# Sympathomimetics 2



## Specific Sympathomimetic Drugs

Endogenous Catecholamines Epinephrine (adrenaline)

Agonist at both  $\alpha$  and  $\beta$  receptors.

Very potent vasoconstrictor and cardiac stimulant.

Causes a **rise in systolic BP** by its **positive** inotropic and chronotropic actions on the heart (B1) and the vasoconstriction induced in many vascular beds ( $\alpha$ ).



- Epinephrine also activates **B 2** receptors in skeletal muscle blood vessels, leading to their dilation.
- Consequently, total **peripheral resistance may** fall.
- Activation of B 2 receptors in skeletal muscle 1 blood flow during exercise.
- **B** 2 activate glycogenolysis in the liver
- **B** 3 stimulation  $\rightarrow$  lypolysis  $\rightarrow$   $\uparrow$  free fatty acids.



### Norepinephrine (noradrenaline)

Agonist at a1, a 2 and B 1 receptors with similar potency as epinephrine, but has relatively little effect on B 2 receptors.

increases peripheral resistance and both diastolic and systolic blood pressure.

Compensatory baroreflex activation overcome the direct positive chronotropic effects of NE producing bradycardia.

The positive inotropic effects on the heart are maintained.

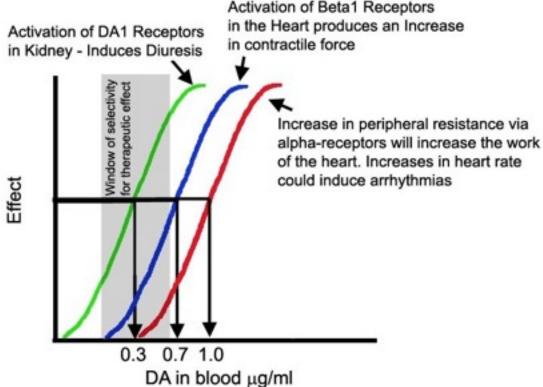


## Dopamine

immediate precursor in the synthesis of NE Stimulates:

Low dose D1 & D2 rec. Medium dose B rec.

High dose a receptors



Endogenous DA regulates sodium excretion and renal function.

Its deficiency in the basal ganglia leads to Parkinson's disease, which is treated with its precursor levodopa.

Dopamine antagonists are antipsychotic drugs.



# Direct-Acting Sympathomimetics Phenylephrine

OH NH CH<sub>3</sub>

A relatively **pure** α 1 agonist.

Not a catecholamine (CA), it is not inactivated by COMT & has a longer duration of action than the CA.

Effective mydriatic and decongestant and can be used to raise the blood pressure.

#### Methoxamine

A direct-acting  $\alpha$  1 receptor agonist.

Causes a prolonged increase in BP due to vasoconstriction & a vagally mediated bradycardia.

Clinical uses are rare and limited to hypotensive states.



#### Midodrine

A **prodrug**, enzymatically hydrolyzed to a selective  $\alpha$  1-receptor agonist.

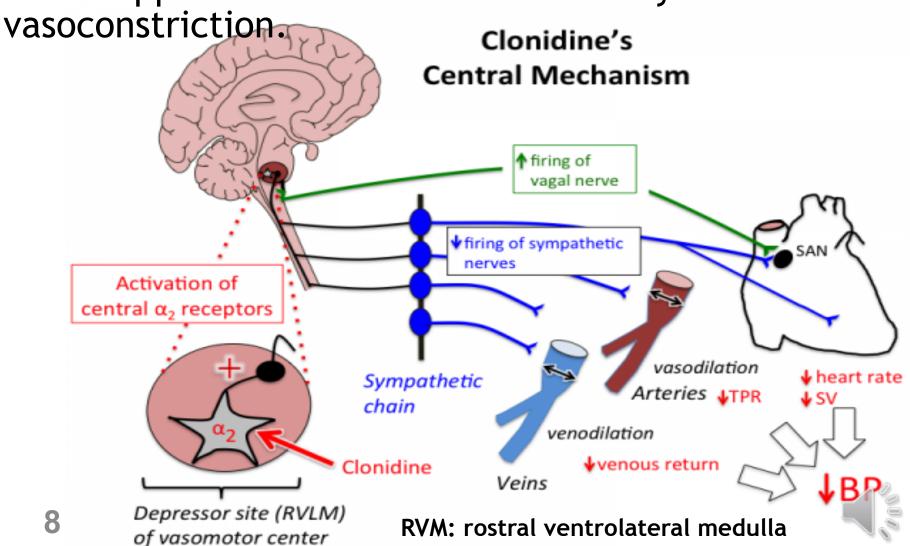
The primary indication for midodrine is the **treatment** of orthostatic hypotension, due to impaired autonomic nervous system function.

Although the drug has efficacy in diminishing the fall of blood pressure when the patient is standing, it may cause hypertension when the subject is supine.



## Alpha2-selective agonists

Decrease BP through actions in the CNS even though direct application to a blood vessel may cause



#### Clonidine

- Stimulates α2A adrenoceptors in the vasomotor centre in brainstem causing a decrease in BP and cardiac output.
- High dose activates peripheral presynaptic autoreceptors on adrenergic nerve ending mediating negative feedback suppression of NE release
- Overdose stimulates peripheral postsynaptic α1 adrenoceptors & cause hypertension by vasoconstriction.
- Clonide has a sedative, analgesic, antishivering and diuretic actions
- The site for the sedative action is in the locus ceruleus of the brain stem. The site for the analgesic action is in the spinal cord.



- In the heart, clonidine \( \pmu \) NE release) and through a vagomimetic action.
- The mechanism for the antishivering and diuretic actions are unknown.
- Uses:
- ADHD (attention deficit hyperactivity disorder) in children, opioid withdrawal, restless legs syndrome, hypertension, alcohol withdrawal
- Low dose of Clonidine is used in migraine prophylaxis, menopausal flushing and chorea (abnormal involuntary movement disorder)
- Abrupt withdrawal causes rebound hypertension
- Side effects: Sedation, dry mouth, dizziness and constipation



#### Guanfacine

Centrally acting  $\alpha$  2-selective agonist. used in the treatment of hypertension

#### Dexmedetomidine

A centrally acting  $\alpha$  2-selective agonist used for **sedation** of initially intubated and mechanically ventilated patients during treatment in an intensive care setting. It also reduces the requirements for opioids in pain control.



## Methyldopa

Metabolized to α-methyl norepinephrine, which then lowers arterial pressure by activation of presynaptic α2 receptors in the brainstem which reduce sympathetic outflow, lowering blood pressure (similar to clonidine) & a reduction of plasma renin activity.

**Used** for treatment of hypertension during pregnancy as a replacement for ACE inhibitors & angiotensin II receptor blockers (which are more efficacious, but are strongly contraindicated in pregnancy).



## Oxymetazoline

Direct-acting  $\alpha 1$  agonist with significant affinity for  $\alpha$  2A receptors.

Used as **topical decongestant** because of promoting constriction of the nasal mucosa.

When taken in large doses, oxymetazoline may cause **hypotension**, because of a **central clonidine** -like effect.



# Isoproterenol (isoprenaline)

Very potent  $\boldsymbol{B}$  -receptor agonist and has little effect on  $\boldsymbol{\alpha}$  receptors.

Has positive chronotropic and inotropic actions (B1).

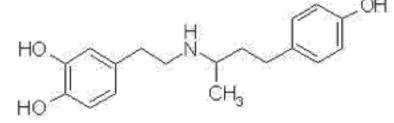
it is a potent vasodilator (B 2).

These actions lead to:

a marked increase in cardiac output a fall in diastolic and mean arterial pressure slight decrease or increase in systolic pressure.



# Beta1-selective agents Dobutamine



Racemic mixture of (-) and (+) isomers.

The (+) isomer is a potent β 1 agonist and an α 1 receptor antagonist.

The (-) isomer is a potent  $\alpha$  1 agonist

The resultant effects of dobutamine is **B** 1 stimulation.

Has a positive inotropic action caused by the isomer with predominantly **B1** receptor activity.

Has relatively greater inotropic than chronotropic effect compared with isoproterenol.

# Beta2-selective agents

## Salbutamol, terbutaline

Bronchodilators, used in the treatment of asthma.

## Ritodrine

Used to achieve uterine relaxation in premature labor.



## Mixed-Acting Sympathomimetics Ephedrine

The plant <u>Ephedra sinica</u>, has been used in <u>traditional Chinese medicine</u> for 5,000 years for the treatment

of <u>asthma</u>, <u>hay fever</u> & the <u>common cold</u>

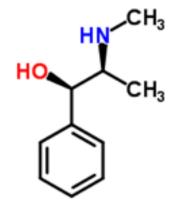
has high bioavailability &

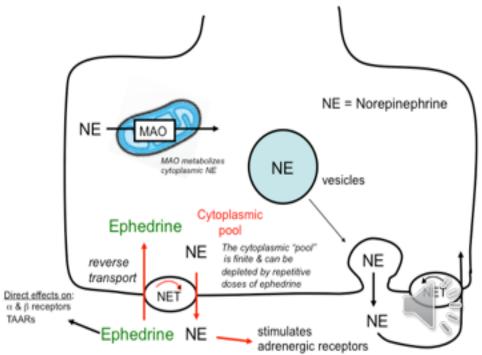
a relatively long duration.

It releases NE & activates

**B2** receptors directly.

it is a mild CNS stimulant.





Ephedrine Mechanism

#### Indications:

Bronchodilator, Decongestant and also used as a pressor agent during spinal anesthesia

### Pseudoephedrine

One of four ephedrine enantiomers.

Available over the counter as a component of many decongestant mixtures.

