

## Shared Care Guideline:



### ERGOT-DERIVED DOPAMINE RECEPTOR AGONISTS (PERGOLIDE, CABERGOLINE, BROMOCRIPTINE) for the treatment of PARKINSON'S DISEASE

County Durham & Tees Valley  
Area Prescribing Committee

<b>Drug</b>	ERGOT-DERIVED DOPAMINE RECEPTOR AGONISTS (PERGOLIDE, CABERGOLINE, BROMOCRIPTINE)											
<b>Indication</b>	Parkinson's Disease											
<b>Overview</b>	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.											
<b>Specialist's Responsibilities</b>	<p><b>Initial investigations:</b> ESR, U&amp;E, Creatinine, CXR, Echocardiography</p> <p><b>Initial regimen:</b> Dosage titration according to symptoms/tolerability</p> <p><b>Clinical monitoring:</b> For dyspnoea, persistent cough, chest pain, cardiac failure, loin pain, leg oedema, abdominal pain or tenderness.</p> <p><b>Frequency:</b> As required, at least 3 to 6-monthly</p> <p><b>Safety monitoring:</b> ESR, U&amp;E, creatinine between 1 &amp; 3 months, Echo at 3 to 6 months, thereafter 6–12 monthly, or as required. CXR, lung-function determined individually as required</p> <p><b>Prescribing details &amp; duration:</b> Initiation to starting dose (typically 1 to 3 months)</p> <p><b>Documentation:</b> Clinic letters/results to GP. Separate patient information</p>											
<b>GP's Responsibilities</b>	<p><b>Maintenance prescription:</b> As advised in clinical correspondence</p> <p><b>Clinical monitoring:</b> For dyspnoea, persistent cough, chest pain, cardiac failure, loin pain, leg oedema, abdominal pain or tenderness.</p> <p><b>Safety monitoring:</b> ESR, U&amp;E, creatinine, CXR</p> <p><b>Frequency:</b> Blood tests: 6-monthly or more frequently if clinically indicated, CXR if clinically indicated</p> <p><b>Duration of treatment:</b> long-term, until no longer felt appropriate</p> <p><b>Documentation:</b> Practice records, correspondence with specialist as required, copies of blood results to specialist</p>											
<b>Adverse Events</b>	<table border="1"> <thead> <tr> <th>Adverse events</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>Unexplained ↑ ESR</td> <td>Consider CXR &amp; discuss with specialist</td> </tr> <tr> <td>Elevated &amp; rising U&amp;E/creatinine</td> <td>Repeat &amp; discuss with specialist</td> </tr> <tr> <td>Breathlessness, cough</td> <td>Consider CXR &amp; discuss with specialist</td> </tr> <tr> <td>Symptoms/signs of cardiac failure</td> <td>Discuss with specialist</td> </tr> </tbody> </table>	Adverse events	Action	Unexplained ↑ ESR	Consider CXR & discuss with specialist	Elevated & rising U&E/creatinine	Repeat & discuss with specialist	Breathlessness, cough	Consider CXR & discuss with specialist	Symptoms/signs of cardiac failure	Discuss with specialist	
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Version:1  
Date: 08/07/2021  
Review date: 08/07/2023

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	Abdominal pain	Check U&E, creatinine. Discuss with specialist
<b>Contra- indications Cautions Drug Interactions</b>	Please refer to the BNF and/or SPC for information	
<b>Other Information</b>	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.	
<b>Contact Details</b>	<p><b>Name:</b> Sister Zenita Cowen, PD Specialist Nurse NMC No: 79K0130E</p> <p><b>Address:</b> Department of Neurology, James Cook University Hospital</p> <p><b>Telephone:</b> 01642 854319</p>	

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GP name  
GP address

Dear Dr .....

Date:

**Request for Shared Care of XXXXXX**

Re: Patient's name  
Address

DOB:  
Hospital Number:

This patient has been prescribed ..... for the management of  
.....

The patients' current dose is .....per day

The patient was commenced on this drug on .....and has been stable on the  
current dose since .....

I would now like to ask you to take over the responsibility for prescribing this medication for this  
patient, as agreed by your CCGs and the Area Prescribing Committee.

The shared care document lists the monitoring requirements for this medication. Can I ask that  
any problems are reported back into secondary care.

The next blood monitoring is due on ..... and should be continued in  
line with the shared care guideline.

In addition, the following patient specific monitoring is required for this patient

.....  
This is part of the shared care guideline approved by the Area Prescribing Committee, available  
at <http://medicines.necsu.nhs.uk/guidelines/durham-darlington/>.

The patient will remain under regular clinical review by his or her usual consultant/ specialist  
nurse as described in the shared care agreement.

Please send back the second part of this letter, within 28 days, so we know that we have your  
agreement to this arrangement. If you are not happy to accept this patient or have any concerns,  
then please contact my secretary as soon as practically possible

Yours sincerely

**Consultant name**  
**Contact details**

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## GP Agreement

Patient's Name:  
DOB:  
Hospital No:

I agree to take over the prescribing and monitoring of XXXXXXXXXX in line with the approved shared care document as found at <http://medicines.necsu.nhs.uk/guidelines/durham-darlington/>

Dose to be prescribed .....

Dated ...../...../

Signed: .....

GP's Name:

GP contact details

Please return to Consultant's secretary. You may wish to keep a copy for your records.

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