Psychotropic Medication Use and Hyperprolactinemia

**Women**

- **Postmenopausal age**
  - Prolactin measurement not necessary unless clinically significant galactorrhea

- **Reproductive age**
  - **Eumenorrheic**
    - Prolactin measurement not necessary unless clinically significant galactorrhea
  - **Amenorrheic**
    - Check prolactin
    - Prolactin high
      - Assess for other causes of amenorrhea
      - No signs or symptoms of hypogonadism (i.e., libido or sexual function)
        - Check hCG (rule out pregnancy)
        - Check TSH (rule out primary hypothyroidism)
        - Decide whether to obtain pituitary MRI based on
          - Temporal relationship between onset of signs/symptoms and initiation of psychotropic medication
          - Degree of elevation of prolactin and
          - Clinical symptoms suggestive of tumor*
      - Prolactin normal
        - Check bone density
        - Consider estrogen/progesterin therapy, if not contraindicated, or changing psychotropic medication

**Men**

- **No signs or symptoms of hypogonadism (i.e., libido or sexual function)**
  - Prolactin measurement not necessary

- **Signs or symptoms of hypogonadism or low testosterone**
  - Check prolactin and testosterone
  - Prolactin normal
    - TSH normal
    - Refer to an endocrinologist
  - Prolactin high
    - Testosterone low
      - Check TSH (rule out primary hypothyroidism)
      - Decide whether to obtain pituitary MRI based on
        - Temporal relationship between onset of signs/symptoms and initiation of psychotropic medication
        - Degree of elevation of prolactin and
        - Clinical symptoms suggestive of tumor*
    - Signs or symptoms of hypogonadism or low testosterone
      - Check TSH (rule out primary hypothyroidism)
      - Check bone density
      - If testosterone level is low, consider transdermal testosterone therapy, if not contraindicated, or changing psychotropic medication

*N.B. Referral to an endocrinologist is appropriate at any and all stages of work-up of hyperprolactinemia.
N.B. Dopamine agonists may precipitate psychosis in some patients with psychiatric disorders.

*These include headaches, visual field defects, endocrine dysfunction, and/or hormone hypersecretion.
hCG indicates human chorionic gonadotropin; TSH, thyroid-stimulating hormone; MRI, magnetic resonance imaging.
Miller, KK. Effect of antipsychotic treatments on reproductive function. Presented at: 2nd World Congress on Women's Mental Health; March 19, 2004; Washington, D.C.