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CONDITIONS & TREATMENTS: PROLACTIN DISORDERS

Prolactin is a hormone secreted by the pituitary gland located in the brain. During pregnancy, it stimulates milk formation. In non-pregnant women, it is normally secreted in small quantities. Excess prolactin production, referred to as hyperprolactinemia, in women who are not pregnant can result in breast discharge, irregular or absent periods, infrequent or lack of ovulation, and sometimes headaches and visual symptoms. Women with hyperprolactinemia also can have problems conceiving.

Causes for excess prolactin levels include pituitary tumors (adenomas), hypothyroidism (underactive thyroid), and medications such as tranquilizers, some high blood pressure medications, antidepressants, anti-nausea drugs, and oral contraceptives.

Recreational drugs such as marijuana also can result in increased prolactin levels. Prolactin secretion may increase slightly following a breast examination, exercise, intercourse, nipple stimulation, stress, sleep and certain foods.

One in three women with prolactin excess has no identifiable cause, and about 30 to 40 percent of cases are caused by a benign, noncancerous, pituitary tumor.

The diagnosis of hyperprolactinemia is made by determining blood levels of prolactin. Sometimes a second test may be necessary. Other hormone levels also may need to be checked such as a thyroid hormone. An MRI or CT scan is useful in determining the presence and the size of a tumor.

Treatment depends on the cause, severity of symptoms, and presence or absence of a tumor. Larger tumors require surgical removal. The majority of patients can be treated with oral medications that suppress prolactin production. Medication can be discontinued when women become pregnant, although some women may need to remain on medication during pregnancy.