



النادي
MC
الطبي

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لا تنسونا من دعائكم بالتوفيق

5) Microsomal enzyme induction can be a cause of:

A. Tolerance

1-Centrally acting O_2 - Agonists

- **Clonidine** - →

~~Methyldopa~~

~~-Guanafacin~~

~~-guanabenz~~

هنا
الاهم



2-Ganglion Blockers

- **Trimethaphan** (I.V. infusion).

حفظوهم ك اسماء بس مش رح ناخذ mechanism

→ 2
→ 3



3-Adrenergic Neuron Blockers

Guanethidine.
Reserpine.

The sympathetic and parasympathetic nervous systems have opposite responses on body tissues and organs. ✖ ✖

Classification

α Receptor blockers

- Selective α1-blockers:

- Doxazosin
- Prazosin
- Terazosin
- Tamsulosin
- Trimazosin

هدوكالين

- Non Selective α-blockers -

بتقفل الاثنين

- Phenoxybenzamine
- Phentolamine
- Tolazoline
- Selective α2-blockers
- Yohambine

ماجي تيانجا

نيرجونه خالاسم

Phenoxybenzamine	Phentolamine	Tolazoline	Tamulosin	Terazosin	Doxazosin	Trimazosin
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ماتسى

د المعاصرة اىما قبل

Non-selective beta blockers

- Propranolol

- ~~Propranolol~~ pindolol

- Nadolol

- Timolol

حفظ

4) Prodrug is:

- A. The prototype member of a class of drugs
- B. The oldest member of a class of drugs
- C. An inactive drug that is transformed in the body to an active metabolite
- D. A drug that is stored in body tissues and is then gradually released in the circulation

[5] Drug intolerance (hyperreactivity or hypersusceptibility) = withdrawal effect

Effect Of Leukotrienes ايشن بعمله هاي ال leukotriens

inflammatory mediator ↗

1-Leukotrienes are biologically active **components of Slow Reacting Substances (SRS-A)**. causes fluid leakage from blood vessels to an inflamed area لعمركه مع توريد الاستجابية الالتهابية

2-Leukotrienes are **100-1000 times more potent** than **Histamine** during **allergic reactions** لعمركه كقائمتها خلال الالتقاء أحيان مع الهستامين

SRS-A are released during **Allergic reactions/Anaphylaxis**.

3-LTB₄ is a potent **chemotactic agent**.

(chemical substance which mediates movement of cells).

4-Leukotrienes by action are:

Bronchoconstrictors

Vasoconstrictors -

Levels Of Leukotrienes Increased In:

Allergies

التهاب الأنف
Allergic rhinitis

Asthma

Overproduction: **Anaphylactic shocks**.

$$\text{Net excretion} = \text{GF} + \text{TS} - \text{TR}$$

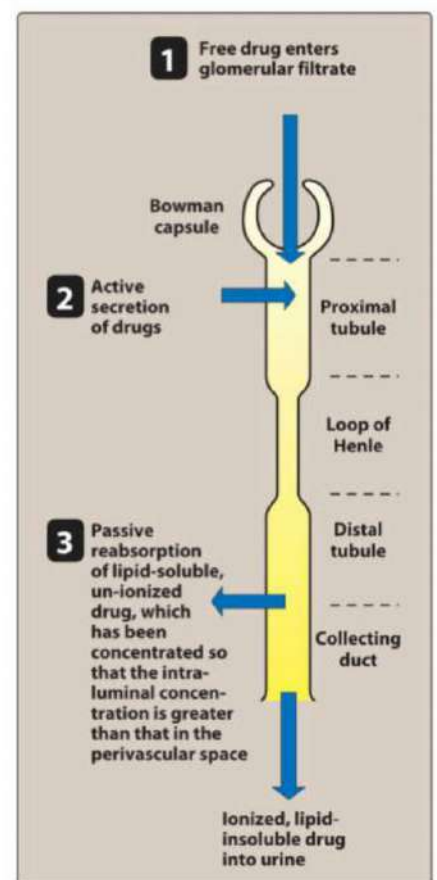


If the net excretion is 120 = excretion through GF

If the net excretion is more than 120 = Secretion mechanism

If the net excretion is less than 120 = Reabsorption dependance

مهم جداً، ویجای علیہ سؤال



DRUG INTERACTIONS MAY BE ANTAGONISTIC

مطلوب حفظ اول مثال و آخر مثال

PRIMARY DRUG	INTERACTS WITH	RESULTING IN
SALBUTAMOL <i>نفس‌کاووزنه</i>	-PROPRANOLOL	ANTIAGONISM OF BRONCHODILATION
ANTIHYPER-TENSIVES	-NSAIDS	ANTAGONISM OF HYPOTENSIVE EFFECT (Na ⁺ - RETENTION)
	- SELECTIVE COX 2 INHIBITORS	NO SIGNIFICANT EFFECTS ON Na
SULPHONAMIDES	-L. ANAESTHETICS -(PABA)	ANTAGONISM OF ANTIMICROBIAL EFFECTS
WARFARIN	OESTROGENS	WARFARIN EFFECT ANTAGONIZED BY INCREASED CLOTTING FACTOR SYNTHESIS
OPIOIDS	NALOXONE	ANTAGONISM



Clinical significance of Enzyme Induction: → activity زيادة

❖ Drugs stimulating the microsomal enzyme systems → ↑ activity → تقمن الدواء بزيادة

- ↑ their own metabolism → tolerance e.g. phenobarbitone. منزلة
- ↑ metabolism of other drugs metabolized by these enzymes and are given at same time → drug interactions e.g.:

Rifampicin → ↑ oral contraceptive metabolism → pregnancy → Effect الامانة

Phenytoin → ↑ cyclosporine metabolism → transplant rejection → رفض

- Rifampicin → ↑ warfarin metabolism → therapeutic failure. ماجان

- ↑ metabolism of endogenous substrates e.g. phenobarbitone → زيادة metabolism
- ↑ elimination of bilirubin → used in treatment of neonatal jaundice bilirubin
- ↑ metabolism of vitamins e.g. phenytoin → ↑ of vit.D, vit.K, folic acid → قل effect
→ osteomalacia, bleeding and (megaloblastic anemia) → الفوليك اسيد

Significance of clearance

الأهمية

1. Calculation of the maintenance dose (MD)
2. Adjustment of the dosing regimen for drugs eliminated by glomerular filtration e.g. dosing of gentamicin Q

	Atropine	hyoscine
Duration of action	Long duration 7-10 days	Short duration 4-7 hours
Action :1-dominant PS action	CVS , GIT, Urinary حاجات جامة	Eye and secretions حاجات رطوبة
2- CNS	Both stimulant and depressant but <u>mainly stimulant</u> الشخصه لايك سياره ارضيه ... يفسر بالدوار ، الحول لما انه امكن مستقبلات الـ CNS عشان توقف هاد الحواس	Both stimulant and depressant but <u>mainly depressant</u> -sedation, hypnosis and - -amnesia to recent events
	زكي (atropine) به تستخدمه أكثر لأنا مشاكله أقل	Antimotion sickness Antiparkinsonial Stimulant effect ++PC Excitation and hallucination with over dose
Local anesthetic action	Present	absent

[2] **Weight:** all drug doses are calculated according to body weight (mg/kg)

1-According to Chemistry:

مهم نعرفهم

الفرق بينهم في ال pharmacokinetic

Catecholamines

Non-catecholamine

- Contain catechol nucleus
- Not absorbed orally
- Rapid onset, short duration
- can not pass BBB
- Metbolized by MAO and COMT.
- Adrenaline, Dopamine, Dobutamine.

- Don't contain catechol nucleus
- Well absorbed orally
- Slow onset, long duration
- can pass BBB
- Not metabolized by MAO or COMT
- Ephedrine, Amphetamine

noradrenaline
Isoprenaline,

احنا رح ناخذ عن الادرينالين بالديتيلز الباقي ياريت تعرفو عن الريسبتور تاعو و منستخدمو في انيه

اخوه

أحنا هون ما عم نحكي عن metabolism انما عم نحكي عن response

تذكري

3) Drugs Acting on Enzymes: drugs can modulate enzyme through:

- **Activation** of enzyme systems.

أغلب الأدوية

- **Inhibition** of enzyme:

* مهم * - Neostigmine inhibit cholinesterase enzyme → increase Ach.

- Aspirin inhibits cyclooxygenase enzyme → decreases PGs synthesis

ركزوا عليها

3- Aspirin inhibits PG synthesis برضو عمل تنبیط لى COX

- **Aspirin** – irreversibly blocks synthesis of cyclooxygenase
- **Indomethacin & Phenylbutazone** – reversibly blocks synthesis of cyclooxygenase.

IMPORTANT MICROSOMAL ENZYME INDUCERS (RBC)

مجموعة من الأدوية بتزود ال activity لل metabolism enzyme ويصير أعلى
من الطبيعي فبتضل نسبة قليلة للعلاج بصير عندي loss of effect

- ~~Barbiturates,~~
- ~~Phenytoin~~
- Carbamazepine
- Rifampin
- Cigarette smoking
- Chronic alcoholism

Inducers

لما يكون المريض مدخن أو بيشررب كحول وما قلق
ويصير عنده صداع وياخد دواء وما يجيب مفعول
ويصير يحكي الدواء مو نافع بس ما بيعرف انه المشكلة
جسمه بكسر بالدواء بسرعة فما بيستفيد منه

ههم

30

حقبة

Examples of Enzyme Inducers

مستعمل/علاج التشنجات بيفر

¹ Phenytoin & carbamazepine- ² ³ phenobarbitone – rifampicin -
⁵ griseofulvin - ⁶ ♂ androgen- ⁷ nicotine- ⁸ chronic alcohol ingestion.

لما تعرف ال drug على انو receptors يشتغل بصير تتكلم عن الدوا من غير ما تذكرو بحيث انت عارف وظيفته

• **Noradrenaline (NA) = Norepinephrine**

(α +weak B1+No β 2)

عشان نضاه وجوده بستخدمها لما يتحل
الضغط لاني بعون انها بتحل

Therapeutic uses:

- In hypotensive states to elevate BP.

Receptor	Location	G Protein	Second Messenger	Major Functions
α_1	Effector tissues: smooth muscle, glands	G_q	$\uparrow IP_3, DAG$	$\uparrow Ca^{2+}$, causes contraction, secretion
α_2	Nerve endings, some smooth muscle	G_i	$\downarrow cAMP$	\downarrow Transmitter release, causes contraction
β_1	Cardiac muscle, juxtaglomerular apparatus	G_s	$\uparrow cAMP$	\uparrow Heart rate, \uparrow force; \uparrow renin release

Contraction

8- antiallergic action:

Adrenaline is the physiological antagonist of histamine.

* تكرر هذه المعلومة عدة مرات أثناء مادة المييد

Examples of Enzyme Inhibitors

¹ Cimetidine- ² chloramphenicol - ³ ciprofloxacin- ⁴ erythromycin - ⁵ ketocenazol -

⁶ ♀ (F) estrogen, ⁷ progesterone, ⁸ contraceptive pills.

↓
anti-fungal

حوي مع الحمل

حفظ

Competitive Antagonist



- Causes parallel shift to the right in the log dose-response curve i.e. No change in E_{max} but $\downarrow\downarrow$ in potency ($\uparrow\uparrow$ in ED_{50})



Noncompetitive Antagonist

- Causes downward shift in the log dose-response curve with $\downarrow\downarrow$ in E_{max} , but No change in potency (ED_{50})

Redistribution of drugs :



الدكتور قال رح يجيب علي سؤال بالذمتعانه

* it means when you give a drug it is first distributed somewhere and then it is redistributed to somewhere else.

* this is seen with highly lipid soluble drugs such as thiopental , because these drugs cross the biological membrans easily.

* the drug first get distributed to organs with high blood supply (ex: brain, heart, kidney) and because they are lipid soluble they diffuse back and gets redistributed into less vascular but more bulky organs (ex: muscles and adipose tissue)

Streptomycin always ionized in any part of the body (Acidic or basic media)

3) From which of the following routes, bioavailability of the drug is likely to be 100 percent

A- subcutaneous

B- Intravenous

C- Intramuscular

D- Intradermal

and is advantage in case of large
Volume

Elimination: metabolism + excretion

لما يكون ال drug شبه ال media ال absorbtion حيزيد و لو انعكس حيققل

d) Altered motility

Common
Metoclopramide (antiemetic)

بقلل ال gastric emptying بخلي المعدة تفضى ببطء يعني ال absorption رح يصير
يفترة أطول فبصير toxicity



Increase absorption of cyclosporine due to the increase of stomach emptying time

Increase the toxicity of cyclosporine



Phenytoin is a highly bound to plasma protein (90%),
and warfarin (99%)

بس 1% منه الي بيعطيني effect فلو زادت ال free عن 1% بتعمل bleeding

Drugs that displace these agents are **Aspirin** **Sulfonamides**

الهم ب affinity أتم من warfarin

أكثر مثال
تكرر بالمادة

مريض بياخذ warfarin ممكن يصير معه صداع وياخذ aspirin بال aspirin رح يفك ارتباط ال warfarin
بال p.p. فبتزيد نسبة ال free تبعته ورح يسببلي bleeding

Uses:

1. PGE₁

-i.v to produce controlled hypotension. VD لأنه

-Intracavernous in cases of impotence. لأنه VD يعمل على زيادة blood flow في sex organs عند عدم erection بعضهم اشبه يعمل VD ترتبط الـ

-Tried as vasodilator in peripheral vascular diseases.

-TGV. Transposition of great vessels
congenital anomaly يكون فيه الـ aorta مكان الـ pulmonary والعكس؛ وبالتالي الـ aorta يكون ما شوي فيه الـ non-oxygenated blood؛ فاحنا لا نكتشف
هنا الا شوي ببداية الولادة. يتم surgical treatment؛ بس مشات ما يموت البيبي يكون فيه فتح بين الـ aorta & pulmonary بتسكر بعد اسبوع من الولادة بالوضع الطبيعي فاحنا
بنعطي دواء يخليها مفتوحة لحتى تنفذ شوي oxygenated blood in aorta مشات ما يموت البيبي

-Misoprostol (cytotec) PGE₁ analogue used orally in peptic ulcers.

بتزيد الـ mucus secretion وتحمي المعدة من الـ peptic ulcers

3-Epoprostenol (PGI₂) antiplatelet aggregation.

4PGE₂ tried in bronchial asthma but it is irritant.

5-PGE₂ & PGF_{2a} for induction of abortion and labor → glomerular filtration rate
بكون محتاجة انزيد الـ blood flow

6- PGs in Kidneys increases GFR and promotes urine formation and urine out put. Thus helps in removing waste out of the body. شات الـ الكلية
11

7-Latanoprost is PGF_{2a} used topically in treatment of glaucoma. يزيد الـ drainage of aqueous

8-PGE₂ is used in organ transplantation to reverse rejection¹³

Indirect Parasympathomimetics (Anti-cholinesterases)

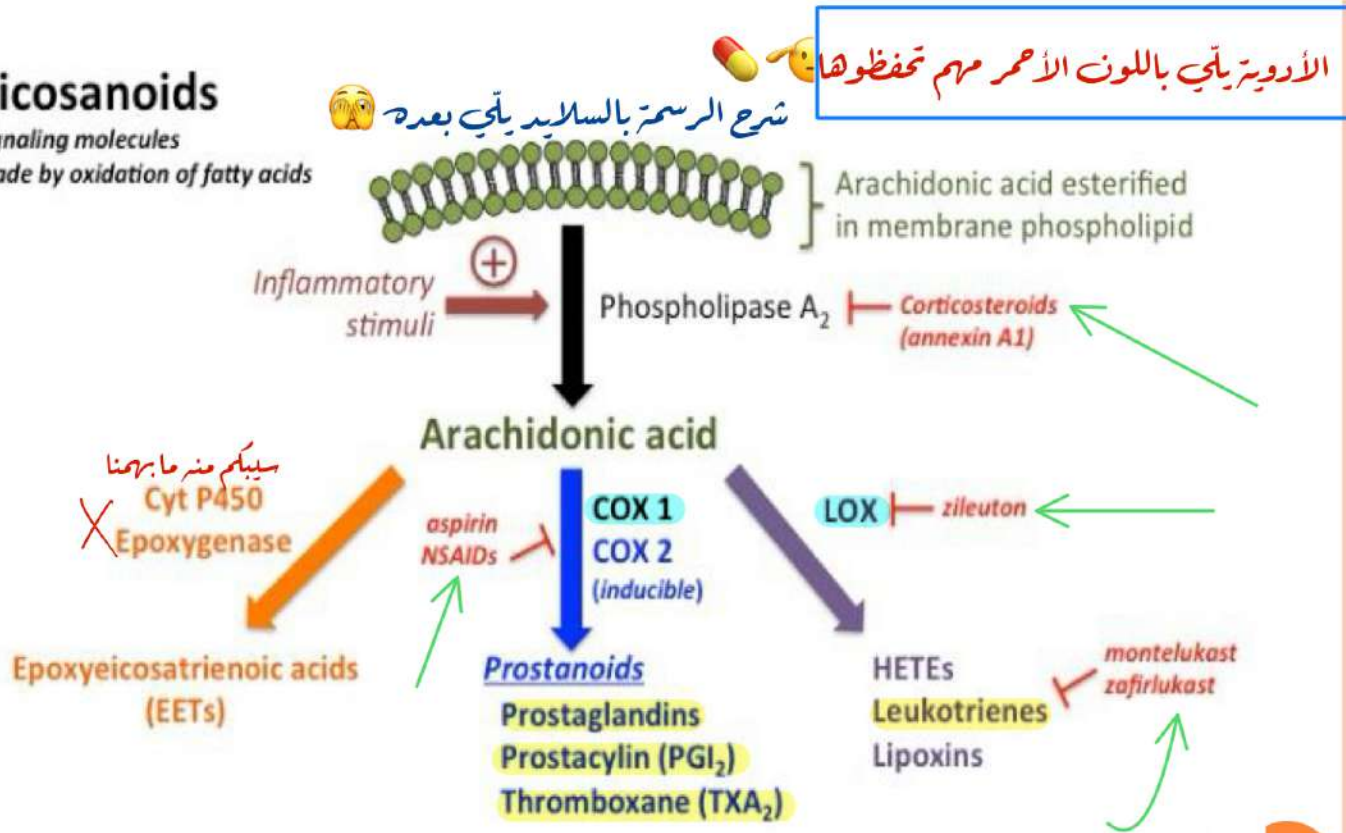
reversible or irreversible هناك الأدوية حسب طريقة ارتباطها في الإنزيم التي يمكن الاستبدال أو ليسه ممكنة تكون

	Reversible	Irreversible
Binding to enzyme	loose لينة بتركة آخر الشيء	Firm الارتباط قوي
Enzyme activity	Can be regained يعتقد الإنزيم يعود إلى وضعه بعد ما تركه	Can not
Action duration	short	Long
example	<div style="border: 2px solid green; padding: 5px;"> <p>physostigmine, neostigmine, edrophonium</p> <p style="color: red; font-family: cursive;">مفوسين</p> </div> عقار Q	<p style="color: blue;">في المبيدات الحشرية</p> <p>➤ organophosphorus compounds</p> <p>Ecothiopate (antiglucoma drug)</p> <p>Malathion, parathion (antiscabes)</p> <p>Metrifonate (antihelminthic)</p>

INHIBITION OF PG SYNTHESIS

Eicosanoids

signaling molecules
made by oxidation of fatty acids



- **Molecular mechanism of (muscarinic receptors stimulation:**
 - 1- G - protein - coupling of $M_1 - M_3$ to phospholipase C, leading to the release of second messengers, Diacylglycerol (DAG) and Inositol triphosphate (IP3).
 - a- DAG modulates the action of protein kinase C, an enzyme important in secretion.
 - b- IP3 evokes the release of calcium from intracellular storage sites, resulting in contraction of smooth muscles.
 - 2- Coupling of M_2 to adenylate cyclase through the inhibitory G- protein.
 - 3- Coupling of muscarinic receptors directly to potassium channels in the heart and elsewhere. Muscarinic agonists facilitate opening of these channels
- When muscarinic receptors are activated in the heart and other areas of the body, they are influenced by muscarinic agonists, which facilitate the opening of potassium channels associated with them. This leads to an increased flow of potassium out of the cell and inhibition of the electrical activity of the cells, resulting in the suppression of heart activity and a decrease in heart rate

Ex., Erythromycin inhibit metabolism of astemizole and terfenadine



Increase the serum conc.
of the antihistaminic leading to
increasing the life threatening
cardiotoxicity

Non Catecholamines

CNS stimulant: as Ephedrine - Amphetamine

تمثيل الشجيرة

Anorexigenics: as Fenfluramine- Phenmetrazine

- **Vasopressors** as Methoxamine - Midodrine - Metraminol-
Phenyl ephrine (weaker than NA)

Nasal decongestant Old group: as Phenylephrine - Pseudoephedrine

Recent group:as Naphazoline - Xylometazoline

Vasodilators and uterine relaxants as Isoxsuprine- Ritodrine

Bronchodilators as Salbutamol- Terbutaline- Salmeterol

حكة من قروب نضفا
منه مثال

↓
إلى عليهم هايلايت
حكت عجين

Metabolism

SOME IMPORTANT INHIBITORS OF METABOLISM OF MULTIPLE DRUGS:

اول ما نحكي metabolism لازم يخطر ببالنا ال Cp450 "هو انزيم بس في ادوية بتحفزه كثير وبتخلية يكسرهما بزيادة وفي ادوية بتثبطه وما بتخلية يكسرهما بالشكل المطلوب"

- ~~Macrolide~~ ~~antibiotics~~,
- Azole antifungals, } antibiotic
- Chloramphenicol, }
- ~~Omeprazole~~, ~~SSRIs~~,
- HIV -protease inhibitors,
- Cimetidine,
- ~~Quinolones~~ (~~Ciprofloxacin~~)
- Metronidazole. (flagyl)

inhibitors

حقو

Treatment of anaphylactic shock

Epinephrine- hydrocortisone - antihistamines.

Physiological antagonist of histamine

Cardio selective beta blockers selective beta1 blockers

- **-ATENOLOL** ✓
- **-METOPROLOL** ✓
- ~~**-BISOPROLOL**~~ ✗
- **-ESMOLOL** ✓
- **-ACEBUTOLOL** ✓

A
M
E
A

- **Uses:** Nicotine lozenges are used in treatment of addiction of cigarette smoking. They maintain long standing minimal concentration of nicotine in plasma that prevent symptoms of nicotine withdrawal. now replaced by **Varneclin** ¹⁷ Q

SIDE EFFECTS

- Unwanted often unavoidable Pharmacodynamic effects (not harmful). → (sleep not harmful) → (ال side effect له والصافية) مثلا
- Occur at therapeutic doses.
- Predictable

Examples.



-H1 Anti-histaminics- Sedation

بس حمار
المثال

الذكورة حكت
أنه منهم
وهو الوحيد
الذي قرأته من أمثلة

سؤال مهم جدا



* blood pressure: β -blockers decrease the blood pressure through:

1. Decrease C.O.P قللت ال cardiac properties ف ال bump صار ضعيف مش قوي
2. Inhibition of renin release. ال renin بعمل VC بالتالي بزيد ال bp
3. Resetting of baroreceptors. البيتا بلوكر بتعمللها اعادة اعداد (يصير استشعارها لارتفاع ضغط الدم more sensitive) كيف؟ تبدأ تنصرف لما يبقى الارتفاع دوت اقل من 30 يعني مارح اسننى لازيد 30 حتى اتصرف
4. Presynaptic β_2 -blockade decreases NE release.
5. Central inhibition of sympathetic outflow.
6. Modulation of prostaglandin synthesis ^{كصالح} in favor of the vasodilator ones as prostacycline

كما بتطلع بتعمل

chemotherapy (cancer مريض اخذ دواء يستخدم في treatment) هاد الدواء عمل mucosal لل damage (المكان الي بصير فيه ال absorption) ف صار مو نافع يعني صار not absorbed

c) Drug-induced mucosal damage.

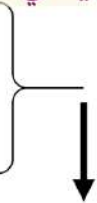
Antineoplastic agents

e.g., cyclophosphamide



~~vincristine~~

~~procarbazine~~



بيجي مريض وهو بيتعالج باستخدام ال cyclophosphamide ف الي بصير انه عمل mucosal لل damage وهو بياخذ ال digoxin فبيجيك ويقلك ما نفع معي الدواء

Inhibit absorption of several drugs eg., digoxin

جميعه القوانين (1)

- Bioavailability = $\frac{\text{AUC of administration}}{\text{AUC of IV}} \times 100$
- $Vd = \frac{\text{Amount of drug in the body}}{\text{Plasma concentration (Cp)}}$
- Total amount of drug = $Vd \times Cp$
- Loading dose_{IV} = $Vd \times C_{ss}$
- Loading dose_{oral} = $\frac{Vd \times C_{ss}}{F}$ (fraction of oral bioavailability)
- infusion rate = Clearance $\times C_{ss}$
- Clearance = $\frac{.7 \times Vd}{t_{1/2}}$
- Dosage rate = Clearance $\times C_{ss}$
- $MD_{IV} = Cls \times C_{ss} \times \text{Timing}$
- $MD_{oral} = \frac{Cls \times C_{ss} \times \text{Timing}}{F}$

Needs receptors: either plasma membrane ⁽¹⁾ or intracellular binding protein. ⁽²⁾

○ **Eicosanoids** is a Generic term for the 20 Carbon related compounds like:

موسم

- I. ^{الأهم} **Prostaglandins (PGs)** ☆
- II. **Prostacyclins (PGI₂)**
- III. **Thromboxanes (TX)**
- IV. **Leukotrienes (LT)**
- V. **Lipoxins (LX)**

يعتبر نوع من ال PGs

لازم تحفظ الاختصارات

٣٥٥

1. Acetylation Polymorphism:

Genetic abnormalities (idiosyncrasy):

- People can be classified according to their rate of acetylation reaction in liver into **Rapid** and **Slow** acetylators

• Examples, in slow acetylators:

← يستخدم في علاج TB

a. **Isoniazid** → peripheral neuropathy (due to interference with pyridoxine (vit B6) metabolism).
هو يحد على وظيفة NS

b. **Hydralazine** → SLE-like (systemic lupus erythematosus-like). →

مرض الذئبة الحمراء

vasodilator SLE ← أعرافنا مباشرة له → in this disease, the immune starts attacking body tissues

• Examples in rapid acetylators:

a. **Isoniazid** → hepatocellular necrosis (due to accumulation of toxic metabolites)



Consequences of drug interactions

- 1) Loss of therapeutic effect** يكون ما حالك انه بياخد دواء.. فبيرجعلك بعد فترة وبقلك ما استفتت
- 2) Toxicity** يكون السبب اما خربطة منك او المريض بياخد ادوية ما حالك عنها
- 3) Unexpected increase in pharmacological activity**
- 4) Beneficial effects e.g additive & potentiation (intended) or antagonism (unintended).** مقصودة
- 5) Chemical or physical interaction e.g I.V incompatibility in fluid or syringes mixture.** على التوافق interaction بين دوائين اثناء التحضير أو انت خلطت اكثر من دواء بنفس الإبرة... فانتغيرت خصائص الدوا بشكل كبير وصار loss effect

Classification of ADR

A (Augmented)

B (Bizarre)

* * *
فهم نرفهم
كده حصة

Broadly

مفهوم

Type- A (Predictable)- Based on pharmacological properties

Type- B (Non-predictable) – Based on Immunological response
and genetic makeup of person ②

①