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EFFECTIVE TREATMENT OF RISPERIDONE-INDUCED HYPERPROLACTINEMIA WITH ARIPIRAZOLE: A SERIES OF CASE REPORTS

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Background: In contrast to risperidone, aripiprazole seems to be less frequently associated with hyperprolactinemia or may even lower prolactin levels.

Aim: We present three cases of risperidone-induced hyperprolactinemia and resolution by aripiprazole.

Material and results: Case1. Ms. A was a 31-year-old woman with schizophrenia who was treated with risperidone 4 mg/day. One year after risperidone treatment, the patient complained of galactorrhea, amenohrea and breast tenderness and prolactin level was 99.61 ng/ml. She was switched to aripiprazole 15 mg/day. Two weeks after aripiprazole treatment, the patient's prolactin level decreased to 6.74 ng/ml and she menstruated 1 week later. Case 2. Mr. B was a 23-year-old man with schizophrenia. He was treated with risperidone 6 mg/day. Five months after risperidone treatment, the patient developed gynecomastia and his prolactin level was 73.64 ng/ml. He was switched to aripiprazole 30 mg/day. Four weeks after aripiprazole treatment the prolactin level decreased to 17.10ng/ml and gynecomastia disappeared. Case3. Ms. C. was a 30-year-old woman with schizophrenia. She was treated with risperidone 3 mg/day. Nine weeks after risperidone treatment, she complained of galactorrhea and amenohrrea and prolactin level was 90.6 ng/ml. She was switched to aripiprazole 15 mg/day. Only 7 days after the introduction of aripiprazole, the patient's prolactin level declined to 19.6 ng/ml. Her menses resumed with 3 weeks.

Conclusion: Aripiprazole maybe an effective treatment for resolution of risperidone-induced hyperprolactinemia.