

Shared care guidelines

RASAGILINE — for idiopathic Parkinson's disease

It is vital for safe and appropriate patient care that there is a clear understanding of where clinical and prescribing responsibility rests between Consultants and General Practitioners (GPs).

This guideline reinforces the basic premise that:

When clinical and / or prescribing responsibility for a patient is transferred from hospital to GP, the GP should have full confidence to prescribe the necessary medicines. Therefore, it is essential that a transfer of care involving medicines that a GP would not normally be familiar with, should not take place without the "sharing of information with the individual GP and their mutual agreement to the transfer of care."

These are not rigid guidelines. In all cases, Consultants and GPs should discuss the appropriate management of individual patients. On occasions, Consultants and GPs may agree to work outside of this guidance. As always, the doctor who prescribes the medication has the clinical responsibility for the drug and the consequences of its use.

Indications:

The treatment of idiopathic Parkinson's disease (PD) as monotherapy (without levodopa) or as adjunct therapy (with levodopa) in patients with end of dose fluctuations.

Dosage and administration:

Dose of 1 mg once daily with or without levodopa.

It may be taken with or without food.

Monitoring requirements:

Patients should be routinely seen by the consultant within one month of commencing the medication, and questioned about possible side effects such as flu like syndrome, hallucinations, postural dizziness or increased involuntary movements. The Unified Parkinson's Disease Rating Scale (UPDRS) is a valuable tool for recording response to treatment. There are no specific monitoring requirements.

Additional information:

New patients:

Selegiline should normally be used first line, but rasagiline can be used if selegiline has not been tolerated, or is contraindicated because of symptomatic postural hypotension (>20mm Hg drop in systolic pressure 1-3 minutes after an active stand from lying, after resting for 5 minutes). It can be used where patients have expressed a preference for once daily medication, or where compliance can be improved.

Patients on levodopa with motor fluctuations:

It can be used for patients who have developed and are distressed by motor fluctuations that may be associated with non-motor fluctuations. Selegiline should normally be used first line, but rasagiline can be used if selegiline has not been tolerated. It can be used where patients have expressed a preference for once daily medication, or where compliance can be improved, or where the patient has been intolerant of entacapone or dopamine agonists or where these drugs are contraindicated.

Contraindications:

Rasagiline should **not** be given to patients with severe hepatic failure (with an albumin of <25 g/l or encephalopathy or bilirubin > 200 µmol/l.)

Drug interactions:

Rasagiline should **not** be co-administered with: pethidine, fluoxetine, fluvoxamine, or monoamine oxidase inhibitor antidepressants

Concomitant administration of rasagiline with all other antidepressants (risk of CNS toxicity with SSRI's and tricyclics) or entacapone (reduced plasma concentration of rasagiline) should be carried out with additional caution and close observation reviewing the patient within 1 week of commencement.

Patients should **not** concomitantly use dextromethorphan, sympathomimetic nasal decongestants or cold medications containing ephedrine or pseudoephedrine.

Cautions:

Caution should be used when initiating treatment in patients with mild hepatic insufficiency. Rasagiline use in patients with moderate hepatic impairment should be avoided. If patients progress from mild to moderate hepatic impairment, rasagiline should be stopped.

Concomitant use of potent CYP1A2 inhibitors e.g. ciprofloxacin may increase the plasma levels of rasagiline and should be used with caution. There is a risk that the plasma levels of rasagiline in smoking patients could be decreased, due to induction of the metabolising enzyme CYP1A2. Patients taking rasagiline who stop smoking should be monitored for increased side effects.

Rasagiline should be avoided if there is a history of visual hallucinations.

Adverse effects:

Headache, depression, dyspepsia, nausea, pain and dizziness are commonly reported with rasagiline as monotherapy.

Where rasagiline is used as adjunctive therapy to levodopa, common adverse events are dyskinesia, hallucinations, sleep disorder, dizziness, and nausea.

Depression, weight loss and anorexia are also reported in the Summary of Product Characteristics.

Action to be taken if abnormal results/adverse effects:

The drug should be withdrawn if not significantly effective at relieving the patient's symptoms or if side effects develop such as increased visual hallucinations or deteriorating dyskinesias or other distressing involuntary movements occur.

Specialist responsibilities:

Diagnose condition and discuss with patient the benefits and side effects of treatment with rasagiline.

On initiation, 28 days of medication to be prescribed.

Review the patient's condition and initial response to treatment after one month, and if tolerating and benefiting from rasagiline at this first follow up visit, a written request to be made to the GP to continue prescribing the medication.

This letter should explain why the patient is taking rasagiline instead of selegiline.

Regularly review the patient's condition and monitor response to treatment.

Communicate promptly with GP when treatment is changed.

Advise GPs when to refer back and when and how to stop treatment (see section above and secondary care review section below).

Report adverse events to the CSM.

Ensure clear backup arrangements exist for GPs, for advice and support.

GP's responsibilities:

Reply to the request for shared care as soon as practicable.

Prescribe rasagiline.

Monitor patient's response to treatment.

Report to and seek advice from the specialist on any aspect of patient care that is of concern to the GP and may affect treatment.

Refer back to specialist if condition deteriorates, as advised.

Report adverse events to specialist and CSM.

Stop treatment on advice of specialist.

Patient's responsibilities:

Report to the specialist or GP if he or she does not have a clear understanding of the treatment or has concerns in relation to treatment with rasagiline

Report any adverse effects to the specialist or GP whilst taking rasagiline.

Secondary care review:

Every six months in movement disorder clinic. Where there is a specific problem, patient may be seen in the community by Parkinsons disease specialist nurse (if appropriate) or return earlier to clinic for review.

Availability

For prices refer to Drug Tariff.

Back up advice and support:

Parkinson's disease specialist nurse

Dr M O'Neill

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