

Hyperprolactinemia Associated with Psychotherapeutic Medications

Note: Strongly recommend coordination of care between all providers to facilitate optimal outcomes.

Antipsychotics such as risperidone are associated with hyperprolactinemia. Hyperprolactinemia may be asymptomatic or may be associated with a wide range of clinical effects, including decreased sexual and reproductive function (e.g., oligomenorrhea, amenorrhea), weight gain, decreased bone density, gynecomastia, and galactorrhea. If symptomatic, other medical causes of hyperprolactinemia (e.g., pituitary adenoma) should be ruled out. Patients taking antipsychotic medications should be assessed and monitored for signs and symptoms of hyperprolactinemia, with appropriate referrals when clinically indicated. Prolactin levels should particularly be monitored in male patients prescribed antipsychotic medications due to the concern for gynecomastia, which is potentially irreversible. Management of symptomatic medication-induced hyperprolactinemia includes referral to a specialist, reduction in the medication dose, discontinuation of the offending agent, or switch to a prolactin-sparing agent such as aripiprazole.