Health and Social Care Board

Interface Pharmacist Network Specialist Medicines

Pergolide

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 of, or fail treatment with a non-ergot compound, as monotherapy, or as adjunctive treatment to levodopa.

Adult dosage and administration

Monotherapy:
50 micrograms in the evening (at bedtime) on day 1, then 50micrograms twice daily (noon and evening) on days 2 - 4, then increased by 100 - 250micrograms daily every 3 - 4 days to 1.5mg daily in 3 divided doses at day 28; after day 30, further increases every 3 - 4 days of up to 250micrograms daily. Usual maintenance dose is 2.1 - 2.5mg daily; maximum 3mg daily.

Adjunctive therapy with levodopa:
50micrograms daily for 2 days, increased gradually by 100 - 150micrograms every 3 days over next 12 days, usually given in 3 divided doses; further increases of 250micrograms every 3 days; maximum 3mg daily. During pergolide titration levodopa may be reduced cautiously.

Available as: 50microgram; 250microgram and 1mg tablets.

Hospital specialist responsibilities

- Assess patient is suitable for treatment with pergolide.
- 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
  - Pulmonary function tests
  - ESR
  - Blood pressure.
- 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, sending 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 pergolide, 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 pergolide, 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 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 reactions include: dyskinesia, hallucinations, psychosis or confusion.

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. Caution should be exercised if it is co-administered with antihypertensive agents. Consider reviewing antihypertensives pre/post introduction of pergolide as some patients no longer need them.

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 pergolide. Dose reduction/tapered discontinuation should be considered if such symptoms develop.

Headache, dizziness/vertigo and syncope 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 to the Parkinson's disease nurse specialist urgently.

Pregnancy: pergolide is contraindicated in pregnancy.

Breastfeeding: pergolide should not be used during breastfeeding.

Contraindications include:

- Hypersensitivity to pergolide and excipients , hypersensitivity to other ergot derivatives
- History of fibrotic disorders
- Evidence of cardiac valvulopathy as determined by pre-treatment echocardiography
- Pregnancy, lactation.

Common drug interactions

- **Antipsychotics:** antiparkinsonian effects of pergolide antagonised by antipsychotics.
- **Memantine:** effects of dopaminergics possibly enhanced by memantine.
- **Methyldopa:** antiparkinsonian effects of pergolide antagonised by methyldopa.
- **Metoclopramide:** antiparkinsonian effects of pergolide antagonised by metoclopramide.

Communication

For any queries relating to this patient's treatment with pergolide, 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

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