

Société Française
d'Alcoologie
Reconnue d'utilité publique
(décret du 29 octobre 1998)



PROTOXYDE D'AZOTE PHARMACOLOGIE ET NEUROBIOLOGIE

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<https://grap.u-picardie.fr>



@RechercheAlcool

PROTOXYDE D'AZOTE (N₂O), UN GAZ, 2 STATUTS, 2 USAGES

MEOPA

- **Mélange** équimoléculaire oxygène – protoxyde d'azote (KALINOX[®], ANTASOL[®], ENTONOX[®], OXYNOX[®])
- Usage médical, à l'hôpital ou en ville
- Indications : analgésie de courte durée en particulier dans les actes douloureux (soins dentaires, petite chirurgie) chez l'adulte et l'enfant de plus d'un mois
- Médicament de liste 1 soumis en partie la législation des produits stupéfiants (stockage sécurisé, déclaration obligatoire des cas de vols de bouteilles)

N₂O industriel

- Gaz pur
- Usages variés
 - dans l'industrie chimique
 - comburant dans l'aérospatiale
 - gaz propulseur dans des cartouches à usage culinaire
- Pas de statut particulier
- Cartouches en vente libre en épicerie, grande surface ou sur internet
- Accès facile, peu coûteux
- Pas de mention de dangerosité sur les boîtes de cartouches

HISTOIRE...

1772

Joseph Priestley



Isolement

1800

Humphry Davy



« Gas hilarant »
Idée « antalgique
opération »

1844

Horace Wells



Spectacles « gas hilarant »
Introduction dans les cabinets de
dentiste
suicide 1848 qqs sem Société Méd Paris
l'a reconnu inventeur anesthésie

1860s

Anxiolytique

Antalgique

1863 utilisation
odonto officialisée

1920
accouchements

HISTOIRE...

- **Innocuité**
- **1956 DANEMARK** des cas d'anémie mégaloblastique
- **2 patients traités +rs jours pour infection tétanique** décèdent d'une infection
 - LIEN fait en **1968** anémie mégaloblastique due à carence vitamine B12
- **Puis 10 ans plus tard** nombreux symptômes observés chez le personnel d'anesthésie (fausse couche, irritabilité, maux de tête, fatigue, malformations)
- **Publications rapportant myélopathies et neuropathies**
- **1978 Problèmes neurologiques** clairement rapportés: dégénérescence moelle épinière



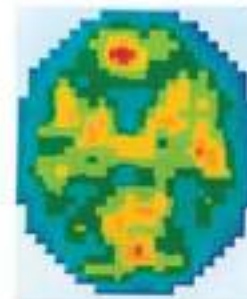
EFFETS

- Euphorie
- Perception altérée
- Hallucinations
- Dépersonnalisation /déréalisation
- Chaux/froid
- Distorsion corporelle
- Amnésie
- Détachement (monde et son propre corps)
- Confusion, paranoïa, anxiété
- Désinhibition à re-consommer
- Anesthésie peu puissante

Results. Global CMR_{glu} in young men was 27 (3) $\mu\text{mol } 100 \text{ g}^{-1} \text{ min}^{-1}$ [mean (SD)]. Inhalation of N_2O 50% did not change global CMR_{glu} [30 (5) $\mu\text{mol } 100 \text{ g}^{-1} \text{ min}^{-1}$] significantly, but it changed the distribution of the metabolism in the brain ($P < 0.0001$ analysis of variance). Compared with inhalation of O_2 30% in N_2 , N_2O 50% inhalation increased the metabolism in the basal ganglia [14 (17)%, $P < 0.05$] and thalamus [22 (23) %, $P < 0.05$]. There was a prolonged metabolic effect of N_2O inhalation seen on a succeeding PET scan with oxygen-enriched air ($P < 0.0001$) performed 1 h after the N_2O administration.

Conclusions. Inhalation of N_2O 50% did not change global CMR_{glu} , but the metabolism increased in central brain structures, an effect that was still present 1 h after discontinuation of N_2O .

Global CBF: 55 ml $100 \text{ g}^{-1} \text{ min}^{-1}$



O_2 30%

Global CBF: 67 ml $100 \text{ g}^{-1} \text{ min}^{-1}$

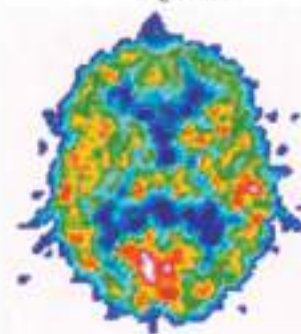


O_2 30% + N_2O 50%

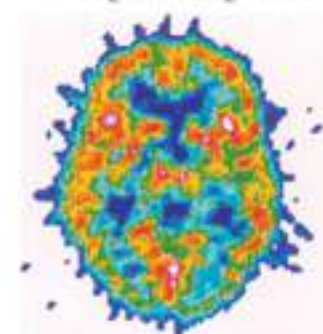


^{133}Xe rCBF

CMR_{glu}



Global CMR_{glu} 27 $\mu\text{mol } 100 \text{ g}^{-1} \text{ min}^{-1}$



Global CMR_{glu} 30 $\mu\text{mol } 100 \text{ g}^{-1} \text{ min}^{-1}$



British Journal of Anaesthesia 100 (1): 66–71 (2008)
doi:10.1093/bja/aem334 Advance Access publication November 23, 2007

BJA

NEUROSCIENCES AND NEUROANAESTHESIA

Regional cerebral metabolic rate (positron emission tomography) during inhalation of nitrous oxide 50% in humans

P. Reinstrup^{1,2*}, E. Ryding³, T. Ohlsson⁴, A. Sandell⁴, K. Erlandsson⁴, K. Ljunggren⁴, L. G. Salford⁵, S. Strand⁴ and T. Uski^{5,2}

LES ANESTHÉSIFIQUES

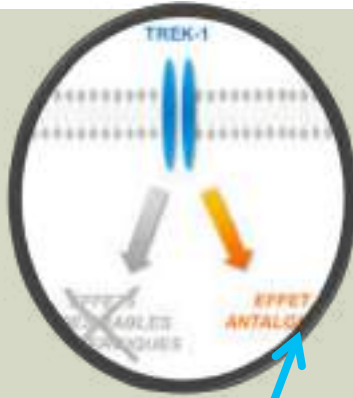
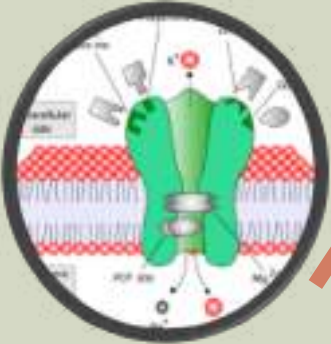
Box 2 | **Effects of general anaesthetics on ligand-gated ion channels**

	GABA _A receptor	Glycine receptor	nACh (muscle) receptor	nACh (neuro) receptor	5-HT ₃ receptor	AMPA receptor	Kainate receptor	NMDA receptor
Etomidate	●	○	○	○	○			
Propofol	●	●	○	○	○	○	○	○
Barbiturates	●	○	○	○	○	○	○	○
Ketamine	○	○	○	○	○	○	○	○
Isoflurane	●	●	○	○	●	○	●	○
Sevoflurane	●	●	○	○				
Nitrous oxide	○	○	○	○	○	○	○	○

○ (-)
● (+)

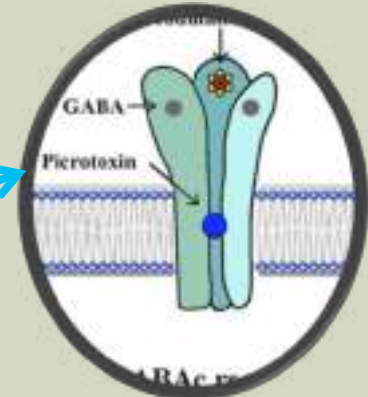
LES CIBLES

Glutamate - RNMDA

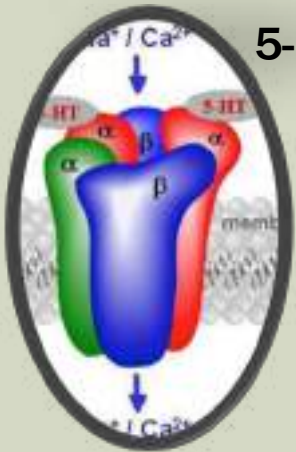


Canal
potassique
TREK1

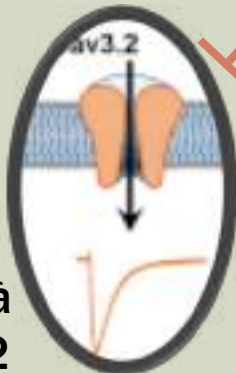
récepteur
GABA_A-rho
(GABA_Ac)



5-HT₃



Canal calcique à
bas seuil Cav3.2

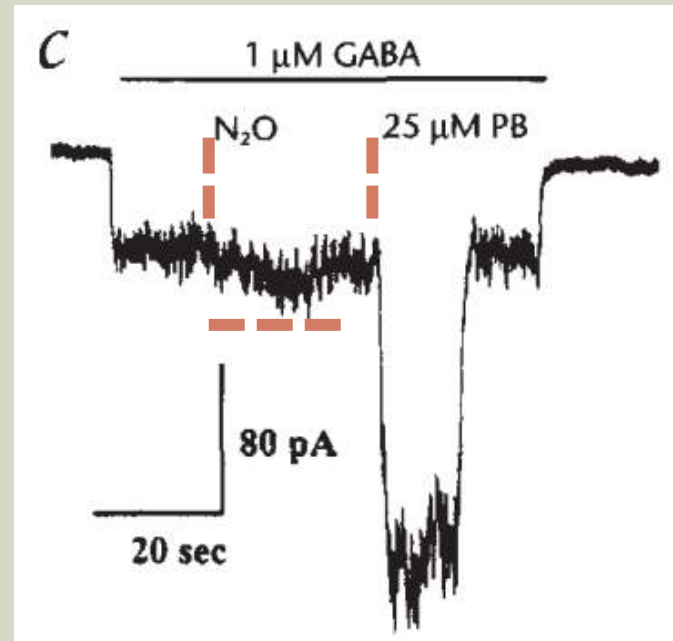
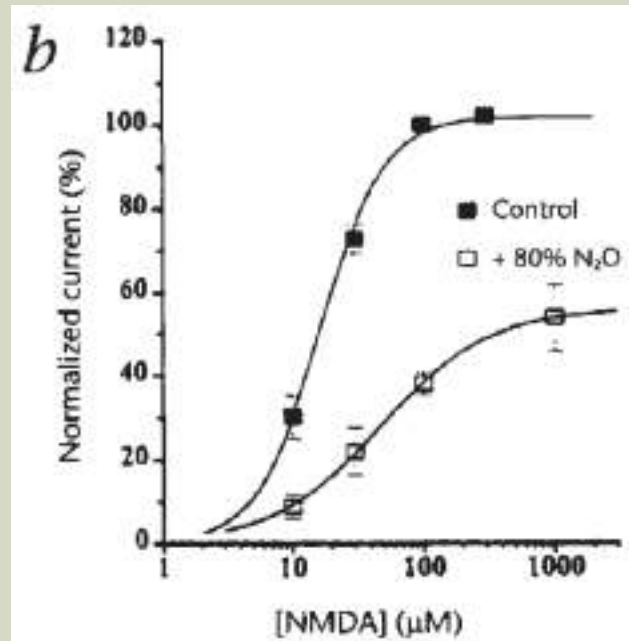
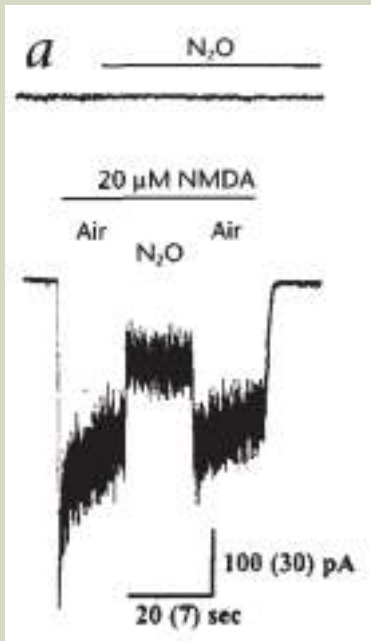


GABA_A



ANTAGONISME R NMDA DU GLUTAMATE

- Principale cible du N_2O
- Effets anesthésiques, analgésiques, sédatifs, hypnotiques
- Effet kétamine-like : psychoactivation, distorsion des perceptions, détachement de la réalité = agent dissociatif

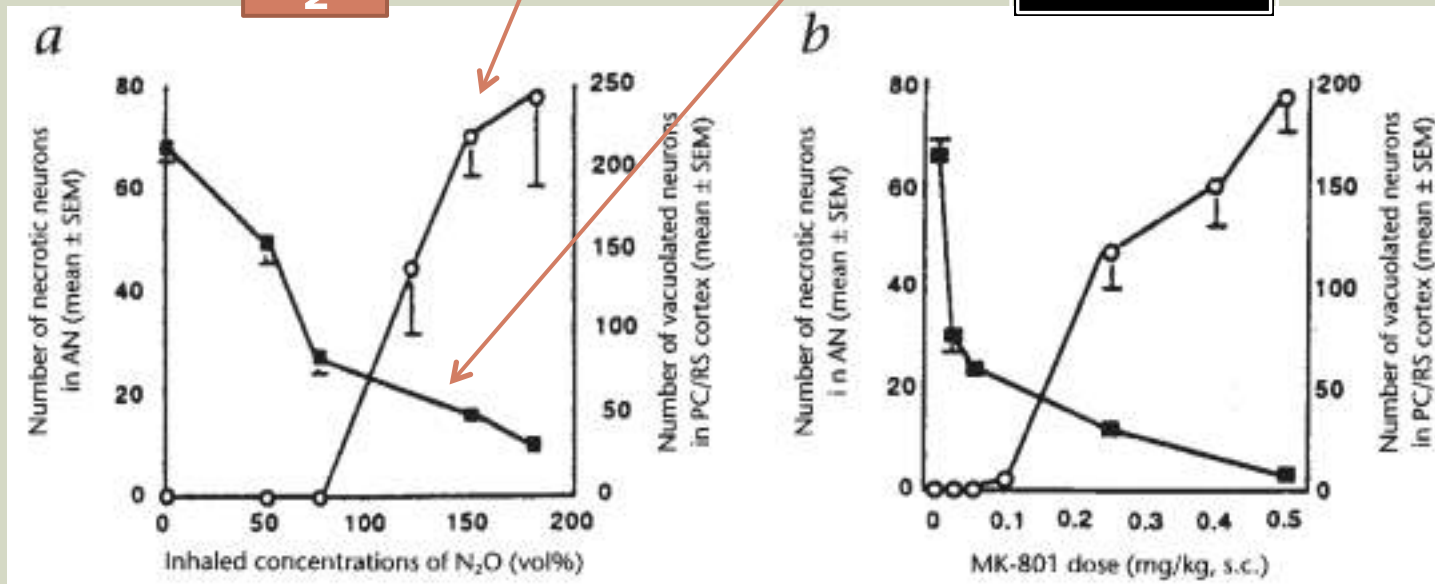


NEUROPROTECTION VS NEUROTOXICITE

- N₂O neuroprotecteur mais aussi neurotoxique
- Bloque les effets neurotoxiques d'un excitotoxique , mais administré seul induction d'une neurotoxicité (comme le MK-801)

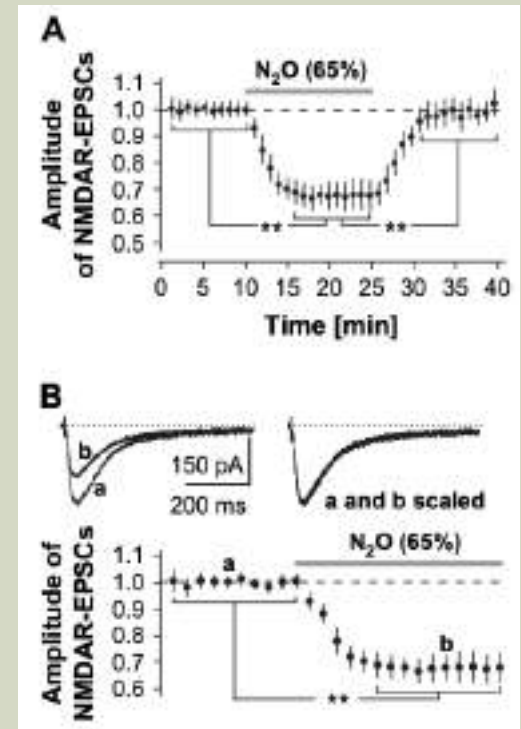
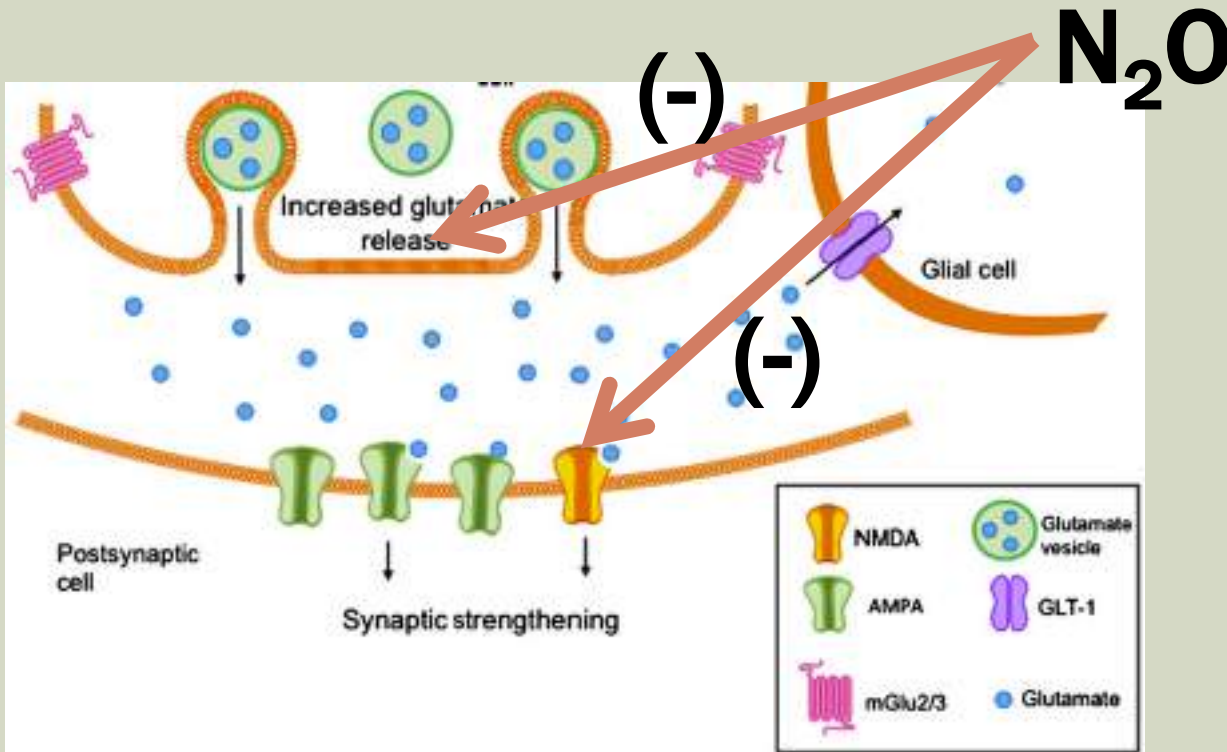
N₂O

MK-801



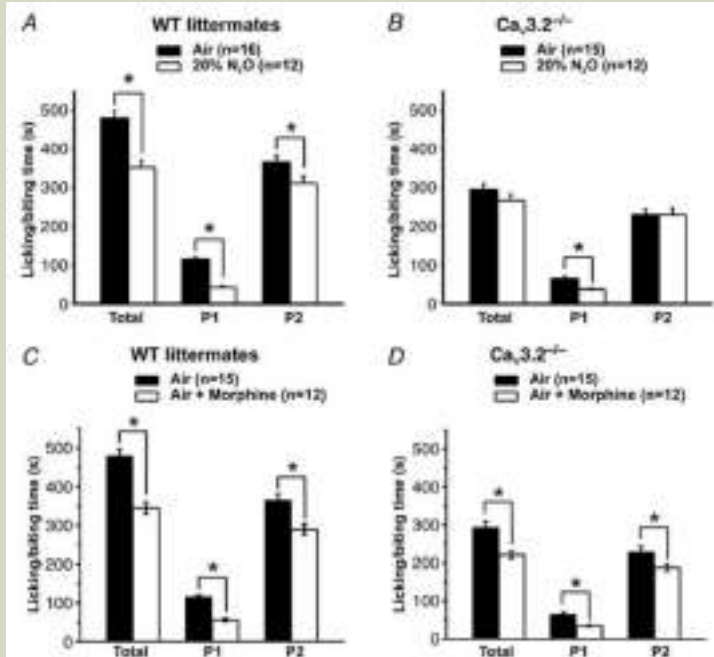
N₂O – GLUTAMATE - MÉMOIRE

- N₂O inhibe les R NMDA post-synaptiques mais aussi la probabilité de libération de glutamate (présynaptique)
- Rôle dans les atteintes apprentissage/mémorisation ?



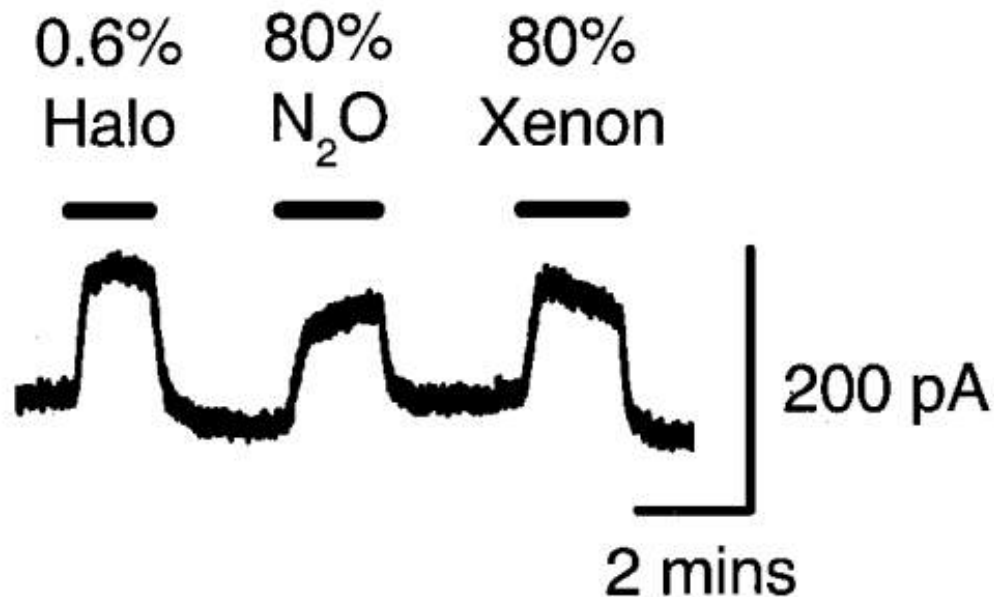
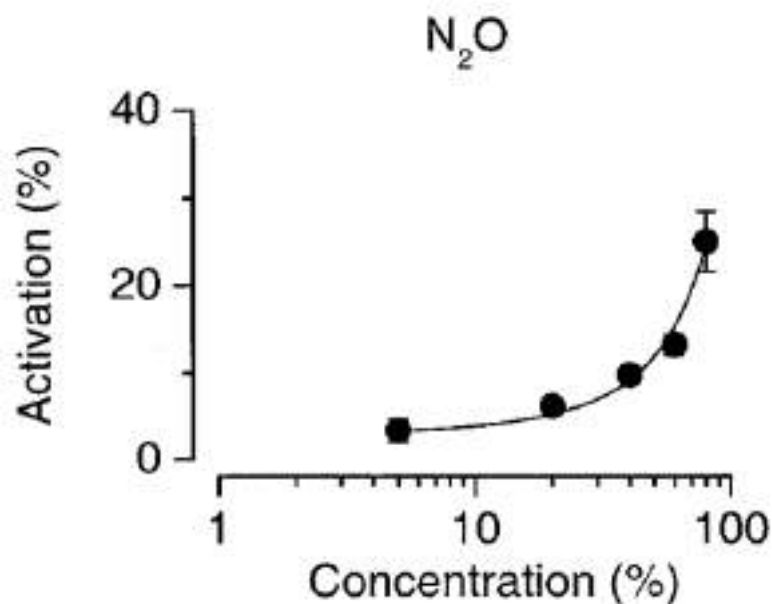
RÔLE DES CANAUX CALCIQUES DE TYPE T DANS LES EFFETS ANALGÉSIQUES

- N20 faible inhibiteur des canaux calciques à faible voltage. N20 80% entraine une réduction de 30% des courants dans les neurones sensoriels des rats. Effet sélectif des canaux Cav3.2 (perte des effets antalgiques chez les souris dont l'expression du gène Cav3.2 a été invalidée.



Peihan Orestes J Physiol 589.1 (2011) pp
135-148

N₂O ACTIVATEUR CANAUX POTASSIQUES TREK-1



0026-8959/04/3003-0443-05\$15.00
Molecular Pharmacology
Copyright © 2004 The American Society for Pharmacology and Experimental Therapeutics
MO-Pharmacol 08:443-452, 2004

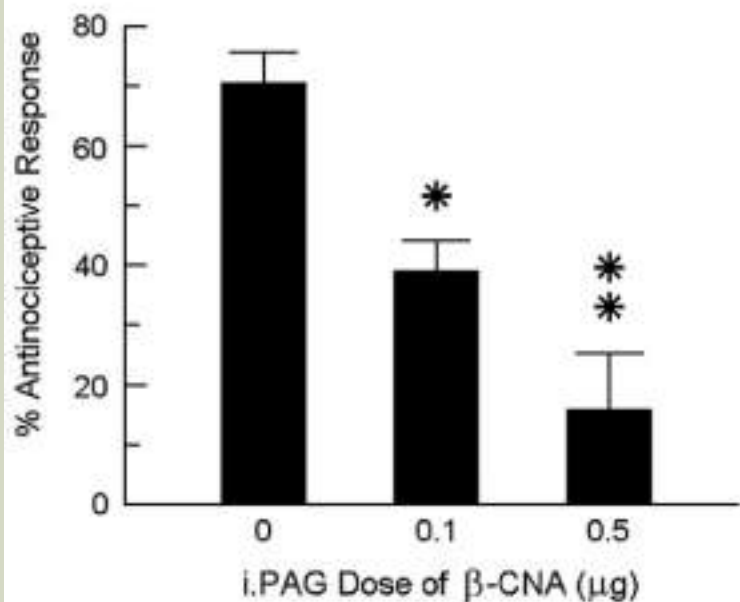
Vol. 80, No. 3
JUNE 1, 2004
Printed in U.S.A.

Two-Pore-Domain K⁺ Channels Are a Novel Target for the Anesthetic Gases Xenon, Nitrous Oxide, and Cyclopropane

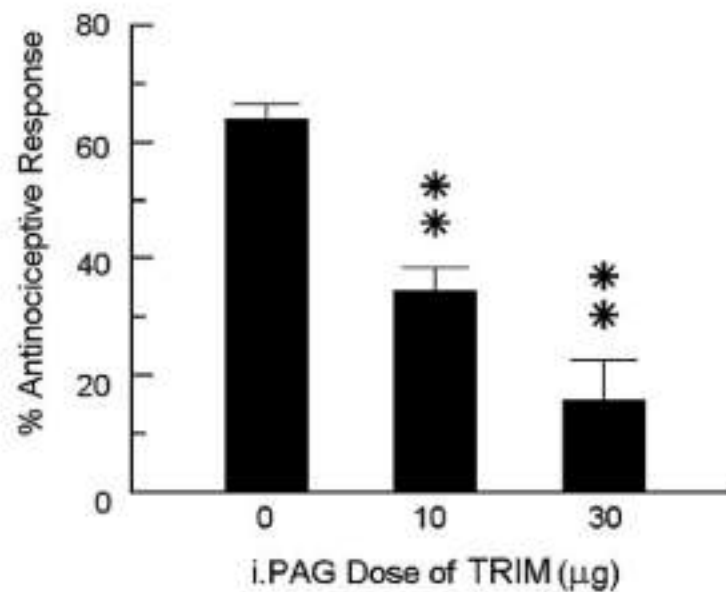
Marco Gruss, Trevor J. Bushell,[†] Damian P. Bright, William R. Lieb, Alistair Mathie, and Nicholas P. Franks

EFFET ANTALGIQUE DU N2O BLOQUE PAR 1ANTAGONISTE OPIOIDERGIQUE ET NOS

(-) R μ et δ des opioïdes

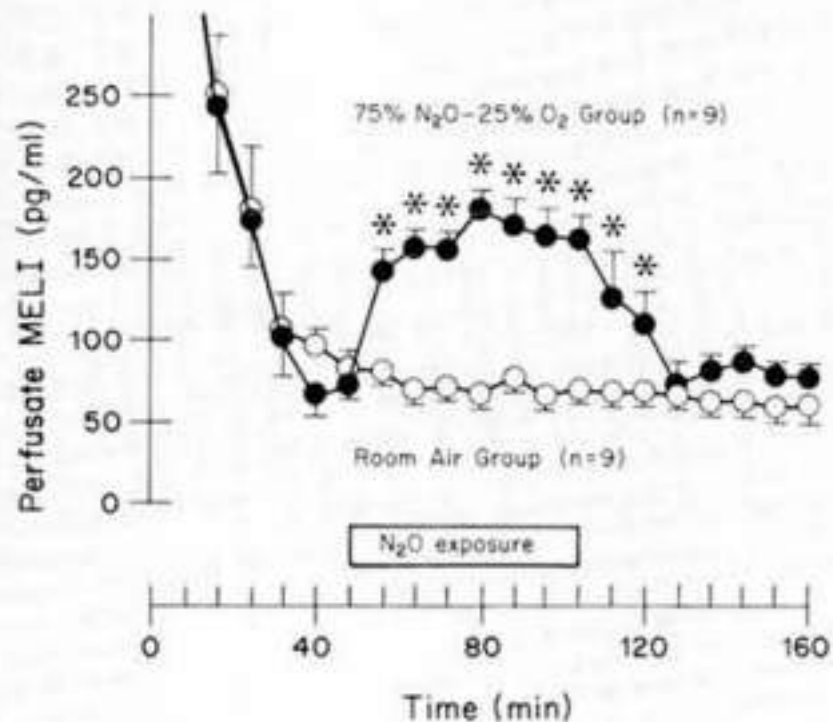


(-) NO Synthase



N₂O ET OPIOIDES

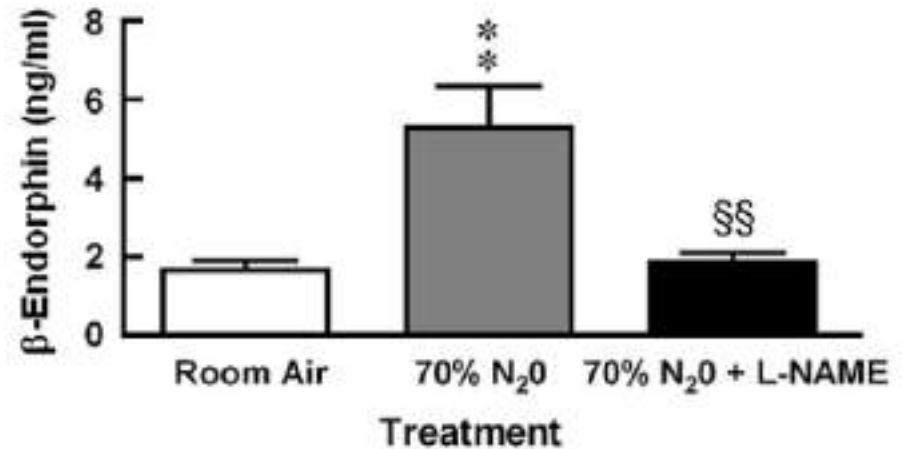
Met-Enképhaline



Pharmacology 30: 95-99 (1985)

Does Nitrous Oxide Induce Release of Brain Opioid Peptides?

β-endorphine



Lisa M. Zelinski Brain Res (2009)

Pas confirmé chez l'Homme avec la naloxone

N₂O ET GABAA

- Activation des R GABAA et notamment $\alpha 1\beta 2\gamma 2$.
- Potentialisation des effets du muscimol dans les cultures de neurones hippocampiques
- Un antagoniste GABAA (flumazénil) prévient les effets anxiolytique du N₂O
- Chez l'Homme le flumazénil diminue l'euphorie induits par le N₂O

J P Zacny Pharmacol Biochem Behav
. 1995;51(4):815-9.

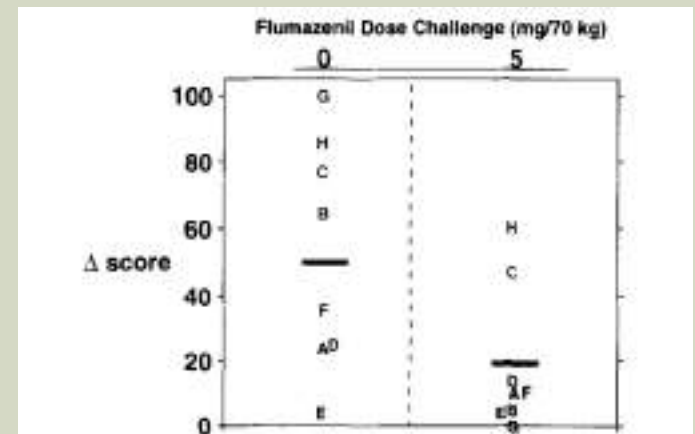
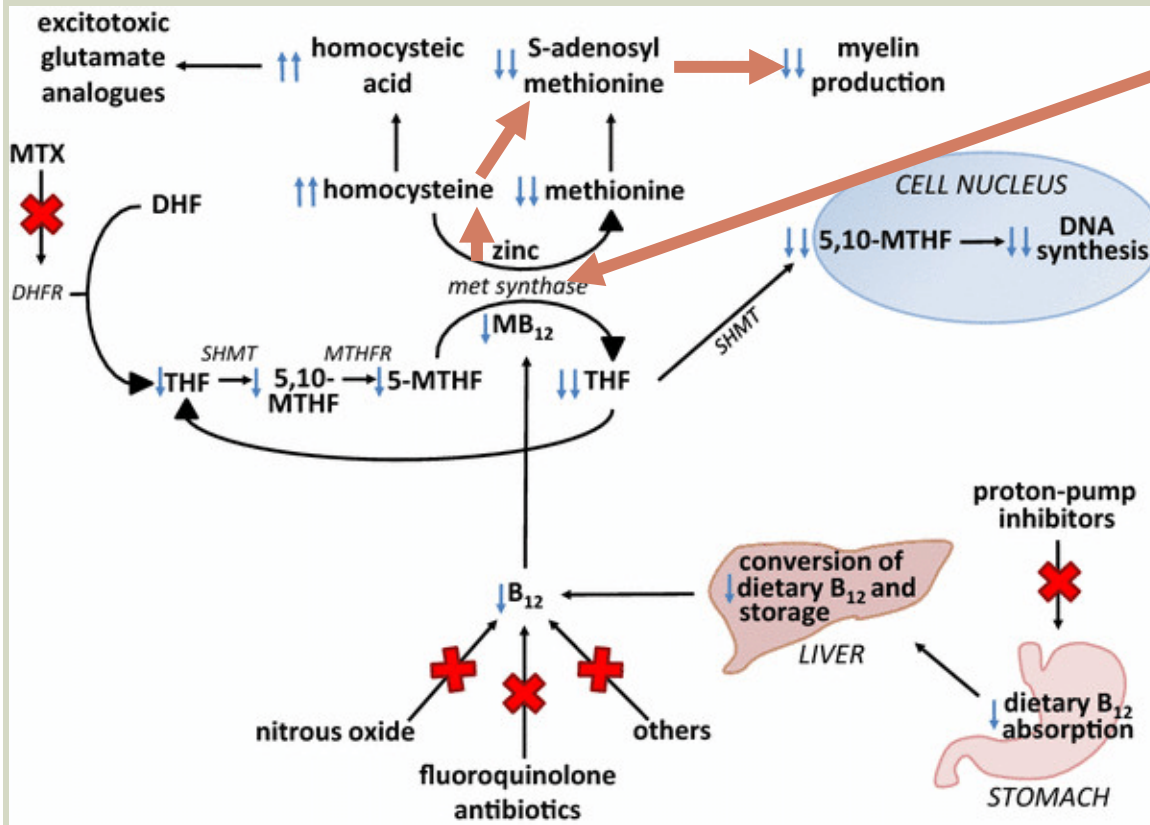


FIG. 2. Effects of 0 and 5 mg/70 kg of flumazenil on "high" ratings, expressed as a change score from baseline to 30 min into the inhalation period (and 20-min postinjection), the time point at which the saline and flumazenil conditions differed significantly from each other. Letters refer to individual subject data and the solid bars represent the average change score.

EFFETS DELETERES



- Hypoxie
- Inactivation vitB12
 - N2O oxyde le cobalt et inhibe la méthionine synthase
 - Accumulation homocystéine
 - Diminution méthionine et S-adenosyl Méth
 - ALTERATION METHYLATION DES PHOSPHOLIPIDES DE LA MYELINE
 - = PB NEUROLOGIQUES

ADDICTION AU N₂O ?

1800

Humphry Davy



« Gas hilarant »
Idée « antalgique
opération »

Traitait son
sevrage
alcoolique
avec le N₂O

- Activation opioïde
- Inhibition NMDA
- Activation GABAA



The American Journal of Medicine
Volume 81, Issue 1, July 1986, Pages 97-102

Nitrous oxide, an opioid addictive agent: Review of the evidence ☆

M.A. Gillman B.D.S., M.Sc., D.Sc. 

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[https://doi.org/10.1016/0002-9343\(86\)90189-0](https://doi.org/10.1016/0002-9343(86)90189-0) [Get rights and content](#)

Lichtigfeld FJ, Gillman MA. The treatment of alcoholic withdrawal states with oxygen and nitrous oxide. S Afr Med J 1982; 61(10): 349-51.

Daynes G. The initial management of alcoholism using oxygen and nitrous oxide: A transcultural study. Int J Neurosci 1989; 49(1-2): 83-6.

Ojutkangas R, Gillman MA. Psychotropic analgesic nitrous oxide for treating alcohol withdrawal in an outpatient setting. Int J Neurosci 1994; 76(1-2): 35-9.

Gillman MA, Lichtigfeld FJ. Minimal sedation required with nitrous oxide-oxygen treatment of the alcohol withdrawal state. Br J Psychiatry 1986; 148: 604-6.

Gillman MA, Lichtigfeld FJ. Enlarged double-blind randomised trial of benzodiazepines against psychotropic analgesic nitrous oxide for alcohol withdrawal. Addict Behav 2004; 29(6): 1183-7.

Diaper AM, Law FD, Melichar JK. Pharmacological strategies for detoxification. Br J Clin Pharmacol 2014; 77(2): 302-14.

Cooper E, Vernon J. The effectiveness of pharmacological approaches in the treatment of alcohol withdrawal syndrome (AWS): a literature review. J Psychiatr Ment Health Nurs 2013; 20(7): 601-12.

Daynes G, Gillman MA. Psychotropic analgesic nitrous oxide prevents craving after withdrawal for alcohol, cannabis and tobacco. Int J Neurosci 1994; 76(1-2): 13-6.

Gillman MA, Harker N, Lichtigfeld FJ. Combined cannabis/methaqualone withdrawal treated with psychotropic analgesic nitrous oxide. Int J Neurosci 2006; 116(7): 859-69.

Gillman MA, Shevel J. Analgesic nitrous oxide and oxygen for acute withdrawal from cigarette smoking. Proceedings of Drug and Alcohol Forum 1988; 66-74.

Bayrakdarian C. Effectiveness of nitrous Oxide [N₂O] in reducing cigarette smoking in subjects with nicotine dependence. American Psychiatric Association Meeting May 2000. p.2h.

Gillman MA, Lichtigfeld FJ. Opioid effects of analgesic (subanesthetic) nitrous oxide on the alcohol withdrawal state. Ann N Y Acad Sci 1991; 625: 784-5.

Gillman MA, Lichtigfeld FJ, Young T. Psychotropic analgesic nitrous oxide for alcoholic withdrawal states. (Review) Cochrane Library, Syst Rev 2008; (2).

Lichtigfeld FJ, Gillman MA. The effect of placebo in the alcohol withdrawal state. Alcohol Alcohol 1989; 24(2): 109-12.

Lichtigfeld FJ, Gillman MA. Analgesic nitrous oxide for alcohol withdrawal is better than placebo. Int J Neurosci 1989; 49(1-2): 71-4.

sevrage

Craving

Alcool, tabac, cannabis

Une 15aine d'étude sur l'alcool

Psychotropic analgesic nitrous oxide for alcoholic withdrawal states (Review)

Gillman MA, Lichtigfeld F, Young T



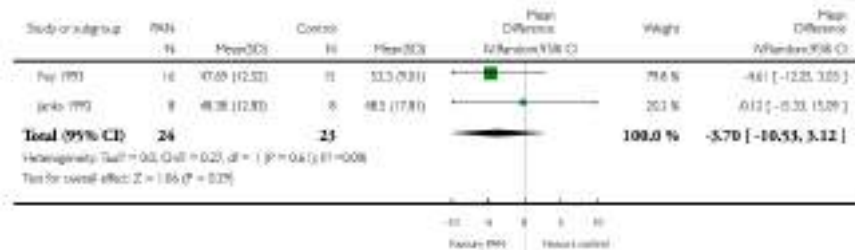
Fait mieux que les benzos:
Anxiété
Dépression
Fonctionnement psychomoteur

Analysis 1.1. Comparison 1 Analgesic nitrous oxide vs. standard benzodiazepine, Outcome 1 Anxiety 1 hour after intervention as measured by STA.

Review: Psychotropic analgesic nitrous oxide for alcoholic withdrawal states

Comparison: 1 Analgesic nitrous oxide vs. standard benzodiazepine

Outcome: 1 Anxiety 1 hour after intervention as measured by STA

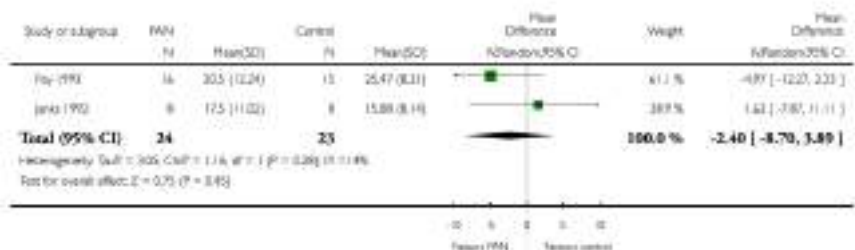


Analysis 1.2. Comparison 1 Analgesic nitrous oxide vs. standard benzodiazepine, Outcome 2 Depression 1 hour after intervention as measured by BDI.

Review: Psychotropic analgesic nitrous oxide for alcoholic withdrawal states

Comparison: 1 Analgesic nitrous oxide vs. standard benzodiazepine

Outcome: 2 Depression 1 hour after intervention as measured by BDI

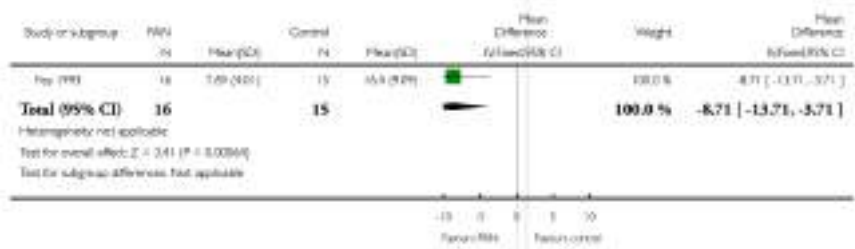


Analysis 1.3. Comparison 1 Analgesic nitrous oxide vs. standard benzodiazepine, Outcome 3 Psychomotor functioning 1 hour after intervention as measured by QNST.

Review: Psychotropic analgesic nitrous oxide for alcoholic withdrawal states

Comparison: 1 Analgesic nitrous oxide vs. standard benzodiazepine

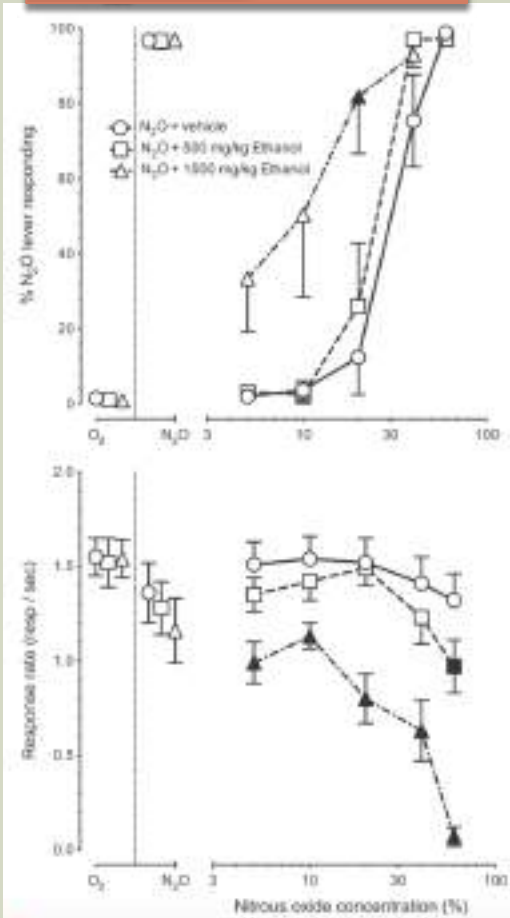
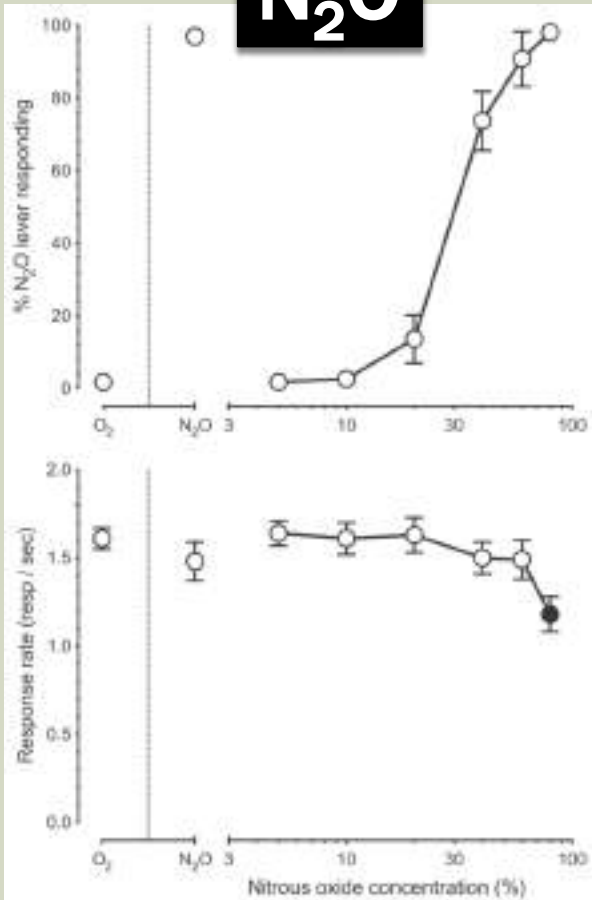
Outcome: 3 Psychomotor functioning 1 hour after intervention as measured by QNST



N₂O ET ALCOOL

N₂O + EtOH

N₂O



MESSAGES A EMPORTER

- Neurobiologie complexe (comme les autres anesthésiques)
- Neuroprotection MAIS AUSSI neurotoxique
- Interaction avec les autres drogues
- Propriétés addictogènes vs anti-addictives ??
- Polyconsommation (éthanol et autres...)