CMDh endorses restricted use of bromocriptine for stopping breast milk production

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Information on Bromocriptine

- Bromocriptine is used to suppress milk production in women who have given birth. Women may not always breastfeed after childbirth due to a variety of reasons ranging from stillbirth and HIV-infection of the mother to personal choice. Although milk production eventually stops, women in the meantime can experience breast engorgement, leakage of milk, discomfort and pain.

- Bromocriptine is a dopamine receptor agonist (increases the amount of a chemical in the brain). It activates the receptors for dopamine, a hormone that regulates the release of another hormone called prolactin, which controls lactation. As a result, bromocriptine prevents the secretion of prolactin, thereby preventing or suppressing milk production.

- Bromocriptine is also used to treat other conditions, such as hyperprolactinaemia (high levels of prolactin in the body) and Parkinson's disease; however these uses are not included in this review.

- In Malta, the following products containing bromocriptine are authorised for use;

Product Name	Active Ingredient	Formulation	License Number
Brameston Tablets 2.5mg	Bromocriptine mesilate 2.9mg	TABLET	AA084/07301
Parlodel 10mg Capsule	Bromocriptine 10mg (as mesilate)	CAPSULE, HARD	AA244/14602
Parlodel 2.5mg Tablets	Bromocriptine 2.5mg (as mesilate)	TABLET	AA806/01201

Information from European Medicines Agency about the safety concern

The Coordination Group for Mutual Recognition and Decentralised Procedures – Human (CMDh)[1] has endorsed by majority recommendations on the use of bromocriptine-containing medicines by mouth to prevent or suppress breast milk production (lactation) after childbirth.

The CMDh agreed that the medicines should only be used for this purpose (in strengths up to 2.5 mg) when there are compelling medical reasons for stopping lactation, such as the need to avoid further distress after loss of the baby during or just after childbirth, or in mothers with HIV infection, who should not breastfeed.

Bromocriptine should not be used routinely for preventing or stopping milk production, and must not be used in women at increased risk of serious side effects, including women with various disorders that

[1] The CMDh is a medicines regulatory body representing the European Union (EU) Member States.

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increase blood pressure or who have or have had heart disease or severe psychiatric disorders. Blood pressure should be monitored so that early signs of an increase can be detected and treatment stopped immediately.

The CMDh position follows a review by the EMA's Pharmacovigilance Risk Assessment Committee (PRAC) of available data on the safety and effectiveness of bromocriptine in controlling breast milk production after childbirth. More information can be retrieved from Medicines Authority circular **P21/2013.**

As the CMDh position on bromocriptine was adopted by majority vote, it will now be sent to the European Commission, which will take an EU-wide legally binding decision.

Information to healthcare professionals

The following recommendations (some of which are already included in the product information) should be borne in mind when prescribing bromocriptine for the prevention or suppression of lactation.

- Bromocriptine should only be used orally in strengths up to 2.5 mg to inhibit lactation when medically indicated, such as in case of intrapartum loss, neonatal death or HIV infection of the mother. Products with strengths of 5 or 10 mg are not indicated for such use.
- Bromocriptine should not be used for the routine suppression of lactation, nor for the relief of symptoms of post-partum pain and engorgement, which can be adequately treated with non-pharmacological intervention (such as firm breast support, ice application) and simple analgesics.
- Use is contraindicated for patients with uncontrolled hypertension, hypertensive disorders of pregnancy (including eclampsia, pre-eclampsia or pregnancy-induced hypertension), hypertension post-partum and in the puerperium, a history of coronary artery disease or other severe cardiovascular conditions, or a history of severe psychiatric disorders.
- Blood pressure should be carefully monitored especially during the first day of therapy. If hypertension, suggestive chest pain, severe, progressive, or unremitting headache (with or without visual disturbance) or evidence of central nervous system toxicity develops, treatment should be discontinued and the patient evaluated promptly.

The PRAC's recommendations are based on a review of the available evidence of safety and efficacy of oral bromocriptine for prevention and suppression of lactation.

- Evidence from the clinical trials originally used to license the product as well as those in the published literature suggests that bromocriptine is efficacious in the prevention and inhibition of lactation. However, the data available were such that conclusions on the efficacy of bromocriptine in mastitis, breast engorgement and painful breast engorgement could not be made.
- On the basis of available safety data, a causal association between use of bromocriptine and serious cardiovascular, neurological or psychiatric events could not be excluded. However, the absolute number of cases reported post-marketing is low especially given the fact that bromocriptine has been available in the EU since 1973, with a substantial patient exposure; overall incidence rates are estimated to be between 0.005% and 0.04%.

The product information for bromocriptine-containing medicines will be updated accordingly once a final legally binding decision has been taken by the European Commission.

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Information to patients

- Medicines containing bromocriptine are licensed in many EU countries for use by mouth to prevent or stop milk production after childbirth in women who are not breastfeeding. Because of a possible risk of serious side effects, recommendations have been issued to clarify that these medicines should not be used routinely for preventing or stopping milk production.
- They should only be used for this purpose if there are medical reasons for doing so, for example to avoid further distress in women who lose a baby during or just after birth, or in women who have HIV infection (to avoid any risk of passing the virus on in breast milk).
- Bromocriptine should not be used to relieve symptoms of pain or swelling of the breasts after childbirth when such symptoms can be managed by measures such as breast support or applying ice, and the use of painkillers if needed.
- Women who are at greater risk of side effects, such as those who have a condition that increases blood pressure, or who have a history of serious mental illness, should not take bromocriptine.
- Blood pressure should be monitored in those who take the medicine (especially on the first day of taking it) so that early signs of problems can be detected, and the medicine stopped.
- Patients who develop chest pain or an unusually severe headache should consult their doctor urgently.
- Women who have any questions or concerns should consult their doctor or pharmacist.

Reporting Adverse Drug Reactions

Healthcare professionals and patients are encouraged to maintain vigilance on bromocriptine containing medicines. Suspected Adverse Drug Reactions (side effects) may be reported using the Medicines Authority yellow card scheme or online at **http://www.medicinesauthority.gov.mt/adrportal** or to the marketing authorisation holder or their local representatives.

Prof. John J Borg PhD (Bristol)
Post-licensing Director

Healthcare professionals and patients are encouraged to regularly check the Medicines Authority website for product safety updates as these are issued on an ongoing basis.

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