Health and Social Care Board

Interface Pharmacist Network
Specialist Medicines

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# Cabergoline

## Endocrinology Shared Care Guideline

**Specialist Details**

**Name:** _____

**Location:** _____

**Tel:** _____

**Patient Identifier**

**Date:** _____

### Introduction

**Licensed indications:** hyperprolactinaemic disorders.

**Unlicensed Indications:** acromegaly, non-functioning pituitary adenomas.

**Adult dosage and administration: (**not recommended in under 16 year olds):

- Hyperprolactinaemic disorders: 500 micrograms weekly (as a single dose *or* as 2 divided doses on separate days) usually increased at monthly intervals in steps of 500 micrograms until optimal therapeutic response. The usual dose range varies from 0.25-2mg per week but may be up to 4.5mg. A small minority of patients may require higher doses; the specialist will advise in such cases.
  Doses over 1mg weekly should be given as divided doses. The maximum dose of cabergoline in any one day is 3mg.

**Available as**: 500microgram tablets.

### Hospital Specialist Responsibilities

- 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.

**Baseline tests** (recommended where long term treatment is anticipated).

- Echocardiogram & ECG
- U&E
- ESR
- Chest X-ray
- Pulmonary function tests
- 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.
- Where appropriate, perform an echocardiogram within 3-6 months of initiating treatment and subsequently at 6-12 month intervals, sending a written summary to the GP whenever the patient is reviewed. NB: Echocardiograms are not routinely recommended by specialists for patients on typical doses of 1-2 mg per week.
- 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 initiating specialist should be informed immediately:
  - Pleuro-pulmonary disease such as dyspnoea, shortness of breath, persistent cough or chest pain. (Clinical judgement should be exercised appropriately).
  - 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.
- Report adverse drug reactions to initiating specialist and usual bodies (e.g. CHM).
- Ensure no drug interactions with other medicines.
- Facilitate monthly pregnancy tests for amenorrhoeic patients, and once menses is reinitiated, a test every time a menstrual period is missed by more than three days.

## Adverse Effects, Precautions and Contraindications

**Dyskinesia, hyperkinesias, hallucinations or confusion** are commonly reported.

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

**Nausea, vomiting, 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.

**Pathological gambling, increased libido and hypersexuality** have been reported; they are generally reversible upon reduction of the dose or treatment discontinuation.

**Headache, dizziness/vertigo, syncope, breast pain** are common.

**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 urgently.

**Cautions include:** severe cardiovascular disease, Raynaud's syndrome, renal insufficiency, peptic ulcer or GI bleeding, a history of serious particularly psychotic mental disorders.

**Pregnancy:** Pregnancy should be prevented for at least one month after treatment. Use of hormonal contraception should be discussed with the endocrinologist. Early endocrinology input is required in the event of pregnancy.

**Breastfeeding:** cabergoline suppresses lactation.

**Regular cervical and endometrial cytology** is recommended for patients on treatment for extensive periods. Endometrial cytology may require Gynaecological referral.

**Contraindications include:**

- History of pulmonary, pericardial and retroperitoneal fibrotic disorders.
- History of puerperal pyschosis.
- For long-term treatment: evidence of cardiac valvulopathy as determined by pre-treatment echocardiography.
- Hepatic insufficiency.
- Pre-eclampsia.

## Common Drug Interactions

**Erythromycin:** plasma concentration of cabergoline increased by erythromycin.

**Dopamine antagonists:** may reduce the prolactin-lowering effect of cabergoline (examples include as phenothiazines, butyrophenones, thioxanthenes, and metoclopramide). Particular care should be taken with patients taking concomitant psychoactive medication.

## Communication

For any queries relating to this patient's treatment with cabergoline, please contact the Specialist named at the top of this document.



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