

Cabergoline treatment

Department of Endocrinology

Why has my doctor recommended cabergoline treatment?

Cabergoline is a tablet treatment used to reduce the production of a hormone called prolactin by the pituitary gland (a gland at the base of the brain). If you have a prolactinoma (overproduction of prolactin by a cluster of cells in the pituitary), cabergoline treatment is also used to shrink the size of the swelling on the pituitary gland.

How should I take cabergoline?

Cabergoline is a long-acting medicine, which only needs to be taken once or twice a week. Your specialist will recommend the appropriate dose for you.

Side-effects are reduced if you take the cabergoline with food.

Common side-effects

Cabergoline may make you feel a bit dizzy, especially when you stand up suddenly. It may also cause nausea or headaches. These side-effects are reduced by taking the cabergoline with food. Your specialist will also usually recommend starting with a low dose of cabergoline and gradually increasing the dose if necessary, to reduce the risk of developing these side effects. These side-effects usually settle down as your body gets used to the medicine.

Rare side-effects

In patients taking cabergoline to treat Parkinson's disease (an unrelated disease of the nervous system in older people), at doses at least ten times those used to treat prolactinomas, cases of heart valve damage have been reported. Very rare cases of heart valve damage have been reported in patients taking low-dose cabergoline to treat prolactinomas. Your doctor will usually listen to your heart before starting cabergoline treatment. They may arrange an echocardiogram heart scan if you need long-term treatment with cabergoline. If you are concerned that you are becoming more short of breath or developing ankle swelling, you should alert your GP or your endocrinologist (hospital hormone specialist).

Very rarely, cabergoline can cause severe psychiatric disturbances or abnormal behaviour, for example a strong desire to gamble or an

increased sex drive. These problems usually settle when the treatment is stopped. If you are concerned that you may be affected in this way, you should consult your GP or your endocrinologist.

How is the response to cabergoline treatment monitored?

Your endocrinologist will measure the levels of prolactin in blood tests. They may also repeat your pituitary scan once you have been treated for a while. To reduce the risk of developing the rare side-effects of cabergoline treatment, your endocrinologist will usually recommend the lowest effective dose. Some patients go into remission after a few years of treatment: the blood tests and scans will enable your specialist to re-assess the need for you to continue taking the cabergoline as your treatment progresses.

What about pregnancy?

Once women start taking cabergoline, their fertility is often restored. This may happen quickly, even before menstrual periods start again. If you do not want to become pregnant, you should use non-hormonal contraception (e.g. barrier contraception) as soon as you start taking cabergoline treatment. You should discuss your contraceptive options with your endocrinologist.

You should discuss with your endocrinologist what they recommend if you find you are pregnant whilst taking cabergoline treatment. Most women are advised to stop taking the cabergoline when they confirm a pregnancy (have a positive pregnancy test). Although there is no evidence that cabergoline treatment in pregnancy causes problems, it is preferable to avoid any medicine in pregnancy unless it is essential. Some women with large prolactinomas may be advised to continue cabergoline treatment in pregnancy: your endocrinologist will discuss this decision with you if this is the case.

What about breast feeding?

Cabergoline treatment suppresses breast milk production, so you should not take it whilst breast feeding. Your doctor will advise you if and when you should resume cabergoline treatment when you have stopped breast feeding: it is often helpful to see whether your periods start again and to reassess your prolactin levels before making this

decision. Sometimes small prolactinomas resolve after a pregnancy. Rarely, women with large prolactinomas will be advised to continue cabergoline treatment and not to breast feed: your endocrinologist will discuss this decision with you if this is the case.

Are there any medicines I should avoid when taking cabergoline?

You should not take cabergoline with erythromycin or clarithromycin (these are types of antibiotics), as they increase the cabergoline level in the blood, increasing the risk of side-effects. You should also avoid domperidone and metoclopramide (sometimes used to treat nausea or vomiting), as they counter-act the effect of the cabergoline.

Other information:

You should read the information leaflet that comes with the cabergoline.

Who do I contact if I have any questions?

If you have further questions, you should discuss them with your GP, your endocrinologist or the endocrine specialist nurse.

Royal Sussex County Hospital 01273 696955

Endocrine specialist nurse Extension 4379

Princess Royal Hospital, Haywards Heath 01444 441881

Endocrine specialist nurse Extension 5660

If you have any urgent or emergency questions then your GP can advise you or they will contact the hospital on your behalf.

Patient self-help group and further information:

The Pituitary Foundation is a pituitary patient support group. They have a patient information leaflet about prolactinomas which you can download from their website: www.pituitary.org.uk

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