Spasmolytics/antispasmodics

TERMINOLOGY

Drugs decreasing muscle tone and muscle contractility





Spasmolytics/antispasmodics

- a group of drugs with a **relaxing effect on smooth muscles**
- therapy of functional diseases of the GIT, GU system
- **–symptomatic** therapy, aimed at suppressing subjective difficulties caused by incr. tone of smooth muscles (cramps), dyskinesia and smooth muscle hyperkinesia (hypermotility of GIT)
- Indications: therapeutic and diagnostic examinations endoscopy, e.g. ERCP
- reduction of motility, suppression of pain, diarrhea, convulsions, nausea, vomiting, COPD/AB
 hyperactive bladder, supportive treatment in Parkinson's disease
- enteric nervous system (plexus myentericus Auerbachi), ANS, other agents (NO, ATP, VIP)

MUNT

 $M \vdash D$

Spasmolytics/antispasmodics

- Contraindications:
- -paralytic ileus
- -myasthenia gravis
- -pyloric stenosis
- —BPH
- ---pregnancy + lactation

• AE:

- -constipation
- -dry mouth
- -(+ other anticholinergic AE)
- -flatulence
- -pyrosis

Classification of antispasmodics

1. Neurotropic

parasympatholytics (atropine - not currently used as antispasmodic, oxybutynin, solifenacin, darifenacin, otilonium, fenpiverine, Nbutylscopolamine, trospium, tolterodine)

2. Myotropic

(drotaverin, alverin, mebeverin, pitofenon)

+ carminative, spasmoanalgesics, deflatulent agents (dimethicone, simethicone)

+ others (NSAIDs, opioids, nitrates, antidepressants with anticholinergic action etc.)

Neurotropic antispasmodics

- VNS receptors, only splanchnic smooth muscle

a) Anticholinergics / parasympatholytics

with tertiary N, lipophilic substances, via HEB (CNS AE)

- **atropine** spasmolytic eff. on the GIT, obsolete
- oxybutynine selectively for the urinary systém, I: pollakiuria, incontinence, hyperactive urine. Bladder
- darifenacin, solifenacin urinary bladder hyperactivity, incontinence, pollakiuria

Neurotropic antispasmodics

b) Parasympatholytics

- quaternary N, does not pass through BBB
- otilonium spasms of the GIT, biliary system, G-U system
- fenpiverine combination with metamizole and pitofenone,
 - spasmoanalgesic system, GIT, GU, dysmenorrhea
- N-butylscopolamine spasms of the GIT, biliary system, G-U
 - system, endoscopy **fesoterodine**, **tolterodine**, **trospium** functional disorders of the GIT and GU system

 $N/I \vdash I$

ipratropium, tiotropium – bronchodilators, often in combination
 with beta2 agonists

Combination of neurotropic/myotropic antispasmodics

-oxybutynine, propiverine

• act selectively on the urinary system

IND: incontinence due to overactive bladder (after spinal cord injury)

Myotropic antispasmodics

- direct effect on smooth muscles, smooth muscles in the vessels
- Various MoA: blockade of calcium channels, activation of potassium channels, stimulation of NO production, increase of cAMP/cGMP, ...

- papaverine

- originating from opium phosphodiesterase inhibitor, visceral spasms, colic (biliary, renal), vasospasm
- drotaverine phosphodiesterase inhibitor, gynecological indications (dysmenorrhea, adnexitis), smooth muscle spasms (irritable bowel syndrome, billiary colic, bladder tenesmas, ...), headache of vascular etiology

 $M \vdash D$

Myotropic antispasmodics

—alverine – phosphodiesterase inhibition, combination with simethicone, functional GIT difficulties - flatulence, flatulence, IBS

—mebeverine – more MoA including local anesthetic effect, irritable bowel syndrome, GIT spasms

—pitofenone – phosphodiesterase inhibition, combination with metamizole and fenpiverine - spasmoanalgesia, IBS

Other antispasmodics

- —beta 3 agonist mirabegron IND: hyperactive bladder
- -alpha 1 antagonists alfuzosine, tamsulosine IND: BHP
- -glucagon premedication for endoskopy

- -Nitrates esophageal motility disorders, esophageal achalasia

IND: acute painful spasms, biliary system spasm (rather obsolete)

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Spasmoanalgesics

— combination of antispasmodics with analgesics (metamizole,

paracetamol, opioids - codeine, tramadol, pethidine)

- i.v. admin accelerating onset of the effect
- IND: dysmenorrhea, smooth muscle spasms with pain, obstetrics surgery, instrumental procedures