SHARED CARE GUIDELINES FOR PRESCRIBING SELEGILINE IN PARKINSON'S DISEASE

INDICATION

Selegiline is a monoamine-oxidase-B inhibitor used in conjunction with levodopa at the onset of motor fluctuations as an alternative to dopamine agonists or COMT inhibitors.

It should not be used as monotherapy. The evidence for any neuroprotective effect in early disease is **not** established and should not be offered.

AREAS OF RESPONSIBILITY FOR SHARED CARE

This shared care agreement outlines ways in which the responsibilities for managing the prescribing of a selegiline can be shared between the specialist and general practitioner (GP). GPs are invited to participate. If the GP is not confident to undertake these roles, then he or she is under no obligation to do so. In such an event, the total clinical responsibility for the patient for the diagnosed condition remains with the specialist. If a specialist asks the GP to prescribe this drug, the GP should reply to this request as soon as practicable.

Sharing of care assumes communication between the specialist, GP and patient. The intention to share care is usually explained to the patient by the doctor initiating treatment. It is important that patients are consulted about treatment and are in agreement with it.

The doctor who prescribes the medication legally assumes clinical responsibility for the drug and the consequences of its use.

REFERRAL AND INITIATION

The diagnosis of Parkinson's disease will be undertaken by a consultant and their team. Pharmacological measures should not be initiated prior to specialist referral. In some cases it may not be appropriate to initiate therapy with selegiline when the patient is seen by the specialist team. It may therefore be necessary for GPs to initiate therapy where a delay in initiation is required.

Specialist Responsibilities	
1	To assess the patient and establish the diagnosis, determine a management strategy and ensure appropriate follow-up in conjunction with the GP.
2	Where appropriate: o to initiate and stabilise treatment; o obtain consent from the patient's GP to continue prescribing once treatment has been stabilised (usually after 4 weeks) or if a delay in initiation is required to obtain their consent to start treatment when indicated, o monitor the patient and their therapy at six monthly intervals.
3	To provide the GP with appropriate prescribing information and any additional information requested.
4	To be available for advice if the patient's condition changes.
5	To ensure that procedures are in place for the rapid re-referral of the patient by the GP.
6	To ensure the patient has given informed consent to their treatment.
7	To liase with the GP on any suggested changes in prescribed therapy.

General Practitioner Responsibilities	
1	Initially, to refer the patient for specialist advice.
2	Where appropriate to continue to prescribe a selegiline as part of a shared care arrangement (usually after 4 weeks). If a decision has been made to delay initiation GPs may initiate therapy in accordance with the specialist's instructions.
3	To deal with general health issues of the patient.
4	Monitor concordance with therapy

Patient's role (or that of carer)	
1	Report to the specialist or GP if he or she does not have a clear understanding of the treatment.
2	Attend appropriate GP and other follow up appointments
3	Share any concerns in relation to treatment with the selegiline
4	Use written and other information on the medication.
5	Seek help urgently if suspect side effects, or otherwise unwell.

SUPPORTING INFORMATION

Dosage and Administration
10mg in the morning, or 5mg at breakfast and 5mg at midday. To avoid initial confusion and agitation, it may be appropriate to start treatment with a dose of 2.5mg daily, particularly in the elderly.

Monitoring
No specific monitoring is required.

Contraindications
- Hypersensitivity to the active ingredients or excipients of the preparation
- Pregnancy or Breastfeeding

Special Warnings
Foods containing tyramine have not been reported to induce hypertensive reactions during selegiline treatment at doses used in the treatment of Parkinson's disease.

Common Side Effects
Nausea, constipation, diarrhoea, dry mouth, postural hypotension, abnormal movements (such as dyskinesias), vertigo, sleeping disorders, confusion, hallucinations.

Drug Interactions
- Concomitant use of nonselective MAO-inhibitors may cause severe hypotension. Interactions between nonselective MAO-inhibitors and pethidine, as well as selegiline and pethidine have been described, therefore, use of pethidine concomitantly with selegiline should be avoided.
- Tramadol may also potentially interact with Selegiline.
- Dopamine should be used with caution in patients receiving Selegiline.
- Serious reactions have been reported in some patients receiving a combination of selegiline and fluoxetine. Similar experience has been reported in patients receiving selegiline and other serotonin reuptake inhibitors, and it is recommended to avoid the combination of selegiline with fluoxetine, sertraline, paroxetine or venlafaxine. A minimum period of five weeks should be allowed between discontinuation of fluoxetine and initiation of selegiline treatment.
- Severe CNS toxicity has been reported in patients with the combination of tricyclic antidepressants and selegiline. It is recommended to be cautious when using selegiline together with tricyclic antidepressants.
- Concomitant use of oral contraceptives (tablets containing the combination of gestodene/ethinylestradiol or levonorgestrel/ethinylestradiol) and selegiline may cause an increase in the oral bioavailability of selegiline. Thus appropriate caution during the concomitant administration of selegiline and oral contraceptives should be applied.

Annual cost of selegiline 10mg od = £86 (Drug Tariff May 2010)

The manufacturer's summary of product characteristics (SPC) and the most current edition of the British National Formulary should be consulted for full information on contra-indications, warnings, side-effects and drug interactions.

References

1. Pharmacological Management of Parkinson's disease. Updated by the Bournemouth, Dorset and Poole Prescribing Forum. June 2010
2. British National Formulary 57. March 2010.

Written By	**Parkinson's Disease Working Group**	**May 2010**
Approved By	**Bournemouth, Dorset and Poole Prescribing Forum**	**June 2010**

Review Date	**June 2012 or before in the light of new evidence and/or recommendations**