Health and Social Care Board

Interface Pharmacist Network Specialist Medicines

Cabergoline

Endocrinology Shared Care Guideline

Specialist Details	Patient Identifier
Name: _____	
Location: _____	
Tel: _____	**Date:** _____

Introduction

Licensed indications: hyperprolactinaemic disorders.
Unlicensed Indications: acromegaly, non-functioning pituitary adenomas.

Adult Dosage and Administration

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.
Not recommended in under 16 year olds.
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

- Diagnose the condition and assess if the patient is suitable for treatment with cabergoline.
- 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.
- Undertake the baseline tests and communicate to the GP that these have been done.

Baseline tests (recommended where long term treatment is anticipated at the discretion of the specialist);
Echocardiogram & ECG, Chest X-ray, U&E, Pulmonary function tests, ESR, Blood pressure

- Exclude pregnancy.
- Review results of safety monitoring and request additional tests as required.
- Monitor response to treatment and need to continue therapy.
- Continue to review the patient at agreed specified intervals, sending a written summary to the GP whenever the patient is reviewed.
- Where appropriate, perform an echocardiogram within 3-6 months of initiating treatment and subsequently at 6-12 month intervals. 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, MHRA).
- Ensure no significant 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

Contraindications include: History of pulmonary, pericardial and retroperitoneal fibrotic disorders, history of puerperal psychosis, hepatic insufficiency, and for long-term treatment: evidence of cardiac valvulopathy as determined by pre-treatment echocardiography.

Caution advised with: severe cardiovascular disease, Raynaud's syndrome, renal insufficiency, peptic ulcer or GI bleeding, a history of serious (particularly psychotic) mental disorders, pre-eclampsia and post-partum hypertension.

Treatment with carbergoline may restore ovulation and fertility in women with hyperprolactinaemic hypogonadism.

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

Commonly reported side effects: Headache, dizziness/vertigo, breast pain, somnolence, depression, postural hypotension, hot flushes, nausea, dyspepsia, gastritis, abdominal pain, constipation, vomiting, asthenia, fatigue, decrease in blood pressure.

Less commonly reported side effects of importance include: Sudden onset of sleep (provide appropriate advice on driving); fibrotic and serosal inflammatory conditions (such as pleuritis, pleural effusion, pleural fibrosis, pulmonary fibrosis, pericarditis, pericardial effusion); pathological gambling, increased libido, hyper sexuality, compulsive spending or buying, binge eating and compulsive eating; hypotensive reactions (particularly problematic during the first few days of treatment).

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.

Breast feeding: Cabergoline suppresses lactation

Common Drug Interactions

Cabergoline is not recommended in combination with:

- Erythromycin due to increased systemic bioavailability of cabergoline.
- Dopamine antagonists may reduce the prolactin-lowering effect of cabergoline (examples include as phenothiazines, butyrophenones, thioxanthenes, and metoclopramide).

Use cabergoline with caution in association with:

- Other drugs known to lower blood pressure.

Communication

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

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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