**Background.** In modern international guidelines there are not distinguished criteria of estimation of clinical symptoms, including data from the side of somatic, neurological statuses, although practically all neuroendocrinologists acknowledge a presence exactly of heterospecific complaints and symptoms for patients with organic hyperprolactinemia. Treatment of organic hyperprolactinemia is the renewal of normal level sent to the achievement biologically active prolactin (PRL) and reduction to the volume of adenoma. Cabergoline is a long-acting dopamine agonist that is very effective and well tolerated in patients with pathological hyperprolactinemia.

**The aim of the study:** to investigate the clinical and hormonal effectiveness of different modes of suppressive cabergoline therapy during 12 months in patients with prolactinomas. **Materials and methods:** it was examined and underwent a 12 month course of treatment by selective dopamine agonist (AgDof) CAB 61 patients with prolactinoma (PROL) (52 women and 9 men) aged 16 - 66 years. The total duration of the disease ranged from 1 to 60 months, average (12.3±10.1) months. Among the women, treated with CAB, it was mikroPROL 40, macro&giant PROL – 12. Among men it 2 was microadenoma, 7 macroadenoma. PROL was verified using magnetic resonance imaging (MRI). PRL blood levels (ng/mL) were determined by commercial reagent kit «ELISA» (DRG Diagnostics, USA) on automated analyzer Stat Fax 2100 (Awareness Technology, USA). Applied two modes of therapy: 1 – the mode of gradual increase of a CAB dose, since 0,5 mg a week with the subsequent control of the PRL blood level in each 4 weeks and titration CAB dose if necessary (increase in a week dose by 0.25 – 0.5 mg); 2 – the mode of high starting doses from calculation: the quantity of tablets CAB (0.5 mg) corresponded to frequency rate of increase of the PRL blood level in relation to the upper limit of age norm, but no more than 4 mg (8 tablets) a week. The statistical data analysis was carried out with the certified program package "Statgraphics Plus for Windows 3.0" (Manugistic Inc. USA). **Results:** proposed an integrated system that allows to estimate the effectiveness of clinical and hormonal parametres during CAB suppressive therapy in patients with prolactinomas. It is enables in all stages to carry out the treatment, to assess the possible risks from using the large doses of medication and to optimize the selection of an adequate dose. The optimal mode of cabergoline therapy in patients with microprolaktinoma is the regime of gradually increasing the dose, the positive clinical and hormonal effect which is observed in 80% of patients 3 months after start of treatment. We confirmed, in this study, the high efficacy and tolerability of cabergoline in the treatment of pathological hyperprolactinemia, leaving few patients with unacceptable side effects or inadequate clinical response. Patients with idiopathic hyperprolactinemia or a microprolactinoma, on average, needed only half the dose of cabergoline as those with macroprolactinomas and have a higher chance of obtaining PRL normalization. **Conclusions:** assigning mode high starting doses of cabergoline in patients with macro- and giant
prolactinomas allows for a shorter time (1 month), to achieve reliable positive dynamics of neurological, somatic and hormonal status compared with the group of patients receiving therapy in the mode of gradually increasing CAB doses.