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CHOLINERGIC DRUGS

FUNCTIONS OF PARASYMPATHIC AND SYMPATHIC NEUROEFFECTOR JUNCTIONS

Neuroeffector Junction	Location	Response to Receptor Activation
Autonomic	All autonomic efferent system ganglia and the adrenal medulla	Increase of parasympathetic and sympathetic postganglionic action and release of adrenaline from the adrenal medulla
Neuromuscular	Neuroeffector junctions of parasympathetic efferent system Eye Heart Lung Bladder GI tract	Contraction of skeletal muscle
	Sweat glands Sweat glands Blood vessels	Relaxation Decreased rate Constriction of bronchi Relaxation of smooth muscle Relaxation Relaxation Vasoconstriction, increased rate, & excitability Relaxation Contraction Constriction Constriction Constriction

Cholinergic drugs include:

- Muscarinic Agonists: Bethanecol
- Muscarinic Antagonists: atropine
- Cholinesterase Inhibitors: neostigmine
- Neurotransmitter Blocking Agents: sarcolysine

NON-ADRENERGIC ADRENERGIC

Phenylephrine: Bethanecol (if included)

Mechanism of Action

Activates muscarinic receptors
Causes contraction of the detrusor muscle of the bladder and relaxation of the trigone and sphincter, the result is bladder emptying

Uses

Postoperative and prostatic urinary retention

Adverse Effects

Hypertension due to vasoconstriction and tachycardia
GI effects (prolonged activation, increased gastric acid, cramps, and diarrhea)

Parasympathomimetic Drugs

Classification, SAR and Pharmacological actions

Lecture 2

Dr. Jasmine Chaudhary

Associate Professor

MMCP

Sites of Cholinergic Transmission - Summary

- Acetylcholine (ACh) is major neurohumoral transmitter at autonomic, somatic and central nervous system:
1. All preganglionic sites (Both Parasympathetic and sympathetic)
 2. All Postganglionic Parasympathetic sites and sympathetic to sweat gland and some blood vessels
 3. Skeletal Muscles
 4. CNS: Cortex, Basal ganglia, spinal chord and others
- Parasympathetic Stimulation – Acetylcholine (ACh) release at neuroeffector junction - biological effects
Sympathetic stimulation – Noradrenaline (NA) at neuroeffector junction - biological effects

SAR OF BENZODIAZEPINES

By.

Jyotirmoy Das Choudhury

M.Pharm 2nd semester

Pharmacology

Under the Guidance of

Miss. Sai Prasanna Behera (M.Pharm),

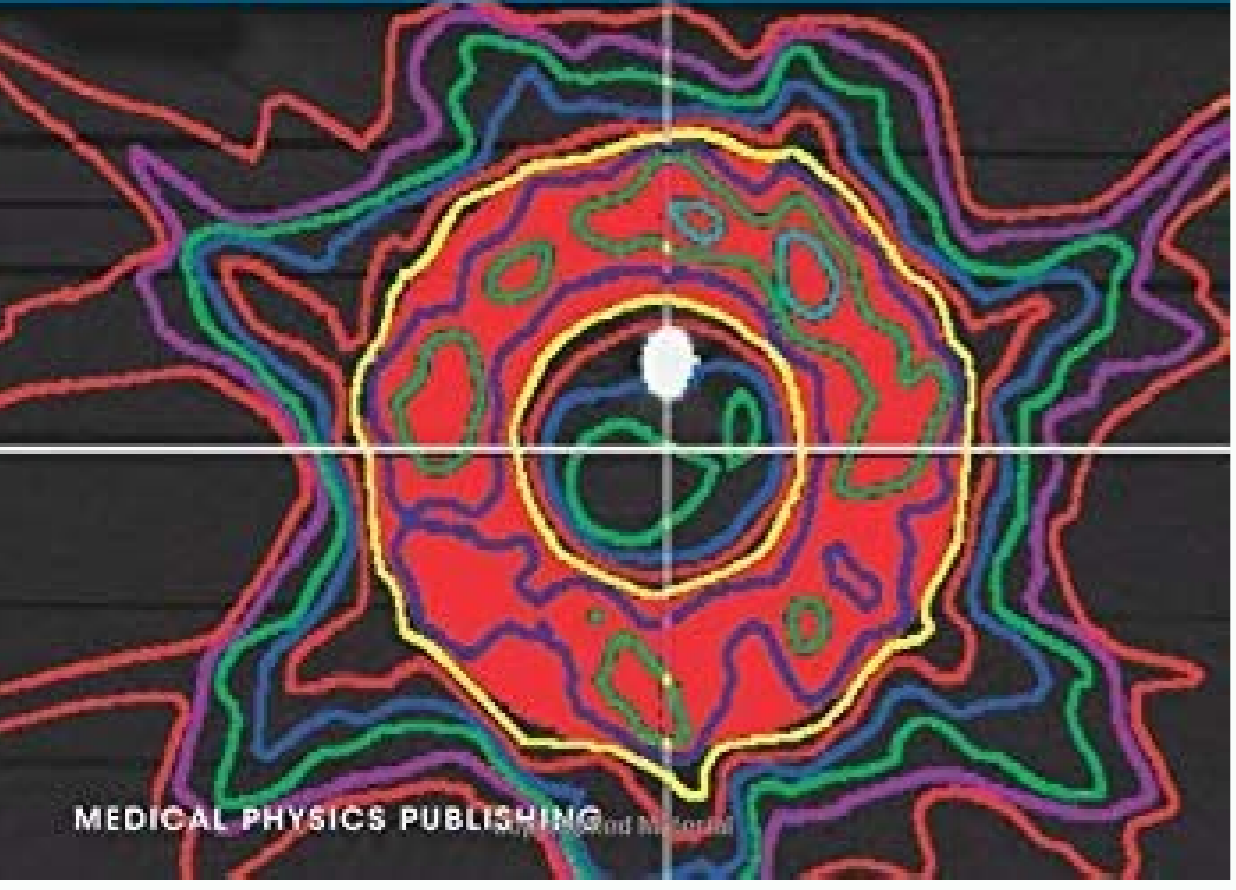
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The Physics & Technology of RADIATION THERAPY

PATRICK N. McDERMOTT
COLIN G. ORTON



MEDICAL PHYSICS PUBLISHING

Sar of cholinergic drugs slideshare.

Cholinergic drugs are a class of drugs that act on the cholinergic system, which is involved in many functions of the body, including muscle contraction, neurotransmission, and learning. They are used to treat a variety of conditions, including Alzheimer's disease, myasthenia gravis, and glaucoma.

Characteristics of cholinergic drugs:

- Antagonist of nicotinic muscarinic receptors:** They block the action of acetylcholine (ACh) at these receptors.
- Effects on smooth muscle:** They cause relaxation of smooth muscle in the bronchi and gastrointestinal tract.
- Effects on the eye:** They cause dilation of the pupil and relaxation of the ciliary muscle.
- Effects on the heart:** They cause a decrease in heart rate.
- Effects on the nervous system:** They can cause confusion, memory impairment, and other effects.

Examples of cholinergic drugs:

- Atropine:** Used to treat bradycardia and to dilate the pupil during eye exams.
- Scopolamine:** Used to treat motion sickness and to dilate the pupil during eye exams.
- Dicyclanil:** Used to treat motion sickness.
- Physostigmine:** Used to treat acute angle-closure glaucoma.
- Neostigmine:** Used to treat myasthenia gravis.
- Pyridostigmine:** Used to treat myasthenia gravis.

Contraindications and precautions:

- Atropine:** Contraindicated in patients with narrow-angle glaucoma, tachycardia, and urinary retention.
- Scopolamine:** Contraindicated in patients with narrow-angle glaucoma, tachycardia, and urinary retention.
- Dicyclanil:** Contraindicated in patients with narrow-angle glaucoma, tachycardia, and urinary retention.
- Physostigmine:** Contraindicated in patients with narrow-angle glaucoma, tachycardia, and urinary retention.
- Neostigmine and Pyridostigmine:** Contraindicated in patients with narrow-angle glaucoma, tachycardia, and urinary retention.

Pharmacokinetics:

- Atropine:** Onset of action is within 30 minutes. Duration of action is 4-8 hours.
- Scopolamine:** Onset of action is within 30 minutes. Duration of action is 4-8 hours.
- Dicyclanil:** Onset of action is within 30 minutes. Duration of action is 4-8 hours.
- Physostigmine:** Onset of action is within 30 minutes. Duration of action is 4-8 hours.
- Neostigmine and Pyridostigmine:** Onset of action is within 30 minutes. Duration of action is 4-8 hours.

Adverse effects:

- Atropine:** Dry mouth, blurred vision, tachycardia, urinary retention, and confusion.
- Scopolamine:** Dry mouth, blurred vision, tachycardia, urinary retention, and confusion.
- Dicyclanil:** Dry mouth, blurred vision, tachycardia, urinary retention, and confusion.
- Physostigmine:** Sweating, tearing, salivation, and diarrhea.
- Neostigmine and Pyridostigmine:** Sweating, tearing, salivation, and diarrhea.

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