



**University
Hospitals Sussex**
NHS Foundation Trust

Cabergoline treatment

Department of Endocrinology

Patient information

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.

Common side-effects

Cabergoline is a long-acting medication, usually taken once or twice a week. Cabergoline can make you feel a bit dizzy, or cause nausea or headaches. Side-effects may be reduced if you take the cabergoline with food, or last thing at night before going to bed. Usually your specialist will recommend a low starting dose to reduce the risk of side-effects, gradually increasing the dose if necessary as your body gets used to the medication.

Rare side-effects

There are some much rarer side-effects of cabergoline. Very rare cases of heart valve damage have been reported. Usually your doctor will listen to your heart before starting cabergoline treatment, and they may arrange an echocardiogram heart scan. This scan may be repeated if you need long-term treatment. It is very unusual for cabergoline to cause clinically significant

heart problems, but you should alert your doctor if you developed shortness of breath or ankle swelling.

Also very rarely, cabergoline can cause psychiatric disturbances or abnormally impulsive behaviour, for example a strong desire to gamble or a greatly increased sex drive. It is worth letting your 'nearest and dearest' know about this, just in case they notice any changes of this sort. If you are concerned you should consult your GP or your endocrinologist. These problems usually settle when the treatment is stopped.

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 MRI 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 couple of years of treatment and the cabergoline can be stopped: blood tests and scans will enable your specialist to monitor for any recurrence.

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, and discuss contraceptive options with your endocrinologist.

You should also check what your endocrinologist recommends if you find you are pregnant whilst taking cabergoline treatment. Most women with microprolactinomas are advised to stop taking the cabergoline when they confirm a positive pregnancy test. Some women with macroprolactinomas may be advised to continue cabergoline in pregnancy. Your endocrinologist will discuss specific recommendations with you.

What about breast feeding?

As cabergoline suppresses milk production, you should not take it whilst breast feeding. It is often helpful to see whether your periods start again when you have stopped breast feeding, and reassess your prolactin levels, before deciding whether or not to resume cabergoline treatment. Sometimes microprolactinomas resolve after a pregnancy. Rarely, women with large macroprolactinomas will be advised to continue cabergoline treatment and not to breast feed. Your endocrinologist will discuss these decisions with you.

Are there any medicines I should avoid when I am taking cabergoline?

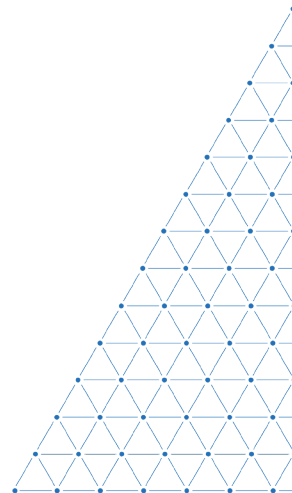
You should not take cabergoline with erythromycin or clarithromycin (these are types of antibiotics), as they increase the cabergoline level in the blood, increasing the risk of side-effects. You should also avoid domperidone and metoclopramide (sometimes used to treat nausea or vomiting), as they counter-act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

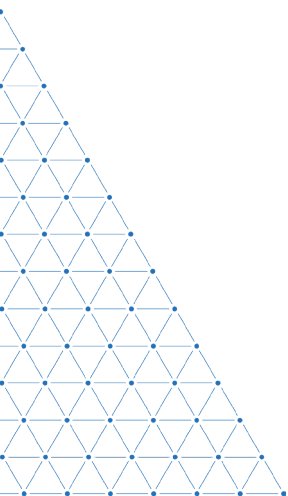
Are there alternatives to cabergoline treatment?

Depending on your prolactinoma, your symptoms and your situation, you may need no treatment at all, or there may be alternatives such as oestrogen or testosterone treatment. If you are not able to tolerate treatment with cabergoline, or if it is not effective in your case, there are similar medications that can be considered, or other treatment options including pituitary surgery. Your endocrinologist will discuss the options with you.

Other information:

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





Who do I contact if I have any questions?

Endocrine specialist nurses

uhsussex.ens@nhs.net

Royal Sussex County Hospital

Endocrine specialist nurse

01273 696955 Ext. 64379

Princess Royal Hospital, Haywards Heath

Endocrine specialist nurse

01444 441881 Ext. 65660

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 groups and further information:

The Pituitary Foundation

www.pituitary.org.uk

This leaflet is intended for patients receiving care in Brighton & Hove or Haywards Heath

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