Drugs Causing Hyperprolactinaemia

- Drug-induced hyperprolactinemia typically results in serum prolactin concentrations up to approximately 2200 iu/L.
- The antipsychotic drug, risperidone, may be associated with serum prolactin concentrations as high as 4300 iu/L
- Drugs are a common cause of hyperprolactinaemia

Drug Group	Specific Examples	Comments
Antipsychotic drugs, first generation	Perphenazine, fluphenazine, flupenthixol, promazine, haloperidol, loxapine, chlorpromazine, sulpiride, pimozide	Antipsychotics are the most common cause of drug-induced hyperprolactinemia. Increase serum prolactin levels profoundly.
Antipsychotic drugs, second generation (atypical)	Amisulpride, sertindole, risperidone, paliperidone	May cause hyperprolactinaemia although prevalence is unclear. Olanzapine may be considered if sexual dysfunction is judged to be secondary to hyperprolactinaemia (BNF).
Anti-emetics	Metoclopramide, domperidone	Metoclopramide causes a five-fold increase in prolactin levels in healthy volunteers.
Selective serotonin reuptake inhibitors	Citalopram, fluoxetine, fluvoxamine, paraoxetine, sertraline.	Low frequency of prolactin elevation.
Tricyclic antidepressants	Amitriptyline, doxepin, clomipramine,	Rarely cause hyperprolactinaemia
Cardiovascular drugs	Verapamil, reserpine, methyldopa	Of the calcium channel blockers only verapamil has a significant prolactin releasing effect.
Oestrogens	High dose oral contraceptives	The low doses of oestrogens of oestrogen in hormonal contraceptives generally does not cause hyperprolactinemia
Opiates	Methadone, morphine	Opiates have acute prolactin-releasing effects, which may be maintained with chronic therapeutic use or abuse.
Miscellaneous	Omeprazole Trimethoprim	Occasionally.

References:

Snyder PJ. Causes of hyperprolactinemia In: UpToDate, Post, TW (Ed), UpToDate, Waltham, MA:Uptodate (Accessed on 9th April, 2018)