

# A simple question...

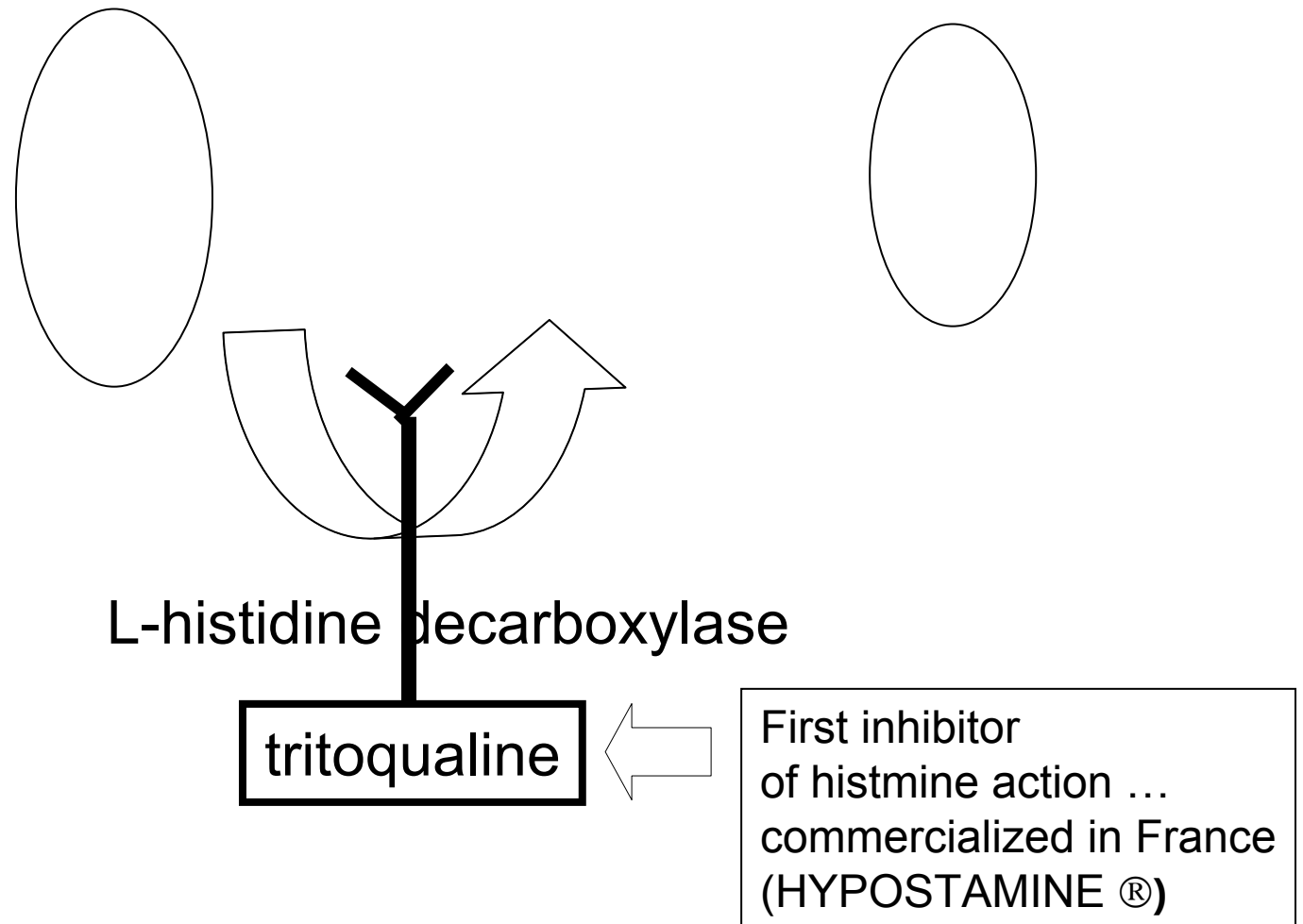
How was histamine discovered ?

- by chemical synthesis ...
- from the analysis of plant extracts (ergot fungus *Claviceps purpurea*)
- from the analysis of animal tissues extracts
- through none of these approaches

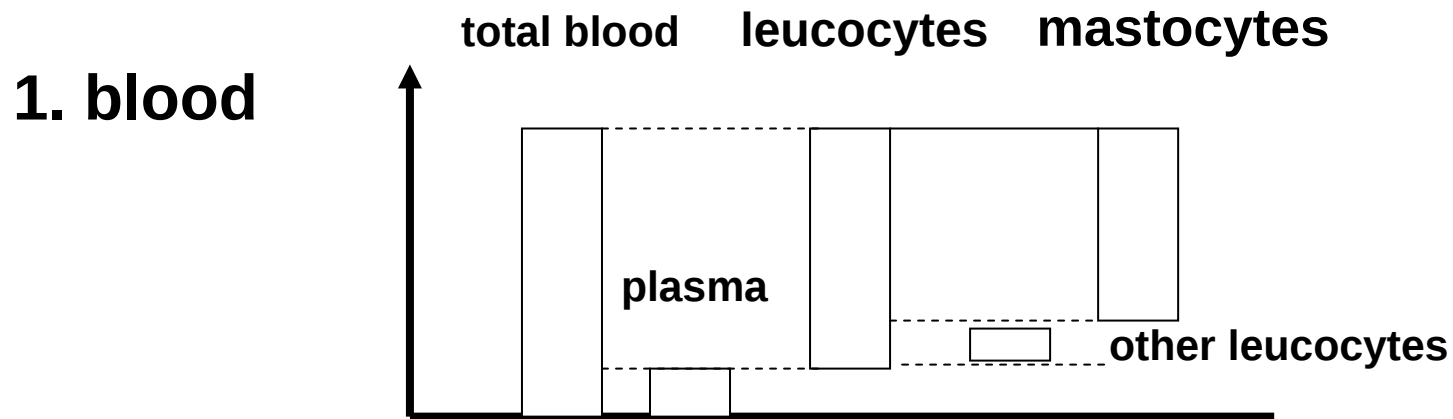
# Histamine ...

- ➔ obtained by synthetic chemist in 1907 ...as a chemical curiosity ...
  - detection of an identical compound in an extract from ergot fungus ... and shown to cause a marked vasodilatation
  - a similar effect is seen with tissues extracts
    - produces a similar picture as a very severe allergic reaction
      - ➔ recognized as a "biological" molecule (and not a product from putrefaction in 1927 ...)

# From histidine to histamine ...



# Localization of histamine

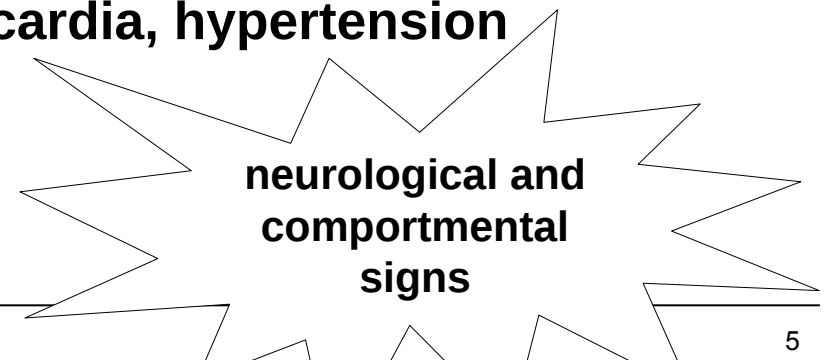
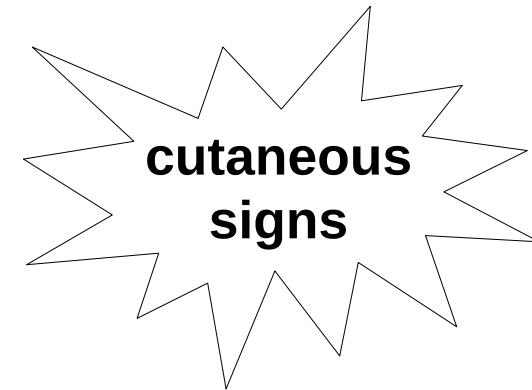


**2. tissues ... the word comes from  $\text{ἵστος}$  ("*histos*" = tissue !!)**

- skin
- lung
- gastrointestinal tract
- central nervous system

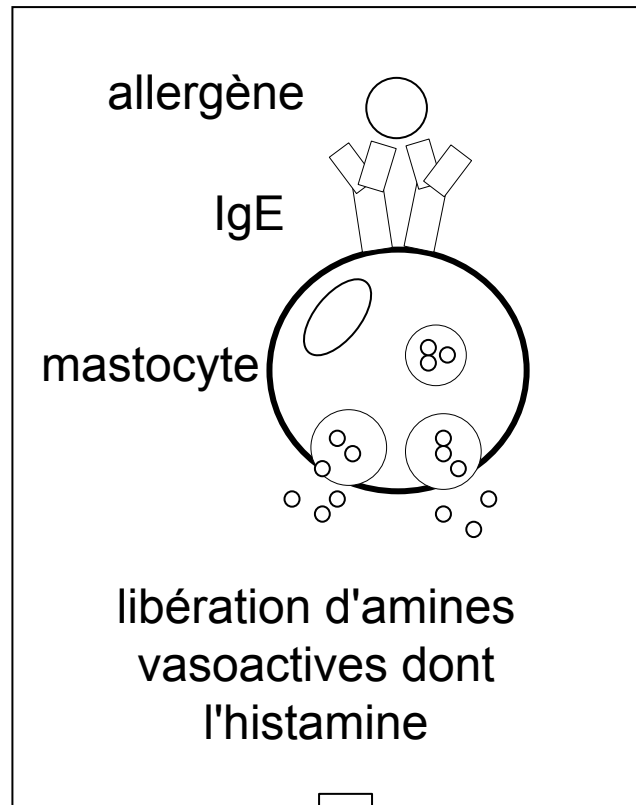
# Actions of histamine

- **↑ of capillary permability and vasodilatation**
  - rednesses
  - inflammation
- bronchoconstriction
  - important with the guinea-pig but under  $H_2$  retrocontol in man
- **↑ of HCl secretion**
  - (pariteal cells of the stomach)
- **neurotransmission**
  - awakening reactions, tachycardia, hypertension
  - nauseas, vomitting
  - migraines



# Rappel: les 4 types de réactions d'hypersensibilité

## Réaction de type I anaphylactique



- rhinite, conjonctivite, urticaire, asthme aigu, (bronchospasme), oedème
- délai: endéans les 30 min

## Réaction de type II: cytotoxique

- médiée par les IgG et/ou les IgM
- action directe sur une cellule cible
- implique le complément
- lyse, phagytose (anémie hémolytique, agranulocytose, thrombopénie)
- délai: 5-12h

## Réaction de type III: formation de complexes immuns

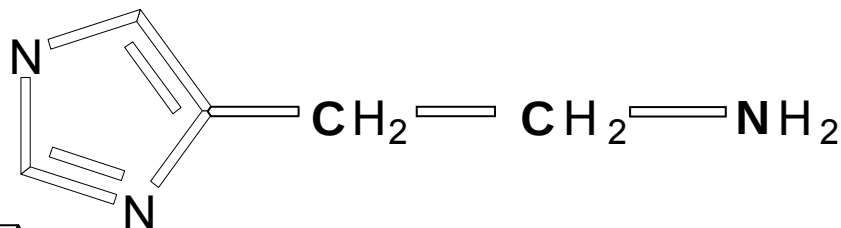
- dépôts dans les tissus avec réaction inflammatoire disséminée
- activation du complément et libération de toxines des leucocytes
- agrégation plaquettaire, microthromboses...
- délai: 3-8h

## Réaction de type IV : cellulaire

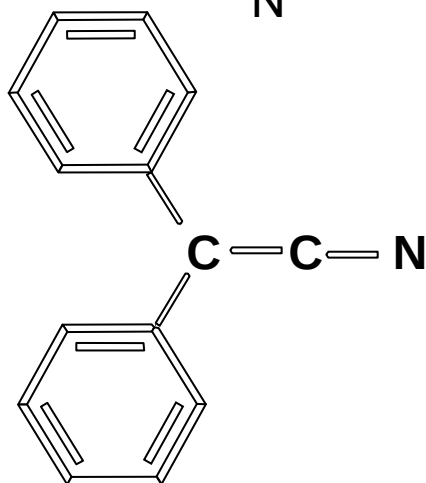
- activation directe des cellules T
- libération de cytokines et de  $\text{TNF}\alpha$
- induit typiquement des manifestations cutanées (dermatite de contact, exanthèmes, eczéma, ...)
- délai: 24 à 48h

# From histamine to anti-histamines ...

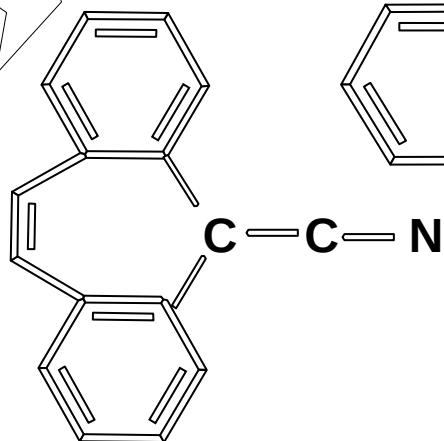
Seen last year!



starting in the 40s ...



Building two aromatic rings



or get a rigidified structure with the same shape (tricyclic)

→ ALL H<sub>1</sub> antihistaminics

# Rationalization through a deep understanding of the receptor

- $H_1$  receptor

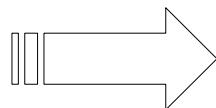
- **CNS**
- **périphery**



**action mediated by  
the phosphoinositides**

- $H_2$  receptor

- **stomach**
- lung
- CNS

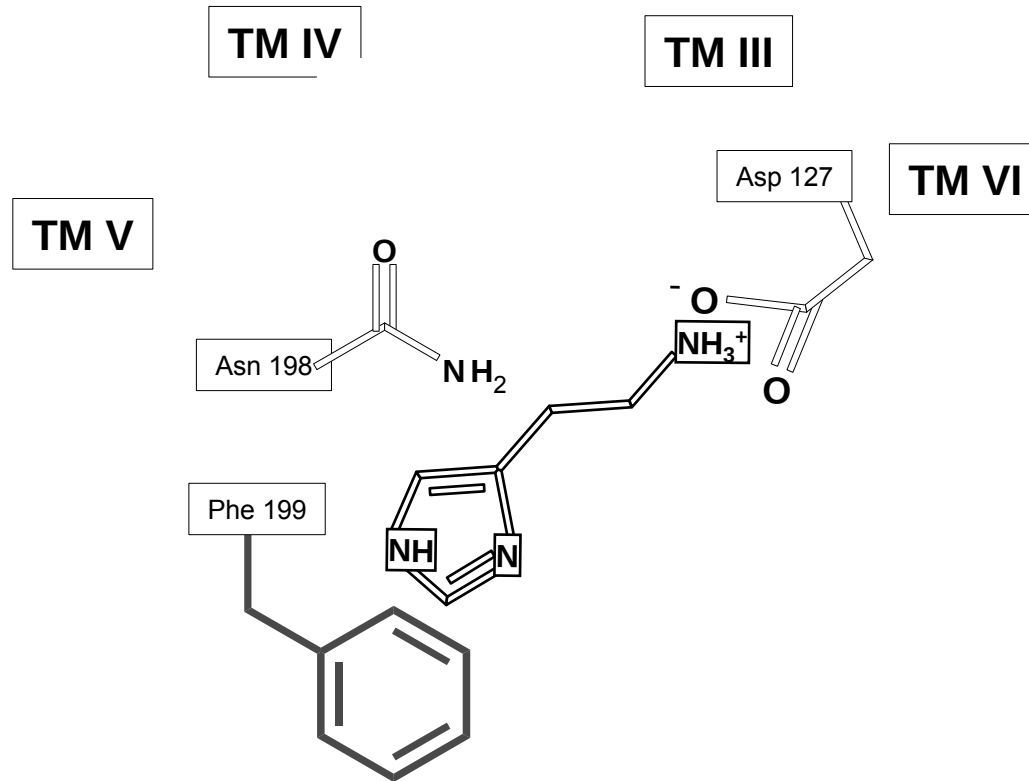


**action mediated by  
cyclic AMP**

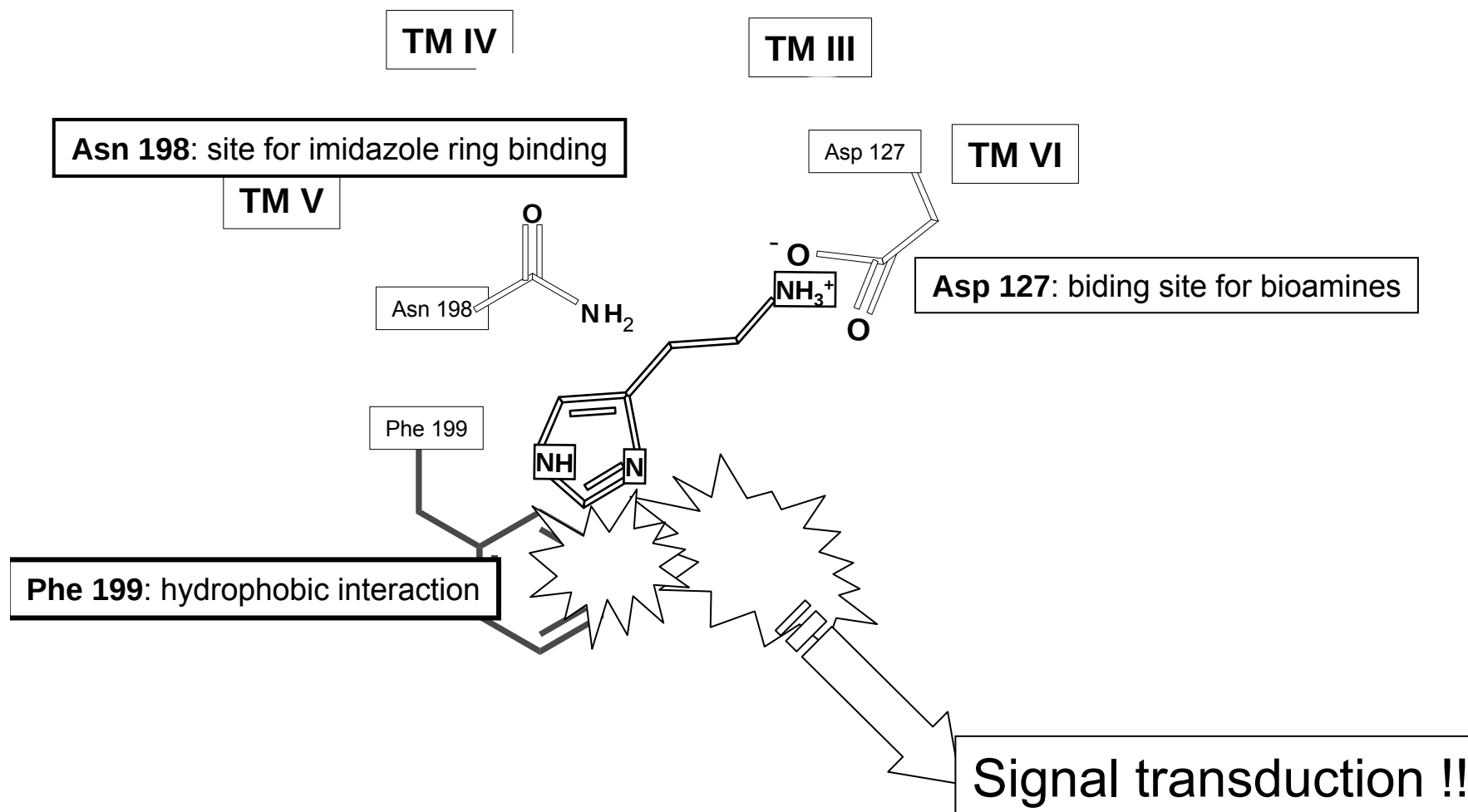
- $H_3$  receptor

- CNS

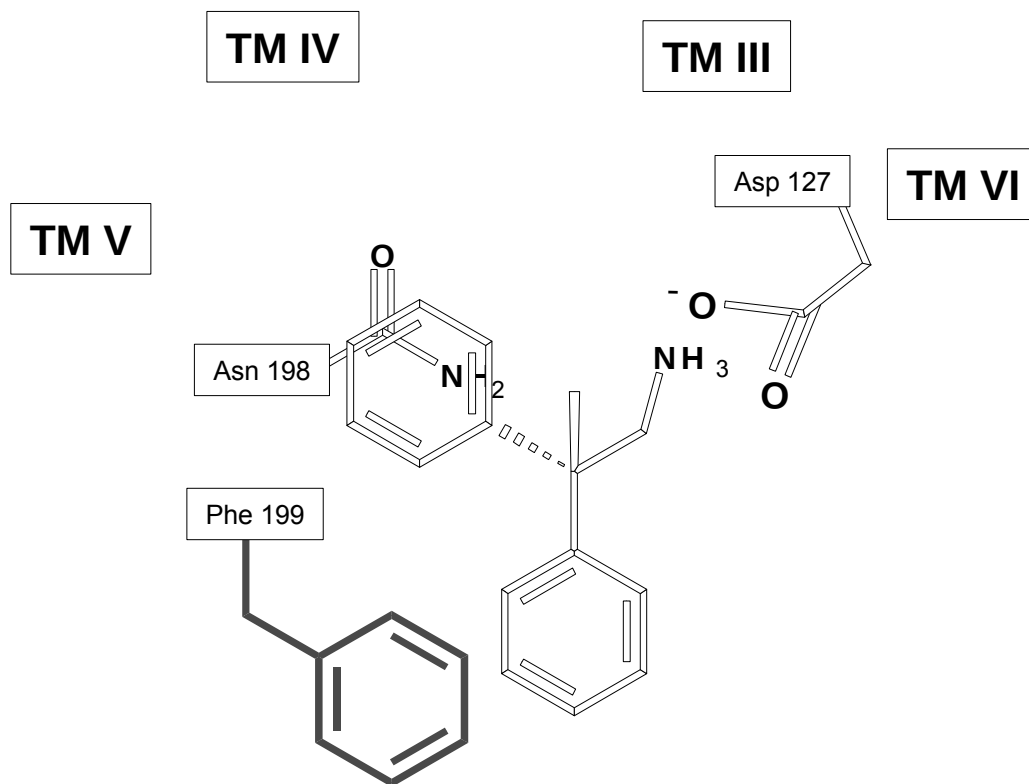
# Binding of histamine to H1 receptor



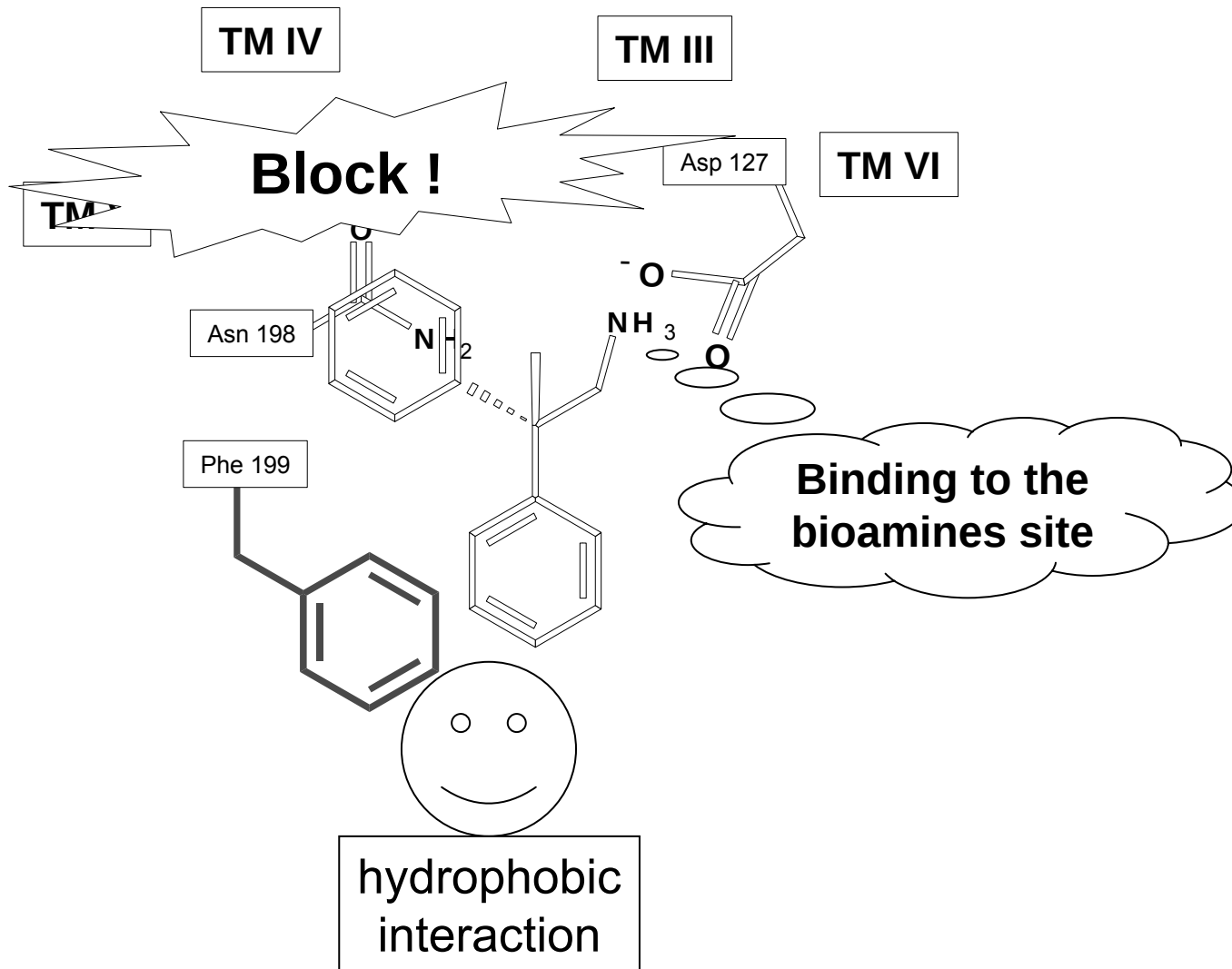
# Binding of histamine to H1 receptor



# Binding of an antagonist ...



# Binding of an antagonist ...



# Une famille d'antagonistes H1....

Nom DCI

nom commercial en Belgique \*

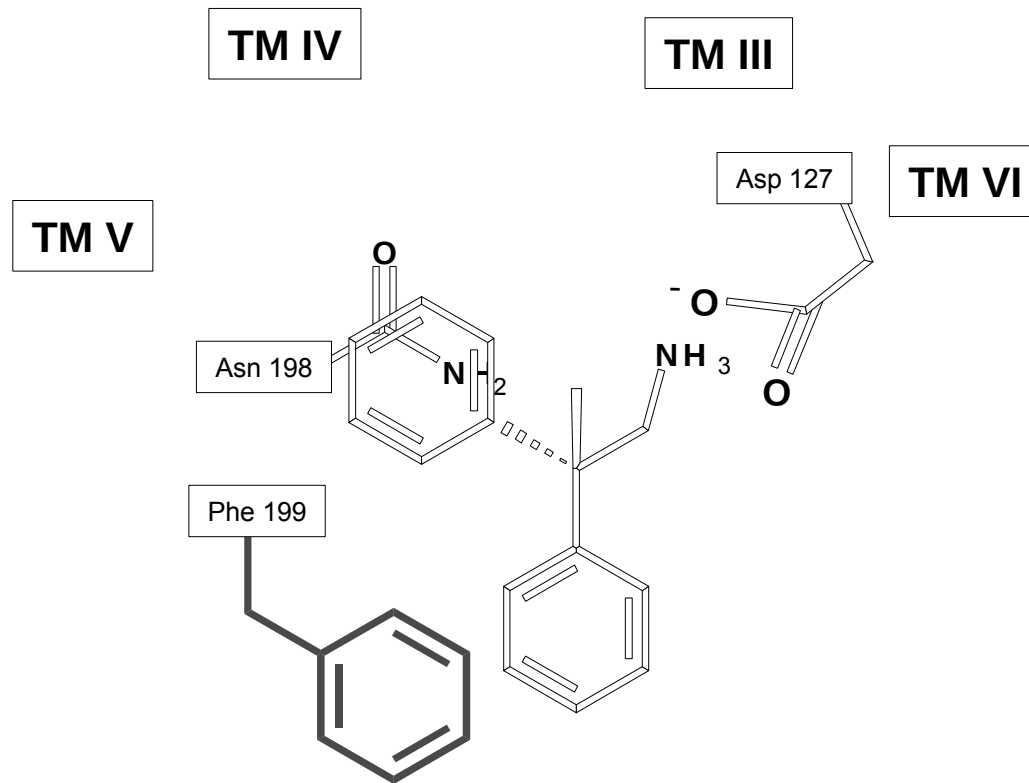
|                       |                          |
|-----------------------|--------------------------|
| • alimémazine         | THERALENE                |
| • prométhazine        | PHENERGAN                |
| • dimenhydrinate      | PARANAUSINE / VAGOMIN    |
| • diphenhydramine     | BENYLIN                  |
| • dexchlorphéniramine | POLARAMINE               |
| • ciproheptadine      | PERIACTIN                |
| • dimétindène         | FENISTIL                 |
| • méclozine           | AGYRAX / POSTAFENE       |
| • cetirizine          | ZYRTEC / REACTINE / .... |
| • loratadine          | CLARITINE / SANELOR      |
| • fexofenadine        | TELFAST                  |

et plus récemment

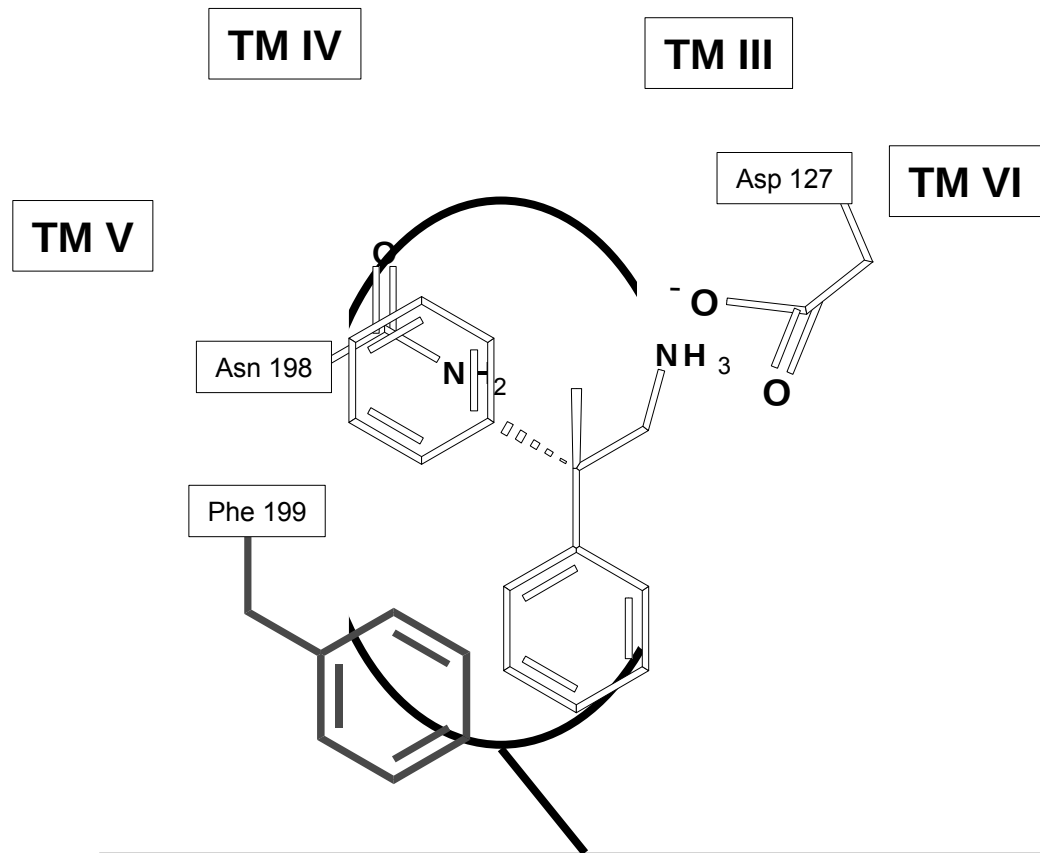
|                  |        |
|------------------|--------|
| • lévocetirizine | XYZAL  |
| • desloratadine  | AERIUS |

\* liste non limitative...

# Binding of an antagonist: what can you modify ?

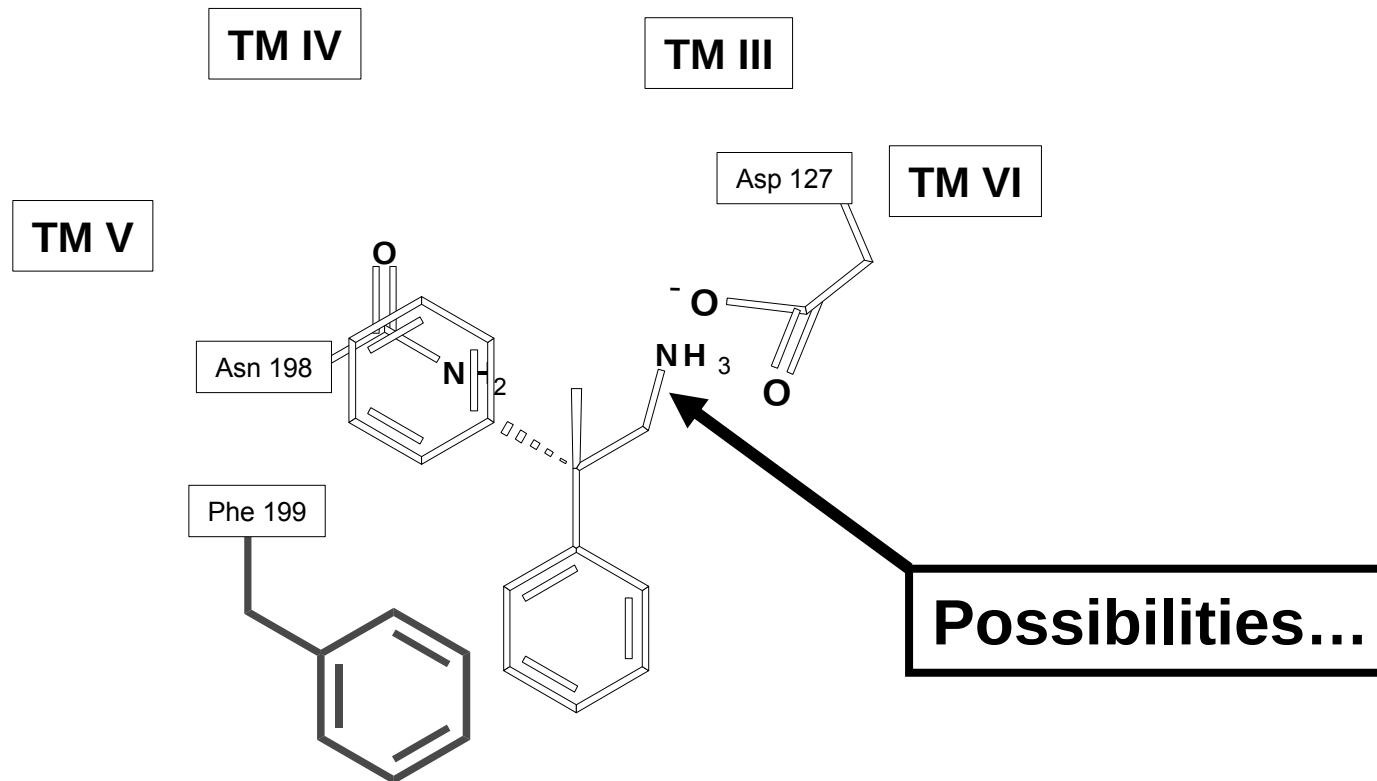


# Binding of an antagonist: what can you modify ?

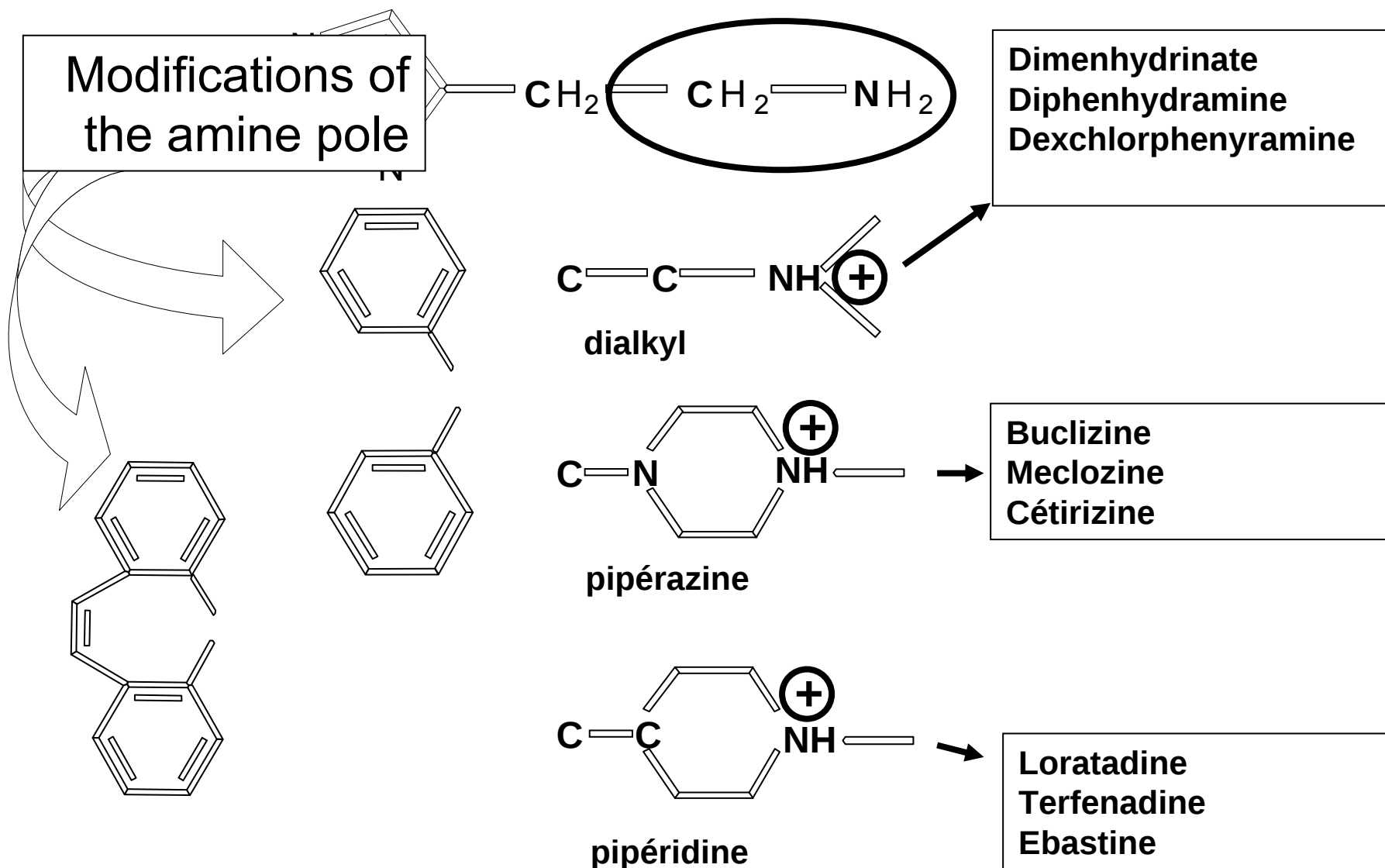


**Not much, or very little here ...**

# Binding of an antagonist: what can you modify ?



# Variations among antihistamines....



# The ideal antihistaminic drug for the treatment of allergy

What is your "wish list" ?

- Low sedation activity \*
- No or little anticholinergic effects \*\*
- Getting a rapid and prolonged action \*\*\*

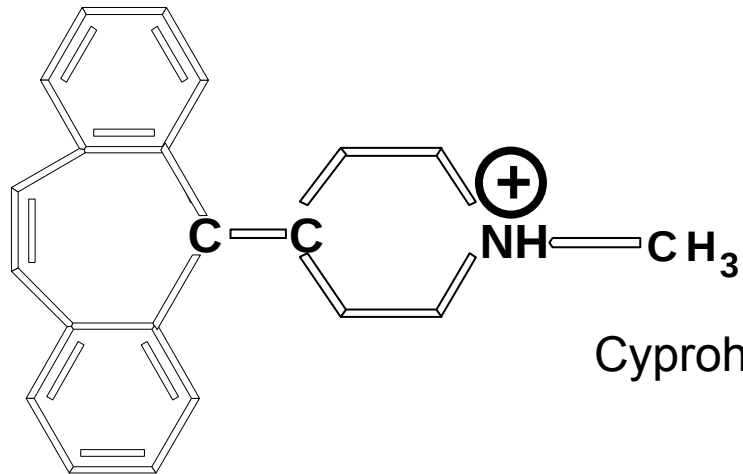
\* most "old" antihistamines make you to fall asleep...

\*\* because their structure is reminiscent of atropine

\*\*\* I want a fast relief, and not needing taking pills every hour...

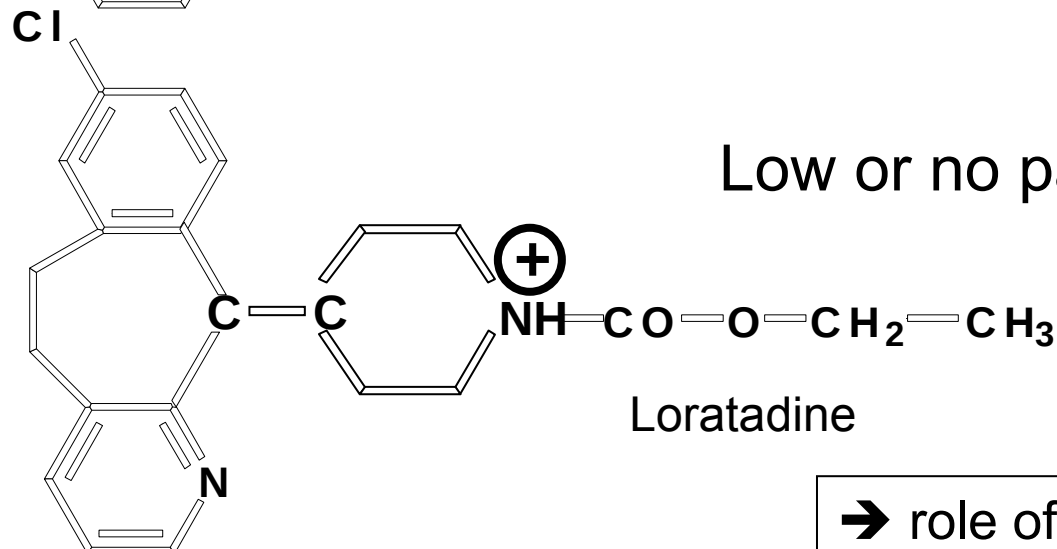
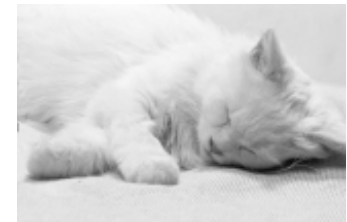
# Low sedation activity ...

➔ Modulation of the hematoencephalic barrier passage...



Cyproheptadine

Fast and important passage



Loratadine

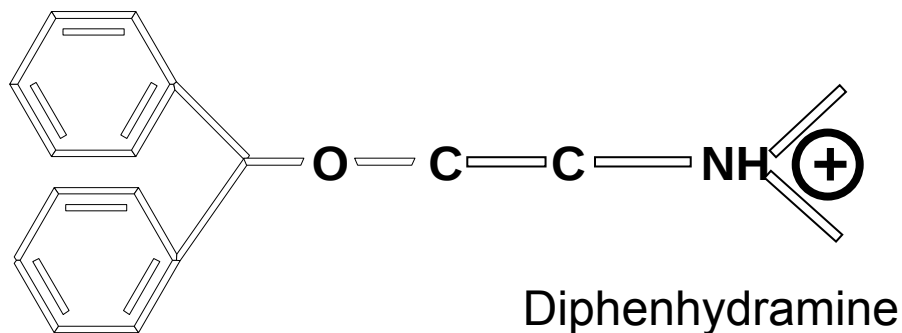
Low or no passage



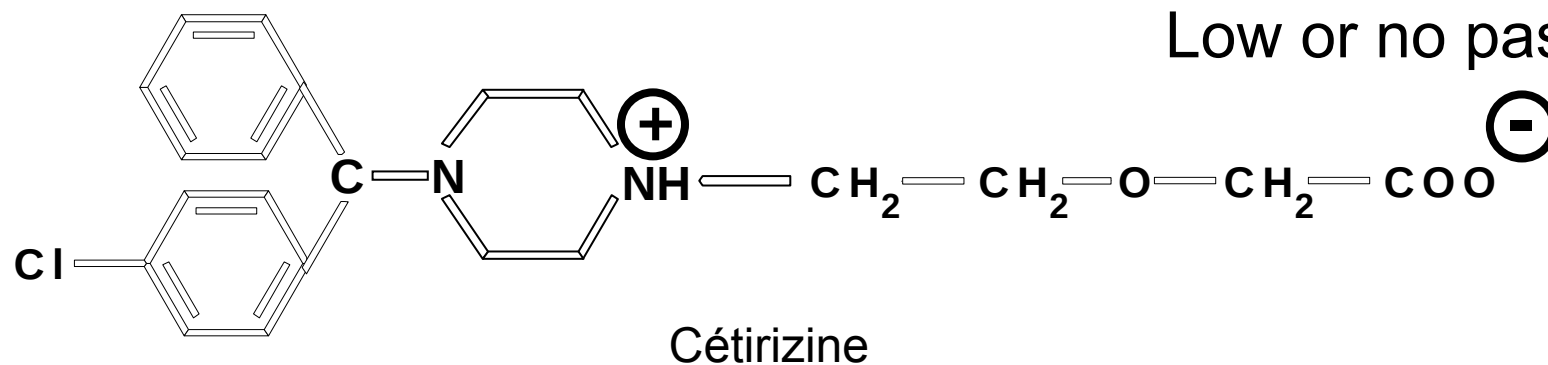
➔ role of the side-chain...

# Low sedation activity ...

Another example...



Important passage



Low or no pasage

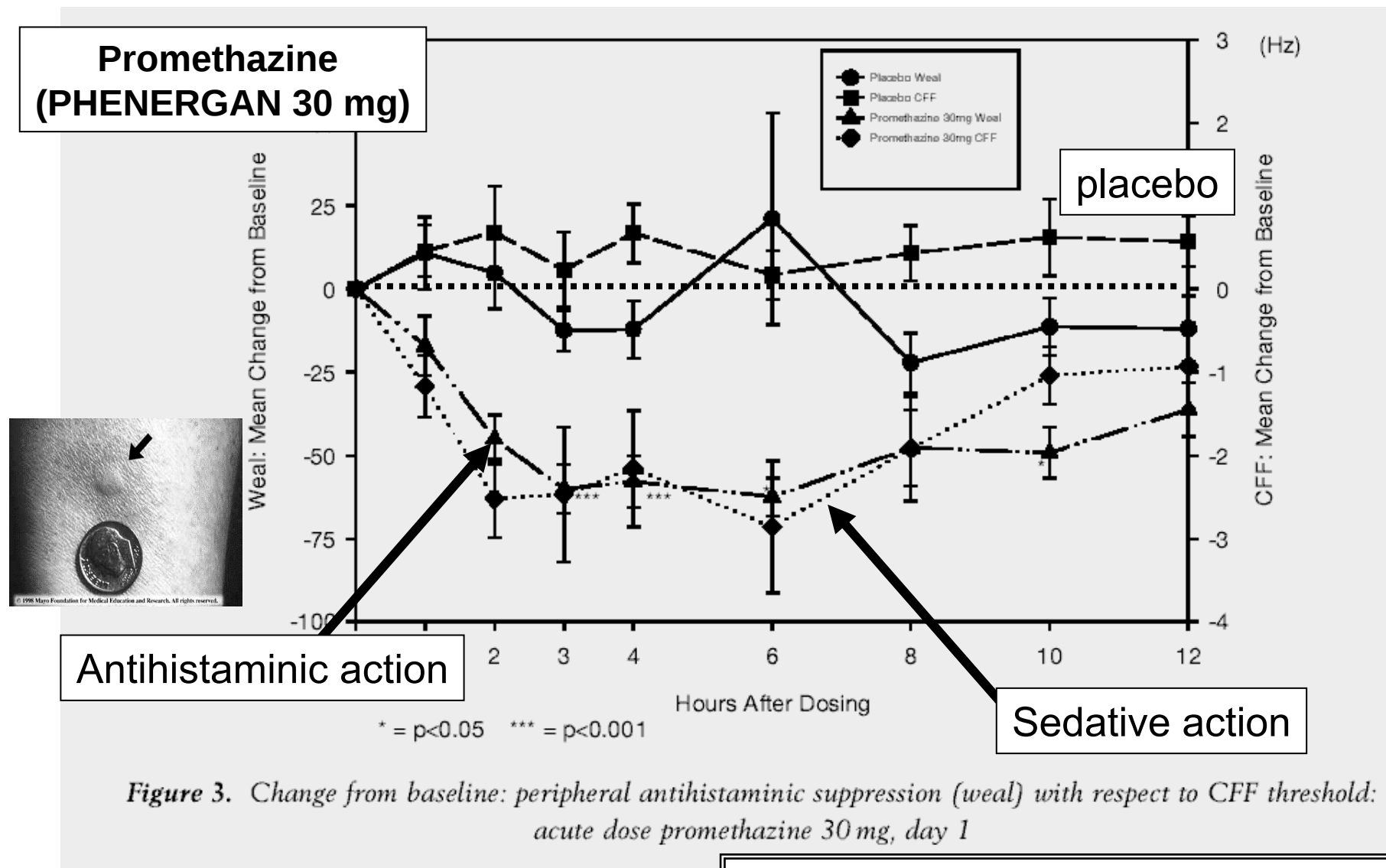


→ role of the length and of the polarity of the side-chain

## Molécules à passage hémato-méningé important et causant de la sédation ...

| Nom DCI             | sédation | OTC            |
|---------------------|----------|----------------|
| alimémazine         | +++      | oui (partiel.) |
| prométhazine        | +++      | oui            |
| dimenhydrinate      | +++      | oui            |
|                     | +++      | oui            |
| diphenhydramine     | +++      | oui            |
| <hr/>               |          |                |
| oxomémazine         | ++       | non            |
| dexchlorphéniramine | ++       | oui            |
| ciproheptadine      | ++       | oui            |
| <hr/>               |          |                |
| dimétindène         | +        | oui            |
| méclozine           | +        | oui            |
|                     | +        | oui            |

# The antihistaminic and the sedative actions of the "old" antihistaminics go side by side



# First molecules with low level of passage through the hemato-encephalic barrier

- astémisole
- terfénadine



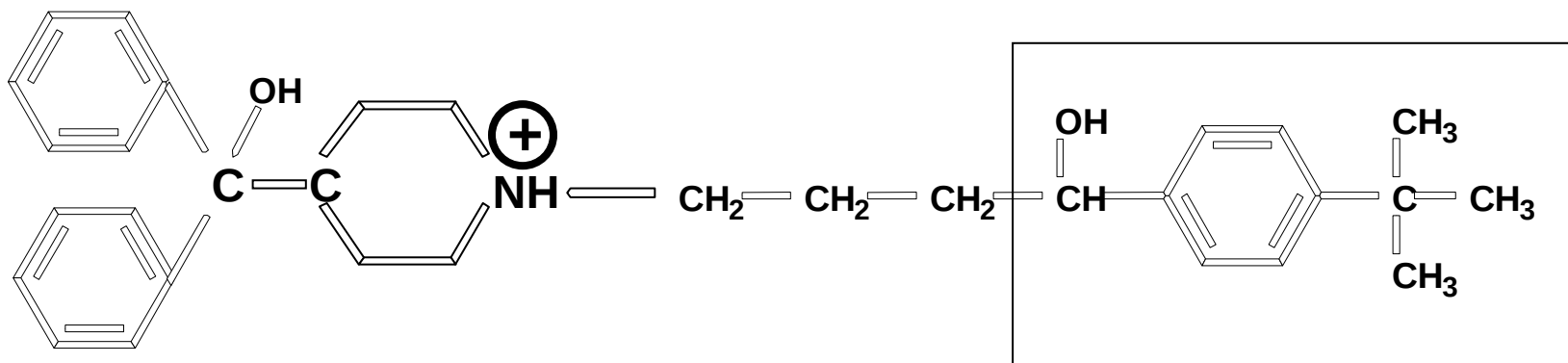
withdrawn because of cardiac toxicity  
*Torsades de pointe !!!*

- fexofénadine

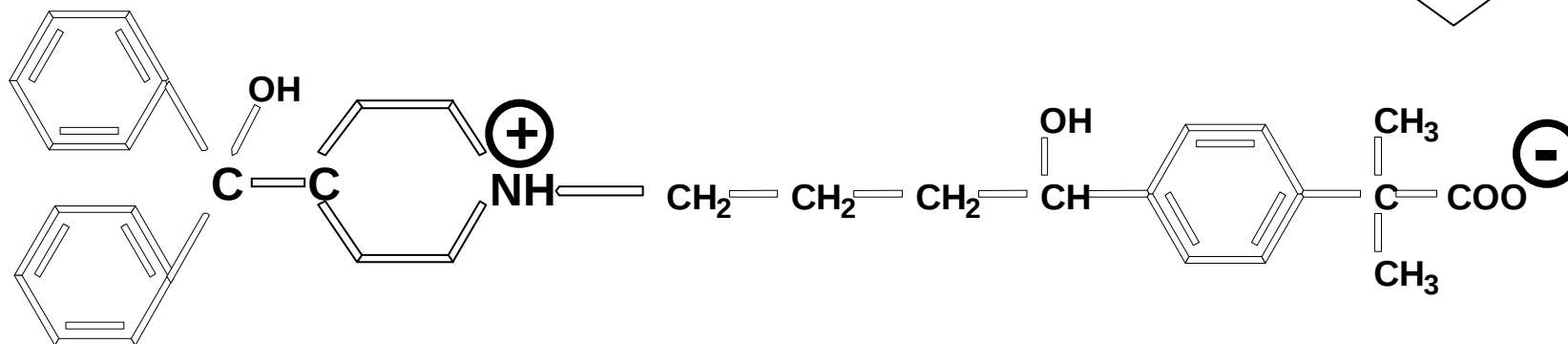
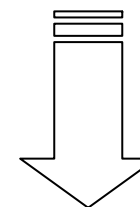
Active metabolite of terfenadine

# The problem of terfenadine...

- terfenadine was a pro-drug

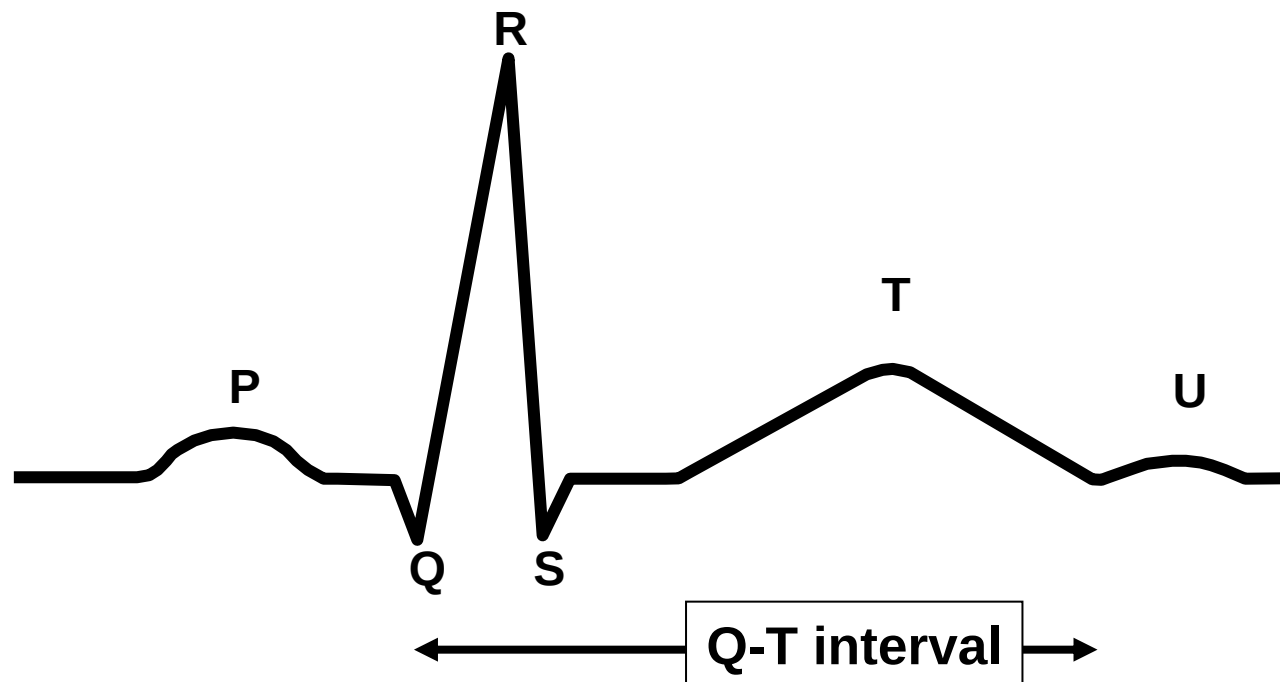


- which underwent a "first pass" liver metabolism that released fexofenadine, the active product

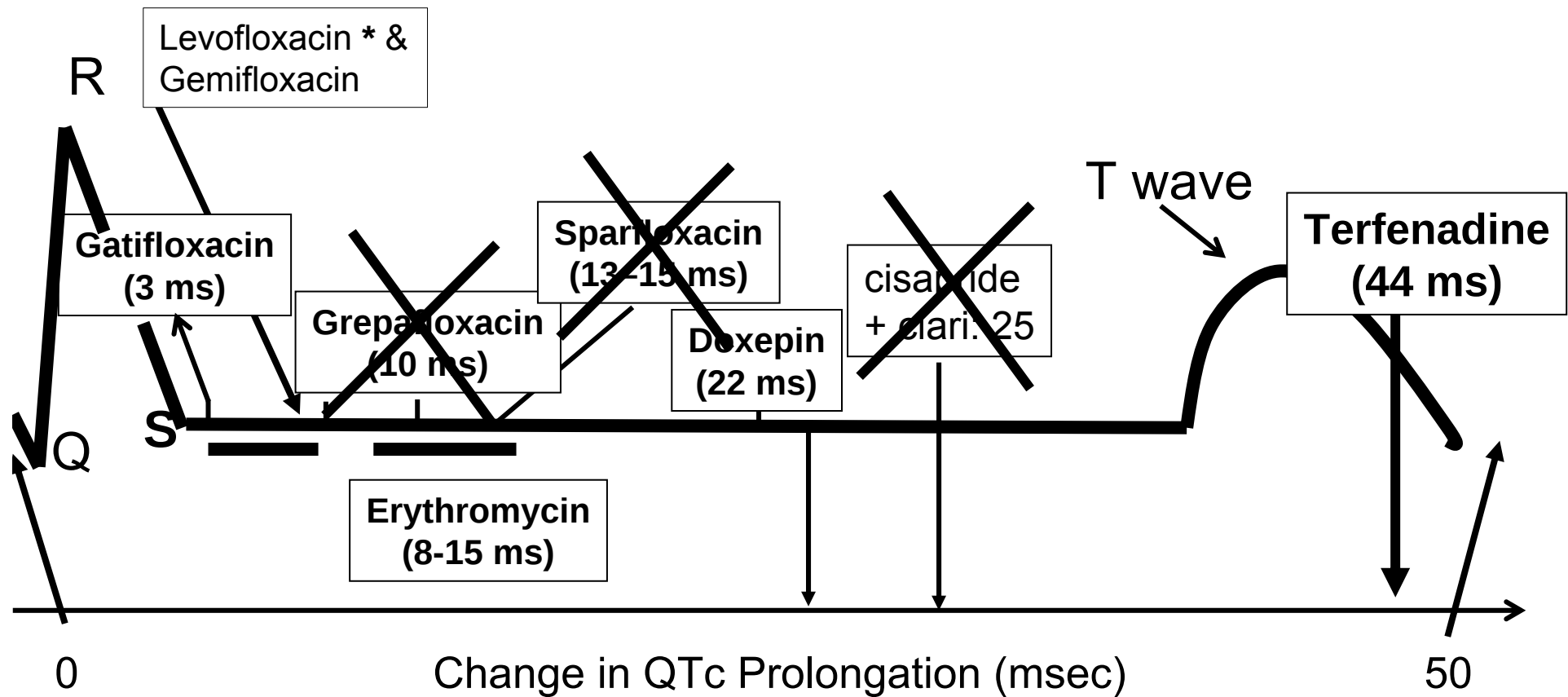


# Le problème de la terfénadine ...

- si la terfénadine circule, elle provoque un allongement de l'intervalle Q-T de l'électrocardiogramme pouvant mener à des arythmies mortelles ...



# Le problème de la terfénadine ...

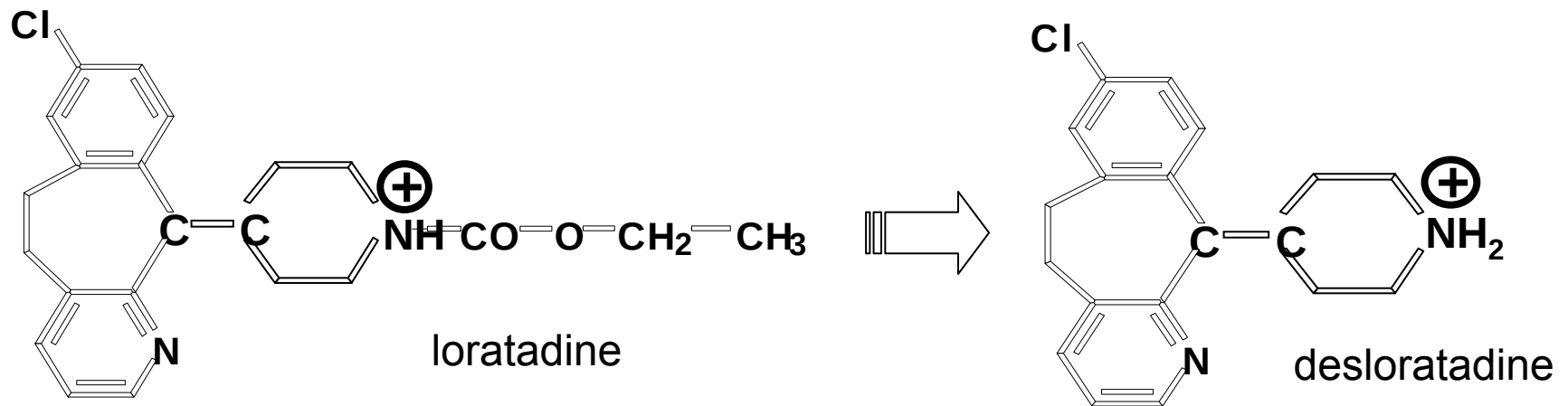


Adapted from Oberg and Bauman, 1995; Baker et al, 1997; van Haarst et al, 1998.

## Molecules with a weak hemato-encephalic passage ...

- loratadine

must be metabolized into desloratadine

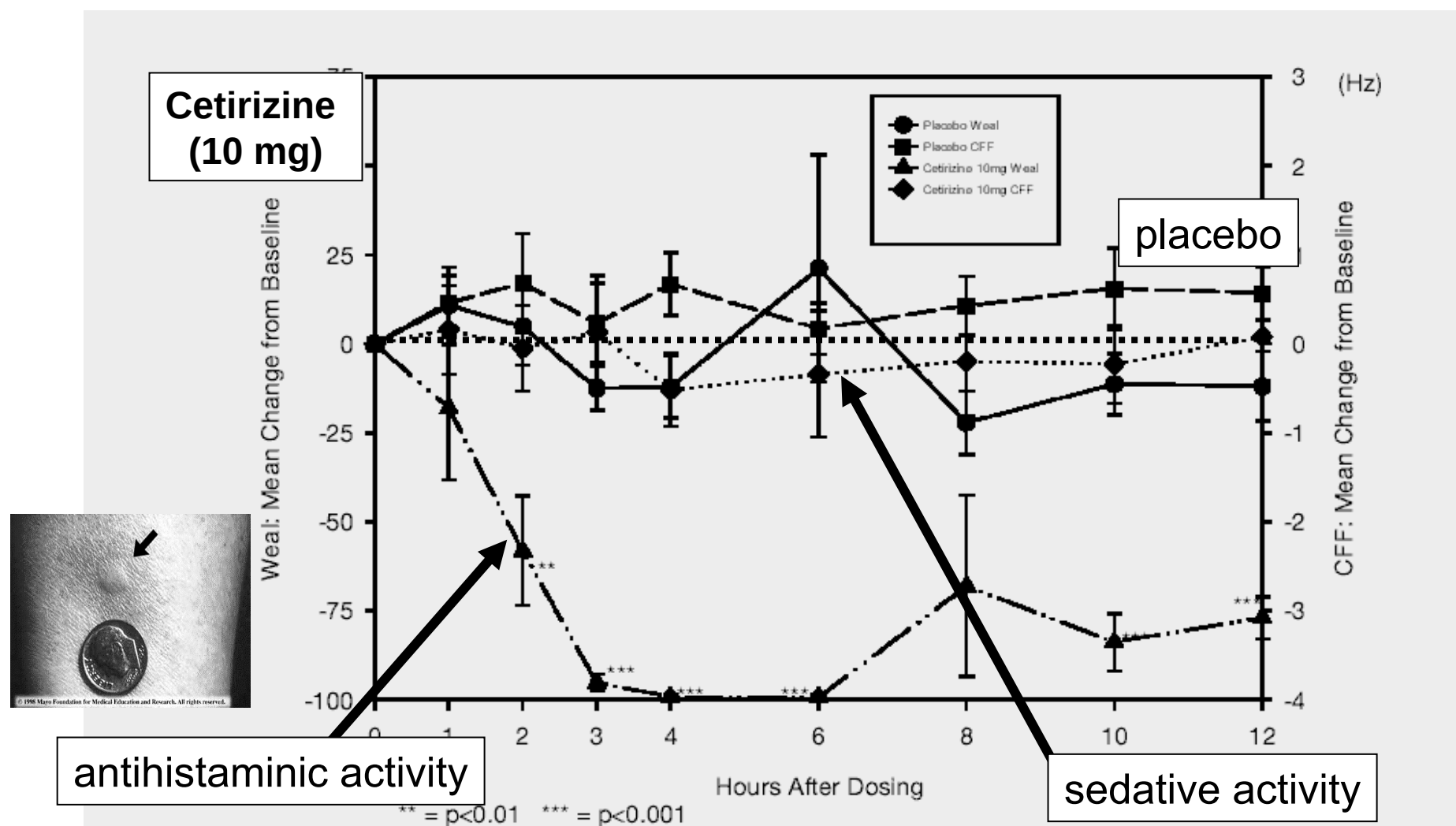


- ebastin

- cetirizine

not very sedative and acting as such

# Dissociation of the antihistaminic and the sedative activities



**Figure 5.** Change from baseline: peripheral antihistaminic suppression (weal) with respect to CFF threshold: acute dose cetirizine 10 mg, day 1

Hindmarch et al., Curr. Med. Res. Opin., 17:241-255, 2001

Dissociation des activités antihistaminique et sédatrice ...

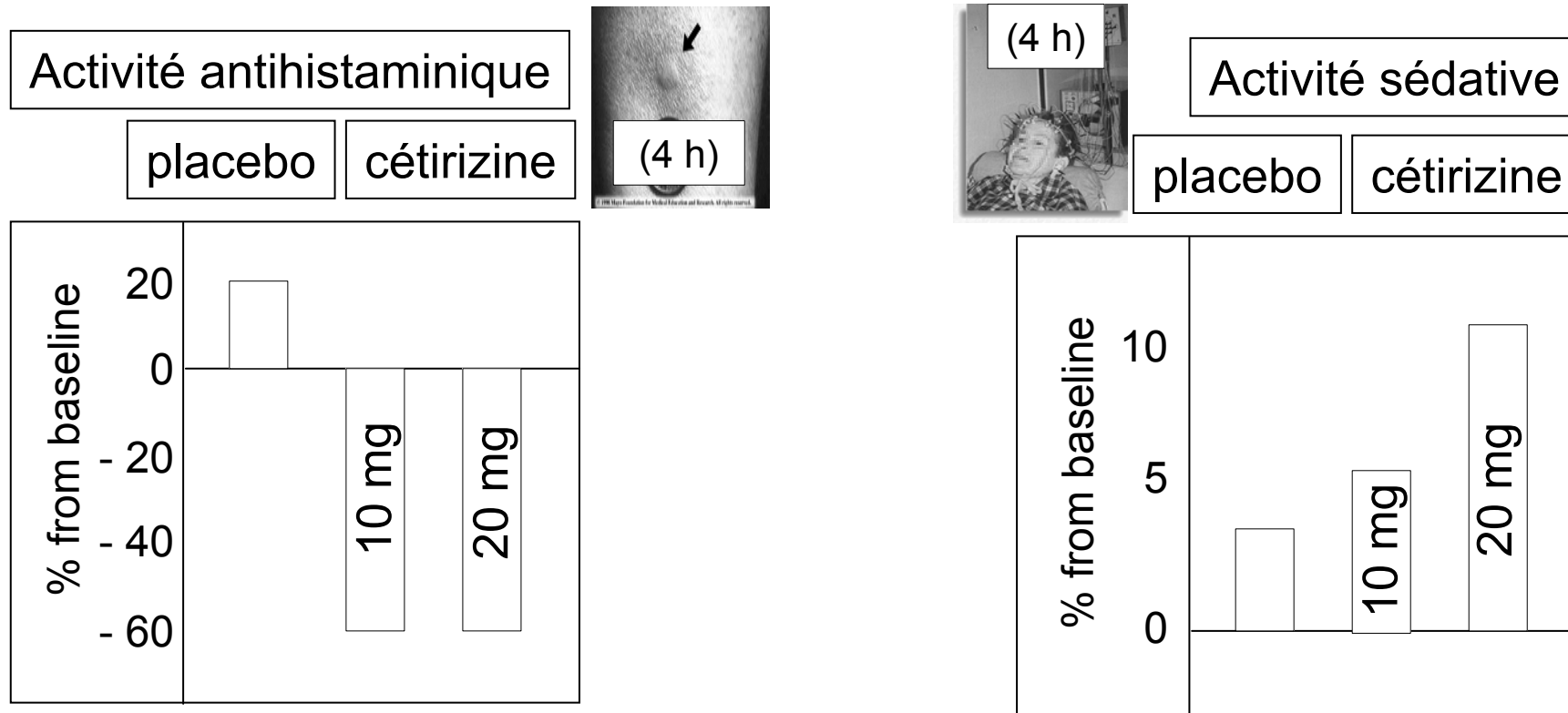
Mais, attention:



tout est une question de dose...

# Dissociation des activités antihistaminique et sédatrice ...

Mais, attention,  
tout est une question de dose...



Adapté de Sannita et al., Eur. J. Pharmacol. 300: 33-42, 1996

# L' antihistaminique H1 idéal dans le traitement de l'allergie....

## Cahier de charges

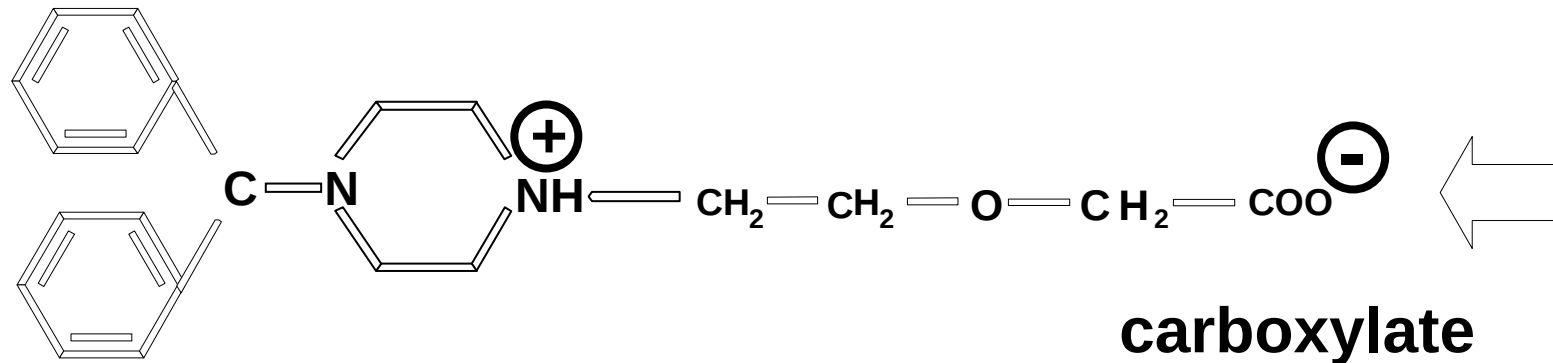
- Pouvoir de sédation faible
- **Eviter les effets anticholinergiques**
  - élevé à moyen pour les anciennes molécules
    - ➔ troubles de la vue, rétention urinaire ...
  - faible à nul pour les nouvelles molécules  
(loratadine, fexofénadine, cétirizine)
- Obtenir une action rapide et prolongée

# L' antihistaminique H1 idéal dans le traitement de l'allergie....

## Cahier de charges

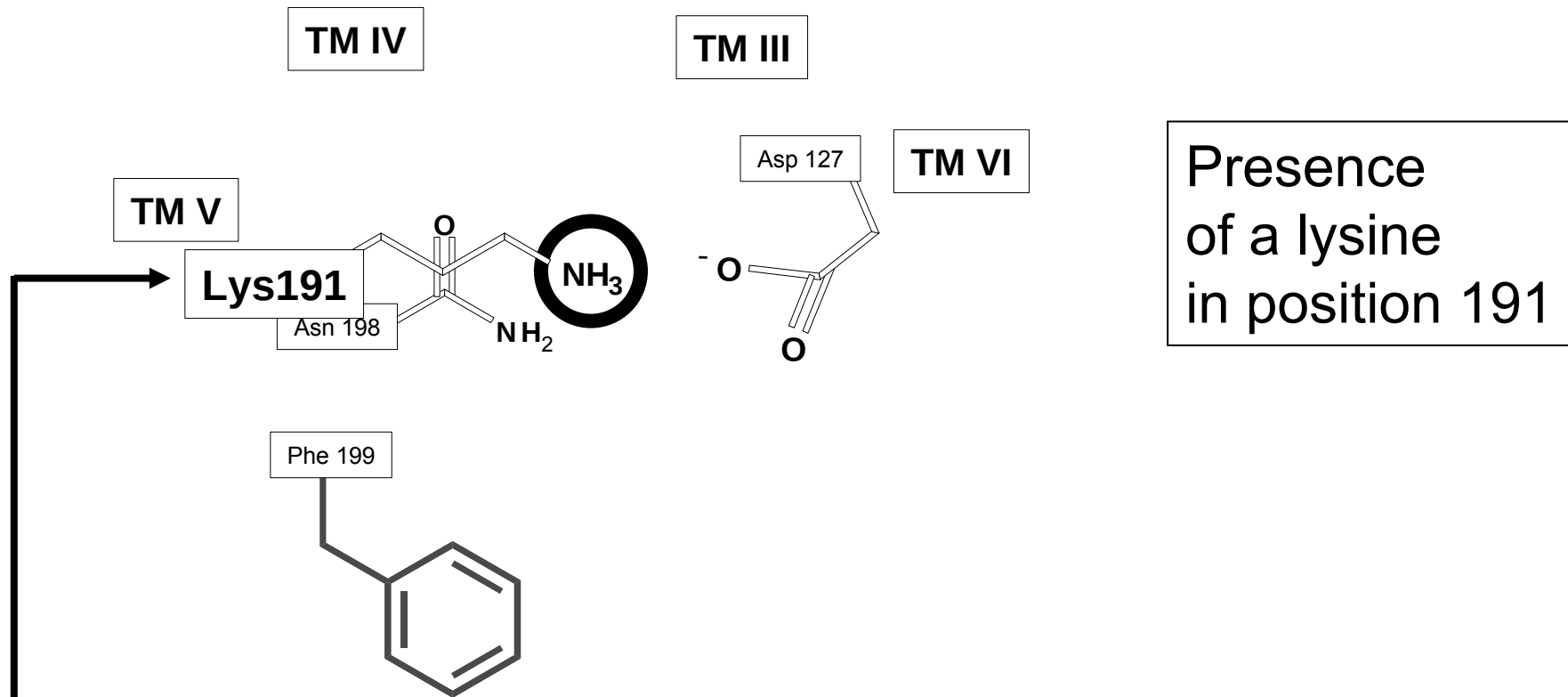
- Pouvoir de sédation faible
- Eviter les effets anticholinergiques
- **Obtenir une action rapide et prolongée**

# Propriétés moléculaires de la cétirizine



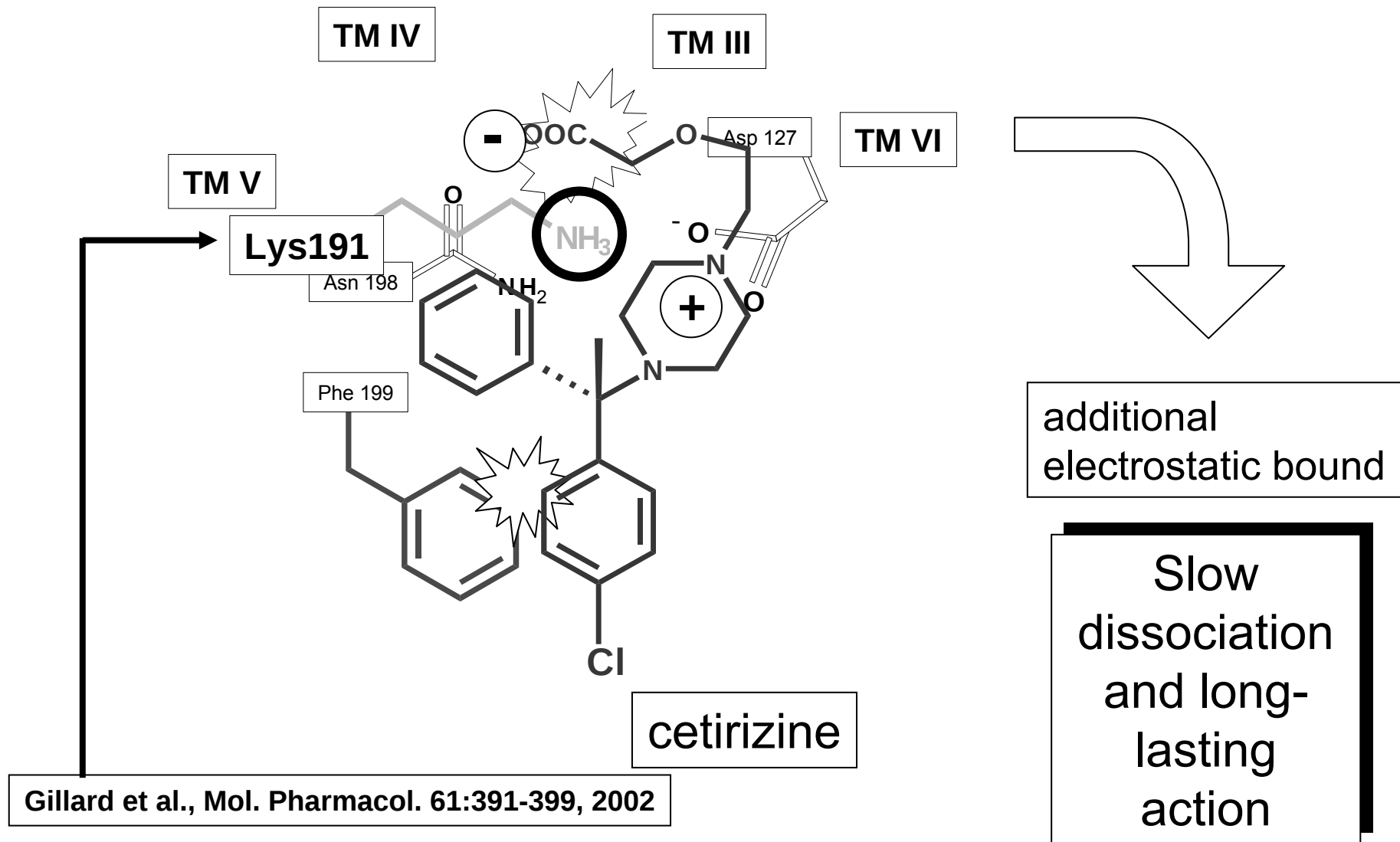
- action directe car pas de nécessité de métabolisme activateur ( >< terfénadine, loratadine...)
- pas ou peu de passage de la barrière hémato méningée
- **longue durée d'occupation du récepteur ....**

# Binding of an H<sub>1</sub> antagonist to the receptor...

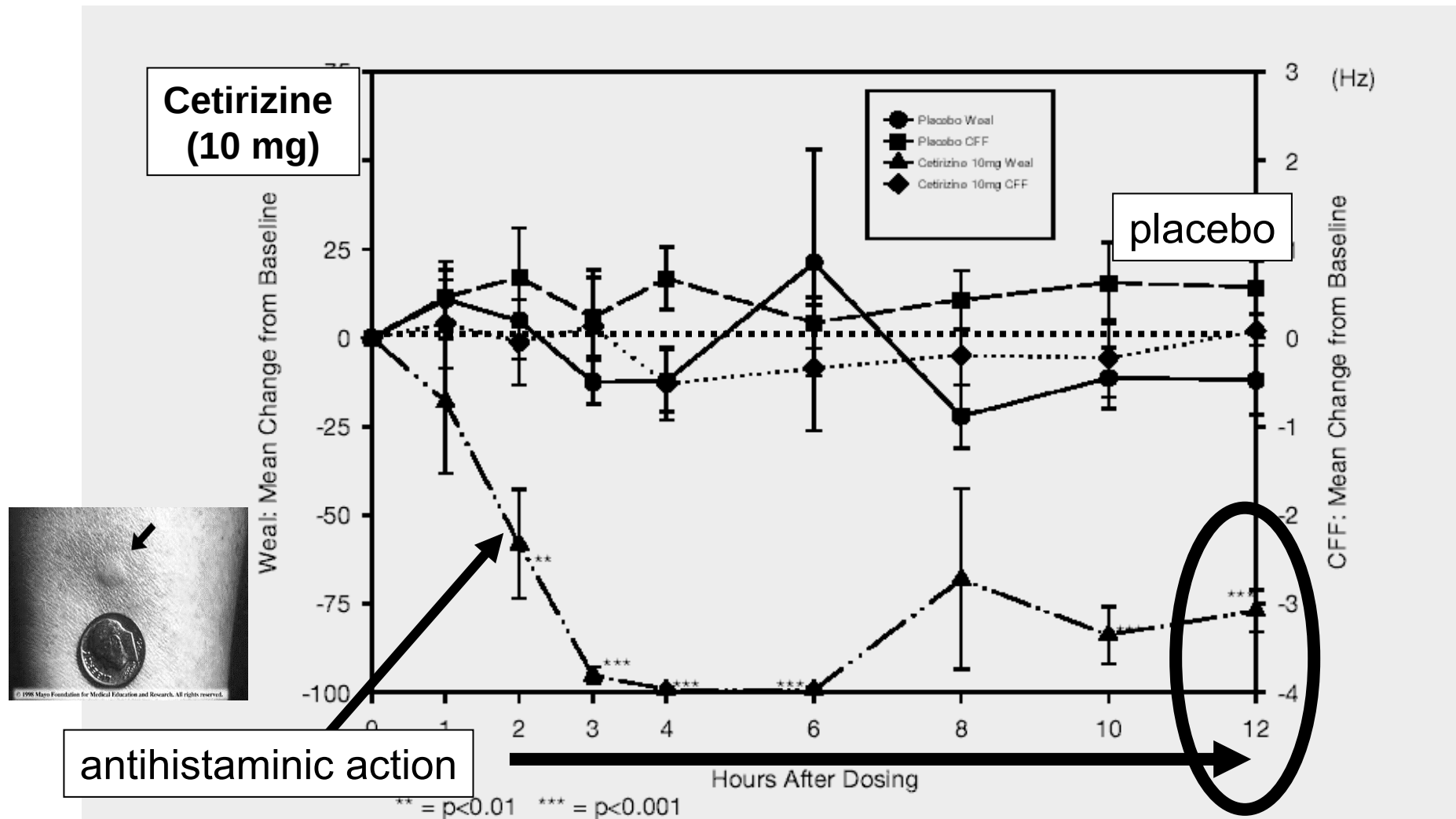


Gillard et al., Mol. Pharmacol. 61:391-399, 2002

# Slow release of an antagonist ...



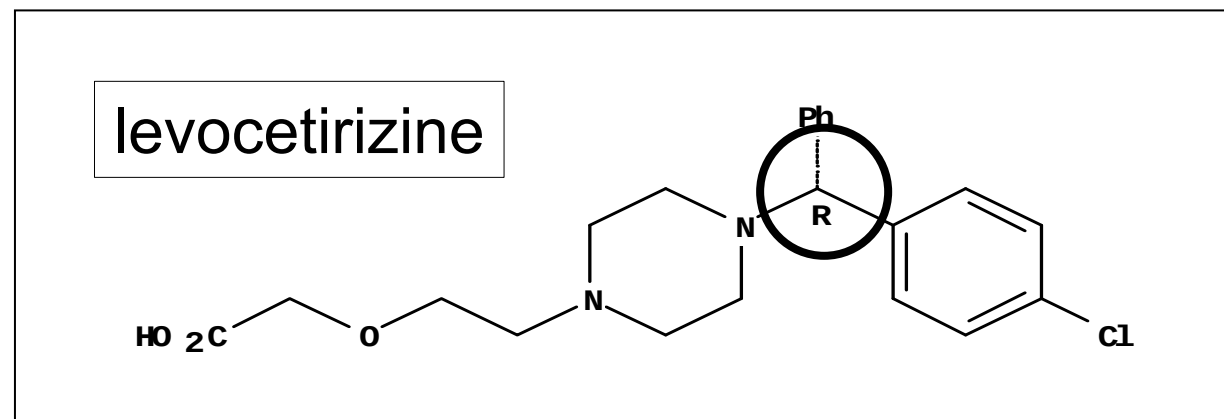
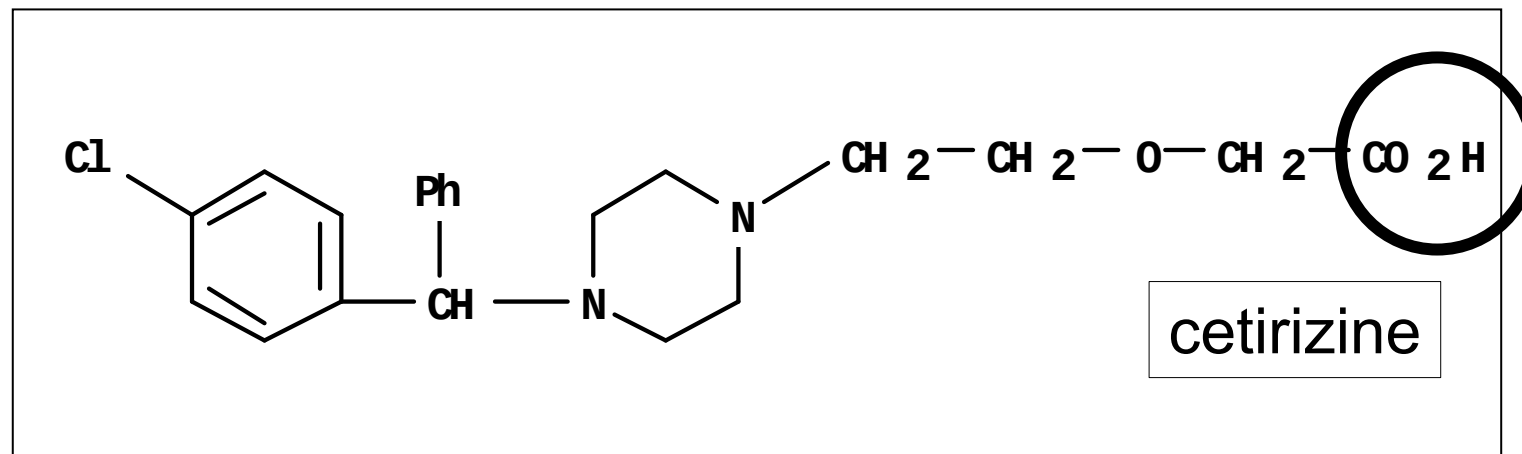
## Prolonged action ...



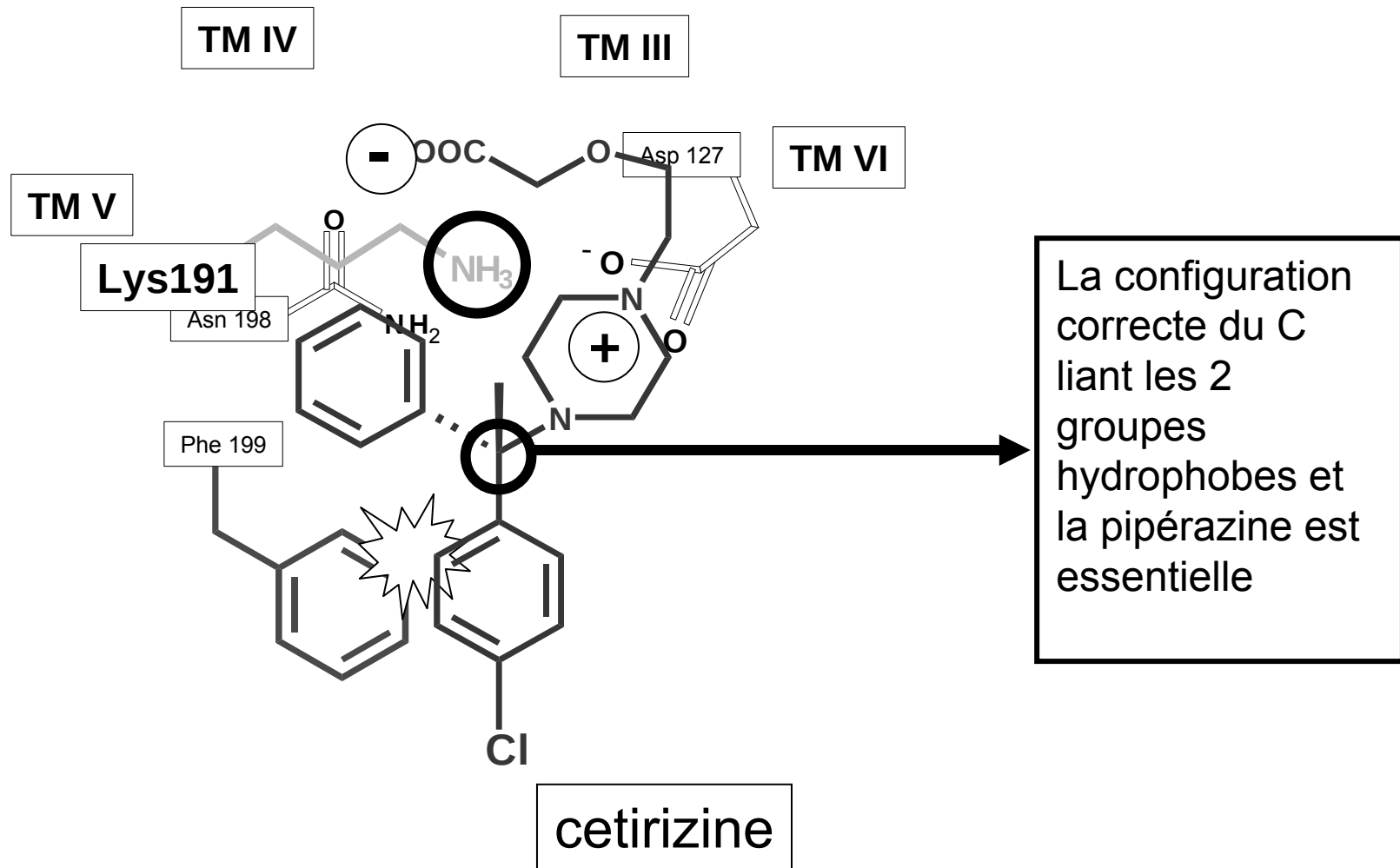
**Figure 5.** Change from baseline: peripheral antihistaminic suppression (weal) with respect to CFF threshold: acute dose cetirizine 10mg, day 1

Hindmarch et al., Curr. Med. Res. Opin., 17:241-255, 2001

# Cetirizine and levocetirizine....



# Optic isomers and binding to the receptor ...



# Do you speak English in Braine l'Alleud or Gosselies ?

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## Binding Characteristics of Cetirizine and Levocetirizine to Human H<sub>1</sub> Histamine Receptors: Contribution of Lys<sup>191</sup> and Thr<sup>194</sup>

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This paper is available online at <http://molpharm.aspetjournals.org>

## Une longue histoire, mais ...

Sur base de ce que vous avez appris jusqu'ici, quel est, à votre avis, le conseil le plus essentiel à donner au patient lors de la délivrance d'un antihistaminique de type cétérizine, loratadine ...

- faire attention aux autres médicaments
- ne pas abuser du produit  
(ne pas reprendre trop rapidement)
- attention à l'alcool !
- respecter la posologie
- attention à la somnolence

## Et pour la suite ...

Sur quel point, selon vous, le pharmacien doit-il être particulièrement bien informé par la firme XXX à propos de YYY qui est en vente sans prescription ?

- les propriétés de base du produit
- les indications
- la posologie
- les effets indésirables
- les interactions médicamenteuses

# Et pour la vraie suite ...

## Quelle est la différence entre A et B ... ?

Cetirizine UCB (UCB)

[cétirizine dichlorhydrate]  
compr. (séc.)

|              |   |    |         |
|--------------|---|----|---------|
| € 20 x 10 mg | A | CS | € 7,00  |
| € 40 x 10 mg |   | CS | € 12,80 |

Cetirizine-Ratiopharm (Ratiopharm)

[cétirizine dichlorhydrate]  
compr. (séc.)

|              |  |    |  |
|--------------|--|----|--|
| € 7 x 10 mg  |  |    |  |
| € 20 x 10 mg |  | CS |  |

Doccetiri (Docpharma)

Zyrtec (UCB)

[cétirizine dichlorhydrate]  
compr. (séc.)

|              |   |    |         |
|--------------|---|----|---------|
| € 7 x 10 mg  |   |    | € 5,21  |
| € 20 x 10 mg | B | CS | € 9,99  |
| € 40 x 10 mg |   | CS | € 18,29 |

gttes

|                    |  |  |  |
|--------------------|--|--|--|
| € 20 ml 10 mg/1 ml |  |  |  |
| (1 ml = 20 gttes)  |  |  |  |

sol. (oral)

|                    |   |    |  |
|--------------------|---|----|--|
| € 200 ml 5 mg/5 ml | C | Rx |  |
|--------------------|---|----|--|

Médicament original avec supplément au ticket modérateur, donc **pas** en catégorie *bon marché*

## Et pourquoi C est-il sous prescription ?

# Et voyons les applications ...

