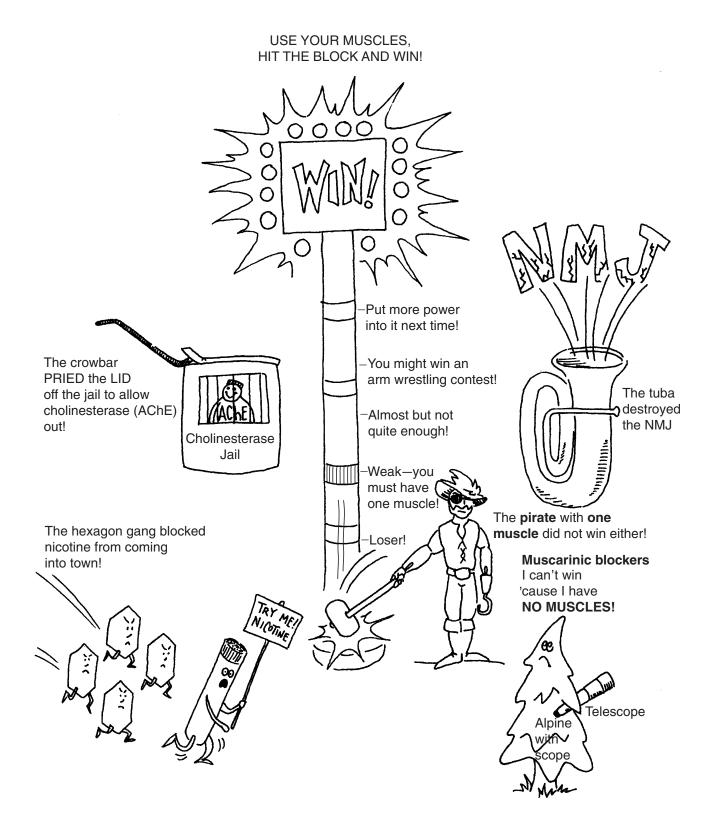
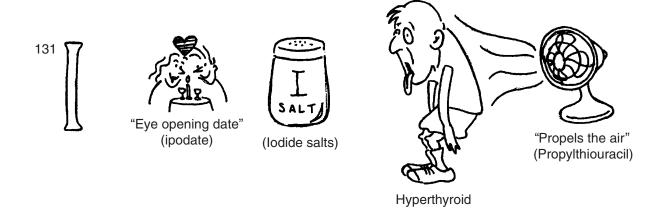
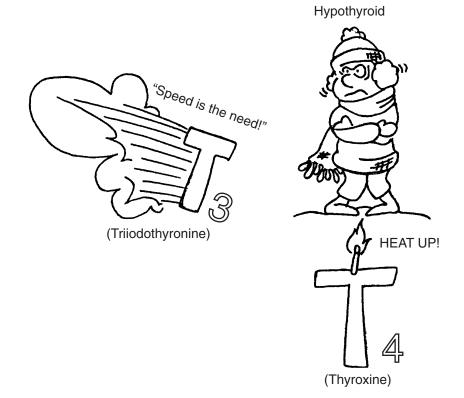
# **Cholinoceptor Blockers and Cholinesterase Regenerators**

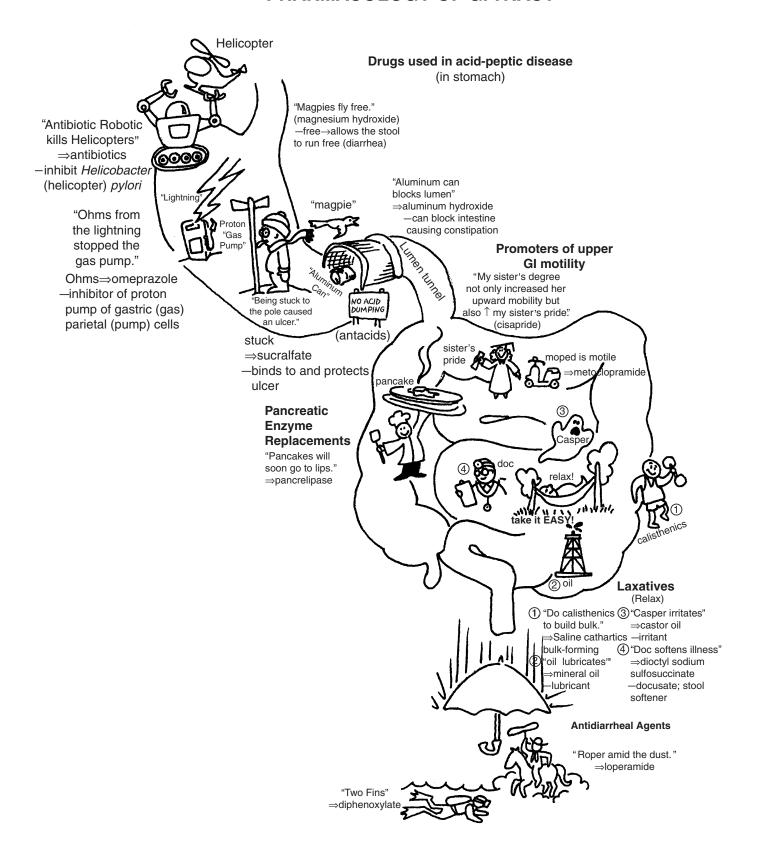


# **Thyroid Drugs**





# PHARMACOLOGY OF GITRACT



22

## **Antihypertensives**

## **NOTES**

## ANTIHYPERTENSIVES

#### **■ DIURETICS**

loop { furious⇒furosemide Ethan crys⇒ethacrynic acid bum⇒bumetanide

K⁺ sparing |spear⇒spironolactone

 $\begin{array}{ll} \text{thiazide-} & \{ \text{Indian purple} \Rightarrow \text{indapamide} \\ \text{like} & \{ \text{chlorinated} \Rightarrow \text{chlorthalidone} \\ \end{array}$ 

 $\label{eq:chlorinated H2O} \begin{aligned} & \text{thiazide} \left\{ \begin{aligned} & \text{chlorinated H}_2\text{O} \Rightarrow \\ & \text{hydrochlorothiazide} \end{aligned} \right. \end{aligned}$ 

## $\alpha_2$ -agonists

clony⇒clonidine bends⇒guanabenz face⇒guanfacine dopey⇒methyldopa

#### **Ser**pent⇒reserpine

- prevents storage of NE
   Gigi⇒guanethidine
- stops NE release
   andrenaline⇒guanadrel

#### β-blockers

both around word meant to remind you that these are  $\beta_1$  specific

 $\begin{tabular}{ll} NAD \Rightarrow nadolol \\ Ate \Rightarrow atenolol \ (\beta_1) \\ meat \Rightarrow metoprolol \ (\beta_1) \\ pin \Rightarrow pindolol \\ propane \Rightarrow propanolol \\ bistro \Rightarrow bisoprolol \ (\beta_1) \\ \end{tabular}$ 

## lpha-blockers

tarzan⇒terazosin dots⇒doxazosin Prozac⇒prazosin

## Ca<sup>2+</sup> channel blockers

coach⇒Ca<sup>2+</sup> blockers delerious⇒diltiazem vera⇒verapamil nikes⇒nifedipine

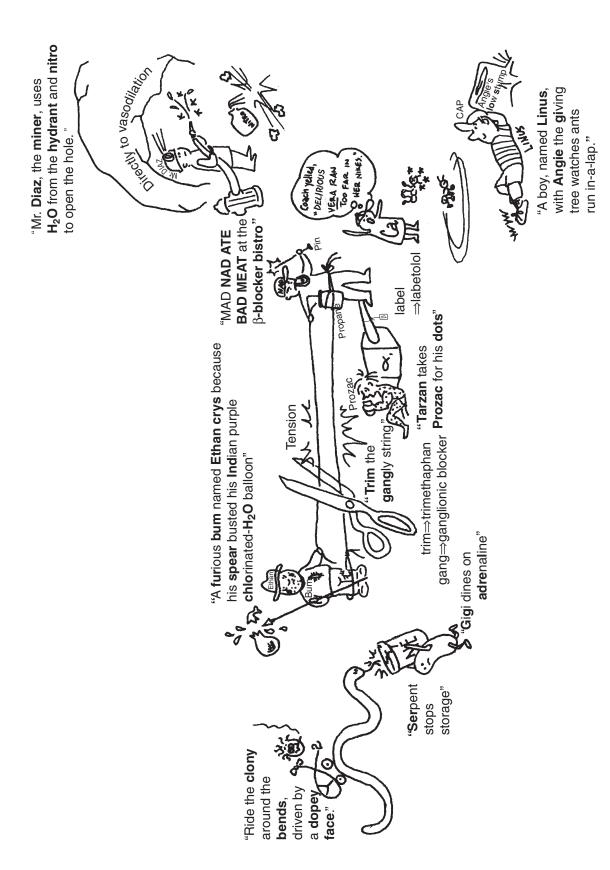
## Vasodilators

Diaz⇒diazoxide
miner⇒minoxidil
H₂O/hydrant⇒hydralazine
nitro⇒nitroprusside
open the hole⇒vasodilator
K's from the hose⇒channel activators

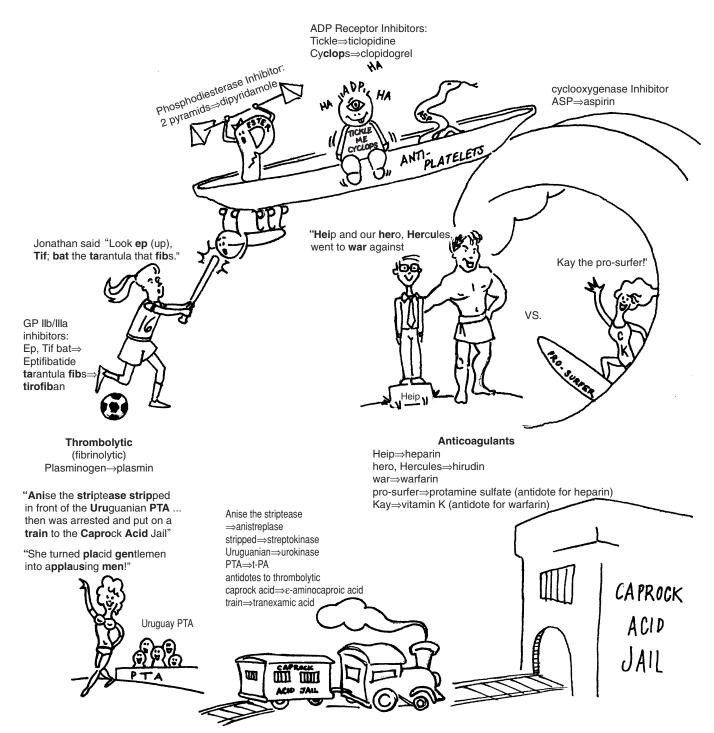
## Angiotensin Inhibitors

Angie⇒angiotensin inhibitors cap⇒captopril lo stump⇒losartan Linus⇒lisinopril in-a-lap⇒enalapril

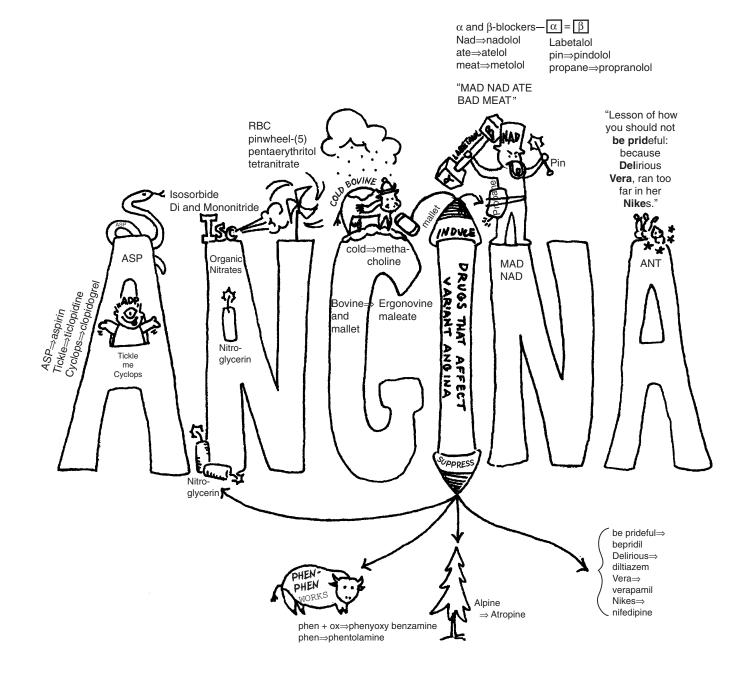
# **Antihypertensives**



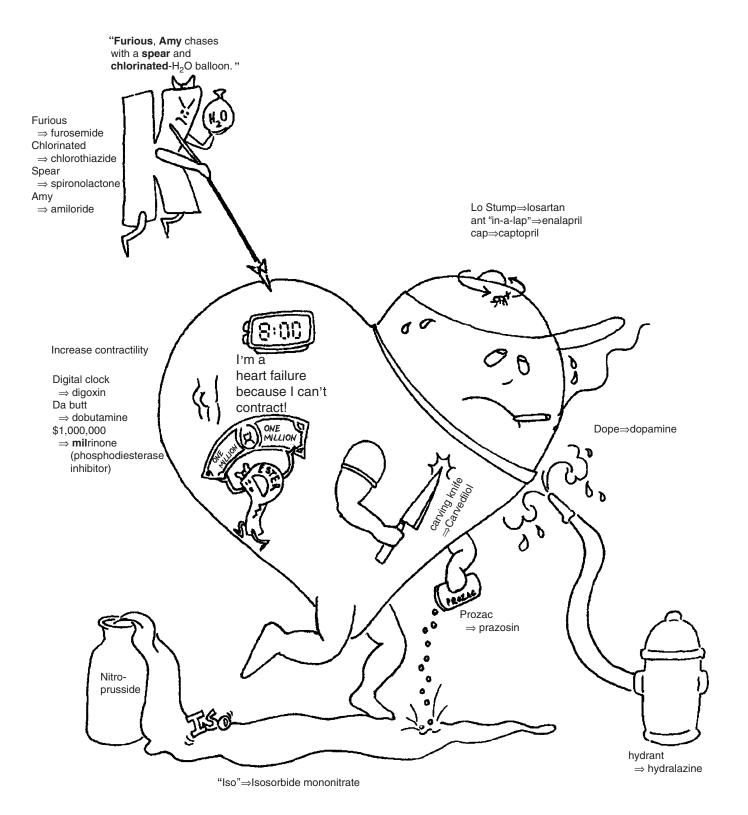
# **ANTICOAGULANTS**



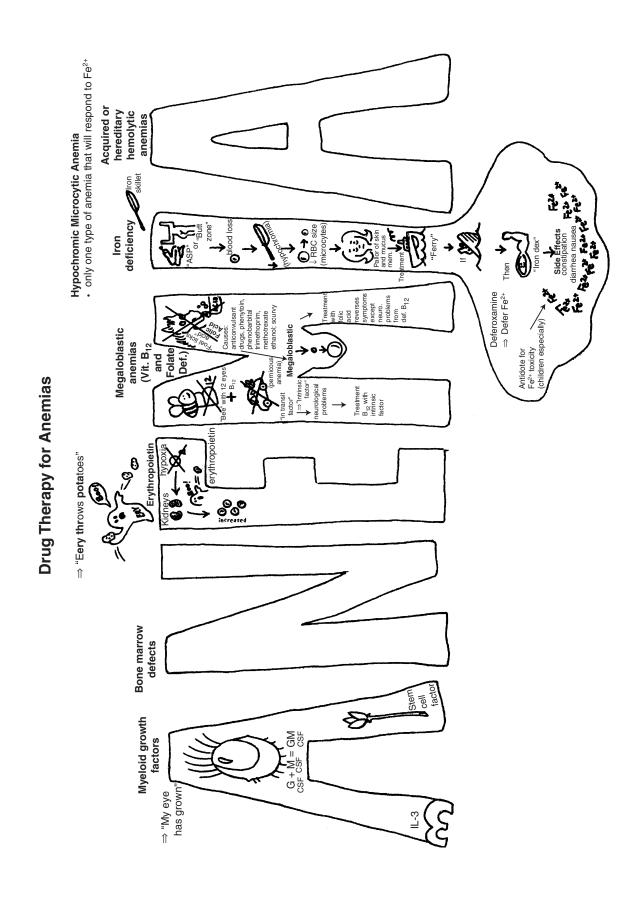
# **ANTIANGINAL AGENTS**



# **HEART FAILURE**



# **Drug Therapy for Anemias**



## **Antimicrobial Agents Inhibiting Peptidoglycan Synthesis**

## **NOTES**

## Cephalosporins (cellophane 🖺 )

- from mold 1) bactericidal
  - 2) parenterally/orally administered
  - 3) side effect→hypersensitivity
- 6-ring structure

#### Bacitracin→Tracy's Back

- 1) produced by Bacillus subtilis
- 2) inhibits peptidoglycan synthesis by preventing (Tracy kicking sugar cube) the attachment of amino sugars to cell membrane lipids ( ??)
  3) bactericidal against multiplying bacteria
- - nephrotoxic⇒kidneys in back

#### Cycloserine

 $\Rightarrow$  cyclone and serene

my→kills *Mycobacterium tuberculosis* 

- · central nervous system toxicity
- inhibits D-alanine use in synthesis of bacterial cell wall

## **Beta-Lactam Antimicrobial Agents**

M = monobactams = penems

CD = carbapenems

cause seizures

#### Inhibitors—Administered in Combination with Beta-Lactam Antimicrobial Agents

"Tim the inhibitor, augments u in the zoo." Tim = Timentin

augment = Augment in

u = Unasyn

## zoo = ZosynPenicillin

- $\Rightarrow$  Penny
- 1) interferes with synthesis of peptidoglycan
- ⇒ cap on Pepsi bottle
- 2) binds outer cell membrane proteins
  - A) carboxypeptidases⇒carbonation
  - B) transpeptidases⇒traverses
- 3) activate autolytic enzymes  $\Rightarrow \quad \text{crack in bottle}$
- 4) bactericidal against actively multiplying cells

G—narrow spectrum (highly potent)

- V—narrow spectrum (low potent)
- penicilloyl—hapten responsible for hypersensitivity
- cause GI disturbances
- 5-ring structure
- tolerance:
- ⇒ low MIC (minimum inhibitory concentration)
- high MBC (minimum bactericidal concentration)
- use low dose to stop and high dose

## Vancomycin

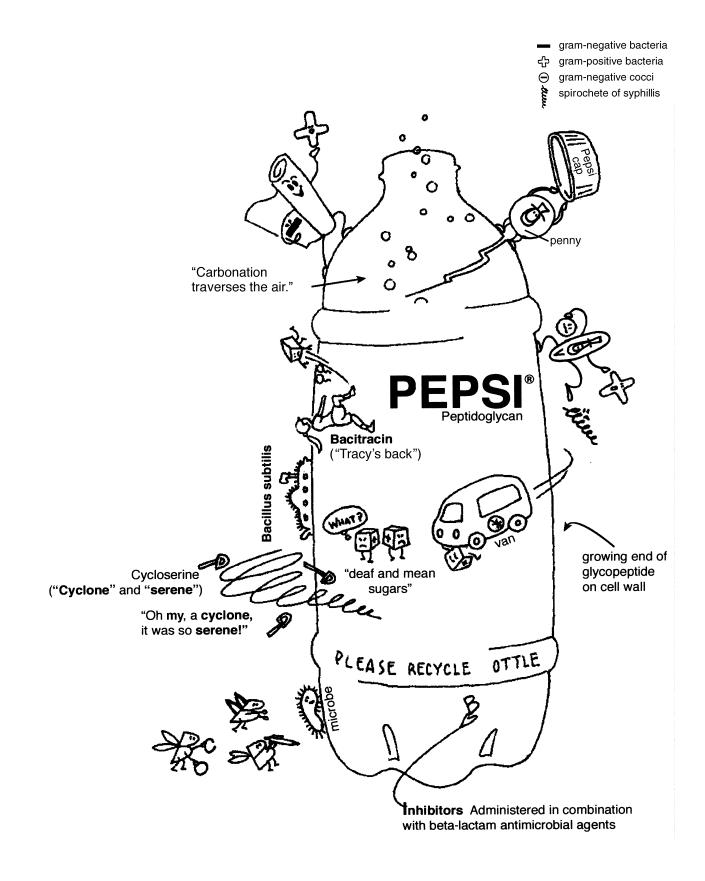
amino sugars $\Rightarrow$ mean sugar cubes

- 1) inhibits transfer of amino sugars to the growing end of glycopeptide on cell wall
- 2) bactericidal against multiplying bacteria

- 3) neurotoxicity—auditory nerve damage with hearing loss
  - $\Rightarrow \quad \text{WHAT?}$
  - narrow spectrum

 $\beta \rightarrow$ Beta Lactamase—resides in periplasmic space of gram-negative bacteria; degrades penicillins

# **Antimicrobial Agents Inhibiting Peptidoglycan Synthesis**



## **Antimicrobial Agents Inhibiting Nucleic Acid Function**

## **NOTES**

#### Rifamycin

- ⇒ (RIF)
- inhibits bacterial DNA-dependent RNA polymerase
- broad spectrum
- $\Rightarrow \quad \text{broad tombstone}$
- primarily used against Mycobacterium tuberculosis
- $\Rightarrow \quad TB \ on \ tombstone$

#### Quinolone (derivative of nalidixic acid)

- $\Rightarrow$  (Quintalope alone) $\Rightarrow$ 5 horns
- inhibits bacterial DNA gyrase
- broad spectrum (many horns)
- enoxacin, norfloxacin, ciprofloxacin
   ⇒ enox ⇒ north flock ⇒ skip
   "Enox skipped to north to join ox flock"

#### Metronidazole

- ⇒ (Metro runs night and day!)
- MOA→4 steps
  - 1) passive diffusion of metronidazole into target cell
  - 2) metronidazole activated by reduction
  - 3) toxic intermediates
    - $\Rightarrow$  single and double strands break in DNA
  - 4) release of inactive end products
- narrow spectrum
  - $\,\,\Rightarrow\,\,\,$  anaerobic bacteria and anaerobic protozoa

(Trichomonas vaginalis)

⇒ "Tricky Mona"

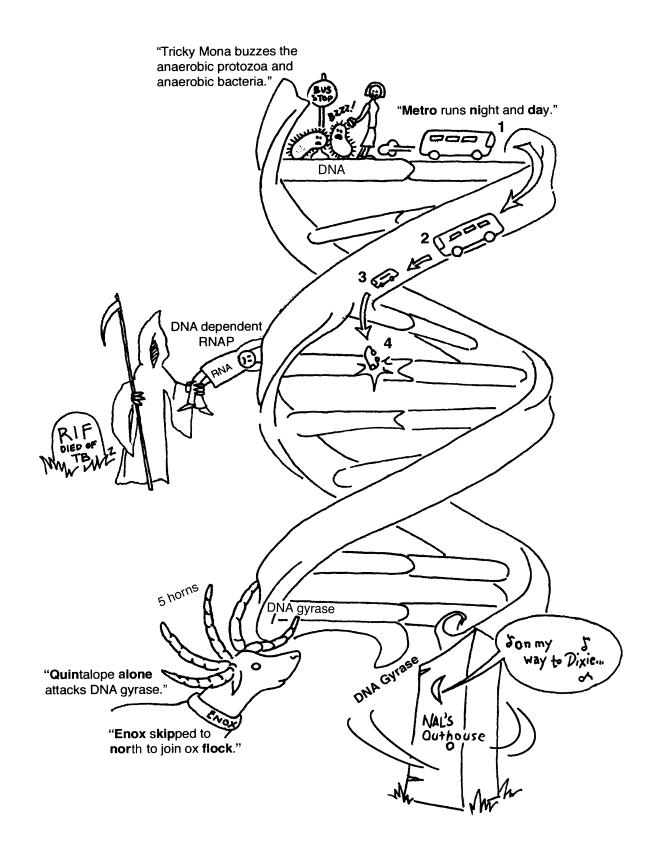
#### Side effects:

- mutagenic and carcinogenic in animals
- peripheral neuropathy
- disulfiram-like reaction with alcohol

## **Nalidixic Acid**

- ⇒ (Nal's—Dixie)
- inhibits DNA gyrase
- narrow spectrum
- ⇒ gram-negative bacilli⇒slit ☐ in door
- used primarily in UTIs
  - $\Rightarrow \quad \text{outhouse means UTIs}$

# **Antimicrobial Agents Inhibiting Nucleic Acid Function**



## **Antimicrobial Agents Inhibiting Folic Acid Synthesis**

**NOTES** 

All bacterostatic⇒Foal licking acid

## Sulfonamides

- ⇒ (SULFUR ON, AM I!)
- broad spectrum
- ⇒ arms open wide
- used in UTIs, GI, and as topical
- · structural analogs of p-aminobenzoic acid (PABA)
  - ⇒ (magician says "PABA CADABRA")
- inhibits tetrahydropteric acid synthetase
- ⇒ 4 bubbles
- causes: anemia, thrombocytopenia, leukopenia, skin rashes

#### Trimethoprim

- ⇒ (TRY MET. IT'S PRIME.)
- co-trimoxazole (dog sitting on cot's rim)
  - $\Rightarrow \quad \text{mixture of trimethoprim} \ +$ sulfamethoxazole→inhibits both steps of synthesis
- ⇒ treatment of UTI, traveller's diarrhea
- competitive inhibitor of reductase dihydrofolate⇒"two water foals"

#### Sulfones

- ⇒ (cell phone)
- major agent is diaminodiphenylsulfone (DDS) $\Rightarrow$ (two diamonds)
- narrow spectrum
- used in leprosy⇒(leopard)

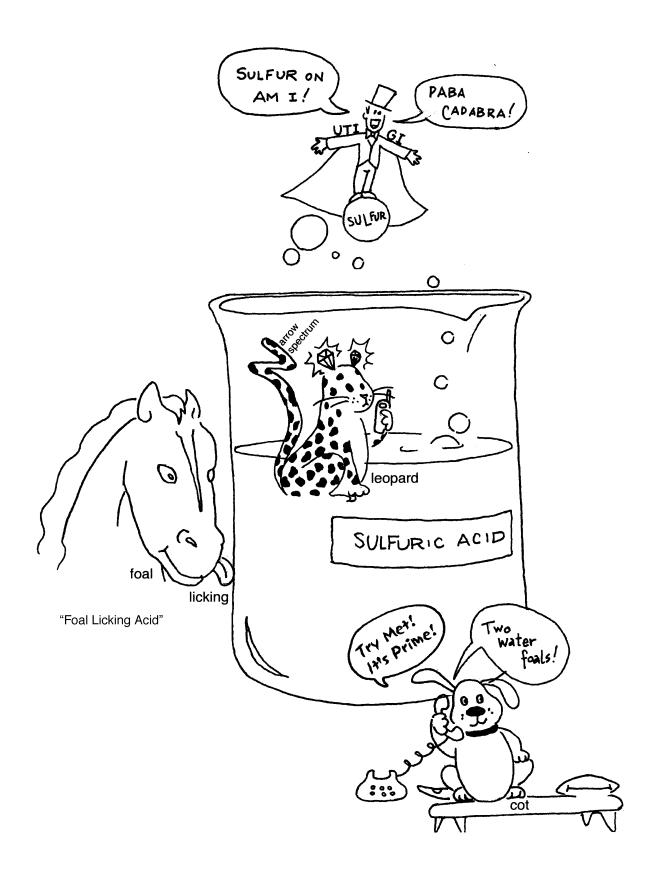
mechanism of action of sulfonamides and trimethoprim on metabolic pathway of bacterial folic acid synthesis:

## PABA

- SULFONAMIDES
- (tetrahydropteroic acid synthetase)
- DIHYDROFOLIC ACID \* TRIMETHOPRIM
- (dihydrofolate reductase) TETRAHYDROFOLIC ACID

purines

# **Antimicrobial Agents Inhibiting Folic Acid Synthesis**



## **Agents Inhibiting Protein Synthesis**

## **NOTES**

#### Aminoglycosides⇒"A Mean Geico Insurance Agent"

"Gentleman, Toby, and Stripper Ami sped to Kansas in a Neon."—insured by Geico gentleman—gentamicin produced by Micromonospora; all others by Streptomyces; treat gram positive

irreversibly bound to 30S ((😇) subunit

@**@** 

used to treat gram negative (

Toby = tobramycin stripper = streptomycin

ami = amikacin sped = spectinomycin

Kansas = kanamycin

Neon = neomycin Side effects:

nephrotoxicity and ototoxicity  $\Rightarrow$  ... WHAT?

#### Chloramphenicol

- ⇒ (colored fin)
- broad spectrum
- $\Rightarrow$  broad range of colors
- reversibly binds 50S
- causes reversible bone marrow  $\mathsf{depression} {\Rightarrow} \mathsf{bone}$
- causes (rarely) aplastic anemia and gray baby syndrome (premature infants lacking liver UDP-glucuronyl transferase)

### Tetracyclines

 $C = chlortetracycline {\Rightarrow} Clorox\ bottle$ 

 $D = doxycycline \Rightarrow DO_2x$ 

 $O = \text{oxytetracycline} \Rightarrow O_2$ 

 $M = minocycline \Rightarrow O_2 \rightarrow treatment for acne$ 

- broad spectrum
- causes tooth discoloration⇒black tooth
- requires energy to enter cell (ATP) ⇒ requires energy to ride cycle
- if resistant to one tetracycline, resistant
- do not take with antacids because divalent cations will inhibit gut absorption of it.

## Quinupristin/dalfopristin

- $\Rightarrow$  (quints prison)
- $\Rightarrow$  (dallas prison)
- active against gram-positive (纪)
- used in vancomycin-resistant Enterococcus faecium (VREF)
- $\Rightarrow$  van

and nosocomial diarrhea

- $\Rightarrow \quad \text{nose with stuff running out} \\$
- hepatotoxicity side effect

## Lincosamides

- lincomycin⇒links
- clindamycin
- ⇒ (clinks)
- same action as erythromycin primarily against anaerobic bacteria

## Macrolides

- $\Rightarrow \quad \text{(Big Mac slides)}$
- erythromycin⇒ERY!
- moderately broad spectrum
- binds 50S unit

## "Solid Z-line"

- ⇒ (linezolid)
- inhibits on ribosomal level
- used in VREF and methicillin-resistant Staphylococcus aureus
- when combined with pseudoephedrine or phenylpropanolamine can cause increase in blood pressure

☐ gram-negative 分 gram-positive

30S (Laurie is sad she is 30)

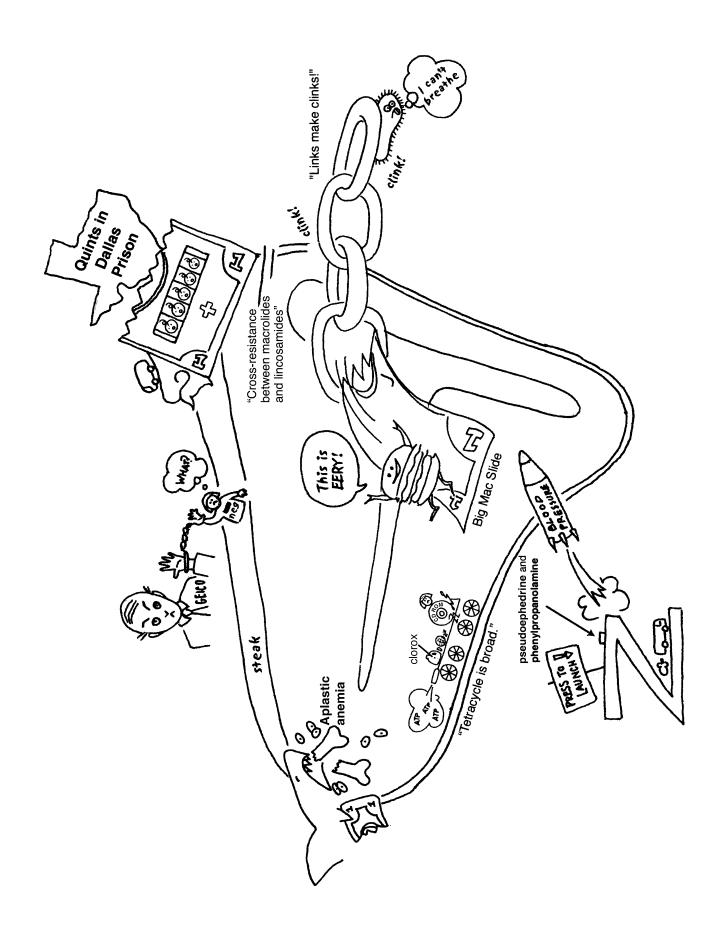
⇒ tRNA binds

[7] 50S (half of \$1)

linking of growing peptide chain (handcuffs) irreversibly bound

र्दे§ reversibly bound

# **Agents Inhibiting Protein Synthesis**



# **Antimicrobial Agents Which Damage the Cell Membrane (Wall)**

## **NOTES**

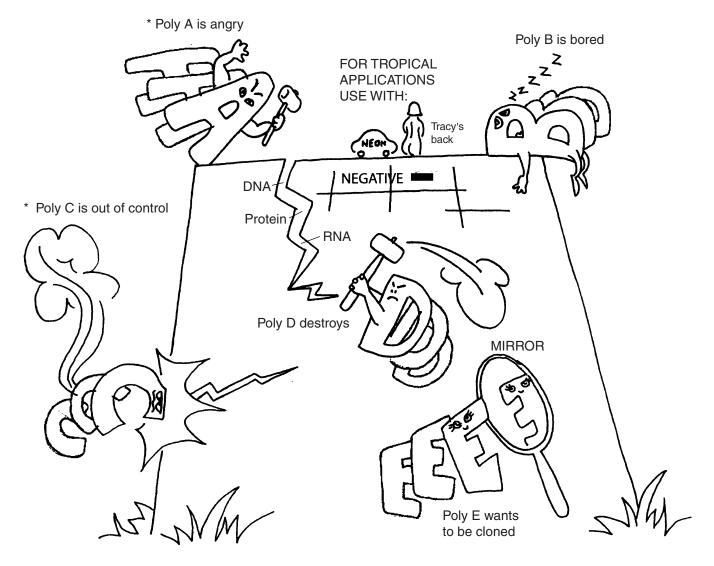
# POLYMYXIN Poly A—toxic Poly B

Poly C—toxic
Poly D—toxic
Poly E—same as colistin

⇒ (cloned)

- functions as a cationic detergent which disrupts osmotic integrity of cell membrane
- narrow spectrum of gram-negative bacilli
  - ⇒ negative
- topical ointments
  - $\Rightarrow$  usually in combination with neomycin (neon) or bacitracin (Tracy's back)
- neurotoxic, nephrotoxic

# **Antimicrobial Agents Which Damage the Cell Membrane (Wall)**



\* Toxic ones are destroying wall

# Antimicrobial Agents with Unknown Mechanism of Inhibition

## **NOTES**

## ISONIAZID

- ⇒ (I saw a night alien)• analog of B-6
- ⇒ (6 bees)
- a.k.a. pyridoxine
- ⇒ (Pirate with dots)
- treatment for Mycobacterium TB
  - ⇒ (coughing bees)⇒ (TB on pants)

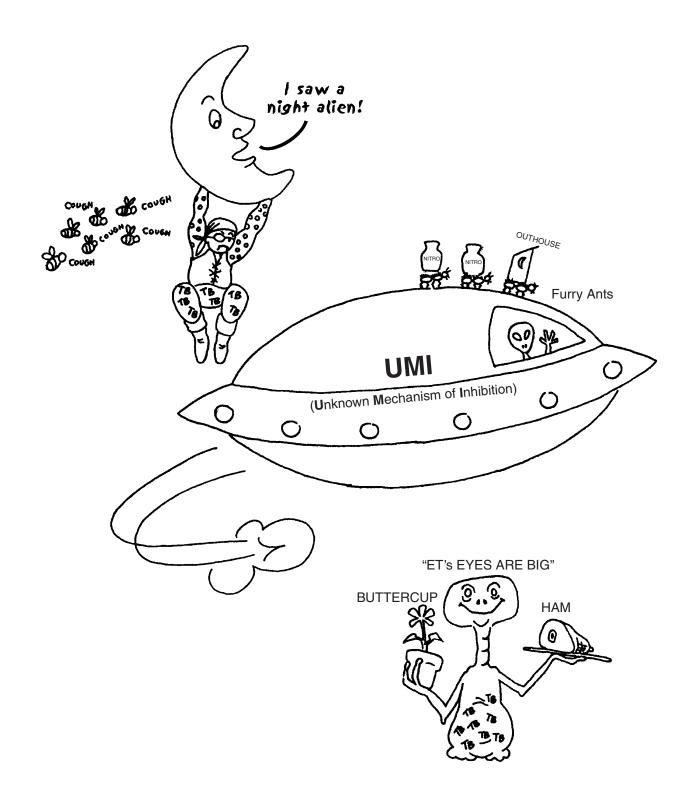
## NITROFURANS

- $\Rightarrow \quad \text{nitro carrying furry ants} \\$
- used for UTIs  $\Rightarrow$  (outhouse)
- broad spectrum

## ETHAMBUTOL

- ⇒ ET, ham, buttercup
- treatment for *Mycobacterium* TBrare side effects related to eyes
  - $\Rightarrow$  (ET's **eyes** are big)

# **Antimicrobial Agents with Unknown Mechanism of Inhibition**



# **Antibiotics I: Cephalosporins (Cellophane)**

# **NOTES**

# ANTIBIOTICS I: CEPHALOSPORINS (CELLOPHANE)

#### **Narrow Spectrum** (1st generation)

Cefadroxil⇒Fad  $Cefazolin {\Rightarrow} Fazolin's$ Cephalexin⇒Alex . Cephalothin⇒Thin

1st generation do not enter CSF

#### Intermediate Spectrum (2nd generation)

Cefaclor⇒aclor Cefamandole⇒a man Dole  $Cefoxitin{\Rightarrow} fox$ Cefuroxime⇒furious ox • enter CSF

#### **Broad Spectrum** (3rd generation)

Cefixime

 $\Rightarrow \ \, \text{fix me}$ Cefoperazone

 $\Rightarrow$  opera zone

Cefotaxime

 $\Rightarrow$  taxi me

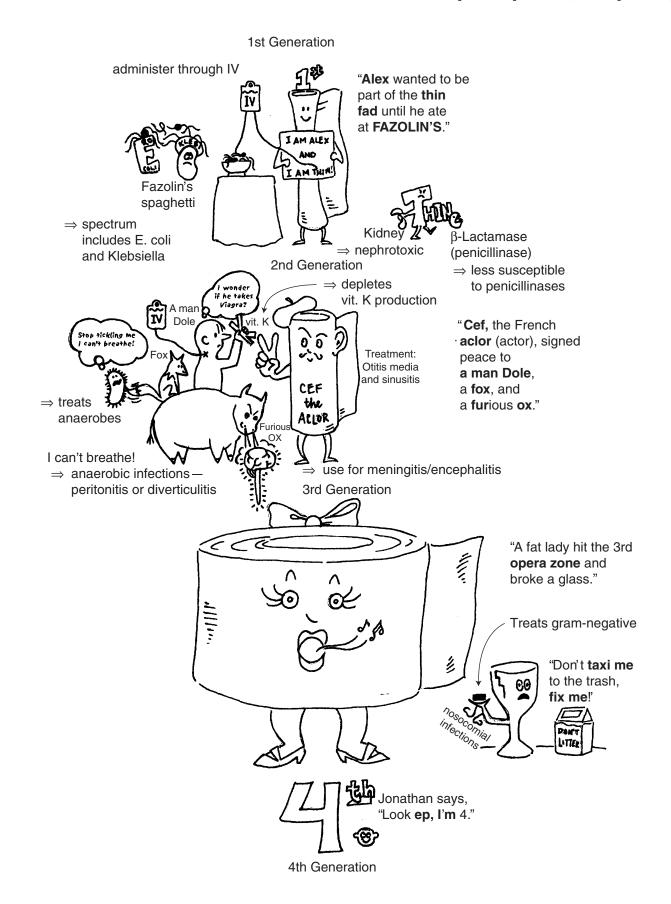
• enter CSF

# 4th Generation

Cef epime

⇒ "Look ep, l'm 4."• enter CSF

## **Antibiotics I: Cephalosporins (Cellophane)**



## **Antiviral Agents**

## **NOTES**

immunotherapy

- immunoglobulins:
  - (passive vaccine): hepatitis B and A, chickenpox, rabies, measles; interferon-α-2b: HPV, HCV

#### **Protease Inhibitors**

- pharmacophores compete with viral polypeptides for the protease and bind irreversibly to it
- indinavir, ritonavir, saquinavir
- MOA: prevent post-translational cleavage of GAG and GAG-Pol polypeptides that is essential for maturation of the virion: without cleavage immature non-infectious particles bud from membrane
- spectrum: HIV

#### Viral Reverse Transcriptase ( $^{\perp}_{\rm H}$ ) Nonnucleoside Inhibitors

- ⇒ "no nuclear war" nevirapine—"nevi→mole"
  - ⇒ MOA: binds away from active site of RT (nevi is away from activist's active mouth)

but prevents catalyst needed to incorporate base into growing chain; alters cleavage specificity of RNase H activity of RT;

spectrum: HIV

### Ion Channel Blockers

- amantadine -- "Amen to dine"
- MOA: inhibits M-Z capsid protein from functioning→↑ pH (basically) of viral endosome→blocks conformational change in hemaglutinin (HA) required for fusion of membranes; prevents HA from assuming correct conformation for incorporation into budding virion
- spectrum: influenza A (fly with A wings), Parkinson's disease (causes dopamine release from intact nerve terminals)
- toxicity: slurred speech, ataxia, dizziness

#### Viral Reverse Transcriptase (RT) or RNA-Dependent DNA Polymerase Nucleoside Analogues

- $\Rightarrow$  nuclear explosion
- zidovudine⇒(AZT) (zipper): enters as prodrug→host cell phosphorylates AZT to AZT-TP→incorporated into growing DNA chain in place of thymidine-TP→ terminating it
- AZT-TP also ↓ cellular thymidine kinase so adenosine-TP levels ↓; AZT only inhibits replication not infection
- spectrum: HIV⇒"HIVE"

# Viral DNA-Dependent DNAP Nucleoside Analogues

modified bases trick the viral DNAP into binding the analogue, which results in premature chain termination

 acyclovir (ACV) enters cell as prodrug→herpes virus thymidine kinase phosphorylates ACV→ACV-monophosphate (ACV-MP)→cellular guanosine-MP kinase→ACV-MP to ACV-TP (active)→ ACV-TP into chain→termination chain elongation "**v**iral **h**and**s**hake"→**HS**V-1, **HS**V-2, ⇒VZV, EBV ganciclovir→CMV

- (cretinitis in HIV patients)
- fluorouracil→HPV (genital warts)
  - ⇒ "flower with human face"

#### Viral DNAP, RT Inhibitors Pyrophosphate Analogues

- ⇒ "pirate hat on fox"
- bind to pyrophosphate-binding site of DNAP or RT and block dNTP binding

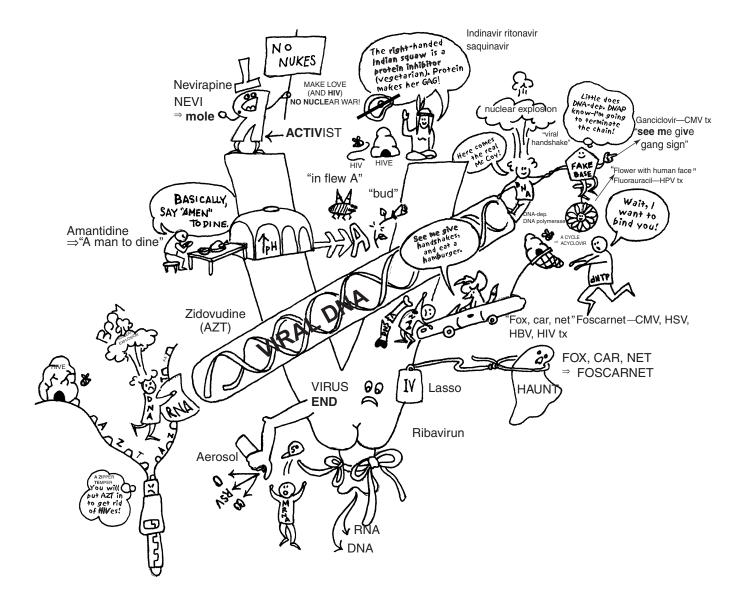
#### Inhibition of Viral RNA or DNA Replication by Blocking Important Vital Enzymes→"Virus End"

ribavirin→"ribbon"

- $\Rightarrow$  must be phosphorylated (1, 2, or 3)
- ⇒ ribavirin-MP→inhibits cellular inosine 5′ (I know sign)-5′-MP-OH→depleting GTP
- ⇒ ribavirin-TP→interferes with 5′ capping of mRNAs by inhibiting cellular guanylyl transferase
- ⇒ ribavirin-MP, DP, or TP→directly inhibit viral RNA-dependent RNAP

spectrum for IV—Lassa fever virus, Hantaan virus; aerosol—RSV

# **Antiviral Agents**



## **NSAIDs**

## **NOTES**

## **NSAIDS**

#### **■ SULINDAC**

- "SUE LINDA"
- Pro-drug, converted to a sulfide
- long half-life, for osteo and rheumatoid inhibits COX-1 more than COX-2
- side effects: GI symptoms, Steven,

## **■ PENICILLAMINE**

- teratogenic
- heavy metal chelator
- slows bone destruction
- serious toxicity
- long latency
- causes fever, rash, proteinuria, severe bone marrow depression
- deaths due to aplastic anemia

#### **■ CELECOXIB**

- "celebrity"
- half-life = 11 hr.
- selective COX-2 inhibitor
- antiinflammatory, antipyretic, analgesic
- fewer GI ulcers, no ↑ in bleeding time
- protein bound, metabolism by cyto
- Inhibits cyto P450 CYP2D6, so ↑ concentration of some  $\beta$ -blockers, antidepressants, antipsychotics
- Adverse: GI toxicity and pain, renal toxicity

## **■ PHENYLBUTAZONE**

- oldest and most toxic
- potent antiinflammatory
- LETHAL agranulocytosis and aplastic
- adverse effects: nephrotoxic, deafness
- used for gouty arthritis, poor for rheumatoid

# **■ METHOTREXATE**

- "Tex"—cowboy hat
- for rheumatoid arthritis
- folate antagonist
- prevents irreversible bone damage
- low dose-well tolerated
- Adverse: hepatic, bone marrow suppression, GI ulcers

## **■ INDOMETHACIN**

- $\Rightarrow$  Indian feather
- COX-1 and COX-2 inhibitor
- effective in rheumatoid, gouty arthritis, ciose patent ductus arteriosus
- adverse effects: HEADACHE, aplastic anemia
- avoid HTN, pregnancy

#### ■ NAPROXEN

- ⇒ closed eyes mean naptime
- long half-life
- especially for MIGRAINES, also for rheumatoid arthritis
- well tolerated

## **■ GOLD**

- gold chain necklace
- for active rheumatoid
- stops and prevents bone and articular erosion
- protein bound, long latency
- cannot be given with penicillamine
- stop with thrombocytosis, leukopenia
- recently treatment QUESTIONED

#### **■ IBUPROFEN**

- $\Rightarrow$  Advil
- OTC
- COX-1 and -2
- Do not use for nasal polyps, angioedema, or if there is a tendency of bronchospasticity
- renal toxicity

#### COX-1—expressed in all tissues

- -platelet aggregation
- COX-2—only in brain

## —induced by cytokines

- **KETOROLAC** "Key Toro the bull"
- parenteral—strong analgesic
- potential toxicity ↑ with salicylates
- NOT for pregnancy

# **■ KETOPROFEN**

## GI and CNS effects

- "Key on a Top"
- OTC
  - inhibits both COX and lipoxygenase
- effective for rheumatoid
- does NOT alter warfarin

## **■ PIROXICAM**

- "pie on rocks"
- longest half-life (45 hr)
- effective on rheumatoid arthritis
- adverse: GI upset
- inhibits COX-1 more than COX-2

90

#### Gout

## **NOTES**

## GOUT

↑ production of uric acid ↓ excretion of uric acid

- acute Treatment⇒NSAIDs, colchicine, steroids, analgesics
- $\textbf{long term Treatment} {\Rightarrow} \textbf{uricosurics},$ allopurinol, colchicine, NSAIDs
- $\uparrow$  fluid intake to prevent stones
- ↓ weight, alcohol....
- Acute gouty arthritis: 3-10 days duration
- Chronic (tophaceous) gout
- destruction of joints, tophi form on myocardium and valves, blockage of kidney

#### Colchicine

- ⇒ "coal in chic jeans"
- binds to tubulin, inhibits phagocytes
- \*Antiinflammatory, only for gouty arthritis, not analgesic

\*Reserved for patients who CANNOT tolerate NSAIDs\*

#### NSAIDs/Indomethacin/Naproxen ⇒Indian ⇒Nap

- for acute gouty arthritis
- prevent rebound attacks after corticosteroid treatment
- used with allopurinol and uricosuric agents

\*Aspirin should **NOT** be used—interferes with URIC acid EXCRETION by kidney

## Allopurinol

- ⇒ "Aloe"
- competitive inhibitor of xanthine oxidase
- inhibits conversion of hypo- and xanthine→uric acid so **uric acid** excreted

\*Gouty attacks will occur at first, since mobilizes urate from tissue stores, so USE with colchicine or NSAIDs

- TOXICITY—well tolerated
- **CAUTION** with kidney patients
- ↑probenecid effects

## Probenecid

- inhibit reabsorption of URATE, so ↑↑excretion
- inhibits secretion of penicillin and
- methotrexate slow build-up of dose to prevent attack
- use with colchicine, NSAIDs
- avoid aspirin
- inhibits secretion of urate

## Sulfinpyrazone

- ⇒ "surfin' a pyramid"
- \*same as probenecid
- avoid aspirin
- -inhibits secretion of urate

# **Hypnotic/Antianxiety**

## **NOTES**

## HYPNOTIC/ANTIANXIETY

## Pentobarbitol

**GABA** 

⇒ "Penta Barbie doll" **Short** to intermediate acting

- Barbiturates: depress REM sleep
   prolong open time for Cl<sup>-</sup> channels by
- hypnotics are weak acids
- most are lipid-soluble→CNS
- metabolized by hepatic microsomal enzymes
- respiratory depression—cause of death
- laryngospasm—chief complaint
- \* since metabolized by hepatocytes
  - ⇒ not for liver patients
- ⇒ many drug interactions
- used for antianxiety

#### Zolpidem

- $\Rightarrow$  Z OL'  $\uparrow \uparrow$
- non-benzodiazepine hypnotic
- acts on GABA-A receptor  $(\alpha_1)$
- † duration of sleep, little effect on sleep stages
- widely prescribed as hypnotic

## Buspirone

- ⇒ "Bus on Spiral"
- Antianxiety
- little potential for abuse
- lack hypnotic and anticonvulsant properties
- No cross-tolerance or cross-dependence with benzodiazepine

## Baclofen

⇒ "Back Fin" para-chlorophenyl GABA agonist at GABA-B receptor

 SKELETAL MUSCLE RELAXANT reduces spasm with spinal injury or MS

# Benzodiazepines

- have replaced barbiturates for use in hypnosis
- depress stages 3 and 4f non-REM sleep
- do not induce microsomal enzymes
   lack interactions with other drugs
- NOT for pregnancy; lower abuse than barbiturates
- incidence and severity of CNS toxicity ↑ with age

## Alprazolam

- ⇒ "Alacazam!"
- chosen for elderly
- also for antidepressant and panic disorders
- tend to develop physical dependence
   withdraw gradually

# Diazepam

- $\Rightarrow$  Mr. Diaz in pan
- longer duration of action
- chosen for children
- is a DOC for status epileptic

#### Triazolam

- ⇒ Triad O' Lambs
- shortest half-life
- high rebound anxiety and insomnia
- tolerance develops quickly
- ⇒ "we tolerate ewe!"

#### Flumazenil

- $\Rightarrow$  "Plume with Fumes"
- competitively ANTAGONIZES binding of benzodiazepine
- reverses sedative effects used in anesthesia
- comatose patients from large dose of benzodiazepine—regain consciousness with flumazenil
- half-life shorter than most benzodiazepines
- adverse effect: **CONVULSIONS** with patients on benzodiazepine

## **Neonatal/Gerontological Pharmacology**

## **NOTES**

## NEONATAL/GERONTO-LOGICAL PHARMACOLOGY

#### **■ NEONATAL**

#### Digoxin

- ⇒ digital clock
- slower elimination, half-life ↑
- heart in young is insensitive to drug

#### Chloramphenicol

- $\Rightarrow \text{ "colored fin"}$
- · gray baby syndrome
- immature liver cannot conjugate drug, so ↑ serum concentration

## Theophylline

- $\Rightarrow$  THEO to cola (caffeine)
- less protein binding
- metabolized to CAFFEINE

#### Warfarin

- $\Rightarrow$  WAR
- small
- crosses placenta
- teratogen

## Heparin

- $\Rightarrow$  HIEP
- large, polar
- does not cross placenta
- safe

## **■ GERONTOLOGICAL**

## Levodopa

- $\Rightarrow$  "L on a dope"
- increased bioavailability due to ↓ stomach dopa decarboxylase activity

## Warfarin

- ⇒ WAR
- ↓ albumin levels cause ↑ free drug
- not affected by metabolism

## Procainamide

- ⇒ cane
- hydrophilic
- ↓ water content, ↓ BF, ↓ muscle leads to increased plasma concentration
- narrow therapeutic index so ↓ renal clearance leads to increased blood levels

# Propranolol

- $\Rightarrow$  propane
- decreased metabolism, so ↑ half-life

## Diazepam

- ⇒ "Mr. Diaz"
- lipophilic drug
- increased storage
- decreased metabolism, so ↑ half-life

## Opiates

- $\Rightarrow \text{ "opal"}$
- increased responsiveness

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# Antipsychotics

# **NOTES**

# ANTIPSYCHOTICS

## Phenothiazines

alipathic: chlorpromazine piperidines: thioridazine piperazines: trifluoperazine, fluphenazine butyrophenones: haloperidol heterocyclics: clozapine, olanzapine, risperidone, sertindole, quetiapine

## **Parkinson's Disease and Other Movement Disorders**

## PARKINSON'S DISEASE AND OTHER MOVEMENT DISORDERS

