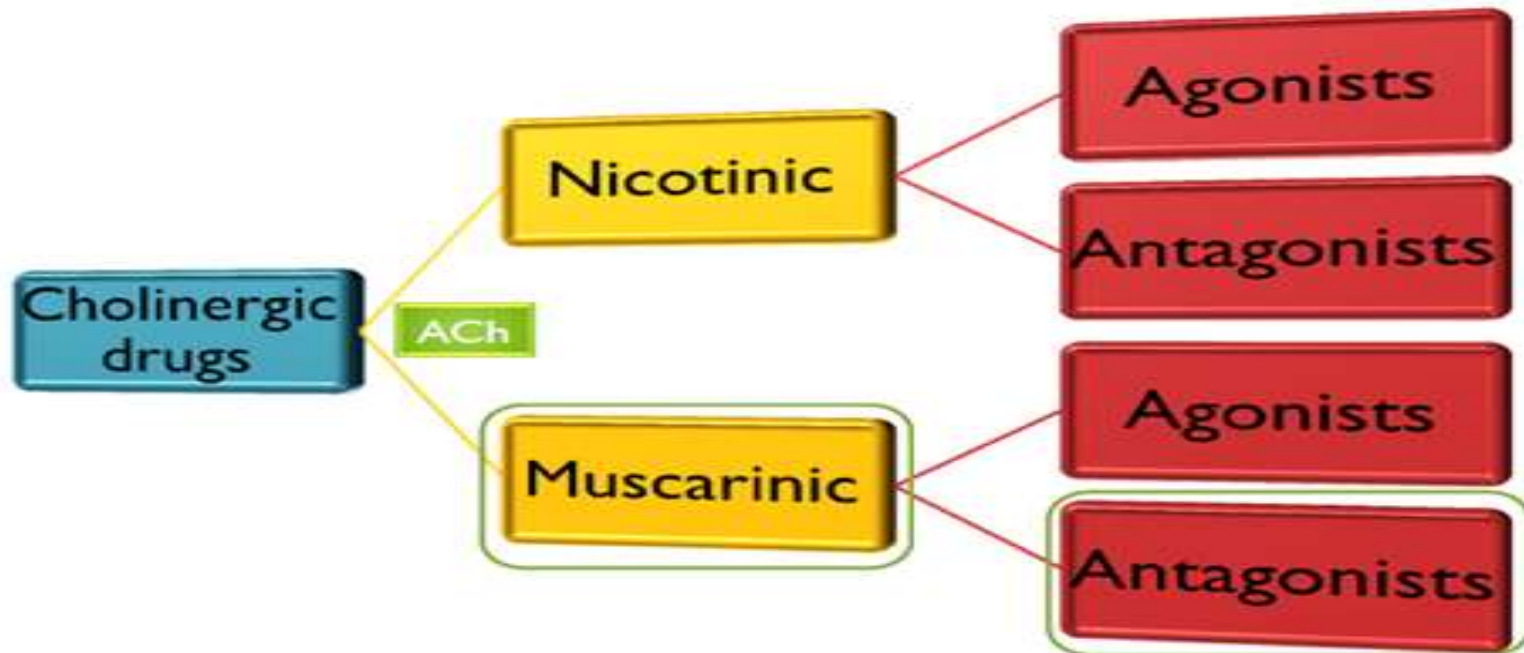
- Increases **E**xocrine Gland Secretion
- Increases **G**ut Motility
- **M**iosis via **P**upillary sphincter
- **A**ccommodation via **C**iliary
- **B**ronchoconstriction
- **B**ladder constriction

CHOLINERGIC NEUROTRANSMISSION





Cholinergics



Drug Effects of Cholinergic Agents

- Effects seen when the PSNS is stimulated.
- The PSNS is the “rest and digest” system.

Drug Effects of Cholinergic Agents

- Stimulate intestine and bladder
 - Increased gastric secretions
 - Increased gastrointestinal motility
 - Increased urinary frequency
- Stimulate pupil
 - Constriction (miosis)
 - Reduced intraocular pressure
- Increased salivation and sweating

Drug Effects of Cholinergic Agents

- Cardiovascular effects
 - Decreased heart rate
 - Vasodilation
- Respiratory effects
 - Bronchial constriction, narrowed airways

Drug Effects of Cholinergic Agents

- At recommended doses, the cholinergics primarily affect the MUSCARINIC receptors.
- At high doses, cholinergics stimulate the NICOTINIC receptors.

Cholinergic Agents: Therapeutic Uses

Direct-Acting Agents

- Reduce intraocular pressure
- Useful for **glaucoma and intraocular surgery**

Examples:

- **acetylcholine,**
- **carbachol,**
- **pilocarpine**

-Topical application due to poor oral absorption

Cholinergic Agents: Therapeutic Uses

Direct-Acting Agent—Bethanechol

- Increases tone and motility of bladder and GI tract
- Relaxes sphincters in bladder and GI tract, allowing them to empty
- Helpful for postsurgical atony of the bladder and GI tract

Cholinergic Agents: Therapeutic Uses

Indirect-Acting Agents : ACH Esterase Inhibitors

- Cause skeletal muscle contractions
- Used for diagnosis and treatment of myasthenia gravis
- Used to reverse neuromuscular blocking agents
- Used to reverse anticholinergic poisoning (antidote)

Examples:

- physostigmine,
- pyridostigmine

Cholinergic Agents: Therapeutic Uses

Indirect-Acting Agent—donepezil (Aricept)

- Used in the treatment of mild to moderate Alzheimer's disease.
- Helps to increase or maintain memory and learning capabilities.

Cholinergic Agents: Side Effects

Side effects are a result of overstimulation of the PSNS.

- Cardiovascular:
 - Bradycardia, hypotension, conduction abnormalities (AV block and cardiac arrest)
- CNS:
 - Headache, dizziness, convulsions
- Gastrointestinal:
 - Abdominal cramps, increased secretions, nausea, vomiting

Cholinergic Agents: Side Effects

- Respiratory:
 - Increased bronchial secretions, bronchospasms
- Other:
 - Lacrimation, sweating, salivation, loss of binocular accommodation, miosis

Cholinergic Agents: Interactions

- Anticholinergics, antihistamines, sympathomimetics
- Antagonize cholinergic agents, resulting in decreased responses

Effects of Cholinergic Agent Excess or toxicity as in gas war “SLUDGE”

- Salivation
- Lacrimation
- Urinary incontinence
- Diarrhea
- Gastrointestinal cramps
- Emesis

Toxicity of Acetylcholinesterase Inhibitors

DUMBELSS

Diarrhea

Urination

Miosis

Bronchoconstriction

Excitation (muscle and CNS)

Lacrimation

Salivation

Sweating

Parasympathomimetics (cholinergic drugs)

Direct

Acetyl-choline
Methacholine
Carbachol
Bethanechol
Pilocarpine

Indirect

Reversible

Physostigmine
Neostigmine
Edrophonium

Irriversible

Organophosphorus
Echothiophate (used in glucoma)
War gases and Parathion

Cholinergic Agents: Mechanism of Action

- Direct-acting (agonist)
 - Bind to cholinergic receptors, causing stimulation
 - Acts on the receptor sites to activate a tissue response

Drug	Action	Selected therapeutic uses and important remarks
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Directly Acting Agents Ach like

Bethanechol	Muscarinic receptors (activation)	Atonic bladder (in postpartum or postoperative non-obstructive urinary retention generalised cholinergic stimulation*)
Pilocarpine	Muscarinic receptors (activation)	Narrow (closed) and wide (open) angle glaucoma; enter the brain - CNS-disturbances
Carbachol	Muscarinic & nicotinic N _N -receptors (activation)	glaucoma, when used topically shows little or no adverse-effects Rarely used (high potency and long duration)

* Generalised cholinergic stimulation: salivation, flushing, decreased blood pressure, nausea, abdominal pain, diarrhoea, and bronchospasm; if the drug enters the CNS (e.g. physostigmine), it would show CNS disturbances which may lead to convulsion.

CHOLinergics

- **BethanaCHOL** – Post op and neurogenic ileus and urinary retention
- **CarbeCHOL** – Glaucoma, pupillary contraction, and relief of IOP, also for Post op urinary retention
- **MethaCHOLine** – Induces bronchospasm used in Asthma Challenge Test
- **Pilocarpine** –Cystic Fibrosis Sweat Test; “PiloCHOLpine”

Cholinergic Agents: Mechanism of Action

- Indirect-acting
 - Inhibit the enzyme cholinesterase (chE) (acetylcholinesterase)
 - Cholinesterase- destroys acetylcholine before it reaches the receptor or after it has attached to the receptor site
 - Result: more ACh is available at the receptors

Indirect-Acting Cholinergic Agents (Cholinesterase Inhibitors)

- **Reversible**
 - Bind to cholinesterase for a period of minutes to hours



Clinically Important Acetylcholinesterase Inhibitors

Edrophonium (Tensilon®)

Diagnosis of myasthenia gravis ("Tensilon test")

Physostigmine

Treatment of glaucoma

Neostigmine

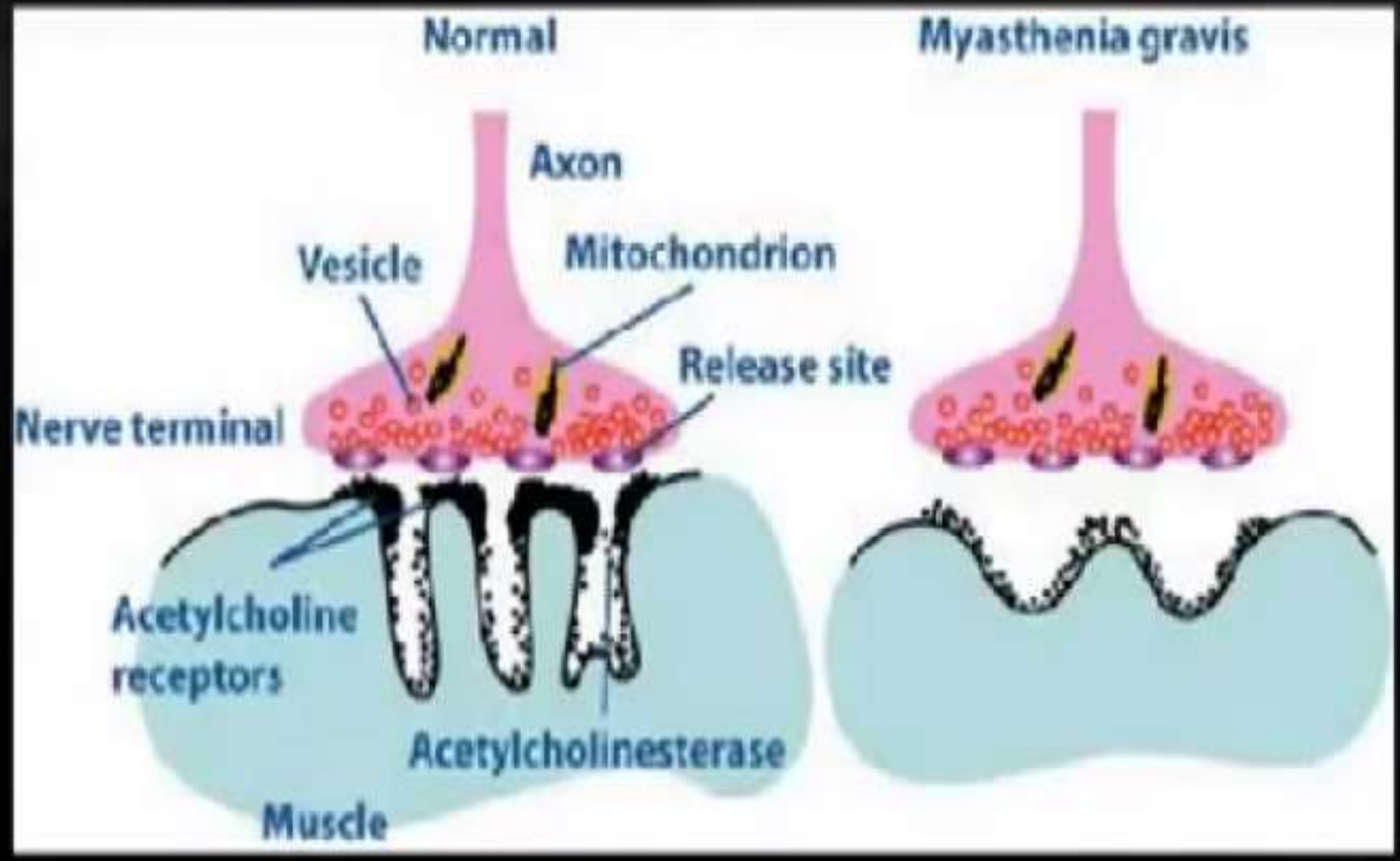
Reversal of non-depolarizing neuromuscular blockers

Treatment of myasthenia gravis

Pyridostigmine

Treatment of myasthenia gravis

Neuromuscular Junction in Myasthenia Gravis



Drug	Action	Selected therapeutic uses and important remarks
<h1 style="color: red;">Indirectly Acting (Reversible) Agents</h1> <h2 style="color: blue;">Inhibits AChE</h2>		
Physostigmine Atropine & TCA antidote		<ul style="list-style-type: none"> • <u>Atony of bladder and intestine,</u> • <u>glaucoma,</u> • <u>overdose with anticholinergics</u> (e.g. atropine, phenothiazines and TCA) enters - brain, -generalised cholinergic stimulation*; (0.5-2 hr)
Demecarium		<ul style="list-style-type: none"> • Glaucoma; (4-6 hr) *CDPPIE
2- Neostigmine		<ul style="list-style-type: none"> • <u>Atony of bladder and intestine,</u> • <u>overdose with competitive neuromuscular blocking agents</u> (e.g. tubocurarine), • <u>myasthenia gravis</u> poorly CNS , generalised cholinergic stimulation ; (0.5-2 hr)
3- Pyridostigmine		<ul style="list-style-type: none"> • <u>chronic management of myasthenia gravis;</u> (3-6 hr)
4- Ambenonium		<ul style="list-style-type: none"> • <u>chronic management of myasthenia gravis;</u> (4-8 hr)
1- Edrophonium		<ul style="list-style-type: none"> • <u>diagnosis of myasthenia gravis,</u> * ENPA • postoperative paralytic ileus

Anti-ACh-Esterases

MOA:

Prevent degradation of ACh increasing endogenous ACh
- More ACh (acetylCHOLine) so more CHOLinergic!

- **Edrophonium** – Dx Myasthenia Gravis, used to differentiate it from cholinergic crisis
- **NeostIGmine/PyridoSTIGmine** – Rx Myasthenia Gravis (No BBB)
 - Rx – Myasthenia Gravis, Ileus, Urinary Retention, Reversal of NMJ Blockage
- **PhysoSTIGmine** – Rx for Atropine Overdose (Will cross BBB), also for glaucoma
- **Ecothiopate** – For Glaucoma
- **Donepezil** – For Alzheimer's disease - Lipid Soluble
- **Tacrine** – Lipid Soluble – Rx – Alzheimers

Indirect-Acting Cholinergic Agents (Cholinesterase Inhibitors)

- Irreversible
 - Bind to cholinesterase and form a permanent covalent bond
 - The body must make new cholinesterase

Examples of Organophosphate AChE Inhibitors



Pesticides



Malathion-based insect spray



Nerve gas (VX)

Organophosphates

Treatment of glaucoma (ecothiopate)

Insecticides (parathion, malathion)

Nerve gas (sarin, tabun, VX)

Drug	Action	Selected therapeutic uses and important remarks
<p style="text-align: center;">Indirectly Acting (Irreversible) Agents (organophosphate, Nerve agent) Covalently binds to AChE (click)</p>		
<p>Isoflurophate (DFP)</p>		<p>chronic management of <u>open angle glaucoma</u> (ointment, last for 1 week); enters <u>CNS</u>, generalised cholinergic stimulation* (largely reversed by high dose of atropine); DFP ages in 6-8 hr</p>
<p>Echothiophate</p>		<p>In chronic management of <u>open angle glaucoma</u>; (100 hr)</p>

Drug	Action	Selected therapeutic uses and important remarks
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Reactivation of Acetylcholinesterase (AChE)

<p>Pralidoxime 2pam</p> <p>Atropine,</p>	<p>Displaces organophosphate</p> <p>regenerating the enzyme</p>	<p><u>Poisoning with organophosphorus compounds</u> <u>(before enzyme ageing occurs, i.e. loss of an alkyl group from the phosphorylated enzyme);</u> can reverse the effect of DFP except for those in CNS; less effective with newer nerve agents (enzyme ageing in seconds).</p>
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The End



Home work

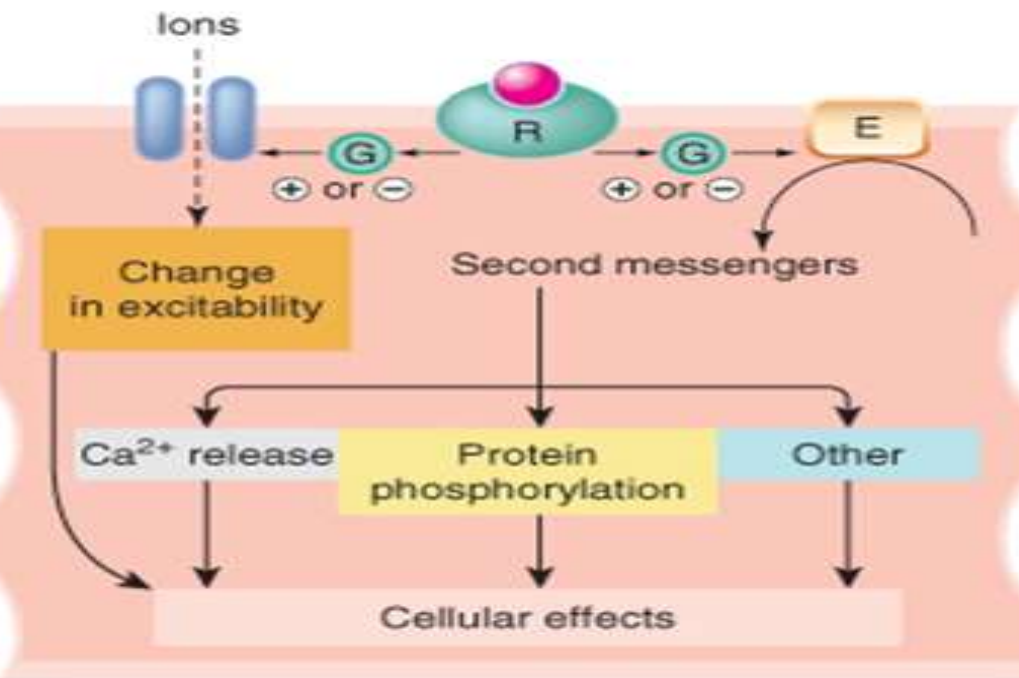
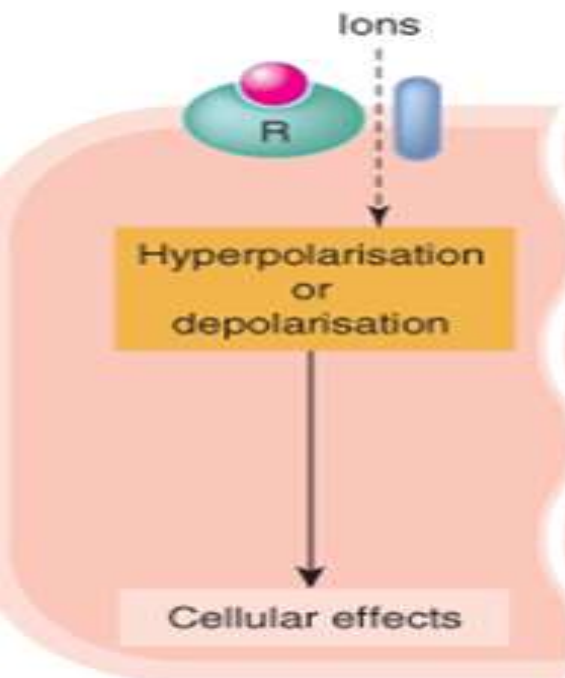
Summarize in a table

1- Transmitter, receptors, primary locations, postreceptor mechanism, stimulant substances and blockers in the autonomic nervous system.

2- Responses of some effector organs to autonomic nerve impulses, and circulating catecholamines and autonomic drugs.

1. Ligand-gated ion channels (ionotropic receptors)

2. G-protein-coupled receptors (metabotropic)



Time scale

Milliseconds

Seconds

Examples

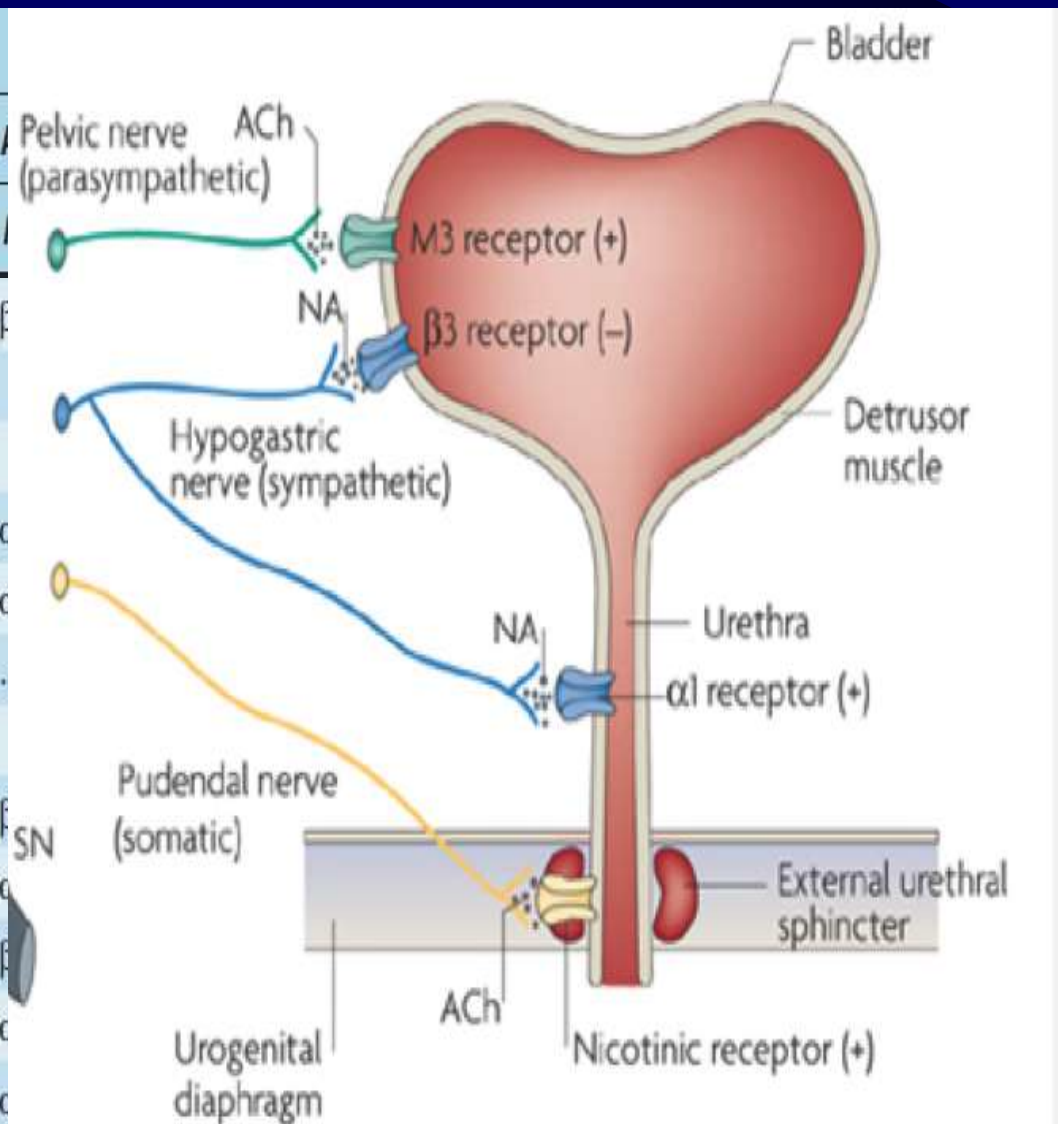
Nicotinic ACh receptor

Muscarinic ACh receptor

Receptor Name	Typical Locations	Result of Ligand Binding
Cholinoceptors		
Muscarinic M ₁	CNS neurons, sympathetic postganglionic neurons, some presynaptic sites	Formation of IP ₃ and DAG, increased intracellular calcium
Muscarinic M ₂	Myocardium, smooth muscle, some presynaptic sites; CNS neurons	Opening of potassium channels, inhibition of adenylyl cyclase
Muscarinic M ₃	Exocrine glands, vessels (smooth muscle and endothelium); CNS neurons	Like M ₁ receptor-ligand binding
Muscarinic M ₄	CNS neurons; possibly vagal nerve endings	Like M ₂ receptor-ligand binding
Muscarinic M ₅	Vascular endothelium, especially cerebral vessels; CNS neurons	Like M ₁ receptor-ligand binding
Nicotinic N _N	Postganglionic neurons, some presynaptic cholinergic terminals; receptors typically contain two $\alpha 3$ and one $\beta 4$ type subunits in addition to γ and δ subunits	Opening of Na ⁺ , K ⁺ channels, depolarization
Nicotinic N _M	Skeletal muscle neuromuscular end plates; receptors typically contain two $\alpha 1$ and $\beta 1$ type subunits in addition to γ and δ subunits	Opening of Na ⁺ , K ⁺ channels, depolarization

Organ	Effect of				
	Sympathetic Activity		Parasympathetic Activity		
	Action ¹	Receptor ²	Action	Receptor ²	
Eye					
Iris radial muscle	Contracts	α_1	...	...	...
Iris circular muscle	...	...	Contracts		M ₃
Ciliary muscle	[Relaxes]	β	Contracts		M ₃
Heart					
Sinoatrial node	Accelerates	β_1, β_2	Decelerates		M ₂
Ectopic pacemakers	Accelerates	β_1, β_2	...		...
Contractility	Increases	β_1, β_2	Decreases (atria)		M ₂
Blood vessels					
Skin, splanchnic vessels	Contracts	α	...		...
Skeletal muscle vessels	Relaxes	β_2	...		...
	[Contracts]	α	...		...
	Relaxes ³	M ₃	...		...
Endothelium of vessels in heart, brain, viscera	...	...	Synthesizes and releases EDRF ⁴		M ₃ , M ₅ ⁵

Organ	Sympathetic	Action ¹
Bronchiolar smooth muscle		Relaxes
Gastrointestinal tract		
Smooth muscle		
Walls		Relaxes
Sphincters		Contracts
Secretion		...
Genitourinary smooth muscle		
Bladder wall		Relaxes
Sphincter		Contracts
Uterus, pregnant		Relaxes
Uterus, non-pregnant		Contracts
Penis, seminal vesicles		Ejaculation



Organ	Effect of				
	Sympathetic Activity		Parasympathetic Activity		
	Action ¹	Receptor ²	Action	Receptor ²	
Skin					
Pilomotor smooth muscle	Contracts	α	...		...
Sweat glands			Eccrine sweat glands	Abundant sweat glands with odorless secretion	Lower body temperature
Eccrine	Increases	M			
Apocrine (stress)	Increases	α	Apocrine sweat glands	Less numerous sweat glands with secretions that develop odors	Wet skin during pain, fear, emotional upset, and sexual arousal
Metabolic functions					
Liver	Gluconeogenesis	β_2, α	...		...
Liver	Glycogenolysis	β_2, α	...		...
Fat cells	Lipolysis	β_3	...		...
Kidney	Renin release	β_1	...		...

The End

