**BROMOCRIPTINE & CABERGOLINE**

High prolactin levels can lead to abnormal breast milk production and disorders of sexual function, including menstrual irregularity, infertility, and low libido. Bromocriptine and Cabergoline lower prolactin levels by stimulating dopamine receptors in the brain.

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Brand Name(s)</th>
<th>Strengths (mg)</th>
<th>Usual Doses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bromocriptine</td>
<td>Parlodel</td>
<td>2.5, 5</td>
<td>2.5 - 15 mg/day</td>
</tr>
<tr>
<td>Bromocriptine IM</td>
<td>Parlodel LAR</td>
<td>Intramuscular Injection</td>
<td>50-150 mg/month</td>
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<tr>
<td>Cabergoline</td>
<td>Dostinex</td>
<td>0.5</td>
<td>0.5 – 1 mg/week</td>
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</tbody>
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**POTENTIAL USES:**

1) Pituitary Adenomas (Benign Tumors of the Pituitary Gland)
2) Elevated Prolactin Levels – Other Causes

**CONTRAINDICATIONS:** (Do not use if any of these conditions are present)

1) Uncontrolled Hypertension
2) Pregnancy-induced Hypertension, Pre-Eclampsia
3) Known Sensitivity to Prolactin-lowering drugs

**FDA PREGNANCY CATEGORY:** B (Presumed safety based on animal studies)

**ADVERSE REACTIONS:**

1) Gastrointestinal symptoms: abdominal pain, nausea, vomiting
2) Dizziness, Orthostatic Hypotension (low blood pressure upon standing)
3) Fatigue, Sleepiness
4) Insomnia, Nightmares, Hallucinations
5) Nasal Congestion

**MONITORING REQUIREMENTS**

1) Prolactin levels – usually 6-8 weeks after initiation or dosing changes

**COMMON QUESTIONS**

_Disclaimer: This handout is provided as an educational service for patients. It is not all-inclusive, and is not intended to replace other sources of drug information. Please refer to each drug’s package insert for complete drug prescribing information._
1) Which is better, bromocriptine or cabergoline?

Both drugs are effective for lowering high prolactin levels. Cabergoline has a slightly superior success rate, is better tolerated, and may be more convenient (can usually be taken once or twice per week), but is also far more expensive than Bromocriptine. So, the choice of drug often depends on patient preferences, cost, and prescription drug coverage.

2) What should I do if I develop side effects while taking bromocriptine or cabergoline?

Side effects from these drugs are dose-related, so the dose should be slowly increased in most patients. If side effects occur, try cutting the dose in half, then gradually working your way back up to the original dose. If you cannot tolerate dose increases, contact your physician to discuss possible alternative therapies.

3) What should I do if I become pregnant while taking bromocriptine or cabergoline?

While these drugs are considered generally safe during pregnancy, some women elect to stop these drugs during pregnancy. In addition, these drugs interfere with normal breast-feeding. If you become pregnant while taking these drugs, you should schedule an office visit immediately with your doctor.

4) What is my “goal” prolactin level?

Normal prolactin levels of less than 20 ng/mL can often be achieved with drug therapy. However, prolactin levels slightly above normal are acceptable in many cases, particularly if fertility is not an active concern.

5) Do I need to stay on these pills forever?

In some patients, these drugs can be safely stopped after several years of therapy. If you have been taking one of these drugs for over five years and you wish to stop, discuss this possibility with your doctor during your next office visit.