



# *ANTIEMETICS*

- **Vomiting ( emesis) – protective mechanism which serves to eliminate harmful substances from stomach**
- **It is forceful expulsion of gastric contents to exterior via oral cavity**
- **It is the means by which upper G.I.T rids itself of its contents when upper G.I.T is distended, irritated**
- **Vomiting is preceded by nausea – urge to vomit**
- **Central regulation of vomiting**

**CTZ**

**Vomiting centre**

**CTZ-** Relay area of afferent impulses arising from G.I.T, vestibular nuclei

- ◆ **Outside the BBB**
- ◆ **Rich in  $D_2$ ,  $5HT_3$   $\text{\textcircled{R}}$ s**  
 **$M_1$   $H_1$   $\text{\textcircled{R}}$ s**
- **Sensory station- incapable of initiating vomiting**
- **Send signals to vomiting centre**

### **Vomiting centre**

- ◆ **Rich in muscarinic,  $5HT_3$   $\text{\textcircled{R}}$ s  $H_1$   $\text{\textcircled{R}}$ s**
- **Receives impulses from**
  - CTZ**
  - NTS**
  - Vestibular nuclei**
  - Higher centers in brain**

**NTS**-receives impulses from G.I.T → vomiting centre .

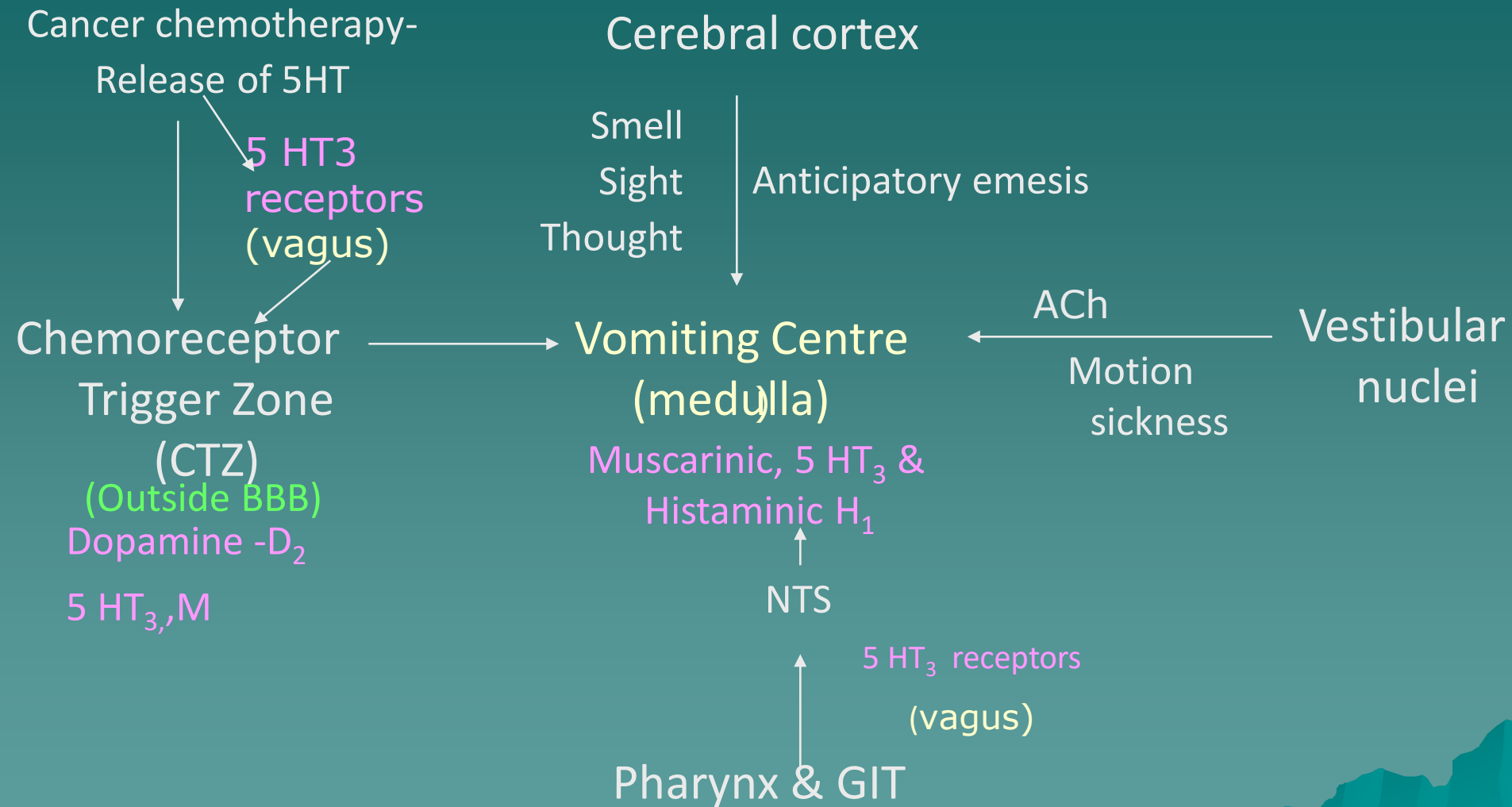
**Vagal and splanchnic afferents in GIT mucosa are rich in 5HT<sub>3</sub> receptors**

**Irritation of G.I.T mucosa – Release of 5HT from ECL cells – stimulation to 5HT<sub>3</sub> R<sub>s</sub> NTS – Vomiting centre**

## **Causes of vomiting**

- Morning sickness
- Motion sickness, ototoxic drugs
- Vestibular dysfunction – Vertigo, Meniere dis
- Radiation
- Cancer chemotherapy induced, other drugs
- Post – operative
- GIT disorders
  - Non-infective
  - **Infective**

# Pathophysiology of Emesis



# Prokinetics

Drugs which enhance coordinated activity among the various segments of the GIT to propel the luminal contents

- 1] Stimulate GIT motility
- 2] Increase lower esophageal sphincter tone
- 3] Speed up gastric emptying
- 4] Stimulate small intestine motility
- 5] Enhance colonic transit

Myenteric plexus –control of motor activity

ACh –neurotransmitter of myenteric motor neurons

Mucosal stimulation-release of serotonin-act on  $5HT_3$  &  $5HT_4$  r. present on interneurons which synapse with cholinergic neurons.

$5HT_4$  (R) stimulation-release of ACh

$5HT_3$  (R) stimulation-Inhibition of ACh through NO

Dopamine inhibits ACh release

# Classification of antiemetics

- 1. Anticholinergics -** - Scopolamine ( Hyoscine)
- 2. Antihistaminics -**
  - Promethazine
  - Cyclizine
  - Meclizine
  - Dimenhydrinate
  - Cinnarizine
  - Doxylamine
- 3. Antidopaminergics – ( D<sub>2</sub> blockade)**
  - Metoclopramide
  - Domperidone
  - Phenothiazines
    - ↓
    - Chlorpromazine
    - Prochlorperazine

**4. Antiserotonergic  
(5HT<sub>3</sub> blockade)**

**5. Adjuvant drugs –**

**6. Neurokinin -  
receptor antagonist**

**7. Cannabinoid ® -  
agonist**

- ◆ Ondansetron
- ◆ Granisetron
- ◆ Glucocorticoids
- ◆ benzodiazepines
- ◆ Aprepitant
- ◆ Fosaprepitant
- ◆ Dronabinol
- ◆ Nabilone



# Anticholinergic

Scopolamine ( Hyoscine )

## Mechanism of action

- It blocks muscarinic receptors in CTZ

## Use

Only in Motion sickness

Oral

Intramuscular – 0.2-0.4 mg

❖ **short duration of action**

Transdermal patch – 1.5 mg – applied behind the pinna

**S/E:- Sedation**

Dryness of mouth

Less with transdermal patch.

# Antihistaminics

## Mechanism of action

- Block  $H_1$ , M receptors in CTZ
- Sedation.

### A) Promethazine theoclate ( Avomin)

Motion sickness

25 mg tablet

### B) Cyclizine. Meclizine

Less sedation

Motion sickness

Morning sickness

### C) Cinnarizine ( Stugeron )

Antivertigo

- Blocks  $H_1$   $\otimes$  +, inhibits entry of  $ca^{++}$  from endolymph into vestibular apparatus

### D) Doxylamine – Safest – Morning sickness

# Antidopaminergics

## Pheothiaziness

### A) Chlorpromazine

**Mech. Of action – Blocks D<sub>2</sub> receptors in CTZ**

**Additional – anticholinergic  
antihistaminic**

**Use as antiemetic limited:-**

- ❖ **Extrapyramidal side effects**
- ❖ **Sedation**

### Uses

**Vomiting not responding to metoclopramide**

**Vomiting d/t cancer chemotherapy**

### B) Prochlorperazine ( stemetil )

**Labyrinthine suppressant**

**Antivertigo**

**S/E- extrapyramidal side effects.**

# Metoclopramide

## Mechanism of action

1) Blocks dopaminergic receptors – D<sub>2</sub> in CTZ

2) At high dose blocks 5HT<sub>3</sub> receptors in CTZ

3) Prokinetic :-

- Enhances upper gastrointestinal

(gastro duodenal) motility and speeds up gastric emptying

- Increases tone of lower gastro-esophageal sphincter, enhance gastric emptying, duodenal peristalsis

a) Enhances release of Ach – ( 5HT<sub>4</sub>R ) which acts on muscarinic receptors present on smooth muscles of G.I.T.

b) Dopamine inhibits gastrointestinal motility. Metoclopramide inhibits its action.

- ◆ **Pharmacokinetics**  
**Oral, parenteral**  
**Crosses BBB , placenta**  
**Breast milk +**

## **Side – effects**

- 1) **Extrapyramidal side effects**
- 2) **Galactorrhoea. Gynaecomastia**

## **Uses**

- 1) **Treatment of vomiting d/t any cause**

**Not in – Morning**

**Motion Sickness**

**Oral- 10 mg tab. Syrup 5 mg /5ml**

**Inj – 10 mg/ 2 ml**

## **2) As a gastrokinetic**

- a) Gastro esophageal reflux disease**
- b) Dyspepsia**
- c) Emergency GA has to be given, pt has consumed food.**

### **Domperidone**

**Mechanism of action Same as Metoclopramide**

**Prokinetic only through D<sub>2</sub> ® antagonism**

**Advantage over metoclopramide**

**No extrapyramidal side effects as it doesn't cross BBB**

**Not available as parenteral preparation- Cardiac arrhythmias.**

**Prepn – 10 mg tab, syrup – 1mg /ml.**

# Ondansetron, Granisetron

## Mechanism of action

Central action – Blocks 5 HT<sub>3</sub> receptors in CTZ

Peripheral action-

Cytotoxic drugs



Cellular damage



Release of 5 HT



Acts on 5HT<sub>3</sub> receptors present on vagal afferents



Stimulation of CTZ

# Advantages

**No extrapyramidal side effects**

## Uses

- 1. 1<sup>st</sup> drug of choice in prevention and treatment of vomiting d/t cancer chemotherapy**
  - 8 mg i.v before cancer chemotherapy**
  - 8 mg – 2 doses**
  - oral – 8 mg**
- 2. Radiation sickness vomiting**
- 3. Post –operative vomiting**

## **NK<sub>1</sub> receptor antagonist**

**Sub.P acts on NK<sub>1</sub> receptor on vagal afferents CTZ**  
**Cisplatin induced delayed phase of vomiting**

## **Cannabinoid receptor agonist**

**Stimulate CB<sub>1</sub> receptor on neurons around vomiting centre**

**S/E- Disorientation, Hallucinations**



# Adjuvant drugs

## Glucocorticoids

### Dexamethasone

- Enhances action of other antiemetics
- Used during cancer chemotherapy

## Benzodiazepines

Lorazepam – 1,2 mg tab, inj- 2 mg/ml

Alprazolam

Sedative, anxiolytic, amnesia

## Pyridoxine

Morning sickness

# Prokinetic agents

## Cisapride

- Facilitates motility of entire G.I.T
- agonist at 5HT<sub>4</sub> ®
- Enhances release of Ach

## Uses

1. Gastro – esophageal reflux disease
2. Constipation

Tab- 10 mg

S/E –QT interval prolonged- Not used

Mosapride , Tegaserod