

**Kerbala University  
College of Pharmacy  
Dep. of Pharmaceutical Chemistry  
Organic Pharmaceutical Chemistry II**



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# Sympathomimetic Agents

*Continued .....*

# Methyldopa

- **Methyldopa** (L-  $\alpha$  -methyldopa, Aldomet) differs structurally from L-DOPA only in the presence of  $\alpha$  -methyl group.
- Methyldopa ultimately decreases the concentration of DA, NE, E, and serotonin in the CNS and periphery.
- Methyldopa is transported actively into CNS via an aromatic amino acid transporter, where it is decarboxylated

# Dual $\alpha$ - And $\beta$ -Agonists/Antagonists

# Dobutamine

- It resembles DA structurally but possesses a bulky 1-(methyl)-3-(4-hydroxyphenyl) propyl group on the amino group.
- It possesses a centre of asymmetry, and both enantiomeric forms are present in the racemic mixture used clinically.
- The (-) isomer of dobutamine is a potent  **$\alpha_1$ -agonist**, which is capable of causing marked pressor responses.

# Dobutamine

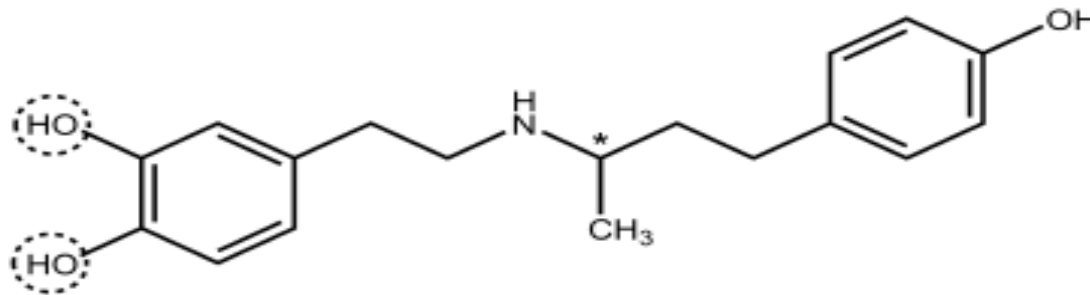
- In contrast, (+)-dobutamine is a potent  $\alpha 1$ -**antagonist**, which can block the effects of (-)-dobutamine.
- Importantly, *the effects of these two isomers are mediated via  $\beta 1$ -receptors.*
- Both isomers appear to be full agonists, but the (+) isomer is a more potent  $\beta 1$ -agonist than the (-) isomer (approximately tenfold).

# Dobutamine

- Dobutamine contains a catechol group and is orally inactive and thus is given by intravenous infusion.
- Solutions of the drug can exhibit a slight pink color because of oxidation of the catechol function.
- It has a plasma half-life of about 2 minutes because it is metabolized by COMT and by conjugation, although not by MAO.

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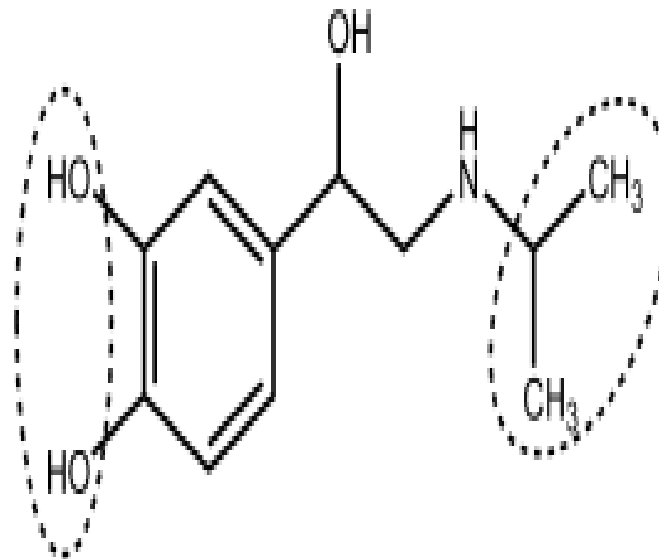
Dobutamine  
oxidized slightly by air  
COMT metabolism and conjugation →  
orally inactive and short DOA



# $\beta$ -Adrenergic Receptor Agonists

- Isoproterenol is a nonselective and prototypical  $\beta$ -agonist ( $\beta_2/\beta_1 = 1$ ).

Di-OH groups result in:  
sensitive to air and light  
metabolized by COMT, sulfate  
and glucuronide conjugation  $\rightarrow$   
poor absorption and short DOA



Isoproterenol

Isopropyl group results in:  
 $\uparrow$   $\beta$  activity, virtually no  $\alpha$  activity  
resistant to MAO  $\rightarrow$

# $\beta$ 3-Adrenergic Receptor Agonists

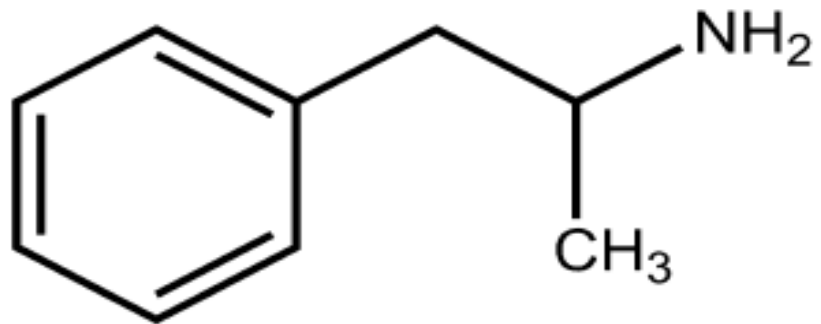
- *Pharmacological effects:*
  - lipolysis, thermogenesis, and relaxation of the urinary bladder.
- Selective  $\beta$ 3-agonists are recognized as an attractive target for drug discovery. Explain why?
- *Potential fields of utilization:*
- The treatment of obesity, type 2 diabetes mellitus, and frequent urination.

# Indirect-Acting Sympathomimetics

- Indirect-acting sympathomimetics act by releasing endogenous NE.
- They also enter the nerve ending by way of the active-uptake process and displace NE from its storage granules.
- In contrast with the direct-acting agents, the presence of a  $\beta$ -hydroxyl group decreases, and an  $\alpha$ -methyl group increases, the effectiveness of indirect-acting agents.
- The presence of nitrogen substituents decreases indirect activity, with substituents larger than methyl groups rendering the compound virtually inactive.

# Indirect-Acting Sympathomimetics

- Given the foregoing structure–activity considerations, it is easy to understand why amphetamine and p-tyramine are often cited as prototypical indirect-acting sympathomimetics



Amphetamine

# Sympathomimetics with a Mixed Mechanism of Action

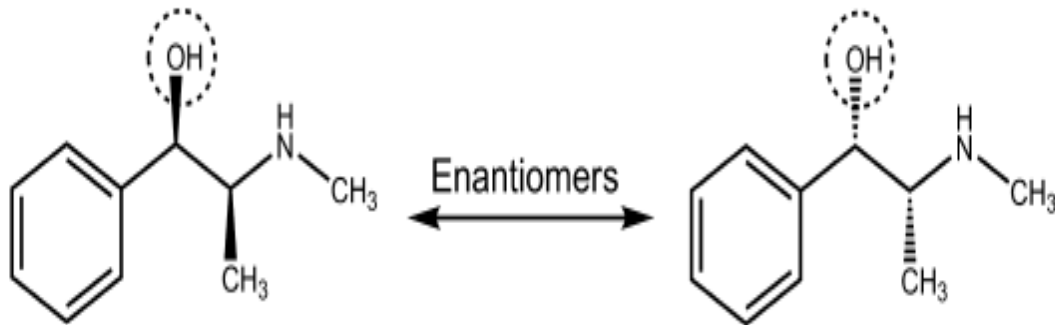
- ✓ Those phenylethylamines considered to have a mixed mechanism of action usually have no hydroxyls on the aromatic ring but do have a  $\beta$ -hydroxyl group.

# D-(-)-Ephedrine

- The pharmacological activity of (1R, 2S)-D-(-)-ephedrine resembles that of E. The drug acts on both  $\alpha$ - and  $\beta$ -receptors. Its ability to activate  $\beta$ -receptors probably accounted for its earlier use in asthma. It is the classic example of a sympathomimetic with a mixed mechanism of action.

Ephedrine = *erythro* racemate  
*cis*  
 Mixed mechanism of action

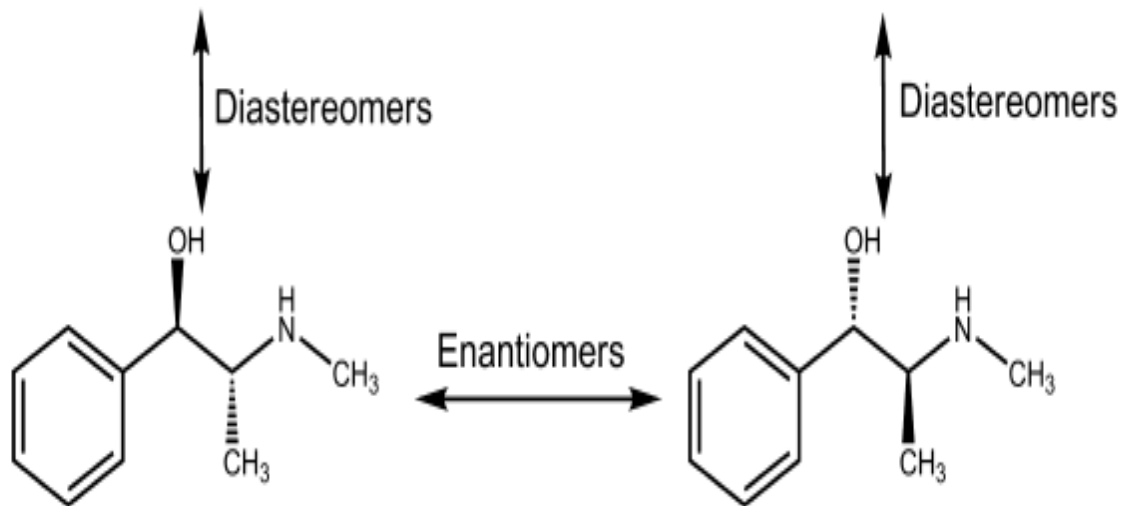
correct (1R, 2S) configuration



(1R,2S)-D-(-)-Ephedrine  
 Direct activity on  $\alpha$  and  $\beta$   
 Some indirect activity.  
 The most active of the four isomers  
 as a pressor amine

(1S,2R)-L-(+)-Ephedrine  
 Mixed mechanism of action  
 but primarily indirect activity

Pseudoephedrine = *threo* racemate  
*trans*  
 Principally, indirect-acting



(1R,2R)-D-(-)-Pseudoephedrine

(1S,2S)-L-(+)-Pseudoephedrine  
 Virtually no direct activity  
 Mostly indirect activity

# *Adrenergic Receptor Antagonists (Blockers)*

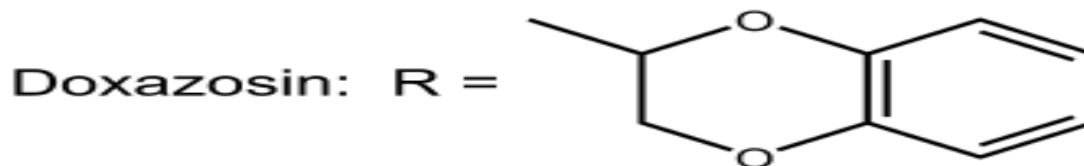
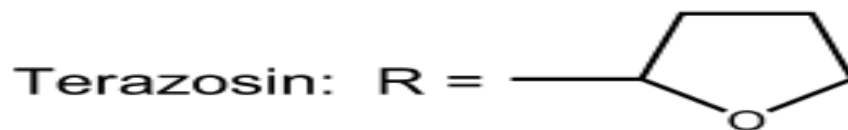
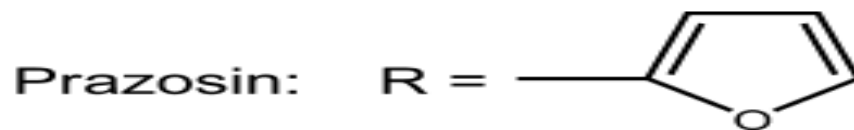
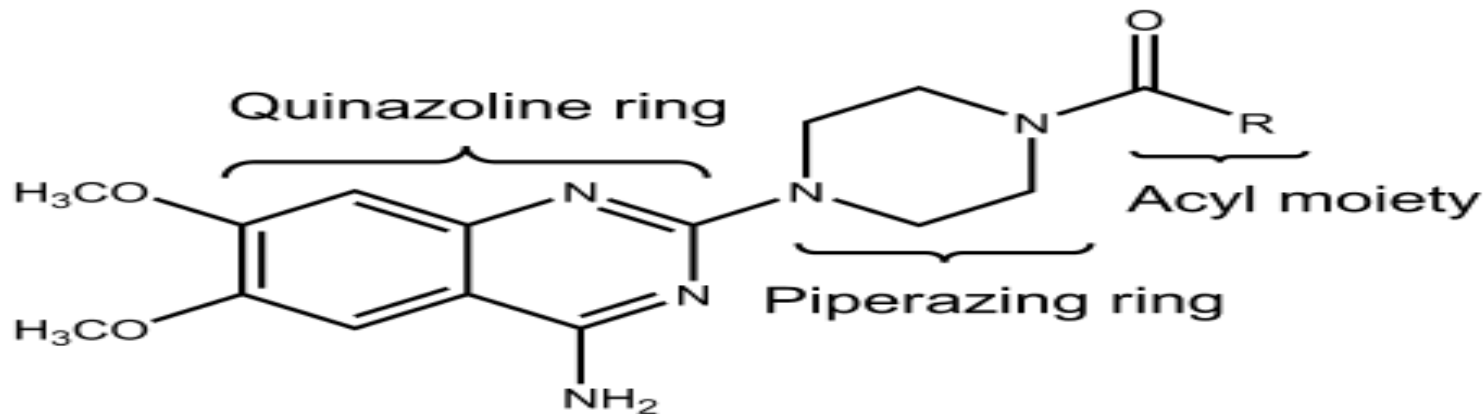


# $\alpha$ -Blockers

- $\alpha$ -blockers should be therapeutically used as antihypertensive agents.
- The  $\beta$ -blockers, which bear clear structural similarities to the adrenergic agonists NE, E, and ISO
- While, the  $\alpha$ -blockers consist of several compounds of diverse chemical structure that bear little obvious resemblance to the  $\alpha$ -agonists.

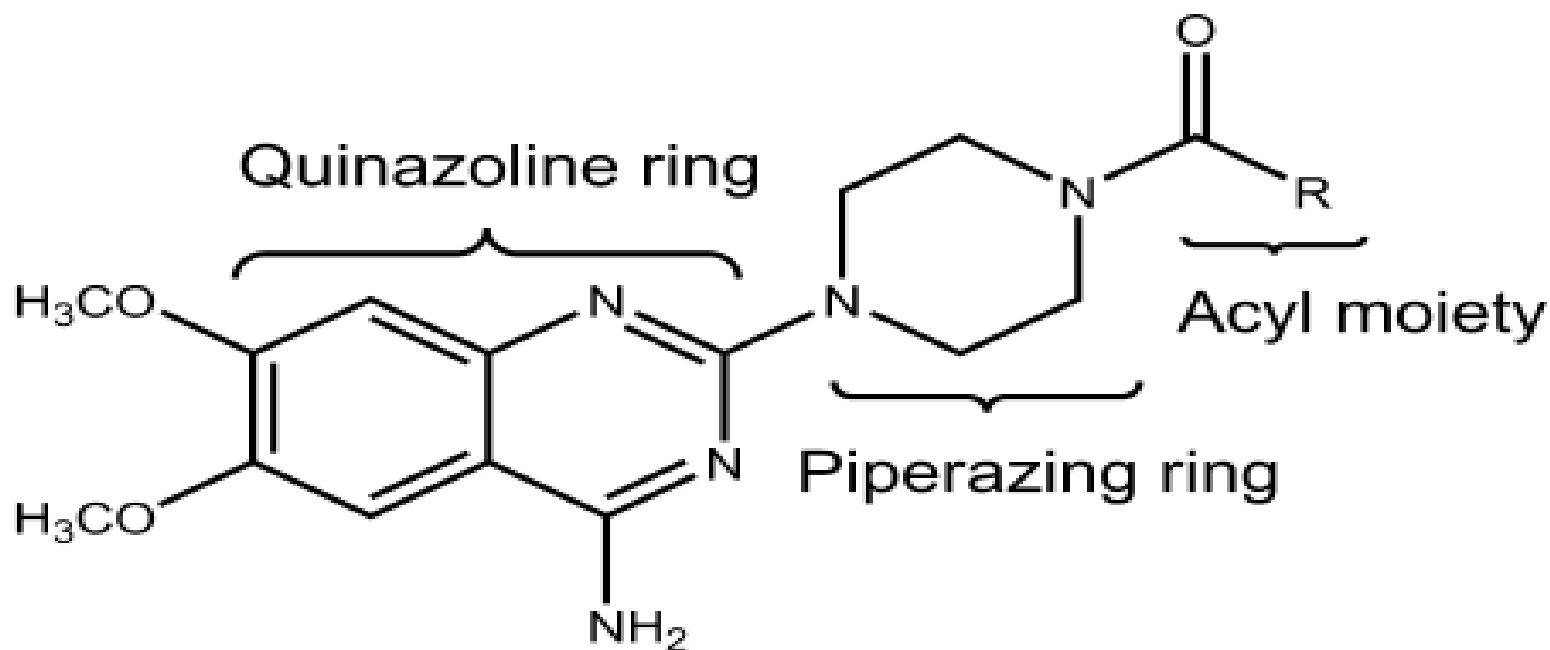
# Selective $\alpha_1$ -Blockers

- Prazosin, terazosin, and doxazosin are quinazoline  $\alpha_1$ -blockers.
- Structurally, these agents consist of three components: the quinazoline ring, the piperazine ring, and the acyl moiety.



# Selective $\alpha_1$ -Blockers

- The 4-amino group on the quinazoline ring is very important for  $\alpha_1$ -receptor affinity.
- Piperazine moiety attached to the quinazoline ring, this group can be replaced with other heterocyclic moieties.
- The nature of the acyl group has a significant effect on the pharmacokinetic properties.

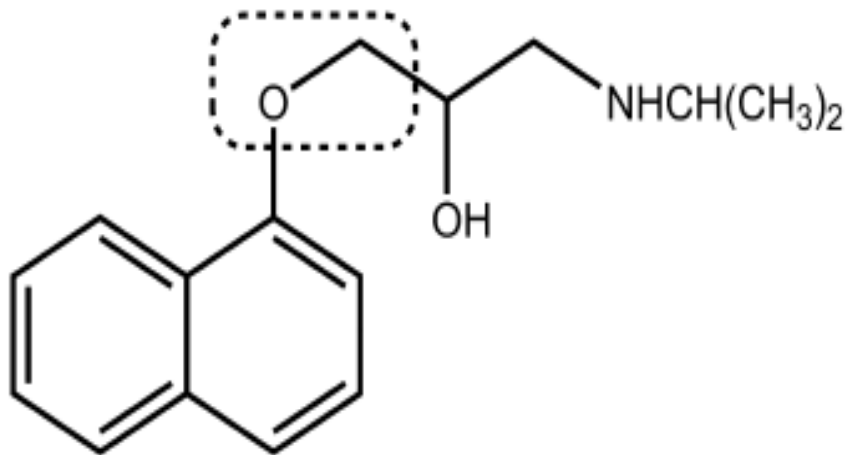


# $\beta$ -Blockers

*Nonselective B-Blockers (First Generation)*

# Propranolol

- Propranolol (Inderal, others) is the prototypical and nonselective  $\beta$ -blocker. It blocks the  $\beta$ 1- and  $\beta$ 2-receptors with equal affinity, lacks ISA, and does not block  $\alpha$ -receptors.



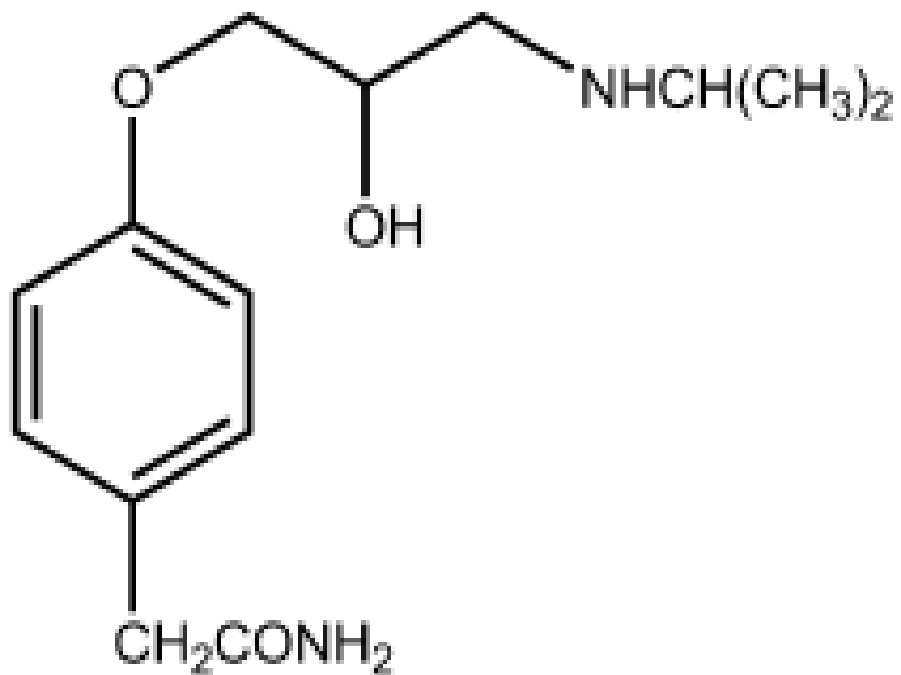
Propranolol (a prototype of  $\beta$  blockers)

# **$\beta$ 1-Selective Blockers**

*(Second Generation)*

- Cardioselective  $\beta$ 1-blockers are drugs that have a greater affinity for the  $\beta$ 1-receptors of the heart than for  $\beta$ 2-receptors in other tissues.
- Such cardioselective agents should provide two important therapeutic advantages:
  - ❖ The first advantage should be the lack of a blocking effect on the  $\beta$ 2-receptors in the bronchi.
  - ❖ The second advantage should be the absence of blockade of the vascular  $\beta$ 2-receptors, which mediate vasodilation.

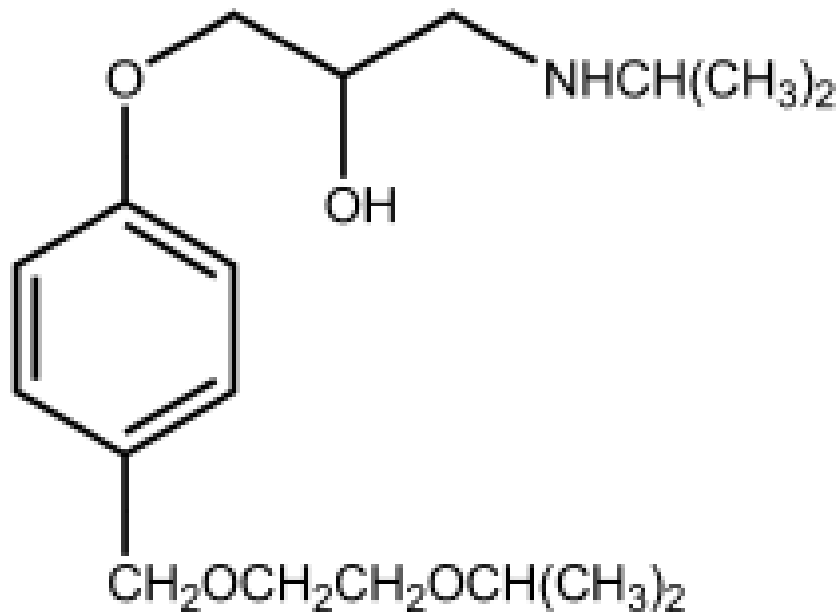
# Atenolol



Atenolol: antihypertensive

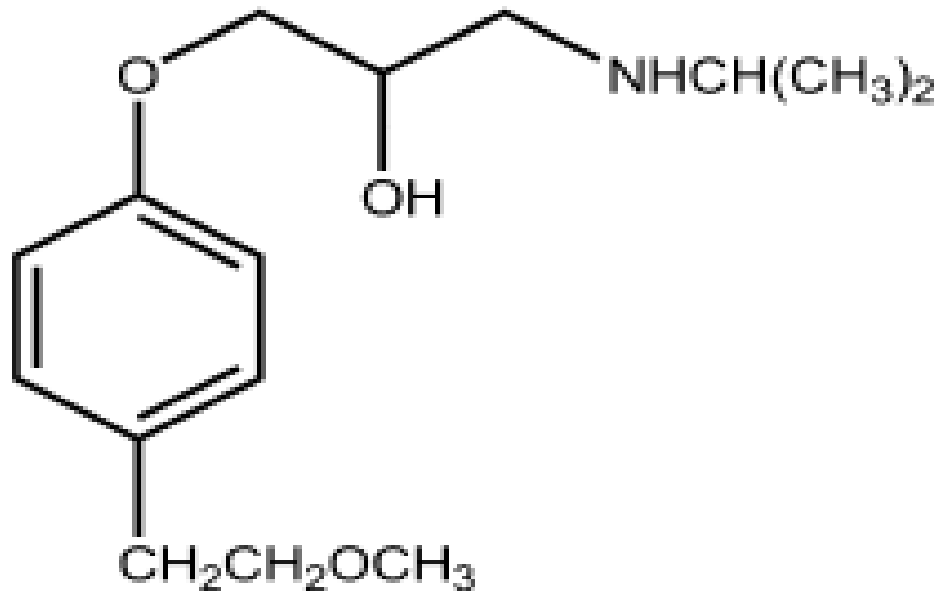


# Bisoprolol



Bisoprolol: antihypertensive

# Metoprolol

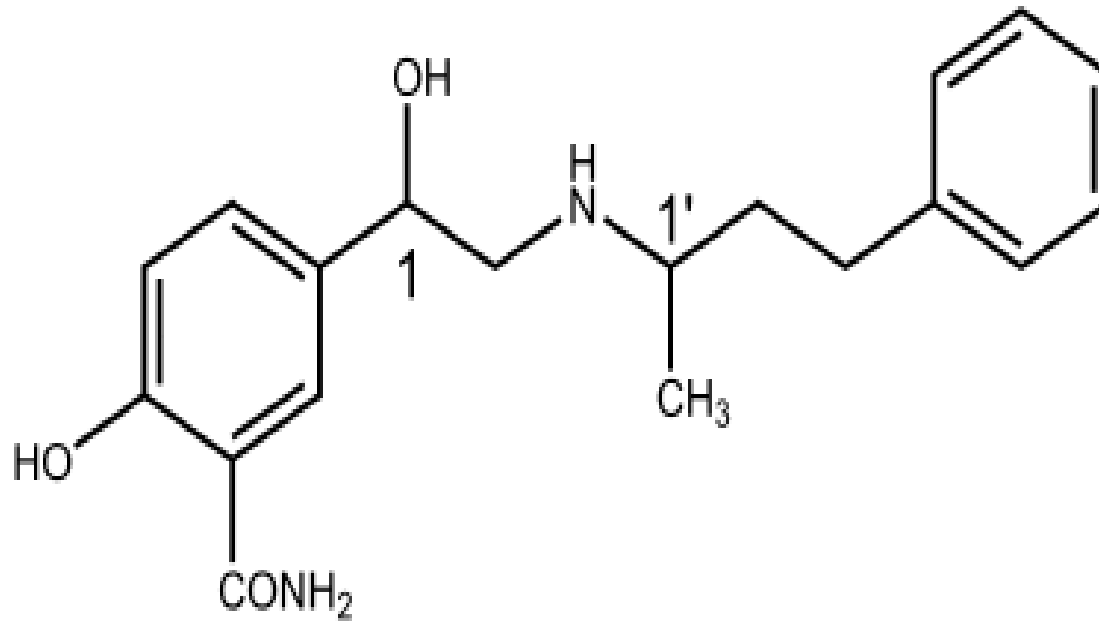


Metoprolol: antihypertensive

# **$\beta$ -Blockers with $\alpha$ 1- Antagonist Activity**

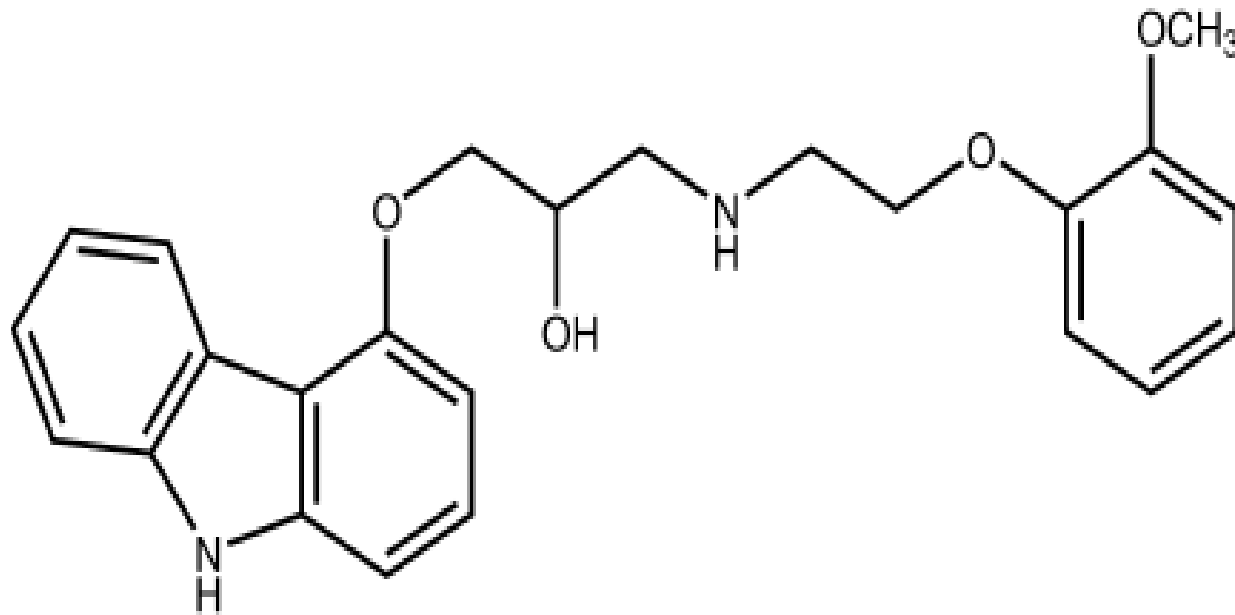
*(Third Generation)*

# Labetalol



Labetalol

# Carvedilol



Carvedilol

# References:

- **Reference text:** Wilson and Gisvold Textbook of Organic Medicinal and Pharmaceutical Chemistry; Delgado JN, Remers WA, (Eds.); 12th ed., 2011.
- <https://pubchem.ncbi.nlm.nih.gov/search/search.cgi>