

GI Motility Drugs

	Drug/Class	Action	Use	Side Effects	Other
Increase GI Motility	Bethanechol URECHOLINE	- cholinergic -incr. gastric secretions by stimulating muscarinic receptors on intestinal smooth muscle, leads to -incr. detrusor muscle contraction -stimulates micturition -incr. LES pressure	-non-obstructive urinary retention -GERD	-incr. GI motility & tone -abdominal discomfort -diarrhea -hypotension & reflex tachycardia -lacrimation, miosis -salivation -urinary urgency	- never administer IM or IV; rate of absorption fast leads to heart block or severe hypotension - DO NOT administer if any mechanical obstruction of GI or urinary tract
	Metoclopramide REGLAN	- dopamine antagonist -stimulates GI tract without stimulating gastric secretions	-GI reflux -gastroparesis, N/V (antiemetic) -incr. LES tone & enhance UGI motility	-tardive dyskinesia -acute dystonic rx -parkinsonian like symptoms -drowsiness, confusion	<u>Interactions:</u> Alcohol Tranquilizers Sleep meds Narcotics Caution in hypertensive patients
	Erythromycin	-appears to stimulate the receptor for motilin	-improve gastric emptying and -incr. propulsion throughout the GI tract -gastroparesis -hypomotility		
Decrease GI Motility	Atropine ROBINUL, LEVSIN PRO BANTHINE	-blocks muscarinic receptors and -inhibits gastric acid secretion -decr. GI motility	-IBS -adjunct tx for peptic ulcer -antidote	-xerostomia, -photophobia, -cycloplegia -tachycardia -constipation -acute urinary retention	-Assess for dry mouth-if mouth is not dry, dose is not enough to suppress gastric acid secretions
	Antispasmodic Agents BENTYL	-relaxes the smooth muscle of GI tract	-tx of hyperactivity or spasm of the intestine	-constipation or diarrhea -rash -euphoria, dizziness, HA -drowsiness, nausea -weakness	-Side effects are not as prominent as those of atropine