

#### SNS COLLEGE OF ALLIED HEALTH SCIENCE



SNS Kalvi Nagar, Coimbatore - 35 Affiliated to Dr MGR Medical University, Chennai

# DEPARTMENT OF OPERATION THEATRE AND ANAESTHESIA TECHNOLOGY - II YEAR

**COURSE NAME: PHARMACOLOGY** 

**TOPIC - Antisialogogues** 

MRS.GAYATHIRI.K Lecturer





#### Antisialogogues

#### Definition

Antisialogogues are pharmacological agents that reduce or inhibit salivary secretions. They are commonly used in anesthesia to decrease saliva and respiratory secretions, facilitating airway management and reducing the risk of aspiration during surgical procedures.





Mechanism of Action

Antisialogogues primarily act as anticholinergic agents, blocking the action of acetylcholine at muscarinic receptors in the parasympathetic nervous system.

Key Antisialogogues Atropine Glycopyrrolate





#### **Pharmacodynamics**

Reduction of Secretions: Inhibits salivary and bronchial secretions by blocking muscarinic receptors in salivary glands and respiratory mucosa.

Vagolytic Effect: Increases heart rate by inhibiting vagal stimulation of the heart (useful in preventing bradycardia during anesthesia).

Broncho dilation: Relaxes bronchial smooth muscles, improving airway patency. Central Nervous System Effects: Atropine may cause CNS stimulation at higher doses, while glycopyrrolate does not cross the blood-brain barrier, minimizing CNS effects.





#### **Pharmacokinetics**

Drug	Onset of Action	Duration of Action	Metabolism	Excretion	Distribution
Atropine	5–10 min (IV)	4–6 hours	Hepatic	Urine	crosses the blood-brain barrier
Glycopyrrolat	2–5 min (IV)	3–7 hours	Minimal hepatic	Urine	does not crosses the blood-brain barrier





#### Adverse Effects (Common)

- Dry mouth
  - Blurred vision (due to cycloplegia)
  - Tachycardia
  - Constipation
  - Urinary retention

**Atropine**: CNS effects like confusion, agitation, or delirium (especially in elderly patients).

- Hyperthermia (due to reduced sweating).

Glycopyrrolate: Less likely to cause CNS effects but may still cause tachycardia or urinary retention.





#### **Contraindications**

- Glaucoma (narrow-angle)
- Myasthenia gravis
- Obstructive uropathy or gastrointestinal obstruction





#### **Drug Interactions**

Anticholinergic Synergism: Concurrent use with other anticholinergics (e.g., antihistamines, tricyclic antidepressants) may enhance side effects like dry mouth or constipation.

**Antiarrhythmics**: Atropine may counteract the effects of beta-blockers used to control heart rate.

Opioids: May potentiate constipation when used with opioids like morphine.

**Ketamine**: Atropine may increase the risk of tachycardia when combined with ketamine.





#### Role of Anesthesia Technologist

- Monitor for proper drug dilution and dosage (e.g., atropine 0.01–0.02 mg/kg IV/IM; glycopyrrolate 0.004–0.01 mg/kg IV/IM).
- Observe for adverse effects like tachycardia or dry mouth during surgery.
- Ensure availability of emergency drugs and equipment to manage complications like bradycardia or anaphylaxis.





Parameter	Atropine	Glycopyrrolate
Class	Anticholinergic (natural alkaloid)	Synthetic anticholinergic
CNS Effects	Crosses blood-brain barrier	Does not cross blood-brain barrier
Onset of Action 5–10 min		2–5 min
Duration of Action	4–6 hours	3–7 hours
Primary Use	Reduce secretions, prevent bradycardia	Reduce secretions, less vagolytic effect
Adverse Effects	Tachycardia, dry mouth, CNS effects	Tachycardia, dry mouth, urinary retention
Contraindications Glaucoma, myasthenia gravis		Glaucoma, obstructive uropathy





# THANK YOU





#### **From Question Papers**

Pharmacological actions, contraindications, and uses of Atropine (April 2024, Q.P. Code: 801136, Write notes on, 5 marks).

Toxicity of Atropine (August 2015, Q.P. Code: 801111, Write notes on, 5 marks).

Pre-anesthetic rationale of Atropine (March 2021, Q.P. Code: 801111, Short answers, 3 marks).

Glycopyrrolate (April 2024, Q.P. Code: 801136, Short answers, 3 marks).

Write a note on Antisialagogues (August 2016, Q.P. Code: 801111, Write notes on, 5 marks).