

SYMPATHOTROPIC DRUGS

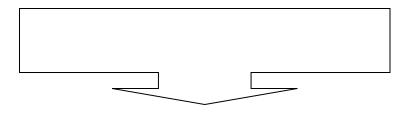
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NEUROTRANSMITTER OF SYMPATHETIC NERVOUS SYSTEM



NORADRENALINE (NOREPINEPHRINE)



Substances affecting the sympathetic nervous system in the meaning of (+)

SYMPATHOMIMETICS (adrenergics, adrenomimetics)

- DIRECT
- INDIRECT

- SELECTIVE
- NONSELECTIVE

Substances affecting the sympathetic nervous system in the meaning of - SYMPATHOLYTICS (antiadrenergics, blockers, adrenolytics)

- DIRECT
- INDIRECT

- SELECTIVE
- NONSELECTIVE



Sympathomimetics (direct and indirect)

Effects

- vasoconstriction, mydriasis (α_1)
- \downarrow BP (α_2)
- cardiostimulation (β_1)
- bronchodilatation, tocolysis, antialergic effect (β₂)
- psychostimulation
- ↓ appetite anorectic effect (nondirect mechanism of action)



Endogenous catecholamines and their derivatives Overview of drugs, use:

- adrenaline (epinephrine), noradrenaline (norepinephrine), dopamine, isoprenaline (obsol.)
- non-selective against adrenergic receptors

- peripheral analeptics
- topical vasoconstriction
- cardiostimulation



Endogenous catecholamines

- adrenaline (epinephrine)
- a natural substance (hormone of the adrenal medulla, NT in the CNS, NT in the sympathetic system), stimulates α and β receptors
- higher affinity to <u>β</u> receptors, in low concentrations stimulates mainly β-receptors
- ineffective in oral administration
- metabolized like other catecholamines by MAO and COMT, final products – normetanephrine, acid vanilmandelic



Endogenous catecholamines

adrenaline (epinephrine)

Effects:

- heart, blood vessels (vasoconstriction)
- changes of BP (according to the amount of dose lower doses β effect, higher doses β and α -effect, high doses
- α effect)
- bronchodilatation
- mast cells inhibition of release of the allergic reaction mediators (histamine)
- hyperglycemia glycogenolysis, glucagone secretion
- ♣ insulin secretion
- lipolysis



Direct sympathomimetics Endogenous catecholamines

adrenaline (epinephrine)

- **resuscitation** during cardiac arrest, tonisation of myocard (1mg repeatedly in the 3 to 5min intervals intravenously or intraosseously (= very rapid onset of action, intracardial application (very rarely))
- anaphylactic shock (1mg in 10ml saline sol.)
 - bronchodilatatory effect
 - the mucous membrane decongestion
 - positive inotropic
 - vasoconstriction in higher doses
 - blockade of mast cells degranulation
- additive to local anaesthetic agents → by vasoconstriction prolongs anaesthesia, reduces toxicity of LA
- antiasthmatic agent: today usually replaced selective β₂-mimetics (used in status asthmaticus)

Endogenous catecholamines

noradrenaline (norepinephrine)

- a natural substance (NT in CNS, NT of sympathetic system)
- stimulates $\underline{\alpha}$ and β receptors
- ineffective in oral administration

Effects:

- mainly on the cardiovascular system
- increase of systolic (β effect) and diastolic BP (α effect)
- reflexively by stimulation of n. vagus → bradycardia

- therapy of hypotension
- therapy of shocks (peripheral analeptics), today drug of the first choice in patients with failing blood circulation
- (vasoconstrictor additive to LA)



Direct sympathomimetics Endogenous catecholamines

<u>dopamine</u> (today not common use)

- a natural substance (NT in CNS, in peripheria, precursor in NA synthesis)
- stimulates <u>dopaminergic receptors</u> (kidney and intestinal arterioles), β receptors, in higher doses α receptors
- effective only parenteral application

Use, indications:

- Therapy of shock

- -stimulation of β_1 receptors = positive inotropic and chronotropic effect
- -higher doses \rightarrow stimulation of α receptors = constriction of blood vessels (BP increase)
- -stimulation of **D** receptors = vasodilatation in the area of splanchnic system and kidneys → increased perfusion (different from noradrenaline! → today renoprotective properties of dopamine are being called into question, respectively they are expressed only in high doses of dopamine)



Side effects of catecholamines

- low distribution across HEB → low CNS toxicity
- toxic peripheral effects result from increased from α or β receptor stimulation

Side effects (mainly on the cardiovascular system):

- significant vasoconstriction → BP increase
- tachycardia
- heart arrhythmia
- increased demands of the myocardium for oxygen



- imidazolines naphazoline, oxymetazoline, xylometazoline, tetryzoline, tramazoline
- stimulation of α₁ receptors → the mucous membrane decongestion

Use, indications:

- substances used primarily to decongest hyperemic mucous membranes (they are contained in the nasal and eye drops, sprays, gels, etc.)



phenylephrine

• stimulation of α_1 receptors \rightarrow mydriasis, the mucous membrane decongestion (nasal, conjuctivas), BP increase

- the mucous membrane decongestion
- to induce mydriasis (in conjunctivitis, uveitis, during cataract surgery)
- peripheral analeptics (in hypotensive conditions) obsol.



midodrine

- drug with prolonged effect (vasoconstrictor action possesses its metabolite)
- can be administered orally or parenterally

- hypotensive status
- incontinentia urinaria (stimulation of α₁ receptors in the area of urinary bladder sphincter → sphincter contraction)



• methoxamine (in Czech Rep. non registered)

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stimulates \alpha_1 receptors in blood vessels \rightarrow generalized vasoconstriction \rightarrow increase of BP = PERIPHERAL ANALEPTICS
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Use, indications:

 therapy of hypotensive states (during spinal anaesthesia, therapy of shock; today, however, preferred NA)



Direct sympathomimetics α₂ sympathomimetics Overview of drugs, use:

- clonidine, α-metyldopa
- Use, indications:
 - for the treatment of hypertension (central and peripheral mechanism of action α-metyldopa)



<u>β₁ sympathomimetics</u>

Overview of drugs, use:

- dobutamine
- ibopamine (dopamine derivative for oral administration; in Czech Rep. non registered)

- heart failure, stimulation of conductive heart system
- cardiogenic shock (today combination NA + dobutamine preferred)
- severe forms of heart failure



- dobutamine
- Use, effects:
- syntetic substance similar to dopamine
- stimulation of β₁ receptors in heart → strong inotropic effect, relatively poor chronotropic effect
- indicated for cardiogenic shock in combination with NA



Effects:

- stimulation of β_2 receptors in bronchial smooth muscles of \rightarrow relaxation of smooth muscles and bronchodilatation
- inhibition of inflammation mediators (leucotriens) release and allergic reaction mediators (histamine) release from mast cells
- stimulation of mucociliar functions
- relaxation of the uterine muscles



Use of β₂ sympatomimetics for bronchodilatation

Short-term effect (4 – 6 h)

orciprenaline (less selective than others) fenoterol, salbutamol, terbutaline, hexoprenaline...

Long-term effect (8 – 15 h)

clenbuterol, procaterol, formoterol, salmeterol

Routes of administration: orally, **by inhalation**, by injection (intravenous infusion)

Side effects:

- tremor
- palpitation, nervousness
- tpotassium (enhanced by theophyline and corticosteroids)



<u>Use of β₂ sympatomimetics in gynekology and obstetrics</u>

- hexoprenaline → TOCOLYTICS →
- → relaxation of the uterine muscles

- prevention of pre-term birth or risk of abortion during premature uterine aktivity
- calming the uterus before, during and after the cerclage and in operations in the abdominal cavity
- calming the uterus at the time between the decision on the implementation of the sectio caesarea (see point 1)



MECHANISM OF ACTION

increase concentration of catecholamines in synaptic cleft by:

- releasing from the storage vesicles
- inhibition of neurotransmitter re-uptake presynaptically
- inhibition of catecholamine metabolism (inhib. MAO)
- increasing of neurotransmitter synthesis



Overview of drugs, use:

- amphetamine psychostimulants, substances related and other psychostimulants
- ephedrine, pseudoephedrine
- tyramine
- MAO inhibitors (MAOI)
- substances inhibiting re-uptake (TCA, cocaine)

Use:

- antidepressants
- for ADHD treatment
- for narcolepsia treatment
- anorectics (antiobesics)
- mucous membrane decongestion

