

# Shared care guidelines

**Drug**

ERGOT-DERIVED DOPAMINE RECEPTOR AGONISTS  
(PERGOLIDE, CABERGOLINE, BROMOCRIPTINE)

**Specialty**

NEUROLOGY

**Indication**

PARKINSON'S DISEASE

**Overview**

Second-line therapy in Parkinson's disease as initial monotherapy or in combination with levodopa. Ergot-derived agonists have been associated with pulmonary, retroperitoneal, pericardial & cardiac valve fibrotic reactions. Non-ergot derived dopamine agonists (Ropinirole, Pramipexole & Rotigotine) should be used in preference wherever possible.

**Hospital specialist's responsibilities**

**Initial investigations:** ESR, U&E, Creatinine, CXR, Echocardiography

**Initial regimen:** Dosage titration according to symptoms/tolerability

**Clinical monitoring:** For dyspnoea, persistent cough, chest pain, cardiac failure, loin pain, leg oedema, abdominal pain or tenderness.

**Frequency:** As required, at least 3 to 6-monthly

**Safety monitoring:** ESR, U&E, creatinine between 1 & 3 months  
Echo at 3 to 6 months, thereafter 6–12 monthly, or as required.  
CXR, lung-function determined individually as required

**Prescribing details:** Initiation to starting dose (typically 1 to 3 months)

**Documentation:** Clinic letters/results to GP. Separate patient information

**GP's responsibilities**

**Maintenance:** As advised in clinical correspondence

**Clinical monitoring:** For dyspnoea, persistent cough, chest pain, cardiac failure, loin pain, leg oedema, abdominal pain or tenderness.

**Frequency:** As required

**Safety monitoring:** ESR, U&E, creatinine, CXR  
**Frequency:** Blood tests: 6-monthly or more frequently if clinically indicated  
CXR if clinically indicated

**Treatment duration:** Long-term, until no longer felt appropriate

**Documentation:** Practice records, correspondence with specialist as required, copies of blood results to specialist

**Adverse events**

Adverse Event	Action required
Unexplained ↑ ESR	Consider CXR & discuss with specialist
Elevated & rising U&E/creatinine	Repeat & discuss with specialist
Breathlessness, cough	Consider CXR & discuss with specialist
Abdominal pain	Check U&E, creatinine. Discuss with specialist
Symptoms/signs of cardiac failure	Discuss with specialist

**Other information**

Contraindicated if a patient has a history of pulmonary, pericardial or retroperitoneal fibrotic disorders or if anatomically there is evidence of cardiac valvulopathy of any valve.

**Contact details**

<b>Name</b>	Sister Zenita Cowen, PD Specialist Nurse NMC No: 79K0130E
<b>Address</b>	Department of Neurology, James Cook University Hospital
<b>Telephone</b>	01642 854319