Hyperprolactinaemia with Antipsychotic (APD) Therapy

Algorithm for Treating APD-Induced Hyperprolactinaemia - ADULTS*

**Hyperprolactinaemia with Antipsychotic (APD) Therapy**

**Check Prolactin Level**
*(Baseline, 6 Months then Yearly)*

- Take blood samples ≥ 1 hour after waking or eating. Avoid sampling within 2-4 hrs of previous APD dose.
- Minimise venepuncture stress - it can elevate plasma prolactin.

**Hyperprolactinaemia Background:**

- **Hyperprolactinaemia is often superficially asymptomatic; persistent plasma prolactin elevation may be associated with a variety of adverse consequences:** sexual dysfunction, reduction in bone mineral density, menstrual disturbances, breast growth and galactorrhoea, suppression of the hypothalamic-pituitary gonadal axis and a possible increase in the risk of breast cancer.
- **APD-induced hyperprolactinaemia is usually associated with prolactin levels ranging from 25 to 100ng/ml. Metoclopramide, risperidone & phenothiazines can lead to levels ≥200ng/ml.**
- **With APD-induced hyperprolactinaemia, prolactin levels increase slowly after oral administration. Levels would be expected to return to normal from 3 days after drug discontinuation - although it could take a few weeks and with depot normalization may take as long as 6 months.**
- **LEVELS MAY NORMALISE with continued treatment. In patients settled on their current APDs, with normal prolactin-related symptoms, waiting 6-12 months may enable symptoms to resolve and hyperprolactinaemia to diminish.**

**APDs - Switching and Adjunctive Prescribing Options:**

The following APDs (listed alphabetically) are not usually associated with hyperprolactinaemia when prescribed at standard doses:

- Aripiprazole
- Clozapine (note - limited licensed indications)
- Olanzapine
- Quetiapine
- Prolactin patients on oral risperidone - switching to Risperdal LAI may reduce prolactin levels.

An alternative (unlicensed) approach is to consider adding ARIPIPRAZOLE to the existing treatment. Hyperprolactinaemia/related symptoms are reported to improve fairly promptly following the addition of aripiprazole. Suggested treatment plan: **Starting dose 5mg daily.** Check prolactin level weekly. If benefits displayed, remain at current dose and retest in 7 days. If the prolactin level shows no reduction attributed to the existing dose, increase aripiprazole dose by 5mg per 7 days to a maximum of 15mg daily. If prolactin levels do not normalise after 4 weeks discontinue the aripiprazole. NB consider the total daily APD dose and refer to the Trust HDAT (High Dose APD Therapy) Policy if necessary.

**Children:** The same principles apply. NB prolactin levels are age dependent. A baseline prolactin level would be recommended to guide changes during therapy. For further information it is recommended to consult with the local biochemistry laboratory.