

# **An interesting new central acting oral antidiabetic drug**

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## Timed-release bromocriptine

- A Sympatholytic, D<sub>2</sub>-Dopamine Agonist ; has been approved by the U.S. Food and Drug Administration (FDA) for the treatment of type 2 diabetes
- Timed bromocriptine administration within 2 h of awakening
  - Augment low hypothalamic dopamine levels ; inhibit excessive sympathetic tone within the central nervous system (CNS)- resulting in reduction in postmeal plasma glucose levels due to enhanced suppression of hepatic glucose production





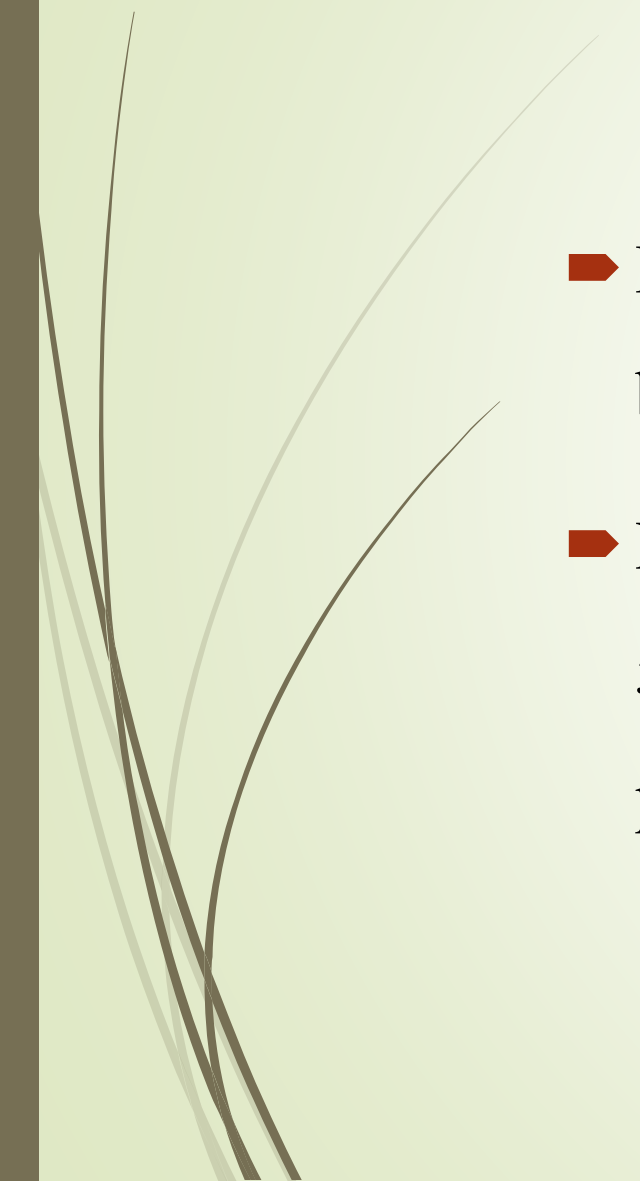
➤ A decrease in elevated VMH noradrenergic and serotonergic levels  
with a resultant



➤ Decline in hepatic glucose production/gluconeogenesis,

➤ Reduced adipose tissue lipolysis,

➤ Improved insulin sensitivity.

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- Addition of bromocriptine to poorly controlled type 2 diabetic patients treated with diet alone, metformin, sulfonylureas, or thiazolidinediones produces a 0.5–0.7 decrement in HbA1c.
  - Reduces fasting and postmeal plasma free fatty acid (FFA) and triglyceride levels

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- Improves glycemic control and dyslipidemia without change in body weight in type 2 diabetic and obese nondiabetic humans
  - Reduced the composite cardiovascular end point by 40% in a 52 doubleblind, placebo-controlled study in type 2 diabetic patients


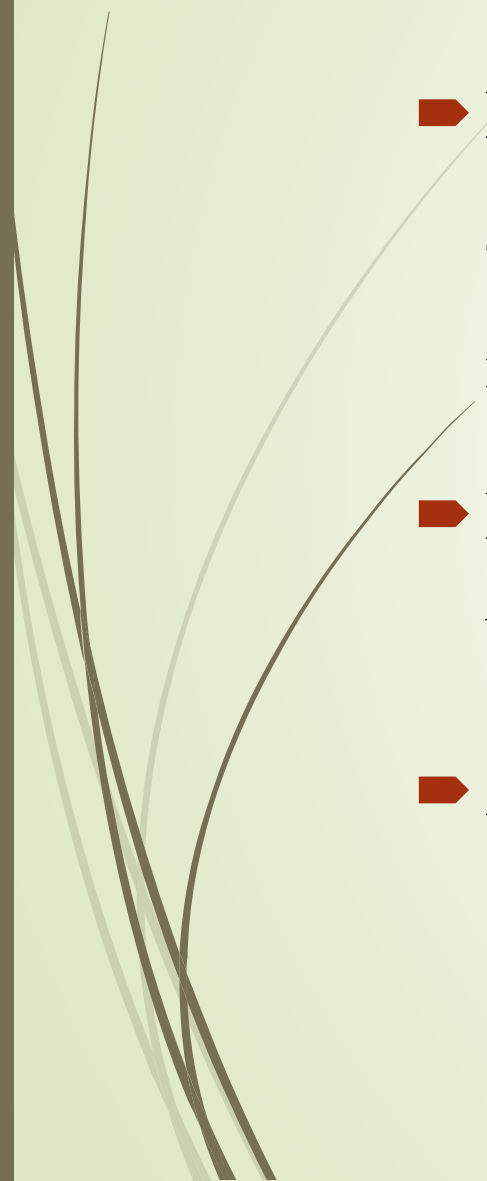
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- Other advantages - absence of hypoglycemia, weight neutrality, no need for dose adjustment in patients with moderate renal insufficiency, lack of edema and CHF, and good side effect profile.



# Pharmacokinetics and dose

- Rapidly dissolved and absorbed within 30 min
- When ingested on an empty stomach, the maximum plasma concentration is reached within 60 min.
- Absorption is delayed by food and peak plasma levels are achieved at 120 min in the fed state.



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- Extensive hepatic first-pass extraction and metabolism by the cytochrome P450 system, specifically CYP3A4 ; 5–10% of the ingested dose reaches the systemic circulation
  - Ninety-eight percent of ingested bromocriptine is excreted via the biliary route
  - An elimination half-life of 6 h.



**↓ Early morning hypothalamic dopamine levels in diabetes**



**↑ Hypothalamic SNS activity**  
**↑ HGP**  
**↑ Lipolysis/FFA**  
**↑ Lipogenesis/TG**



**Glucose intolerance**  
**Insulin resistance**  
**Dyslipidemia**  
**↑ Cardiovascular disease**

**Early Morning**  
■ ■ ■ ■ ■ ■ ■ ■  
**Bromocriptine**

**↑ Morning hypothalamic dopamine levels**



**↓ SNS activity**  
**↓ HGP**  
**↓ Lipolysis/FFA**  
**↓ Lipogenesis/TG**



**↑ Glucose tolerance**  
**↑ Insulin sensitivity**  
**↓ Plasma FFA/TG**  
**↓ Vascular pathology**

**Mechanism of action of Timed-release bromocriptine**



# Dose:

- 0.8 mg/day - a maximum of 4.8 mg/day
- administered as a once daily dose within 2 h of awaking





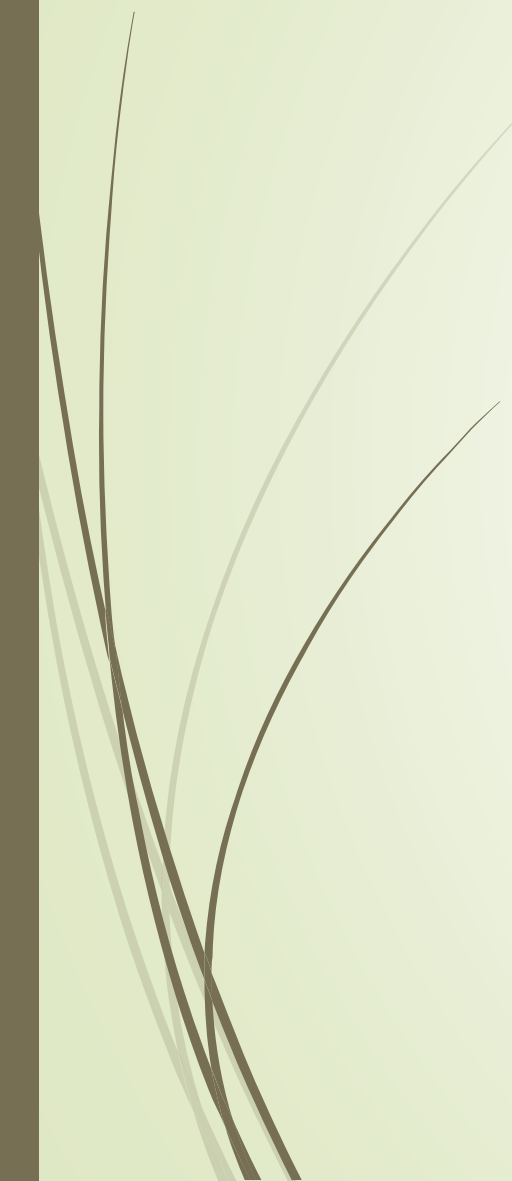
# Safety and tolerability- well tolerated

- Nausea
- Asthenia
- Constipation
- Dizziness
- Rhinitis

# References

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