Cholinoceptor-Blocking Drugs

Yacoub Irshaid MD, PhD, ABCP Department of Pharmacology

Cholinoceptor-Blocking Drugs

Comprise 3 groups of drugs:

- 1. Antimuscarinic drugs.
- 2. Ganglion Blockers (nicotinic receptors)
- 3. Neuromuscular junction blockers (nicotinic receptors). These are NOT part of the autonomic nervous system (ANS).

Muscarinic Receptor-blocking Drugs

They are also called antimuscarinic drugs.

Include:

- 1. Naturally occurring alkaloids: Atropine (hyoscyamine) – prototype, and Scopolamine (hyoscine).
- 2. Quaternary amines for GIT application (peptic ulcer disease and hypermotility):
 - Propantheline, Glycopyrrolate.

- 3. Tertiary amines for peripheral applications:

 Pirenzepine (peptic ulcer disease), Tropicamide (mydriatic), Dicyclomine (peptic disease and hypermotility).
- 4. Quaternary ammonium for use in asthma: lpratropium, Tiotropium
- 5. Tertiary amine for Parkinson's disease: Benztropine,
- 6. Tolterodine for hyperactive bladder.

Pharmacokinetics:

- The natural alkaloids and most of the tertiary antimuscarinic agents are well absorbed from the gut and conjunctival membranes.
- They are also widely distributed in the body including CNS
- Quaternary antimuscarinic drugs are poorly absorbed after oral administration, and poorly transported into the brain.

Pharmacodynamics:

A. Mechanism of Action:

 Antimuscarinic drugs cause reversible and competitive blockade of muscarinic receptors, preventing acetylcholine from binding.

B. Organ System Effects:

1. CNS:

- A. Atropine has sedative effect.
- B. Scopolamine has more marked central effects producing drowsiness and amnesia.
- These actions make them useful as preanesthetic medications.
- At toxic doses, both can produce excitement, agitation, hallucinations and coma.

- C. Centrally acting antimuscarinic drugs reduce the tremor of Parkinson's disease
- D. Prevention or reversal of the vestibular disturbances of motion sickness.

2. Eye:

- A. Dilation of the pupil (mydriasis) due to relaxation of the pupillary constrictor muscle.
- B. Weaken contraction of the ciliary muscle (cycloplegia) leading to loss of the ability to accommodate for near vision.
- C. Reduction of lacrimal secretions leading to dry or sandy eyes.

- 3. Cardiovascular system (CVS):
- A. Small doses of atropine produce bradycardia by stimulation of acetylcholine release by blocking presynaptic M₁ autoreceptors.
- B. Moderate to high doses of atropine produce tachycardia by blocking postsynaptic muscarinic receptors in the SA node in the heart.
- C. Effects on atria and ventricles are minor.

- D. Block vasodilation (in coronary arteries and skeletal muscle blood vessels) induced by cholinomimetics despite lack of parasympathetic innervation of blood vessels (but contain endothelial muscarinic receptors).
- E. <u>Cutaneous blood vessel dilation</u> in the upper part of the body (may be due to blocking of sweating??) → flushing at toxic doses.

- 4. Respiratory system:
- A. Bronchodilation (M₃ receptors).
- **B.** Reduced respiratory secretions.
- C. Prevention of laryngospasm.
- 5. Gastrointestinal tract:
- A. Effects on gastrointestinal function are modulated by local hormones, noncholinergic neurons and enteric nervous system.

- B. Reduce salivary secretions \rightarrow dry mouth.
- C. Reduction of gastric secretions volume and amount of acid, pepsin and mucin. Basal secretion is blocked more than that stimulated by food, nicotine or alcohol.
- D. Pancreatic and intestinal secretions are less (?) affected.

- E. Relaxation of smooth muscle of GIT from stomach to colon, both tone and propulsive movements are diminished. → prolong gastric emptying time and intestinal transit time.
- F. Constipation

- 6. Genitourinary tract:
- A. Relaxation of smooth muscle of the ureters and bladder wall → slows voiding (urination)
 → urinary retention.
- 7. Sweat glands (sympathetic cholinergic fibers):
- A. Suppress thermoregulatory sweating \rightarrow reduce sweating and elevate body temperature.