

Shared care guidelines

Drug

TOLCAPONE

Specialty

NEUROLOGY

Indication

As an adjunct to levodopa treatment in patients with Parkinson's disease experiencing end-of-dose motor fluctuations and who have failed to respond, or are intolerant of other catechol-O-methyltransferase (COMT) inhibitors (e.g. entacapone).

Overview

Tolcapone inhibits the peripheral breakdown of levodopa, prolonging the effective duration of treatment. Rarely, potentially life-threatening hepatotoxicity has been reported, particularly (though not exclusively) in females and during the first 6 months of treatment.

Hospital specialist's responsibilities

Initial investigations: Baseline LFTs

Initial regimen: 100mg three times daily

Clinical monitoring: For response to treatment and adverse effects
Frequency: Fortnightly to transfer (typically 2 months). Then 2 to 6 monthly.

Safety monitoring: LFTs
Frequency: Fortnightly to transfer and before any dose increase

Prescribing details: Initiation and until transfer (typically first 2 months)

Documentation: Clinic letter to GP

GP's responsibilities

Maintenance: 100–200 mg three times daily (as advised)

Clinical monitoring: For adverse effects and usual management
Frequency: As required

Safety monitoring: LFTs
Frequency: Fortnightly for first year, every 4 weeks for the next 6 months, every 8 weeks thereafter. Restart monitoring schedule if dose increased

Treatment duration: Long-term according to efficacy and tolerability

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

Adverse events

Adverse Event	Action required
Elevated ALT or AST above the upper-limit of normal	Discontinue tolcapone & discuss with specialist
Persistent nausea, lethargy, anorexia, jaundice, dark urine, pruritus, right upper quadrant tenderness	Discontinue tolcapone. Check LFTs & discuss with specialist
Marked rigidity (out of keeping with patient's Parkinson's Disease), altered conscious level, elevated temperature, labile blood pressure, tachycardia	Consider Neuroleptic Malignant Syndrome. Discontinue tolcapone. Check CPK & discuss with specialist

Other information

Tolcapone should be discontinued if there is no significant clinical benefit seen within 3 weeks of initiation. Patients may experience an increase in levodopa related side-effects and reduction of levodopa dosage may be helpful in these circumstances

Contact details

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