Health and Social Care Board

Interface Pharmacist Network Specialist Medicines

Cabergoline

Neurology shared care guideline

Specialist details	Patient identifier
Name: _____	
Location: _____	
Tel: _____	**Date:** _____

Introduction

Licensed indications: second line therapy in patients with Parkinson's disease who are intolerant or fail treatment with a non-ergot compound, as monotherapy, or as adjunctive treatment to levodopa plus dopa-decarboxylase inhibitor.

Adult dosage and administration

Initially 1mg daily increased by increments of 0.5 - 1mg at 7 or 14 day intervals, up to optimal doses. The recommended therapeutic dosage is 2 - 3mg/day, given as a single daily dose. Concurrent dose of levodopa may be decreased gradually while dose of cabergoline is increased until the optimum balance is determined.

Available as: 1mg and 2mg tablets.

Hospital specialist responsibilities

- Assess patient is suitable for treatment with cabergoline.
- Assess patient's current repeat medications for potential significant interactions with the new treatment and discuss with GP if any concerns.
- Arrange shared care with the patient's GP.
- Provide patient/carer with relevant written information on use, side-effects and need for monitoring of medication.
- Provide shared care monitoring record booklet and record baseline tests.
- Baseline tests:
  - Cardiovascular evaluation including echocardiogram
  - Chest x-ray
  - U&E, FBC, LFT
  - Pulmonary function tests
  - ESR
  - Blood pressure
  - Exclude pregnancy.
- Review results of safety monitoring and request additional tests as required.
- Monitor disease response to treatment and need to continue therapy.
- Continue to review the patient at agreed specified intervals and perform echocardiogram within 3 - 6 months of initiating treatment and subsequently at 6 - 12 month intervals. Full blood counts and liver function should also be checked. Send a written summary to the GP whenever the patient is reviewed.
- Provide any other advice or information for the GP if required.

GP responsibilities

- Prescribe cabergoline, continued prescribing is appropriate for patients attending regular review.
- Adjust the dose as advised by the specialist.
- Regular monitoring will be undertaken by secondary care, but if the patient presents with any of the following signs and is taking cabergoline, the Parkinson's disease nurse specialist should be informed immediately:
  - Pleuro-pulmonary disease such as dyspnoea, shortness of breath, persistent cough or chest pain.
  - Renal insufficiency or ureteral / abdominal vascular obstruction that may occur with pain in the loin/flank and lower limb oedema, as well as any possible abdominal masses or tenderness that may indicate retroperitoneal fibrosis.
  - Cardiac failure: cases of valvular and pericardial fibrosis have often manifested as cardiac failure.
  - Impulse control disorders (pathological gambling, increased libido, hypersexuality, compulsive spending or buying, binge eating and compulsive eating).
- Report adverse drug reactions to the Parkinson's disease nurse specialist and usual bodies (eg. MHRA / CHM).
- Ensure no significant drug interactions with other medicines.

Adverse effects, precautions and contraindications

Common adverse effects include: angina pectoris, dyspnoea, headache, somnolence, dizziness/vertigo, dyskinesia, hallucinations, psychosis, sleep disturbances, increased libido, confusion, peripheral oedema, asthenia.

Sudden onset of sleep: Excessive daytime sleepiness and sudden onset of sleep can occur with dopamine agonists necessitating appropriate advice on driving.

Nausea, vomiting, constipation, dyspepsia and gastritis commonly reported.

Hypotensive reactions can occur, usually during first few days of treatment, tolerance to the hypotension usually develops.

Cardiac valvulopathy and related disorders (pericarditis and pericardial effusion) are very common.

Fibrotic and serosal inflammatory conditions such as pleuritis, pleural effusion, pleural fibrosis, pulmonary fibrosis, pericarditis, pericardial effusion have been reported

Impulse control disorders: patients and carers should be made aware that behavioural symptoms of impulse control disorders including pathological gambling, increased libido, hypersexuality, compulsive spending or buying, binge eating and compulsive eating can occur in patients treated with dopamine agonists including cabergoline. Dose reduction/tapered discontinuation should be considered if such symptoms develop.

A symptom complex resembling the neuroleptic malignant syndrome (NMS) (characterised by elevated temperature, muscular rigidity, altered consciousness and autonomic instability), with no other obvious aetiology, has been reported in association with rapid dose reduction, withdrawal of, or changes in antiparkinson therapy. If NMS is suspected the patient should be referred to the Parkinson's disease nurse specialist urgently.

Pregnancy should be excluded before commencing treatment with cabergoline. Women planning pregnancy should discontinue cabergoline one month before intended conception. If conception occurs during therapy, discontinue treatment as soon as pregnancy is confirmed.

Breastfeeding: cabergoline may suppress lactation.

Contraindications include:

- Hypersensitivity to cabergoline, or any of the excipients or any ergot alkaloid.
- History of pulmonary, pericardial and retroperitoneal fibrotic disorders.
- For long-term treatment: evidence of cardiac valvulopathy as determined by pre-treatment echocardiography.

Common drug interactions

- **Antipsychotics**: antiparkinsonian effects of cabergoline antagonised by antipsychotics.
- **Macrolide antibiotics (eg. erythromycin):** plasma concentration of cabergoline may be increased.
- **Memantine**: effects of dopaminergics possibly enhanced by memantine.
- **Methyldopa**: antiparkinsonian effects of cabergoline antagonised by methyldopa.

Communication

For any queries relating to this patient's treatment with cabergoline, please contact the patient's Parkinson's disease nurse / nursing contact named below:

Name: _____

Location: _____

Tel: _____

This information is not inclusive of all prescribing information and potential adverse effects.
Please refer to full prescribing data in the SPC or the BNF

Date Prepared: December 2017 Date of review: December 2022