



# Pharmacology

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## Pharmacodynamics

- It is the study of how drugs exert their effects on the body, including:
  - Mechanisms of action
  - Drug-receptor interactions

Understanding pharmacodynamics helps predict the effects of a drug in different patients and doses

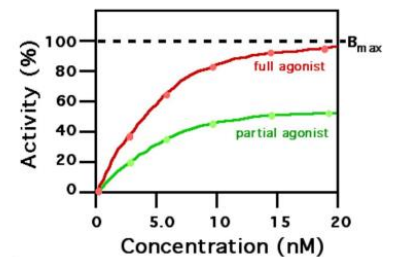
### Drug receptor interaction

- Drugs interact with receptors on or within cells to exert their effects
  - Receptor: A protein that binds to a drug to initiate a biological response
- *Affinity*: The *strength* of the drug-receptor binding
- *Efficacy*: The ability of a drug to *produce a desired effect* once bound to a receptor
- Types of receptors:
  - *Ion Channel Receptors*: *GABA*, *nicotinic* receptors
  - *G-protein Coupled Receptors (GPCRs)*: *Adrenergic* receptors
  - *Enzyme-linked Receptors*: *Insulin* receptors
  - *Intracellular Receptors*: *Steroid* hormone receptors
- Drugs can bind to specific receptors inducing their effect such as morphine (a GPCR agonist) binds to opioid receptors to relieve pain
  - *Agonist*: A drug that binds to a receptor and *activates* it
  - *Antagonist*: A drug that binds to a receptor but does not activate it, *blocking* agonist action
  - *Partial Agonist*: A drug that binds and *partially activates* a receptor
    - ✓ Adrenaline activates adrenergic receptors, where *beta-blockers* are antagonists and *buprenorphine* is a partial agonist
- Dose-Response Relationship
  - The relationship between the drug *dose* and the *magnitude* of the drug's effect
  - *Threshold dose*: The smallest dose that produces an effect
  - *Maximum efficacy*: The greatest effect a drug can produce, regardless of dose
  - *Potency*: The *amount of drug* needed to produce a *given effect*
- Therapeutic Window and Index
  - *Therapeutic Window*: The *range* of drug doses that produces a *therapeutic response* without causing significant adverse effects
  - *Therapeutic Index (TI)*: The *ratio* between the toxic dose and the therapeutic dose of a drug
    - ✓ *Wide TI*: **Safe** drug such as *penicillin*
    - ✓ *Narrow TI*: **Narrow** safety margin such as *warfarin*

- Drugs examples:
  - *Antihypertensives (beta-blockers)*: decrease blood pressure by blocking adrenergic receptors
  - *Anticoagulants (warfarin)*: inhibit vitamin K-dependent clotting factors
  - *Insulin* binds to receptors on muscle and fat cells to facilitate glucose uptake

## Mechanism of drug action

- **Agonist**: A drug or molecule that binds to a receptor and *activate* it, producing a biological response.
  - They *mimic* the action of endogenous ligands
  - **Full** agonists produce the **maximum** possible response at a receptor
  - Example: *Morphine* acts as an agonist at *opioid receptors* to provide pain relief
- **Antagonist**: A drug or molecule that binds to a receptor but do *not activate* it, instead, *block* it and *prevent* other substances (like agonists) from binding and eliciting a response
  - Example: *Naloxone* is an antagonist at *opioid receptors* and is used to reverse opioid overdose
  - Antagonists can be classified into:
    - ✓ *Competitive antagonists*: **Compete** with agonists for the *same* binding site on the receptor
    - ✓ *Non-competitive antagonists*: Bind to a *different site* on the receptor, preventing activation regardless of agonist concentration
- **Partial agonists**: Drugs or molecules that bind to a receptor and activate it but produce a *weaker (sub-maximal) response* compared to a full agonist, even at full receptor occupancy
  - Example: *Buprenorphine* is a partial agonist at *opioid receptors*, providing pain relief with a lower risk of respiratory depression compared to full agonists
  - Partial agonists can act as **agonists** in the absence of a full agonist
  - Antagonists in the presence of a full agonist, by **competing** for the receptor and reducing the maximal response



- **Toxicity of Drugs**: *Adverse effects* resulting from excessive drug levels or sensitivity
  - Types: *Acute* toxicity, *Chronic* toxicity, *Organ-specific* toxicity (hepatotoxicity, nephrotoxicity)
  - Examples: Overdose of paracetamol (acetaminophen) leading to liver damage
- Pharmacodynamic Variability and Toxicity factors
  - *Patient-Specific Factors*: **Age**, **genetics**, **disease** state (comorbidities), and **tolerance**
  - *Drug Interactions*
    - ✓ Narrow therapeutic index
    - ✓ Drug interactions (Polypharmacy)
      - *Synergistic effects* (when drugs **enhance** each other)
      - *Antagonistic effects* (when drugs **oppose** each other)

- Drug Interactions Definition: When the effects of one drug alter another
  - Pharmacodynamic interactions include synergism, antagonism
  - Pharmacokinetic interactions include absorption, metabolism, elimination
- Preventing Toxicity and Managing Interactions:
  - *Monitor therapeutic* drug levels
  - *Avoid unnecessary polypharmacy*
  - Use *drug interaction* databases and tools
    - ✓ Drug interactions can enhance therapeutic effects or increase risks of adverse effects
    - ✓ Avoid combining drugs with high interaction risks
    - ✓ Adjust doses when interactions are unavoidable
    - ✓ Monitor patients closely for signs of adverse effects
  - *Patient education* on proper drug use
- *Warfarin* and *aspirin* leading to *increased bleeding risk*
- *Grapefruit juice* *inhibiting drug metabolism*
- Combining *CNS depressants* (e.g., alcohol + benzodiazepines) causing *respiratory depression*

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