Background

• Hyperprolactinaemia is the most common endocrine disorder of the hypothalamic-pituitary axis.
• Investigation involves careful history and examination, laboratory tests and diagnostic imaging.
• Hyperprolactinaemia represents a significant referral volume to secondary care and it is therefore necessary to employ a timely, structured management pathway.

Methods

• Retrospective cohort study at the Department of Endocrinology, University Hospitals Birmingham.
• 450 patients with hyperprolactinaemia identified, measured between June 2011 and June 2012.
• Patients with known hyperprolactinaemia were excluded.
• 71 patients remained for subsequent analysis. Data presented does not include patients with hyperprolactinaemia measured in the community whose prolactins had normalised at time of review.
• Information on symptoms, aetiology and management obtained from patient records.

Results

• 71 patients identified (62.0% female).
• Most common presenting complaint was either oligomenorrhea or amenorrhea (29.6%) (figure 1).
• Other significant presenting complaints: galactorrhoea (15.5%); headache (14.1%); visual field defects (8.5%) and erectile dysfunction (7.0%).
• Patients with persistent hyperprolactinaemia underwent MRI pituitary.
• Predominant aetiology was microprolactinoma (18.3%) (mean prolactin 2118.9) and non-functioning pituitary adenoma (15.5%) (mean prolactin 810.5) (figure 2).
• Drug induced hyperprolactinaemia accounted for 14.8% of patients (mean prolactin 1352.5); mostly due to risperidone (60.0%) (figure 3).
• Cause was unknown in 16.90% of patients (mean prolactin 561.0), all patients were followed up.
• Predominant management for the 71 patients was follow up (26.7%) (figure 4) without intervention. Of those followed up, 78.95% of patient’s prolactin levels normalised.
• Patient’s whose prolactin levels normalised had a mean prolactin of 617.8 whilst those requiring treatment had a mean prolactin of 1837.7.

Summary and Conclusions

• Investigation and management of hyperprolactinaemia represents a significant service burden in the secondary care setting.
• 5 of the 10 patients thought to have drug induced hyperprolactinaemia underwent MRI pituitary and 100% of these scans were normal.
• May be worth rationalising the use of imaging in such cases and electing for a change in medication and repeat measurement of prolactin.
• Exclusion of patients whose community-measured hyperprolactinaemia had normalised limits cohort number and reflects the need for a larger scale study.
• This small pilot study highlights that in cases of incidentally found hyperprolactinaemia with a borderline result repeating this result in the community may prevent referral.