

Pharm

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Nurse consideration on Bromocriptine mesylat usage Introduction

Pharmacotherapy refers to the use of pharmaceuticals drugs to treat a medical disorder. The field of medicine is dynamic thus improvements in pharmaceutical drugs are an essential aspect. Pharmacotherapeutic agents in pharmaceutical drugs are the active agents that are responsible in restoring the normal functioning of the body. Treatment of Type 2 Diabetes Mellitus (T2DM) has been a worrying body disorder in our society. T2DM is a non-insulin type of disorder that is more common to adults at their old age but due to the current trend in lifestyle, it has now started to be noticed to children. This type of disorder results to hyperglycemia, a state where the body glucose level rises above normal. According to (Derrick, 2010) the past five years researches have been conducted on how to control hyperglycemia in T2DM. He argued, Pharmacotherapeutic agents that were previously used were proving to be inefficient e. g. Sulfonylurea. In the late 2009 a new pharmacotherapeutic agent, Bromocriptine mesylat was approved after a series of research to verify its efficiency. Example of drug that has Bromocriptine mesylat as active ingredient is Parlodel.

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Bromocriptine lowers the level of glucose concentration in the blood.

Researchers had a thought the Pharmacotherapeutic agent uses a mechanism that resets the body's circadian clock through enhancing dopaminergic. This agent's dosage is unique from other T2DM dosages. For a start a T2DM patients are advised to take 0.8mg of the drug containing the agent with food once per day, taken along with food it will enhance bioavailability. The dosage should be taken during bedtime. The dose can be

increased at a weekly interval. For instance, if a T2DM patient takes a dose of 0.8mg per day this week next he/she can increase it to 1.6mg per day. However, this can only be increased up to a limit of 4.8mg per day (“Bromocriptine mesylate”, 2009). Increasing the dose will increase the efficiency of the agent in controlling hyperglycemia.

Precaution should be taken when using Pharmacotherapeutic agent. A T2DB patient, who is breastfeeding, should not use it because it suppresses lactation process. If you happen to experience uncontrolled high blood pressure, this agent is not advisable for you since this will make it to be inefficient. While using this agent you will experience some side-effects as a result of your body reacting to the introduction of a “foreign agent”. Some of the side-effects include nausea, vomiting, dizziness, headache, diarrhea, vision, and chest problems. If the side-effect becomes severe, consult your doctor for urgent medical attention.

As a nurse you should always ensure you do assessment of the patient before drug administration is done. The most important consideration is finding out the patient if suffers from hypertension and she still breastfeed. Evaluation of the patient having galactorrhea should be done before the drug therapy commences. The patient has to ensure the drug is taken with food during bedtime. Discontinue use of the drugs should be done after consultation with your doctor (“Bromocriptine mesylate”, 2009). Women should use mechanical contraceptives because menses might occur after pregnancy.

Conclusion

Both patients of T2DB and nurses should work hand-in-hand so as to ensure

the usage of Bromocriptine mesylate is effective and above all minimize severity of the side-effects. A nation of healthy citizens is a vibrant nation, therefore let watch the health concerns of our beloved brothers and sisters. T2DB can be controlled by living a responsible lifestyle.

References

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