I. ISSUE – Development of valvulopathy in patients receiving pergolide therapy

II. BACKGROUND –

On March 29, 2007 The U.S. Food and Drug Administration (FDA) announced that manufacturers of pergolide drug products, which are used to treat Parkinson’s disease, will voluntarily remove these drugs from the market because of the risk of serious damage to patients’ heart valves.

The products being withdrawn are Permax, the trade name for pergolide marketed by Valeant Pharmaceuticals, and two generic versions of pergolide manufactured by Par and Teva. Pergolide is in a class of medications called dopamine agonists and is used with levodopa and carbidopa to manage the symptoms (tremors and slowness of movement) of Parkinson’s disease.

III. DISCUSSION - REVIEW OF WARNING

In 2006, a boxed warning regarding the risk of serious heart valve damage was added to the labeling for pergolide.

Two recent New England Journal of Medicine studies confirm previous findings associating pergolide with increased chance of regurgitation (backflow of blood) of the mitral, tricuspid, and aortic valves of the heart. Valve regurgitation is a condition in which valves don’t close tightly, allowing blood to flow backward across the valve. Symptoms include shortness of breath, fatigue and heart palpitations.

In light of this additional post-market safety information, the companies that manufacture and sell pergolide will stop shipping pergolide for distribution and, in cooperation with FDA, will withdraw the products from the market.

IV. VA MEDSAFE RECOMMENDATIONS
Healthcare professionals who prescribe pergolide should consider the following:

- Assess the patient’s need for dopamine agonist (DA) therapy. If continued treatment with a DA is necessary, another DA should be substituted for pergolide. There are other dopamine agonists approved for the treatment of Parkinson’s disease that are not associated with heart valve damage. Published transition regimens describe the conversion from one DA to another.
- If treatment with a DA is to be discontinued, pergolide should not be stopped abruptly, because rapid discontinuation of all dopamine agonist therapies can be dangerous. Instead, gradually decrease the dose of pergolide.
- Patients who will be taken off pergolide should be told that other effective options for treatment exist, including three other DAs that are not associated with damage to heart valves.

V. REFERENCES


Conversion of Parkinson’s Disease patient on pergolide monotherapy

Parkinson Disease patient on pergolide monotherapy

Physiologic age >70 years or prominent history of significant psychiatric or cognitive symptoms?

- NO
  - Consider switching dopamine agonist

- YES
  - Consider carbidopa/levodopa monotherapy

Inadequate response or intolerance of previous therapy with pramipexole?

- NO
  - Switch to pramipexole at dose ratio of 1 mg pergolide equivalent to 1 mg pramipexole

- YES
  - Switch to ropinirole at dose ratio of 1 mg pergolide equivalent to 5 mg ropinirole
Conversion of Parkinson’s Disease patient on pergolide adjunct therapy with carbidopa/levodopa

- Parkinson’s Disease patient on pergolide adjunct therapy with carbidopa/levodopa
  - Physiologic age >70 years or prominent history of significant psychiatric or cognitive symptoms?
    - NO
    - Consider increasing carbidopa/levodopa dose as monotherapy
    - Prominent wearing off and/or motor fluctuations?
      - YES
      - Consider switching dopamine agonist
      - NO
      - Inadequate response or intolerance of previous therapy with pramipexole?
        - NO
        - Switch to pramipexole at dose ratio of 1 mg pergolide equivalent to 1 mg pramipexole
        - YES
        - Consider DC of dopamine agonist and add entacapone adjunctive therapy
          - YES
          - Switch to ropinirole at dose ratio of 1 mg pergolide equivalent to 5 mg ropinirole