Psychotropic Medication Use and Hyperprolactinemia Women Men Postmenopausal age Reproductive age No signs or symptoms Signs or symptoms of hypogonadism of hypogonadism or Eumenorrheic (i.e., ₹ libido or sexual function) low testosterone Amenorrheic Prolactin measurement not necessary unless clinically significant galactorrhea Prolactin measurement Check prolactin and Check prolactin not necessary testosterone Prolactin high Prolactin normal Prolactin normal Prolactin high Testosterone low • Check hCG (rule out pregnancy) Assess for other causes of amenorrhea Check TSH (rule out primary • Check TSH (rule out Refer to an endocrinologist hypothyroidism) primary hypothyroidism) hCG negative TSH normal TSH normal Decide whether to obtain Decide whether to obtain pituitary MRI based on pituitary MRI based on Temporal relationship • Temporal relationship between onset of between onset of signs/symptoms and signs/symptoms and initiation of psychotropic initiation of psychotropic medication medication Degree of elevation Degree of elevation of prolactin and of prolactin and Clinical symptoms Clinical symptoms suggestive of tumor* suggestive of tumor* Check bone density Check bone density Consider estrogen/progestin • If testosterone level is therapy, if not contraindicated, low, consider transdermal or changing psychotropic testosterone therapy, if not contraindicated, or changing medication psychotropic medication

^{*}These include headaches, visual field defects, endocrine dysfunction, and/or hormone hypersecretion.

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.

hCG indicates human chorionic gonadotropin; TSH, thyroid-stimulating hormone; MRI, magnetic resonance imaging.