Answers to common questions about hyperprolactinemia and DOSTINEX® Tablets (cabergoline tablets)

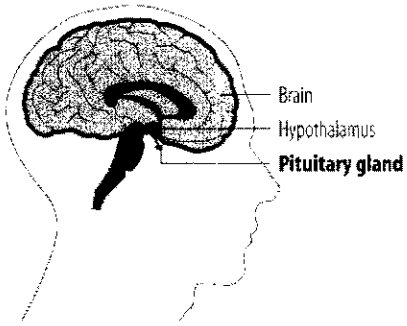
DOSTINEX cabergoline tablets

Q What is hyperprolactinemia?

A The term "hyper" means elevated. Hyperprolactinemia is a condition that results from having elevated levels of prolactin in the blood.

Q What is prolactin?

A It is one of the hormones made and released by your pituitary gland. The pituitary gland, often called the "master gland," regulates many functions in your body, including growth, reproduction, and various aspects of metabolism.



Q What is the purpose of prolactin?

A The primary role of prolactin is to stimulate and sustain the secretion of breast milk after childbirth.

Q Besides normal pregnancy and breast-feeding, what are other causes of increased prolactin levels?

A There are a number of causes, including

- Hypothyroidism (underactive thyroid gland)
- Some medicines, including some used to treat high blood pressure, psychiatric disorders, and ulcer symptoms
- Most commonly, an abnormality such as an adenoma, a benign growth, in the pituitary gland that causes increased secretion of the hormone

In some cases, the cause of the elevated prolactin levels is unknown.

Q What are the signs and symptoms of hyperprolactinemia?

A In women, hyperprolactinemia often causes infertility, amenorrhea (absence of menstrual periods), other menstrual irregularities, and galactorrhea (the discharge of breast milk). In men, it can cause low levels of testosterone (male hormone). This may result in decreased sex drive, impotence, infertility, and galactorrhea.

Q How is hyperprolactinemia diagnosed?

A The most important diagnostic test is the measurement of the prolactin level in the blood. If your doctor feels that a pituitary problem is a likely cause of your hyperprolactinemia, she or he may order a pituitary MRI (magnetic resonance imaging) scan to determine if there is a disorder there. Your doctor may also want to do additional blood tests to determine if there are other hormone problems related to the high prolactin level or pituitary gland function.

Q When is it necessary to medically treat hyperprolactinemia?

A Patients with macroadenomas (adenomas measuring larger than 1 cm or about 3/8 inch) are almost always treated with medical therapy. For patients with microadenomas (measuring 1 cm or smaller) or with normal MRI scans, there are several situations that may make treatment advisable:

- Amenorrhea, irregular menstrual periods, or infertility – even if you are not trying to become pregnant, amenorrhea typically is accompanied by low estrogen levels, which could increase your risk for osteoporosis (thinning of the bones)
- Concerns over the size of an adenoma or results of an MRI scan
- Headaches
- Galactorrhea that has become troublesome

Q What medical therapies are available to treat hyperprolactinemia?

A Drugs called dopamine agonists have been widely used for more than 20 years. Dopamine is a naturally occurring substance that controls prolactin secretion by the pituitary gland and keeps blood levels of prolactin normal. The medications that are used to treat hyperprolactinemia and regulate prolactin are oral forms of dopamine. In some cases, surgery is used to treat hyperprolactinemia caused by prolactin-secreting tumors.

Q How do dopamine agonists work?

A Like the body's own dopamine, these medicines act on the pituitary gland to inhibit the release of prolactin.

Q What types of dopamine agonists are available to treat hyperprolactinemia?

A The first dopamine agonist marketed for the treatment of hyperprolactinemia, bromocriptine (Parlodel®), has been available for over 20 years. This prescription-only medicine requires dosing one to two times a day and may cause side effects such as nausea, headache, dizziness, constipation, stomach upset, and vomiting. Another prescription-only dopamine agonist, DOSTINEX Tablets (cabergoline tablets), was the first major advance in the treatment of hyperprolactinemia 20 years after the introduction of bromocriptine. DOSTINEX causes side effects similar to those listed above for bromocriptine with a lower incidence of nausea reported in a clinical trial.

Compliments of:
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