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Lecture title: Noradrenaline

**Lecturer Affiliation: College of Veterinary Medicine** 

**Summary:** 

## **II-Noradrenaline**

**Mechanism of action**: its potent agonist on  $\alpha$  1,  $\alpha$  2 and  $\beta$  1 receptors

90% on  $\alpha$  1------10% on  $\beta$  1

### **Pharmacological effects:**

1- Blood vessels: VC→ increase BP

2- Heart increase BP → reflex bradycardia

3- Uterus: contraction by activation α1 receptor.

Uses: acute hypotension in dogs

Administration: not SC or IM or IV but only intravenous infusion because of

tissue necrosis.

# **III-Dopamine:**

# **Dopamine receptors:**

D1 (Gs)  $\rightarrow$  **Renal**, mesenteric and coronary circulation  $\rightarrow$  vasodilation

D2(Gi) →CNS (presynaptic nerve)

D3(Gi) →CNS

D4(Gi) →Heart and CNS

 $D5(Gs) \rightarrow Lymphocyte$ 

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Low dose →activate D1 →Vasodilation

Intermediate dose  $\rightarrow$ activate  $\beta$  1 $\rightarrow$  increase cardiac output

Large dose  $\rightarrow$  activate  $\alpha$  1  $\rightarrow$ vasoconstriction

### <u>Uses</u>

Shock state (septic shock) with impaired tissue perfusion

Dopamine used to combat reductions in renal blood flow that may contribute to acute renal failure. It also increases glomerular filtration and sodium excretion. is given as above, and furosemide is given at 1 mg/kg/hr, by IV bolus. If no improvement occurs within 6 hr, conversion is unlikely, and infusion should be discontinued. Dialysis (hemodialysis or peritoneal dialysis) may be required to maintain these animals.

### **Administration**

Γ	V	Ι	on	ly

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<b>Dopamine</b>	<b>Dobutamine</b>
Natural cat	Synthetic cat
$D1 > \beta 1 > \alpha 1$	β 1
Septic shock	Cardiogenic shock+CHF

# Selective adrenoceptor agonist

# **I-Selective β1 agonist** → dobutamine

II-Selective D1 agonist → fenoldopam: selective peripheral dopamine receptor D1 agonist, given by CRI to treat sever hypertension in hospitalized patient.

# **III-Selective α1 agonist:**

- Phenylephrine
- Methoxamine

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Midodrine

Non catecholamine

Act as vasopressor

### Administration

1. Injectable 2. Eye drop 3. Nasal drop 4. Tablet

### Uses

- 1. Red eye
- 2. Nasal decongestion
- 3. Mydriatic agent
- 4. Hypotension

### **Adverse effect:**

- 1. Rebound congestion.
- 2. Stroke hypertension.
- 3. Atrophic rhinitis.

# **IV-Selective α2 agonist:**

Xylazine, Medetomidine, Detomidine, Clonidine, Tizanidine

Chemistry: its non-catecholamine

# **Mechanism of action:**

- 1) Stimulate presynaptic  $\alpha_2$  receptors  $\rightarrow$ this binding decreases presynaptic  $Ca^{+2}$  levels and inhibit release of NE
- 2) Stimulate central  $\alpha_2$  receptors  $\rightarrow$  decrease sympathetic outflow  $\rightarrow$  decrease NE and renin.
- 3) Stimulate  $I_1$  (imidazoline) receptors  $\rightarrow$  sympatho inhibitory action.

### Clinical uses

1- Sedation

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- 2- Anesthesia
- 3- Muscle relaxation
- 4- Analgesia
- 5- Emetic in cat
- 6- Hypertension
- 7- Treat withdrawal syndrome

### **Adverse effect**

- S→ Sedation, dry mouth
- S→ Sudden withdrawal leads to sever hypertension
- $S \rightarrow Salt$  and water retention

**Tizanidine**: act specially on the  $\alpha$  2 receptor in the spinal cord leading to muscle relaxation so it used in muscle spasm.

# Beta agonist

- 1- Selective beta 2 agonist
- 2- Selective beta 1 agonist  $\rightarrow$ dobutamine
- 3- Non selective beta agonist  $\rightarrow$  isoprenaline Its synthetic cat act on  $\beta 1$  and  $\beta 2$

### Selective β 2 agonists

Salbutamol, Ritodrine, Terbutaline, Salmeterol, Zilpaterol, Clenbuterol and Ractopamine.

- ❖ Its non-catecholamine
- **❖** Taken orally
- **❖** Have long duration
- ❖ Not destroyed by MAO and COMT

**USES** 

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1-Bronchial asthma.

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- 2- Uterine relaxation (ritodrine).  $\rightarrow$  premature labor
- 3- Clenbuterol, zilpaterol and ractopamine: used for increase the size of animals and efficacy of feeding them.

### Off label uses:

- 1-Bodybuilding and animal feeding (fat burning and muscle gain).
- 2- Doping: increase performance in healthy athletes.

### **Adverts effects**

- T→ Tachycardia
- $T \rightarrow Tremors$
- $T \rightarrow Tolerance$
- H→ Hypokalemia

# **Indirect sympathomimetic**

These drugs cause release of NE from the sympathetic system.

<u>I-Amphetamine</u>: its synthetic drug, not catecholamine, absorbed orally Act on the nerve ending promote adrenaline release **and** inhibit the uptake leading to accumulation of NE, E, D and serotonin in the synaptic space.

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### **Effects**

- CNS stimulation
- Anorexia
- Euphoria
- Analgesic
- Hallucination

### **Adverse effects:**

- Physical dependence
- ➤ Insomnia
- Nervousness
- Headache
- Seizure

### **Notes:**

Amphetamine derivatives→ **Methylphenidate** uses in attention deficit – hyperactivity disorder.

**Modafinil**: used in narcolepsy, (Go pill)

### **II-Cocaine**:

- 1. its plant alkaloids
- 2. inhibit reuptake of E
- 3. used as local anesthetic
- 4. toxicity of cocaine treated by benzodiazepine.

# Metabolites Synaptic vesicle NA NA NA POSTSYNAPTIC RECEPTORS

# **Mixed acting sympathomimetic**

**<u>I-Ephedrine</u>**: act on the  $\alpha$  and  $\beta$  receptor **and** stimulate the release of adrenaline from the nerve ending

Chemistry: its natural from plant alkaloid, its non-catecholamine.

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Effects: CNS stimulation and bronchodilator.

II-Pseudoephedrine: available as eye drop and nasal drop to treat congestion

Off label uses:

1- Performance enhancing.

2- Treatment of depression.

3- Obesity treatment.

Notes: ephedrine cause urinary retention because it stimulate  $\alpha$  1 and  $\beta$  1 receptor in the bladder and contraction of the sphincter and because it have long duration of action (8h) unlike adrenaline which is catecholamine remain in the body for few min.