CLINICAL INFORMATION

Key points/interactions
- Use of pergolide is no longer recommended unless already established on it and attempts to change to alternative therapy have failed
- Ergot based agonists can cause pleural, pericardial and retroperitoneal fibrosis and cardiac valve damage and should not be used unless patients cannot tolerate a non-ergot alternative such as ropinirole, pramipexole or rotigotine.
- When patients are taking an ergot based agonist they should undergo 6 monthly monitoring for these complications.

Licensed Indications
Second line therapy in patients who are intolerant or fail treatment with a non-ergot compound, as monotherapy, or as adjunctive treatment to levodopa in the management of the signs and symptoms of Parkinson's disease.

Therapeutic Summary
As per the licensed indication.

NICE recommendations for the use of Pergolide in Parkinson's disease conclude that:
- Dopamine agonists may be used as a symptomatic treatment for people with early PD. (Evidence level A)
- A dopamine agonist should be titrated to a clinically efficacious dose. If side effects prevent this, another agonist or a drug from another class should be used in its place. (Evidence level D)
- In view of the monitoring required with ergot-derived dopamine agonists, a non-ergot derived agonist should be preferred in most cases. (Evidence level D)

Medicines Initiation
Consultant neurologist / specialist experienced in the management of PD.

Dose Regimen
- Administration of pergolide should be initiated with a daily dosage of 50 micrograms for the first 2 days.
- The dosage should then be gradually increased by 100 or 150 micrograms/day every third day over the next 12 days of therapy.
- The dosage may then be increased by 250 micrograms/day every third day until an optimal therapeutic dosage is achieved but not to exceed 3 mg/day.
- The daily dose is usually administered in 3 divided doses
Duration of treatment
Pergolide is a treatment for a chronic disease and therefore course length can be many years.

Contraindications
- Hypersensitivity to Pergolide (or any other ergot derivatives) or to any of the excipients
- Pregnancy & breast feeding (see section 4.6 of SPC)
- History of fibrotic disorders
- Evidence of cardiac valvulopathy

Precautions
- Arrhythmias / underlying cardiac disease
- History of confusion, hallucinations, or psychosis (may exacerbate)
- Acute porphyria
- Dyskinesia (may exacerbate)
- Discontinuation of pergolide should be undertaken gradually

Monitoring
Performed by the specialist before starting treatment and at 6 month intervals thereafter.
- Chest x-ray/ lung function
- ECG
- Echocardiogram
- Renal function
- CRP
- ESR

Adverse Effects

<table>
<thead>
<tr>
<th>Side Effects</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal pain, dyspepsia, diarrhoea, constipation</td>
<td>Usually transient. If persists discuss with neurologist/PD nurse specialist [PDNS]</td>
</tr>
<tr>
<td>Nausea &amp; vomiting</td>
<td>Usually transient but may be quite severe. Unless very minor, prescribe domperidone 20mg tds (or lowest effective dose- see MHRA) during dose titration; this can usually be stopped within a few weeks.</td>
</tr>
<tr>
<td>Sedation</td>
<td>Usually transient. Advise patients not to drive / operate machinery if affected. If persists discuss with neurologist.</td>
</tr>
<tr>
<td>Orthostatic hypotension</td>
<td>Usually transient. If persists discuss with neurologist/PDNS.</td>
</tr>
<tr>
<td>Light-headedness, dizziness</td>
<td>Usually transient. If persists discuss with neurologist/PDNS.</td>
</tr>
<tr>
<td>Tachycardia, atrial premature contractions, palpitation, cardiac valvulopathy, pericarditis, pericardial effusion</td>
<td>Discuss with neurologist/PDNS</td>
</tr>
<tr>
<td>Pleuritis, pleural effusion, pleural fibrosis</td>
<td>Discuss with neurologist/PDNS</td>
</tr>
<tr>
<td>Rhinitis, dyspnoea</td>
<td>Rarely a major problem. Discuss with neurologist if no other explanation</td>
</tr>
</tbody>
</table>
### Clinically relevant medicine interactions and their management

Patients selected for treatment with Pergolide are almost certain to be taking concomitant medications for their Parkinson’s disease. In the initial stages of Pergolide therapy the patient should be monitored for unusual side-effects or signs of potentiation of effect.

- **Neuroleptic medicinal products and other centrally acting dopamine antagonists**
  e.g. Sulpiride, Metoclopramide - may have an antagonistic effect if used with Pergolide. Avoid concomitant use.
- **Methyldopa** - antagonistic effect.
- **Memantine** - enhanced effect.

*For further information on contraindications, precautions, adverse effects and interactions refer to the BNF or Summary of Product Characteristics.*

### Information given to patient

Patients should be warned of the risk of excessive daytime sleepiness and sudden onset of sleep and the need to exercise caution when driving or operating machinery. If affected patients should refrain from driving or operating machinery until these effects have stopped occurring.

### Products available

Pergolide tablets

### An estimate of the number of patients affected

<1 per year

### An estimate of the potential medicine costs (and any additional costs) to primary care

Pergolide 1mg tds £111 (28 days) (max dose)
REFERENCES
British National Formulary February 2015
Summary of Product Characteristics Jan 2014
NICE CG35 Parkinson’s Disease June 2006
MHRA Drug Safety Update: Domperidone: risks of cardiac side effects, May 2014

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