

HPRL Management Strategies

Asymptomatic

- Conduct periodic prolactin monitoring (at least annual) and regular clinical assessments

Symptomatic

- Reduce medication dose
- Switch to a prolactin-sparing medication
- Add aripiprazole 5–15 mg daily
- For women of reproductive age: add hormonal contraception
- Work with patients' primary care providers to restore gonadal hormones (estrogen/progesterone/testosterone supplementation)
- Use dopamine agonists (cabergoline or bromocriptine) carefully due to risk of psychosis

From the Clinical Update:
“Psychiatric Medication–Induced Hyperprolactinemia”
with **Niki Karavitaki, MD**

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