

Questions to ask next time:

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PATIENT INFORMATION



Drug Treatment in Parkinson's Disease

Dopamine Agonists

Dopamine agonists

Dopamine agonists are one of the groups of drugs used in the treatment of Parkinson's disease. They work by mimicking the missing brain transmitter **dopamine**.

They can be used alone in the early stages of the condition or be given in addition to other anti-parkinsonian drugs.

There are two different groups of dopamine agonists, the **Ergots (Bromocryptine, Pergolide and Cabergoline)** and the **Non Ergots (Ropinerole, Pramipexole and Rotigotine)**. The Ergot dopamine agonists are very rarely used now as they can cause scarring problems in the heart, lungs or abdomen in some patients. We now use the **Non Ergot agonists** in most people so the Ergot agonists will not be described further.

In general, no one dopamine agonist is better than another for the treatment of Parkinson's disease. However there are small differences between each of them, so if you have side effects or no response from one dopamine agonist it may be worth trying another.

All the **dopamine agonists** have similar side effects, they are all started at a low dose and gradually increased until they have an effect

Non Ergots

Ropinerole

Usually given three times a day, starting at 0.25 mgs and increased on a weekly basis. Normal dose range from 1 mg to 8 mgs three times a day. A slow release form, **Ropinerole XL**, has recently been introduced which only need to be taken daily. It has no advantage over the standard preparations.

Pramipexole dihydrochloride

Usually given three times a day, starting at 0.125 mgs (0.088 mgs base). It is gradually increased on a weekly basis. Normal dose 0.25-1.5 mgs three times a day (0.088-1.05 mgs base).

Rotigotine

This is the only dopamine agonist available as a patch, the drug is absorbed through the skin. The patch needs changing daily. It starts at a 2 mg patch and is increased every 2 weeks till effects are seen. Maximum dose is 16 mgs. The patch offers no advantage over the tablets in most people, but may be useful in people with swallowing problems or who have night time problems. In addition to the usual side effects of dopamine agonists it can also cause skin reactions in up to 40% of cases due to the adhesive. These are usually mild but in some cases can be severe

Side effects

All drugs have side effects but in general dopamine agonists are reasonably tolerated. They are started in low doses and gradually increased to reduce the likelihood of side effects. They all have similar side effects to one another with the exception that **Rotigotine** may also cause a local skin reaction.

The most commonly associated side effects are:

Up to 1 in 10 - nausea, drowsiness.

1 in 10 to 1 in 100 - vomiting, abdominal discomfort, leg swelling, dizziness, blood pressure drop on standing, confusion, hallucinations.

1 in 100 to 1 in 1000 - abnormal dreams, extreme sleepiness or suddenly falling asleep, anxiety, confusion, severe hallucinations, irrational suspicion.

Pathological gambling, increased sexual urges, compulsive behaviour such as uncontrolled shopping can occur at high doses. This usually improves on reducing or stopping the drug.

Special precautions

If side effects occur consult your doctor or Parkinson's Nurse Specialist. **Do not suddenly stop the drug as this can cause serious problems.** It needs to be withdrawn gradually.