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Introduction

Hyperprolactinemia is a common adverse effect of typical and some atypical antipsychotics and can induce side effects associated with decreased quality of life and poor adherence to treatment. Management options are limited and can lead to decompensation of the patient. Aripiprazole is a recent antipsychotic with partial agonist activity over the dopamine D2 receptors which can be effective in reducing hyperprolactinemia in patients treated with antipsychotics.

Objectives

Review the existing literature about the effect of adjunctive treatment with low doses of aripiprazole on antipsychotic-induced hyperprolactinemia.

Methods

Search for literature about the topic in PubMed and Google Scholar databases using "hyperprolactinemia" and "aripiprazole" as keywords.

Results

We found 6 case reports with 8 patients treated with risperidone, paliperidone, zuclopenthixol and fluphenazine that, with 2.5-10mg of aripiprazole, showed a decrease in serum levels of prolactin. 4 open label studies, with a total of 69 patients, all treated with risperidone, also showed a decrease in prolactin levels for adjunctive treatment with 3-10mg of aripiprazole. Two double-blind and two single-blind RCT vs placebo was found, with a sample of 297 patients treated with risperidone or sulpiride and 5-10mg of aripiprazole, and showed decrease in serum levels of prolactin. In all studies treatment with aripiprazole was not significantly associated with an increase in adverse effects or worsening of clinical symptoms.

Conclusions

The antipsychotic-induced hyperprolactinemia could be partially or totally reversed after adding low doses of aripiprazole to current treatment. It seems to be an effective, safe and well tolerated option.