Hyperprolactinaemia

- Common causes: drugs, pregnancy and breastfeeding, idiopathic and pituitary micro and macroadenomas
- Hypothyroidism and renal failure should be excluded.
- Significant symptoms are galactorrhea and those due to gonadal steroid deficiency (menstrual disturbance, hypogonadism).

Information Required

- Presence of Red Flags
- Duration of symptoms
- Associated symptoms
- Drug therapy
- Plans re pregnancy if relevant

Investigations Required

- Serum prolactin with repeat level and measure macroprolactin if no symptoms
- TFT, renal function
- 0800 serum testosterone in men
- E2,LH and FSH in premenopausal women

Fax Referrals to

Flinders Medical Centre 8204 8960
Repatriation General Hospital 8374 2591
Noarlunga Hospital 8384 9711

Red Flags

- Visual loss or other neurological signs
- Pathological headaches
- Serum prolactin >x10 upper limit of normal range

Suggested GP Management

- Check female patient is not pregnant
- Withdraw any drugs likely to elevate serum prolactin if possible
- If patient is not clearly symptomatic repeat serum prolactin and ask for macroprolactin (a variant of prolactin which is inactive) level
- Pituitary MRI scan only if serum prolactin after macroprolactin adjustment is at least x 4 upper limit normal off relevant drugs or above upper limit normal and headache or neurological signs, pathological menstrual disturbance, galactorrhea or male androgen deficiency is present. In other cases MRI may be performed if needed by the endocrine unit.

Clinical Resources

- Diagnosis and Treatment of Hyperprolactinaemia – An Endocrine Society Clinical Practice Guideline

General Information to assist with referrals and the and Referral templates for FMC and RGH are available to download from the SALHN Outpatient Services website www.sahealth.sa.gov.au/SALHNoutpatients