Non-ergot dopamine agonists and heart failure

To the Editor,

We have read with great interest the article published by Erken Pamukcu et al. (1) about the effects of different non-ergot dopamine agonists on cardiac functions in patients with Parkinson's disease. Authors demonstrated that non-ergot dopamine agonists, ropirinole and pramipexole, are safe drugs for cardiac systolic and diastolic functions (1).

There are conflicting data regarding the relationship between non-ergot dopamine agonists and heart failure. FDA released a safety concern because of a possible association between non-ergot dopamine agonists and increased heart failure incidence in 2012. These concerns were the result of observational studies, after which randomized controlled studies were designed and non-ergot dopamine agonists were established as safe drugs for cardiovascular system. In the current era, although previous studies have suggested that non-ergot dopamine agonists are related to increased heart failure incidence, recent studies and meta-analyses have shown no such significant relationship and have reported that non-dopamine agonists can be safely used in patients with heart failure (2).

Heart failure is classified according to systolic functions, and heart failure with preserved ejection fraction (HFpEF) is diagnosed by the presence of symptoms related to heart failure and elevated BNP levels (3). In this study, non-dopamine agonists did not cause deleterious changes in the echocardiographic systolic and diastolic parameters; however, it is difficult to implicate that these drugs do not cause heart failure by the lights of these results. We believe that it would be better if BNP levels were measured and patients were questioned for symptoms of heart failure so as to reveal the association between heart failure and non-dopamine agonists.

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DOI:10.14744/AnatolJCardiol.2018.76299