

lecture one

Opioid analgesics → binding to specific Opioid receptors → μ , δ , γ

endorphins → endogenous opioid peptides

Enkephalin →

Ca²⁺-influx ↓
Release of transmitters ↓

• Opioids cause hyperpolarization of nerve cells, inhibiting nerve firing, and presynaptic inhibition of transmitter release.

Opioid Analgesics: Side Effects →

- Euphoria → ↑ Dopamine → ↓ GABA → Heroin
- CNS depression → prevent Norepinephrine release except methadone
- Nausea and vomiting
- Respiratory depression
- Urinary retention
- Diaphoresis and flushing • Itching → release of histamine
- Pupil constriction (miosis) → inhibit SNS
- Constipation → we can treat patient by laxative

NOTE: patient have asthma or bradycardia don't take morphine

Tolerance/Dependence/Addiction

- **Tolerance** → down-regulation of receptors with continues use
→ to deal with problem we need to increase the dose

Dependence → withdrawal symptoms upon abrupt discontinuation/ reduction of narcotic therapy.
→ مع الاستخدام الشديد الدواء جسمك بيتعود عليه ما بيكون في أعراض مثل الأول
to deal with it we need to increase the number of receptors

Addiction → drug seeking behavior, loss of control of drug use, and continued use despite adverse effects

Withdrawal Sign (SNS) vs symptoms of analgesic drugs

Strong opioid agonists →

Morphine → in severe pain, has high efficacy long half-life 4 hours

the half-life for naloxone is one hour and morphine half life is about four hours so that we need to give naloxone four times a day

Morphine is also used in the treatment of acute pulmonary edema → buzz it treats hypertension

Hydromorphone → preferred over morphine for patients with decreased renal clearance

Meperidine → antimuscarinic and opioid → Repetitive dosing leads to accumulation of the toxic metabolite normeperidine (normeperidine)

- ↓ not make myosis or constipation
- ↓ doesn't make bradycardia
- ↓ It is renally cleared, and use of meperidine in patients with kidney disease is not recommended.
- Obstetric labor
- Shivering

excitement, increase in serotonin and norepinephrine.

↓
CNS hyper-excitability, subtle mood changes, Tremors, Multifocal myoclonus, Seizures

Methadone → long duration of action

- NMDA receptors blocking
- ↓ Torsades de pointes



Layan Daoud

Tramadol → • Weak affinity for M-opioid receptor

→ alpha 2-adrenoreceptor activation

- Less respiratory psychomotor recovery depression, nausea, vomiting, constipation
- Rapid

Codeine is an opioid and prodrug of morphine mainly used to treat pain, coughing, and diarrhea

bioavailability higher than morphine

contraindicated in children causes respiratory depression

antitussive, partial agonist