

# Diuretics

= compounds used for ↑ of urine excretion in order to ↓ the excessive volume of extracellular liquid or for other therapeutic purposes

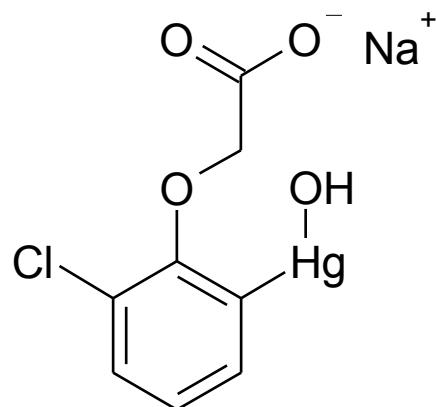
## History

Mercury compounds

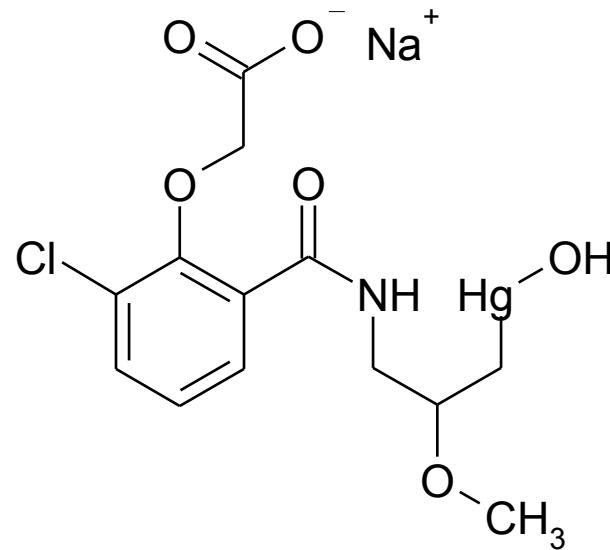
16<sup>th</sup> century – Paracelsus – red HgO (?)

19<sup>th</sup> century – Hg<sub>2</sub>Cl<sub>2</sub> „calomel“

beginning of the 20<sup>th</sup> century – less toxic organic compounds with covalently bound Hg



Novasurol



**mersalyl**  
Salyrgan®

# **Classification of actually used diuretics**

1. Saluretics

1.1. Sulfonamides

1.1.1 Sulfonamides with acyclic  $-\text{SO}_2\text{NH}_2$  group

1.1.2 Thiazide diuretics

2. „Potassium conserving“ diuretics

3. „Loop“ diuretics (= diuretics acting in the loop of Henle)

3.1. Sulfonamides – amino(hetero)arenesulfonamide derivatives

3.2. Phenoxyacetic acid derivatives

4. Osmotic diuretics

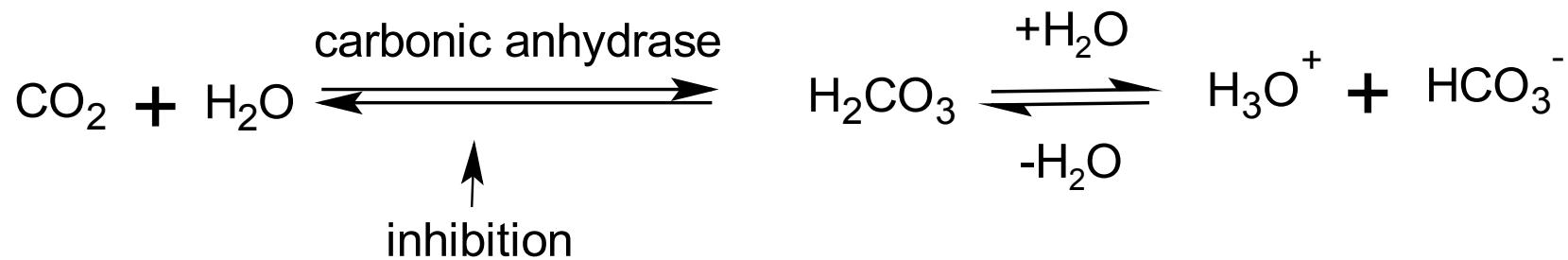
(5. Purine alkaloids – xanthine derivatives)

## 1. Saluretics

- inhibit reabsorption (back resorption) of  $\text{Na}^+$  and  $\text{Cl}^-$  in more distal part of the nephron, ions bind water, which is then excreted
- they cause decrease of  $\text{K}^+$  in organism (exchange for  $\text{Na}^+$  and active secretion in distal tubule)

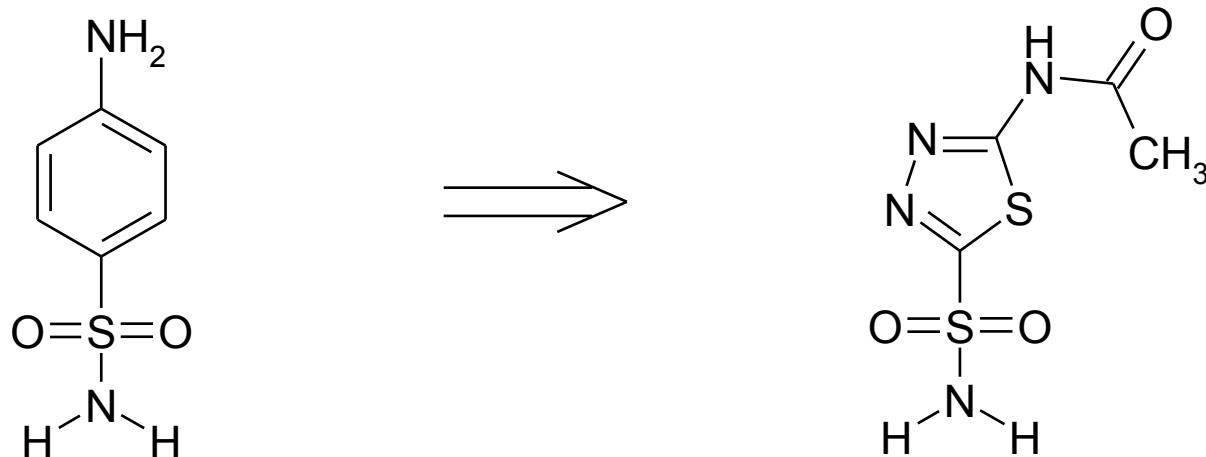
### 1.1. Sulfonamides

- diuretic activity of antibacterial sulfonamides observed as a side effect before 1940
- 1949 Schwartz: carbonic anhydrase inhibition



- the enzyme is inhibited  $\Rightarrow \downarrow \text{H}_2\text{CO}_3 \Rightarrow \downarrow \text{H}_3\text{O}^+$ , which normally exchanges for  $\text{Na}^+$ , in glomerular filtrate  $\Rightarrow \text{Na}^+$  remains in the renal tubule together with  $\text{HCO}_3^-$ , they bind osmotic equivalent of water  $\Rightarrow$  excretion of a large quantity of urine

### 1.1.1. Sulfonamides with acyclic -SO<sub>2</sub>NH<sub>2</sub> group



N-(5-sulfamoyl-[1,3,4]thiadiazol-2-yl)-acetamide

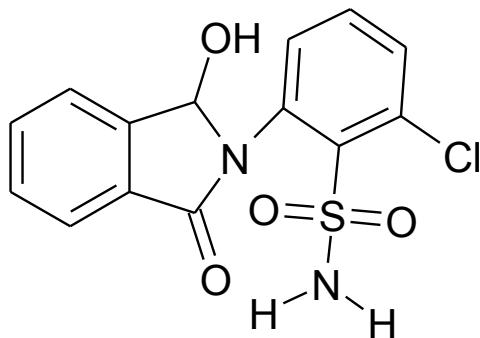
**sulfanilamide**

(lead compound of antibacterial sulfonamides)

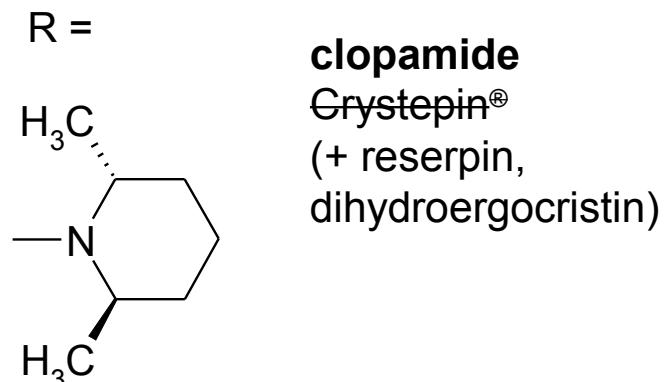
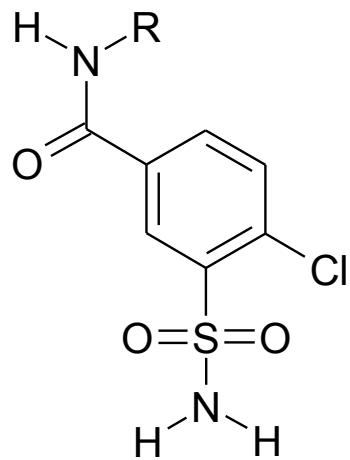
**acetazolamide**

one of the first sulfonamide diuretics  
Diluran® - today treatment of glaucom

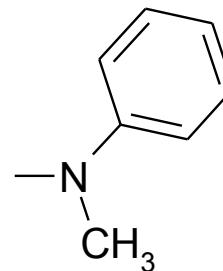
### 1.1.1. Sulfonamides with acyclic $-\text{SO}_2\text{NH}_2$ group - continued



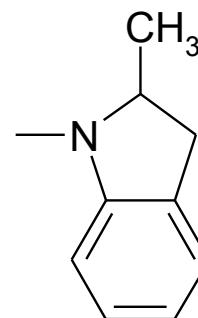
**chlorthalidone**  
Urandil®  
•hypertension,  
edema in heart  
insufficiency



**clopamide**  
Crystepin®  
(+ reserpine,  
dihydroergocristin)



**metipamide**  
Hypotylin®

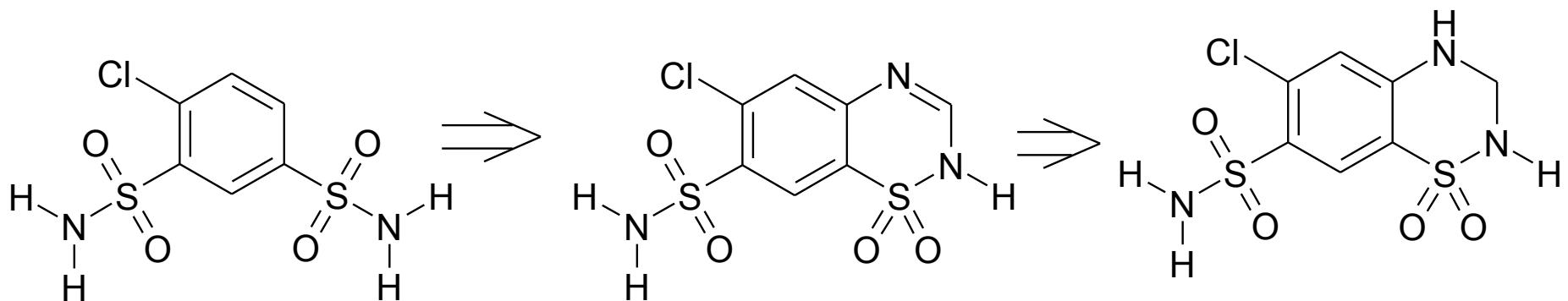


**indapamide**  
•also antioxidant effect  
Indap®  
Noliprel® (+ perindopril)  
Prenewel® ...

## 1.1.2 Thiazide diuretics

= sulfonamides with  $-\text{SO}_2\text{NH}-$  group in a cycle

Elicitation of their structure



**clofenamide**

diuretic sulfonamide  
with acyclic  $-\text{SO}_2\text{NH}_2$   
groups; today  
obsolete

**chlorothiazide**

1<sup>st</sup> „thiazide“  
diuretic; today  
obsolete

**hydrochlorothiazide**

most frequently  
combined with  
amiloride (Moduretic<sup>®</sup>,  
Rhefluin<sup>®</sup>) or with  
quinapril (Accuzide<sup>®</sup>)  
for treatment of  
hypertension

Activity

1

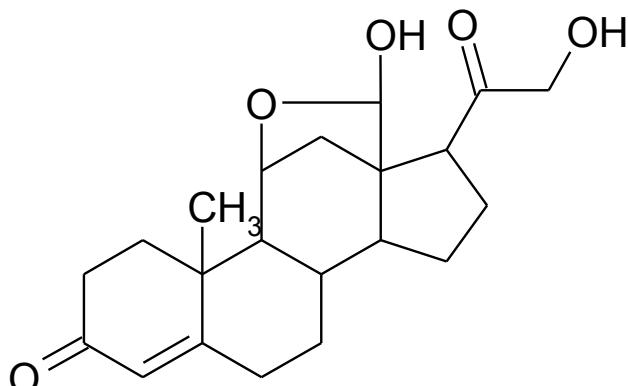
:

20

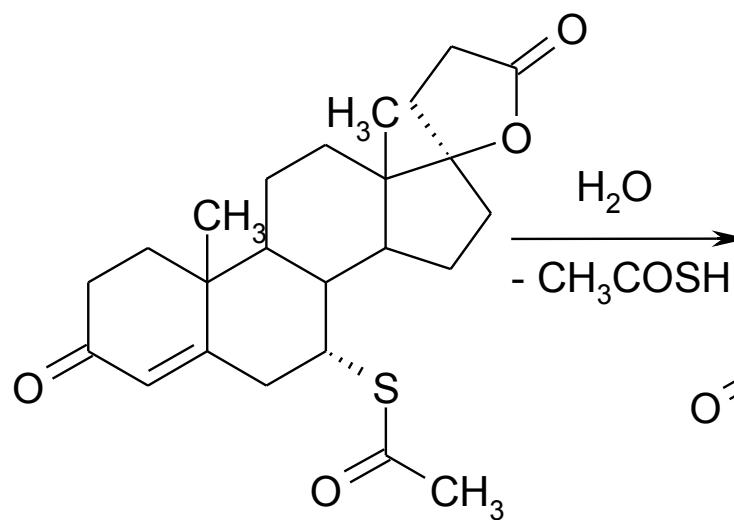
## 2. „Potassium conserving“ diuretics

- inhibit reabsorption of  $\text{Na}^+$  v distal tubule; retention of  $\text{K}^+$  occurs simultaneously

### Aldosterone antagonists

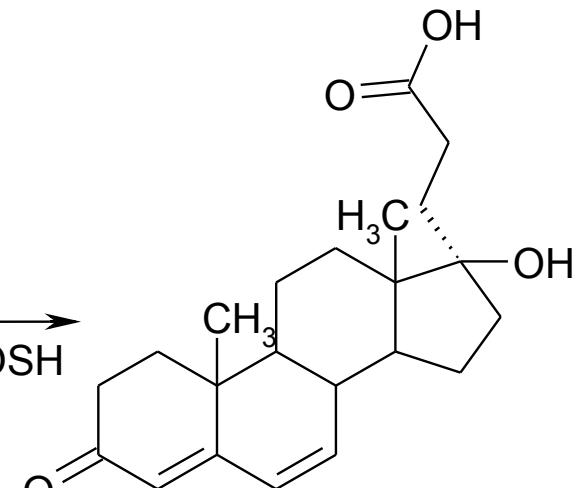


aldosterone



spironolactone

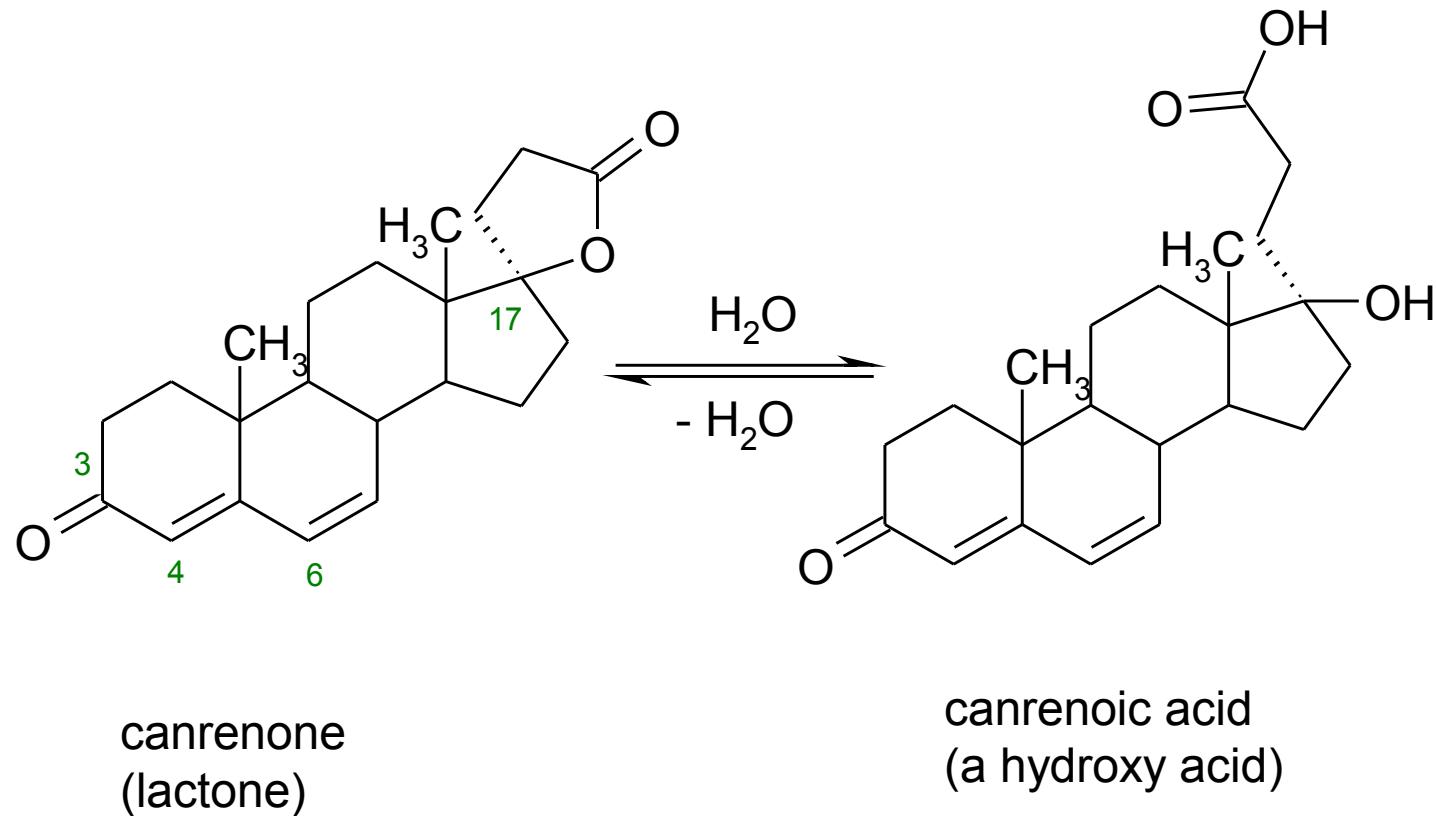
- prodrug of canrenoic acid
- hyperaldosteronemia
- Verospiro® tbl.



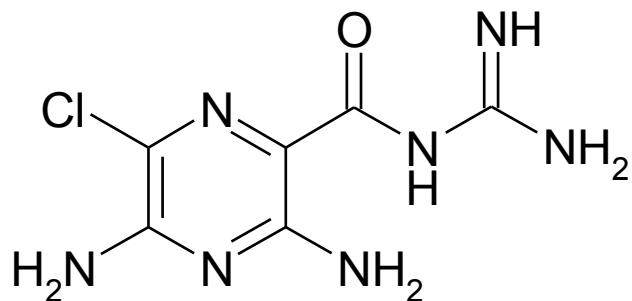
canrenoic acid

- active compound Aldactone® inj. –  $\text{K}^+$  salt for parenteral application (*kalii canrenoas*)

Canrenon and canrenoic acid  
•both forms are in an equilibrium

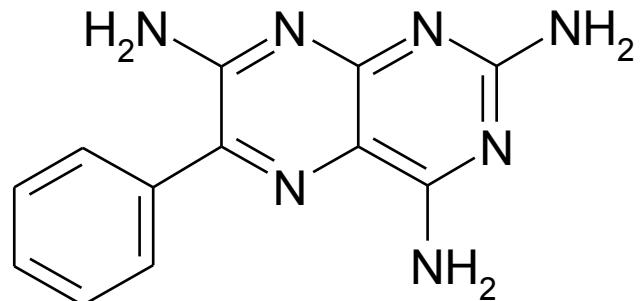


## 2. „Potassium conserving“ diuretics - continued



N-(3,5-diamino-6-chloropyrazine-2-carbonyl)-guanidine

**amiloride**  
Amicloton®, Moduretic®, Loradur® (+  
hydrochlorothiazide) ...

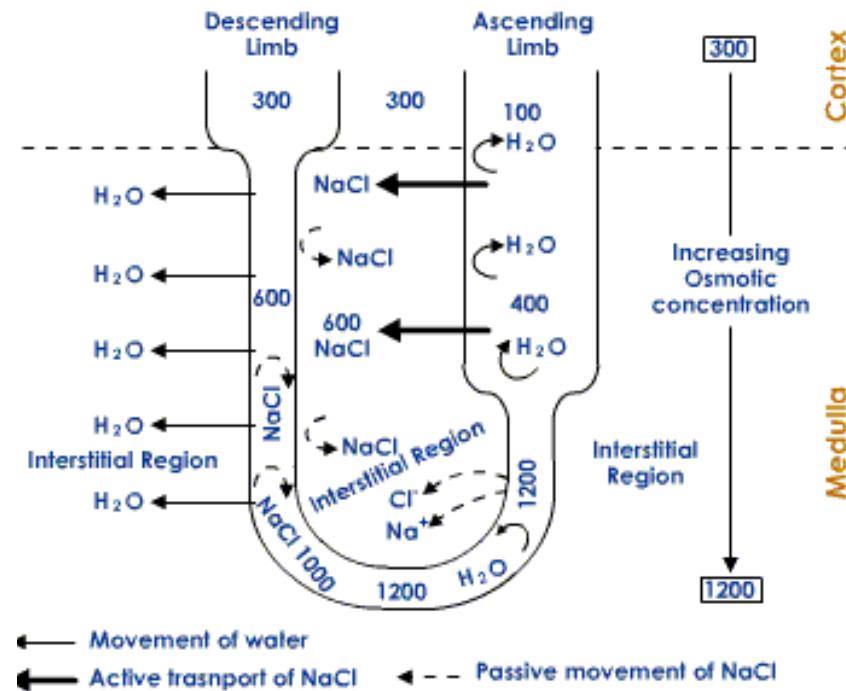
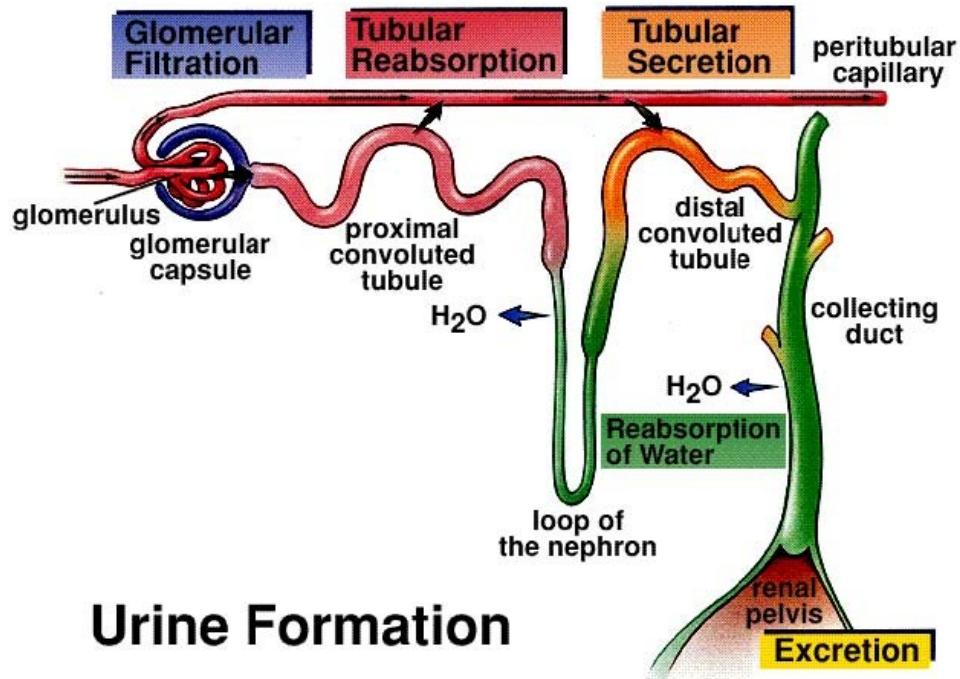


2,4,7-triamino-6-phenylpteridine

**triamterene**  
Dytac® tbl.

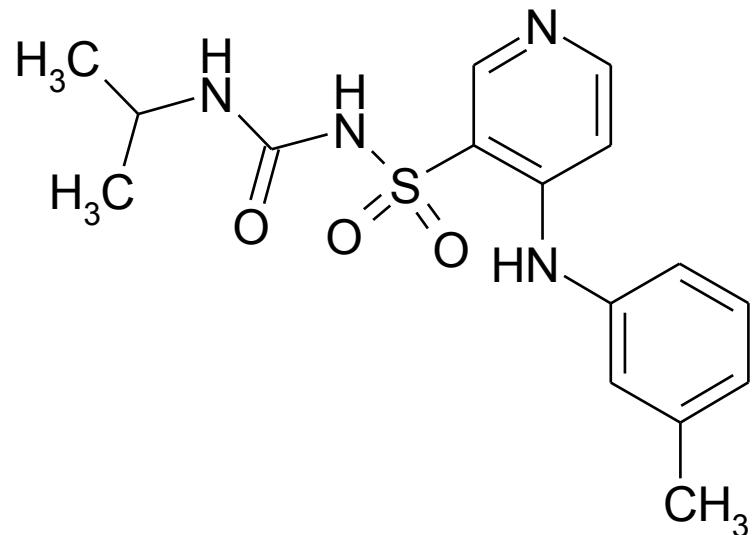
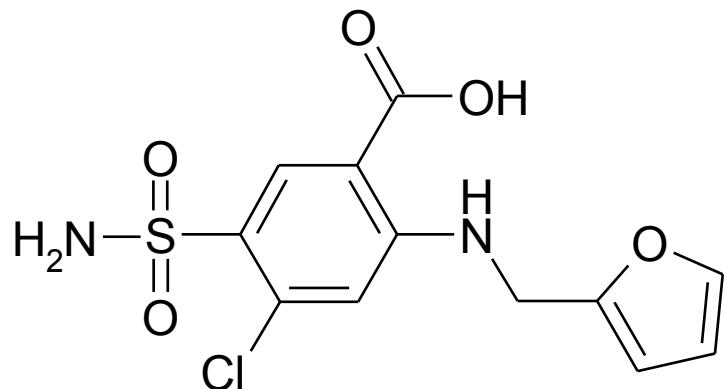
### 3. „Loop“ diuretics

- inhibit absorption of electrolytes ( $\text{Na}^+$ ,  $\text{K}^+$ ,  $\text{H}^+$  a  $\text{Cl}^-$ ) in the ascending limb of Henle loop  
 (⇒ hyponatraemia, hypokalaemia, hypochloraemia and alkalosis possible)
  - efficient also in ↓ function of kidneys



### 3. „Loop“ diuretics

#### 3.1. Sulfonamides – amino(hetero)arenesulfonamide derivatives



**furosemide**

Furon® tbl.

•oedema, chron. renal insufficiency

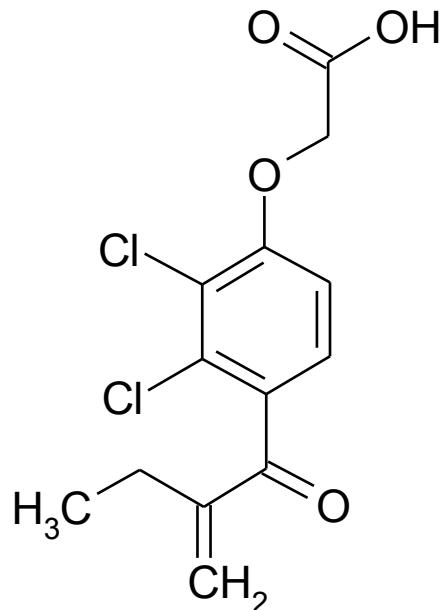
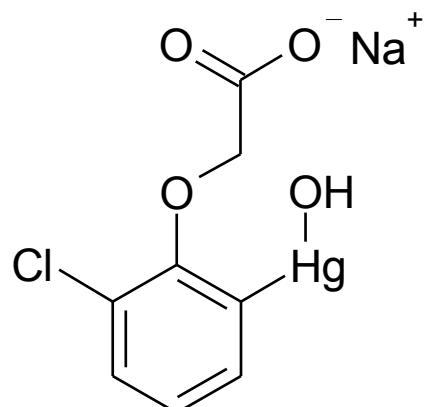
**torasemide**

**syn. torsemide [USAN]**

Trifas® tbl.

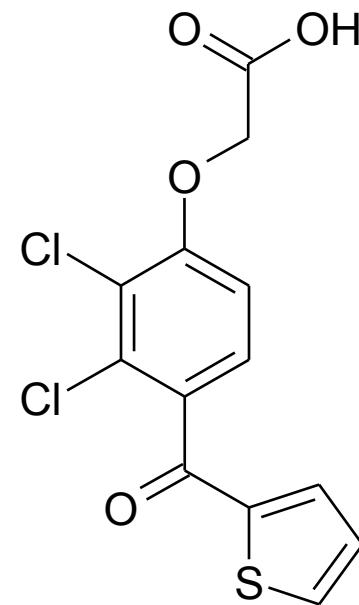
### 3.2. Phenoxyacetic acid derivatives

Derivation of the structure: directly from mercury diuretics



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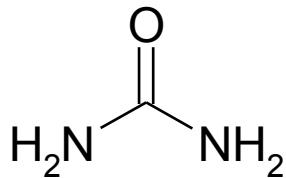
**ethacrynic acid**  
Uregyt® tbl.



**tienilic acid**  
(syn. **ticrynafen** [USAN])

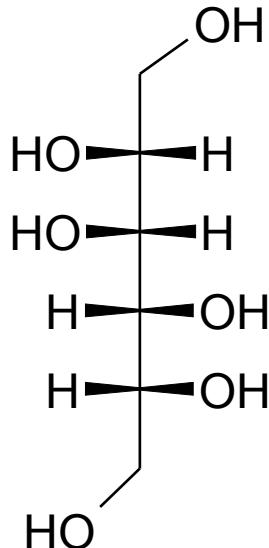
#### 4. Osmotic diuretics

- osmotically active compounds, ↑ osmotic pressure of the glomerular ultrafiltrate ⇒ ↓ its glomerular reabsorption
  - administered only intravenously
- removal of intracranial hypertension in patients with brain oedema, treatment of acute renal failure, forced diuresis in intoxications



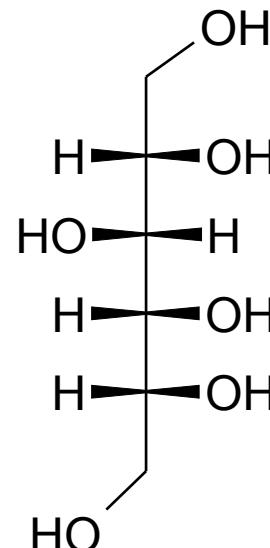
urea

Urea VUAB® inf. sic.



D-mannitol

Osmofundin 15% N® inf.



D-sorbitol

syn. D-glucitol

Infusio sorbitoli® inf. sol.