

A Case of Hyperprolactinemia Induced by Paliperidone Palmitate: the Role of Cabergoline.

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Introduction:

We describe a case of a man of 39 years, treated with paliperidone palmitate after treatment failure with other antipsychotics, including those of (conventional and atypical) oral and injectable, and developed secondary hyperprolactinemia.

Objectives:

Evaluate the effectiveness of the method for management of hyperprolactinemia secondary to the use of second generation long-acting antipsychotic.

Methods:

Follow-up during 18 months in outpatient mental health.

In the period the patient remained stable with the use of paliperidone palmitate. Serum prolactin levels were obtained at baseline, and every two months.

The patient had sexual dysfunction as the main complaint.

Initially adopted the gradual reduction in dosage of antipsychotic 150 mg / month to 75 mg / month, however, the patient had psychotic relapse.

So, we decided to keep the dose of paliperidone palmitate and associate the drug cabergoline at a dose of 0.5 mg per week, and serum prolactin levels were normalized.

Results:

There was a decrease in serum prolactin levels as well as the related sexual sphere, with the addition of cabergoline to treatment with paliperidone palmitate symptoms.

Conclusion:

The long-acting antipsychotic paliperidone palmitate is a safe and effective medicine to control the symptoms of schizophrenia. Hyperprolactinemia is a rare side effect associated with this psychotropic drug, which can be handled without difficulty with antidotes.

The cabergoline proved to be an effective and free from adverse side effects alternative to reduce the levels of hyperprolactinemia secondary to use of paliperidone palmitate effects, including sexual dysfunction relieving.