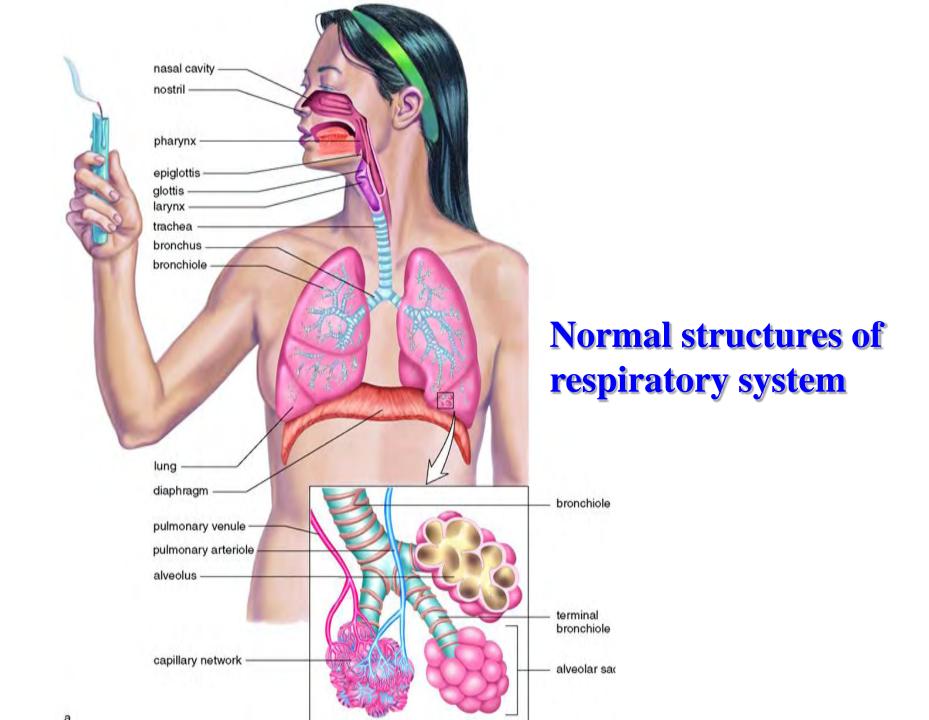


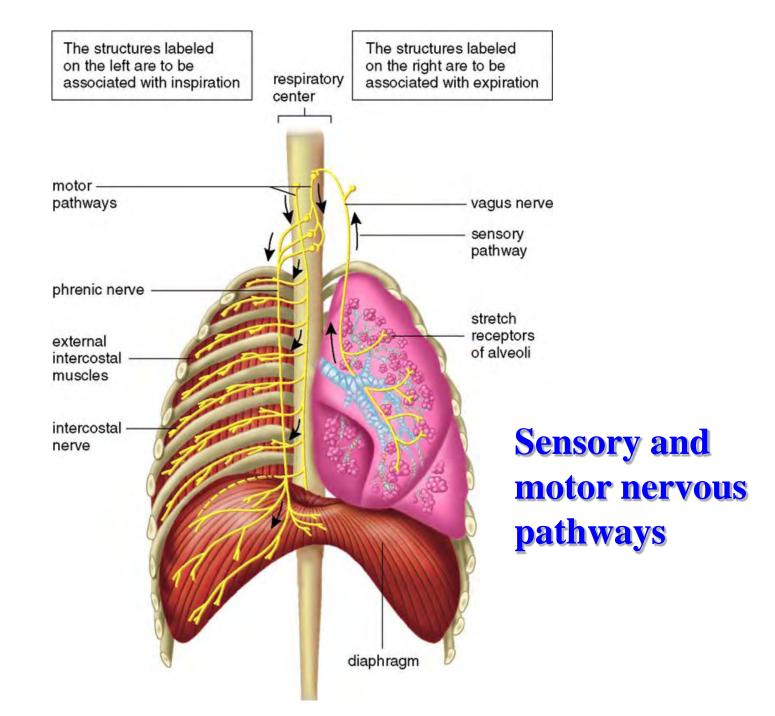
Section IV

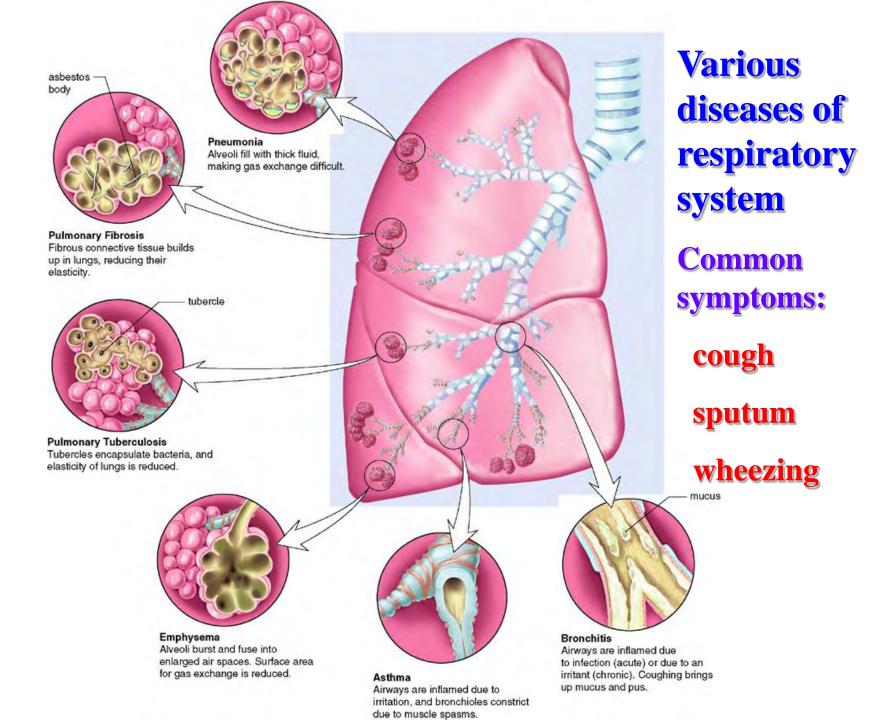
Respiratory systems

Chapter 6 Drugs for treatment of respiratory diseases







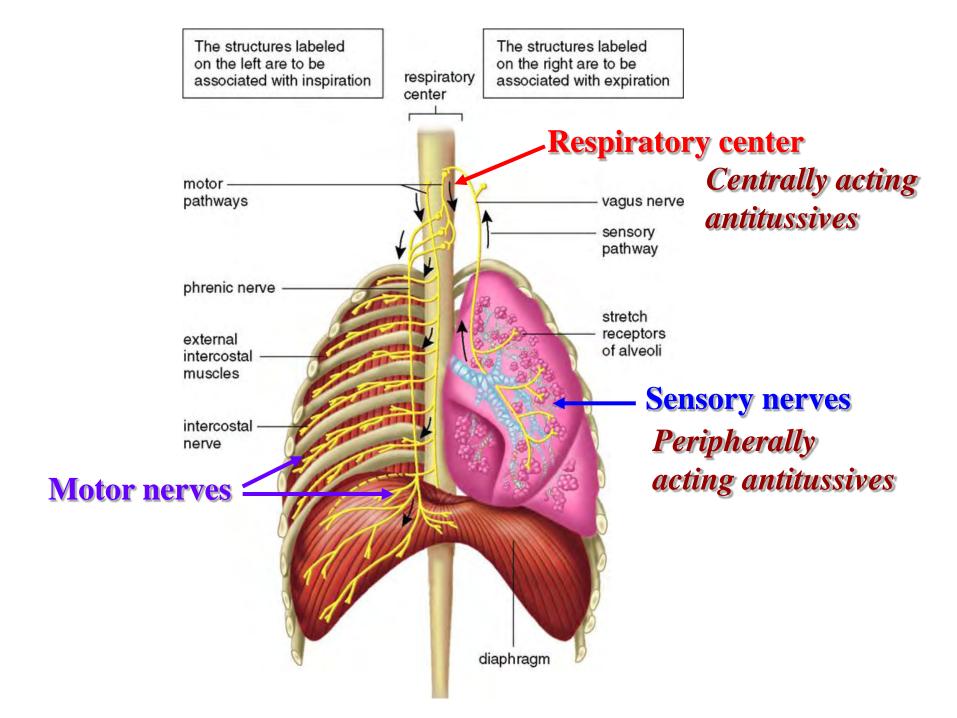


Drugs acting on respiratory system

```
antitussive drugs
  Cough
               centrally acting
peripherally acting
expectorant drugs
  Sputum
              sputum-diluting drugs
              mucolytic drugs
Asthma antiasthmatic drugs
              bronchodilators
β receptor agonists
theophyllines
muscarinic antagonists
              anti-inflammatory drugs
glucocorticosteroids
                  mediator release inhibitors
```

- Centrally acting
- Addictive drugs:
- codeine 可待因
- Non-addictive drugs:
- dextromethorphan 右美沙芬
- pentoxyverine 喷托维林(咳必清)
- Peripherally acting
- benzonatate 苯佐那酯





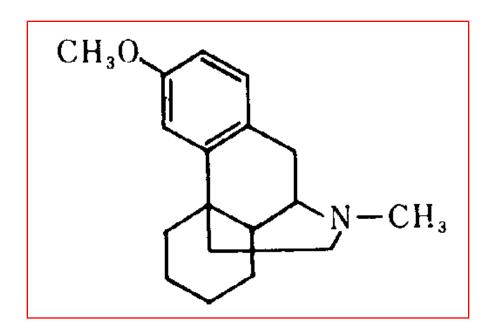
Codeine 可待因

Other additive antitussives: Dihydrocodeine (双氢可待

因); Drotebanol (羟蒂巴酚); Pholcodine (福尔可定)

- 1. Pharmacological effects
- suppression of cough (1/4 of morphine)
- analgesia (1/7~1/10 of morphine)
- 2. Clinical uses
- Cough without sputum
- 3. Adverse effects
- Respiratory depression (at larger doses)
- Addiction
- Contraindicated in patients with thick sputum

Dextromethorphan 右美沙芬



■ Dextromethorphan 右美沙芬

- 1. Pharmacological effects
- suppression of cough
- muscarinic and NMDA receptor antagonism
- 2. Clinical uses
- cough without sputum, upper respiratory infection, acute or chronic bronchitis
- 3. Adverse effects
- Atropine-like side effects

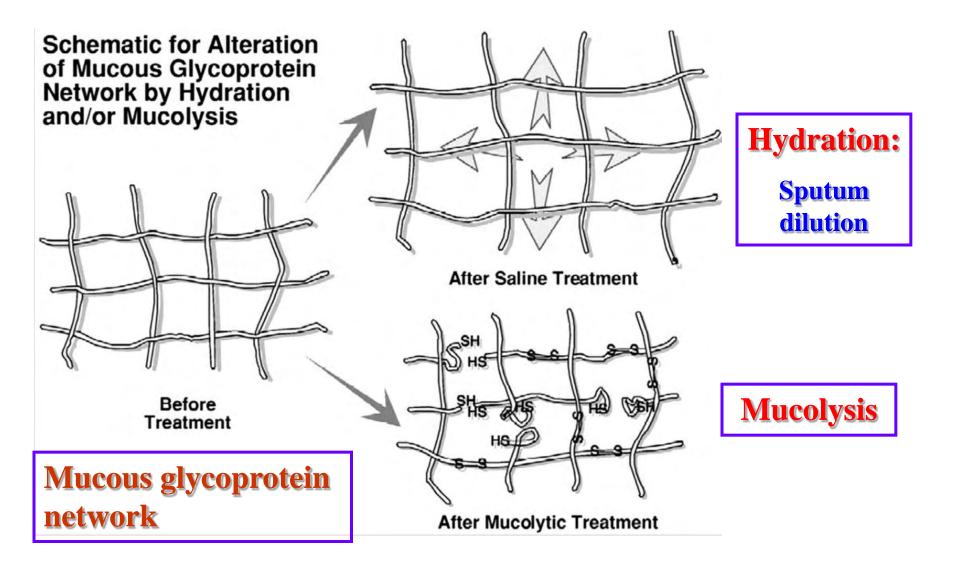
- Pentoxyverine 喷托维林 (咳必清)
- Suppression of cough
- Muscarinic antagonism and local anesthetic effects
- Uses and adverse effects are similar to dextromethorphan

- Benzonatate 苯佐那酯 (退嗽)
 - Peripherally acting
- Blocking cough reflex
- Local anesthetic effects
- CNS depression
- Others: Noscapine (那可汀); moguisteine (莫吉司坦)

B. Expectorants

- Sputum-diluting drugs
- Stimulating bronchial secretion
- Amonium chloride 氯化铵
- Potassium iodide 碘化钾
- Mucolytic drugs
- Bromhexine 溴己新
- Ambroxol 氨溴索
- Acetylcysteine 乙酰半胱氨酸
- Methylcysteine 美司坦
- Carbocisteine 幾甲司坦
- Mesna 美司纳

B. Expectorants



Why asthma makes it hard to breathe

Air enters the respiratory system from the nose and mouth and travels through the bronchial tubes.

In an asthmatic person, the muscles of the bronchial tubes tighten and thicken, and the air passages become inflamed and mucusfilled, making it difficult for air to move.

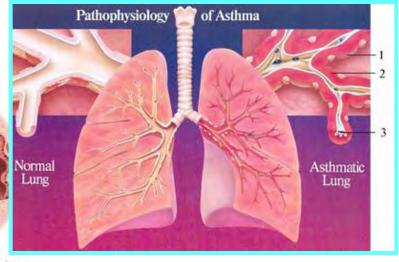
Inflamed bronchial tube of an asthmatic In a non-asthmatic person, the muscles around the bronchial tubes are relaxed and the tissue thin, allowing for easy airflow.

Bronchial asthma:

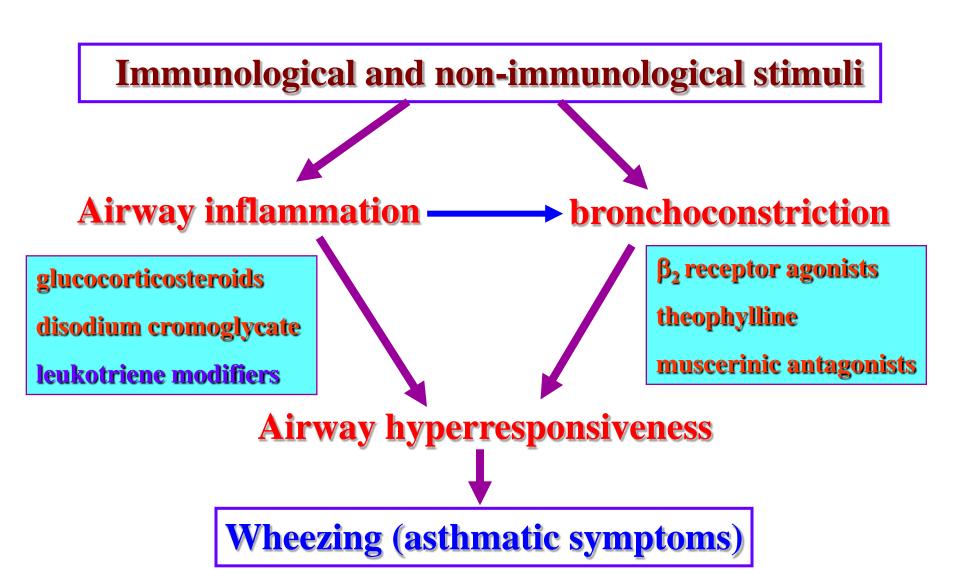
inflammation;

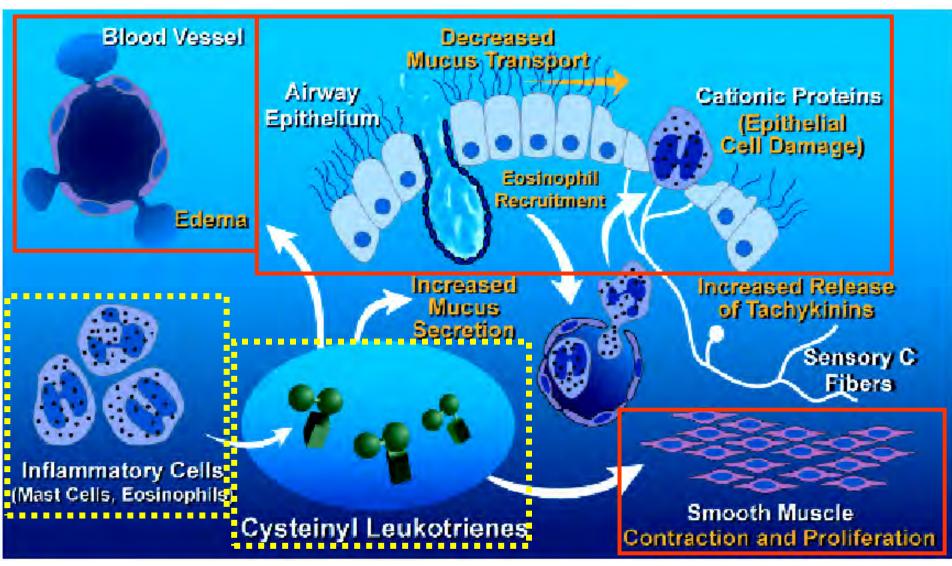
bronchoconstriction;

airway hyperresponsiveness

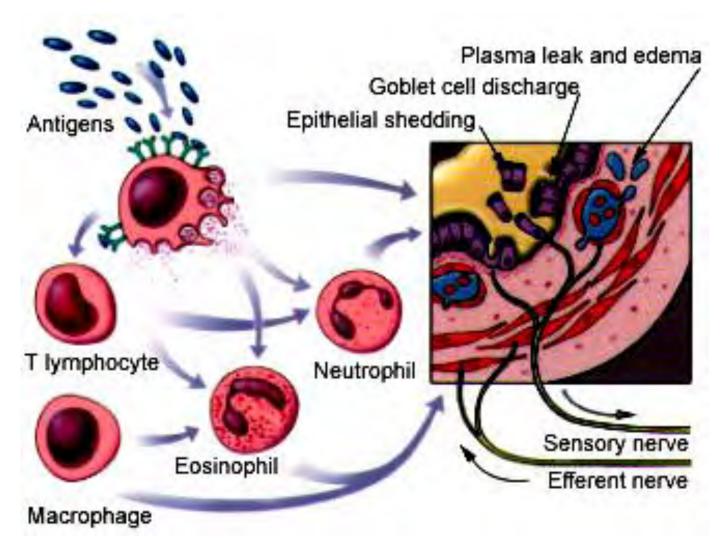


Normal bronchial tube





Airway pathological changes in pathogenesis of bronchial asthma



Airway pathological changes in pathogenesis of bronchial asthma

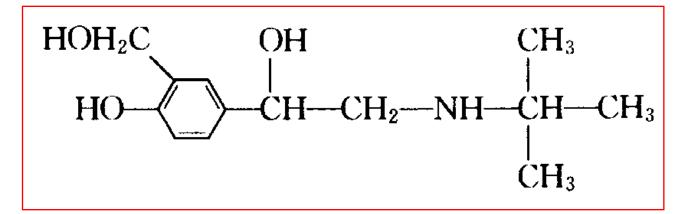
- Bronchodilators
- β Receptor agonists
- Non-selective: adrenaline, isoprenaline
- \blacksquare β_2 -selective: moderate-acting: salbutamol, terbutaline
- long-acting: salmeterol, formoterol
- Theophyllines: aminophylline
- Muscarinic antagonists: ipratropine
- Anti-inflammatory drugs
- Glucocorticosteroids:
- Systemic: hydrocortisone, dexamethasone
- Inhalation: beclomethasone, budesonide
- Inhibitors of mediator release: cromolyn sodium, nedocromil

Drugs used in the treatment of asthma

- Classification in Grash Course: Respiratory system (2nd Edition) -

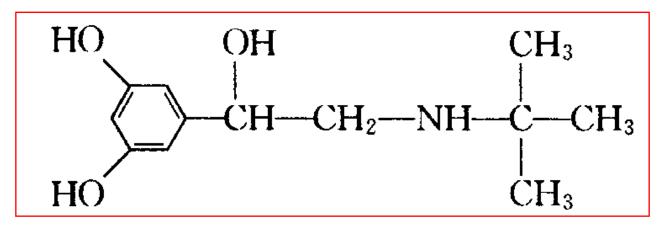
- Relievers Bronchodilators
- β_2 agonists
- short-acting: salbutamol, terbutaline
- long-acting: salmeterol, formoterol
- Anticholinergics (muscarinic antagonists): ipratropine
- Xantines (theophyllines): aminophylline
- Preventers Anti-inflammatory drugs
- Glucocorticosteroids:
- Inhaled steroids: beclomethasone, budesonide, fluticasone
- oral steroids: hydrocortisone, prednisone, dexamethasone
- Leukotriene (LT) receptor antagonists (leukotriene modifiers):
- LT antagonists: montelukast (孟鲁司特), zafirlukast (礼鲁司特)
- 5-lipoxygenase inhibitors: zileuton (齐智通)
- Inhibitors of mediator release: cromolyn sodium, nedocromil

- Bronchial dilators
- β₂ receptor selective agonists



Salbuterol

沙丁胺醇

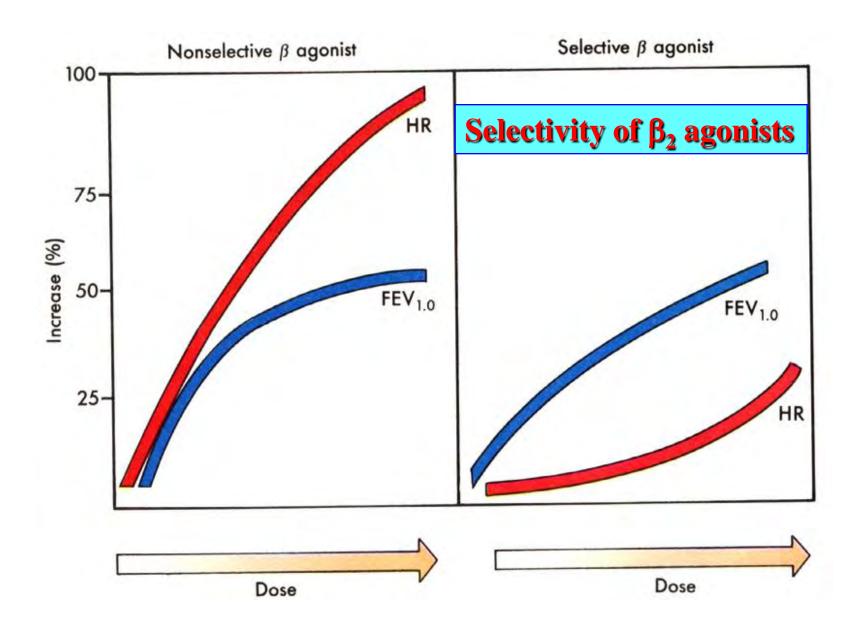


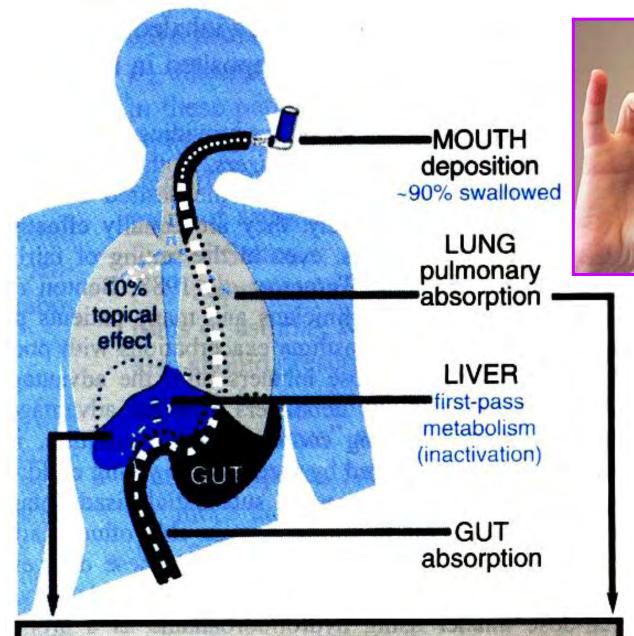
Terbutaline

特布他林

Salbuterol 沙丁胺醇

- 1. Pharmacological effects
- Relaxing bronchial smooth muscles
- 2. Clinical uses
- Controlling asthmatic symptoms
- Given by inhalation, oral or injection
- 3. Adverse effects
- Skeletal muscle tremor
- Cardiac stimulation (larger doses)
- Dysfunction of metabolism (hypokalemia, etc.)

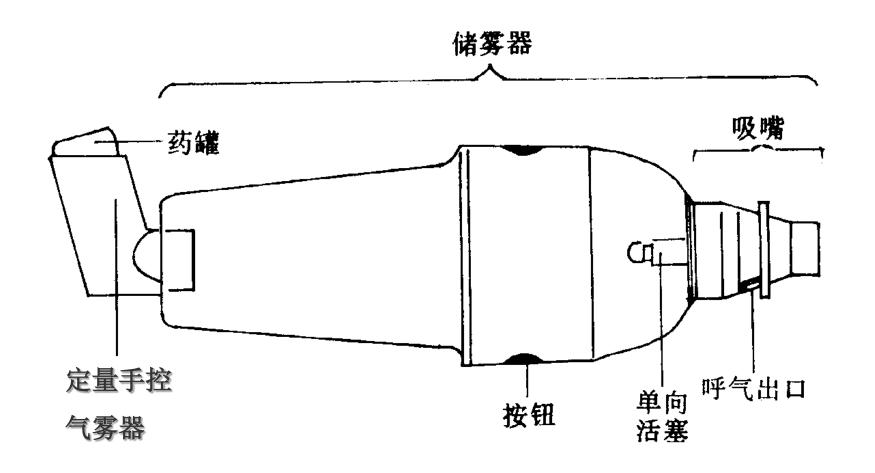




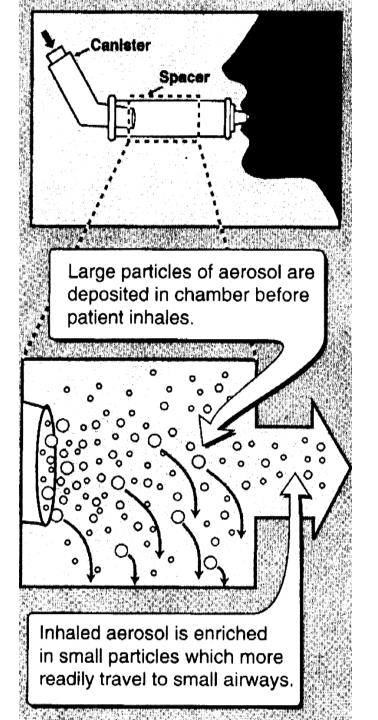
Aerosol inhalation

BLOOD STREAM

drug → systemic effect + inactive metabolite



Spacer used for aerosol inhalation



Spacer will aid patients to inhale the aerosolized drugs easier

β_2 receptor selective agonists:

long-acting

Theophyllines

Aminophylline 氨茶碱

Theophyllines:

One type of xanthine derivatives (甲基黄嘌呤类衍生物)

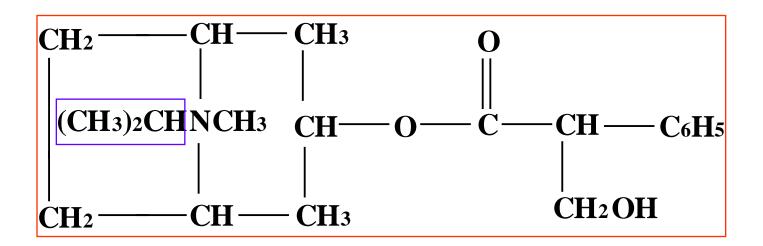
- 1. Pharmacological effects
- Inhibiting phosphodiesterase;
- Blocking adenosine receptors;
- Increasing catecholamine release;
- Immunomodulation;
- Increasing respiratory muscle contractility;
- CNS stimulation, diuretic, gastric acid secretion, etc.

- 2. Clinical uses
- Bronchial asthma (p.o., i.v.)
- Others: acute pulmonary edema, etc.

- 3. Adverse effects
- GI reactions
- CNS stimulation
- CVS reactions
- Acute intoxication (i.v. injection too rapidly)

Muscarinic antagonists

Ipratropine 异丙托溴铵,异丙托品



- Glucocorticosteroids
- Systemic:
- hydrocortisone 氢化可的松
- prednisone 泼尼松
- dexamethasone 地塞米松
- Inhaled:
- beclomethasone dipropionate 二丙酸倍氯米松
- budesonide 布地奈德
- triamcinolone acetonide 曲安奈德
- fluticasone propionate 丙酸氟替卡松
- flunisolide 氟尼缩松

Beclomethasone dipropionate

二丙酸倍氯米松

- 1. Pharmacological effects
- Antiinflammation: inhibiting inflammatory cell activities, antibody production, mediator release
- 2. Clinical uses
- As first-line drugs, currently
- Controlling chronic symptoms
- Ineffective for acute symptoms
- 3. Adverse effects
- Local: oropharyngeal candidiasis—using spacer
- Systemic effects

Inhibitors of mediator release

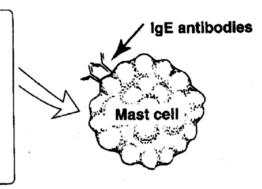
Disodium cromoglycate 色甘酸二钠

(cromolyn) (色甘酸钠)

- 1. Pharmacological effects
- Inhibiting mediator release from mast or other cells
- Inhibiting sensory neuropeptide release
- 2. Clinical uses
- Prevention of allergic asthma
- Acting slowly (2-4 weeks)
- 3. Adverse effects
- Oropharyngeal irritation

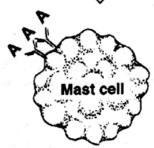
MAST CELL SENSITIZATION

First exposure to antigen causes the production of specific IgE antibodies, which attach to the surface of tissue mast cells and blood basophils.



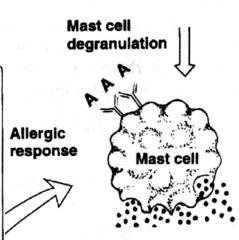
Exposure to antigen (A)

Cromolyn Inhibits mediator release from mast cells



2 MAST CELL DEGRANULATION

Subsequent exposure to antigen results in binding to surface-bound igE molecules. The sensitized mast cells are stimulated to release granules containing histamine, leukotrienes, prostaglandins, and other potent chemical mediators.



- Other inhibitors of mediator release
- Nedocromil sodium 奈多罗米钠
- Tranilast 曲尼司特
- Ketotifen 酮替芬(H₁ receptor antagonist)