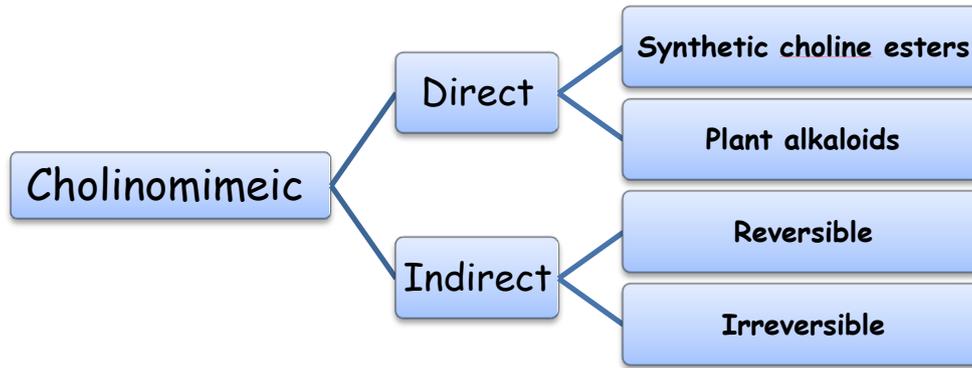


Cholinergic agonists

Also called : Cholinomimeic (parasympathomimetics).



Direct:

| DRUG | | RECEPTOR | FUNCTION | NOTES |
|---------------------|-----------|------------------------------------|---|--|
| Carbachol | Synthetic | M & Some N | Given topically as eye drops: Produce miosis → ↓ I.O.P. | Nonselective. Quaternary . Don't degradation by ChE → Long duration. |
| Bethanechol | | M only (mainly M3 & some M2) | 1) Stimulates contraction and evacuation of bowel and so helps to ↓ abdominal distension. 2) Stimulates contraction of bladder, so relieves retention of urine. | S.Es: Salivation, sweating, brady- cardia, hypotension, bronchospasm. C/I: Mechanical obstruction of intestine or bladder outlet, peptic ulcer, asthma, heart block. Quaternary . Don't degradation by ChE → Long duration. |
| Methacholine | | M | Local use on eye to produce miosis. | Slowly hydrolyzed by ChE. Called: Acetyl β-methyl choline. |
| Pilocarpine | Alkaloid | M3 | 1) Topically as eye drops in glaucoma → ↓ I.O.P. Contraction of ciliary & circular m. → pull on trab-ecular meshwork → increase drainage of aqueous humor. 2) Oral: for xerostomia : here it stimulates salivation. | S.Es.: Eye: lacrimation, frontal headache due to cyclospasm, accommodation of eye for near vision, miosis, sweating, ↑ bronchial secretion, bronchospasm in asthma. |
| Muscarine | | M | In Mushroom poisoning : symptoms occur 30 min to 1 h after ingestion; they include : Abdominal pain , diarrhea , salivation , sweating , & brady-cardia . | In mushrooms Clitocybe and Inocybe. Antidote: atropine . |
| Nicotine | | N | Uses: a. Smoking cessation program, as chewing gum or transdermal patch. b. Rodenticide. | Poisoning in man: vomiting + convulsions (CNS action), skeletal muscle fasciculation followed by weakness, blood pressure swings & arrhythmias . Eliminated in 6 - 12 h by liver Treatment: support for respiration, control of convulsions, arrhythmias and hypertension. |

Indirect: Reversible

| DRUG | FUNCTION | NOTES |
|--|--|---|
| Edrophonium | <p><u>Diagnosis</u> of myasthenia gravis. When given i.v., it improves drooping of eyelids + facial muscles weakness + handgrip weakness.</p> <p>Given i.v. helps to <u>differentiate</u> cholinergic crisis from myasthenic crisis.</p> | <p>Quaternary alcohol.</p> <p>Short duration : 5 - 10 min.</p> <p>Treatment: Reduce dose.</p> <p>Oxygen + ventilatory support.</p> <p>Atropine: for reversing muscarinic effects.</p> |
| Physostigmine | <p>1) In Glaucoma: as eye drops.</p> <p>2) In Atropine poisoning: given i.v. to reverse peripheral & central effects of atropine.</p> | <p>Act for 0.5 - 2 h.</p> <p>natural, tertiary alkaloid from Calabar beans.</p> |
| Neostigmine | <p>1) Treatment of myasthenia gravis: given oral.</p> <p>2) Antidote to reverse the skeletal muscle paralysis caused by competitive non-depolarizing (NMJ) blockers e.g. d-tubocurarine + similar acting drugs.</p> <p>3) Sometimes for post-operative ileus or post-partum atony of urinary bladder : neostigmine or distigmine.</p> <p>4) Glaucoma: demecarium eye drops (4-6 h).</p> | <p>Synthetic and Quaternary.</p> <p>Act for 0.5 - 2 h.</p> <p>S.E. :Muscarinic: salivation, sweating, bradycardia, intestinal spasm, diarrhea, bronchospasm.</p> <p>Reversed or prevented by muscarinic receptor blocker atropine.</p> <p>Nicotinic: skeletal muscle fasciculation if slight overdose.</p> |
| Pyridostigmine | <p>It acts slower but is <u>longer</u> acting than neostigmine (3- 4 h), commonly used in myasthenia gravis.</p> | <p>Synthetic and Quaternary.</p> |
| Carbaril +others | <p>Acarbamate insecticide in agriculture.</p> <p>A Reversible ChE blocker.</p> | <p>If poisoning occurs in man, it is of short duration.</p> <p>The cholinergic crisis in poisoning is treated by atropine.</p> |
| Donepezil and Tacrine Acridine derivatives | <p>More selective for ChE in CNS than in periphery; so less peripheral cholinergic side effects.</p> <p>Used for presenile dementia (Alzheimer's disease).</p> <p>They ↑ Ach. In limbic system in brain resulting in ↑ cognition.</p> | <p><u>Both drugs are eliminated mainly by liver metabolism.</u></p> <p>Tacrine is hepatotoxic, and is no longer used.</p> <p>Donepezil is still in use; it has active metabolites</p> |