

HYPERPROLACTINEMIA INDUCED BY ANTIPSYCHOTICS: FROM DIAGNOSIS TO TREATMENT APPROACH

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Schizophrenia is one of the most severe psychiatric diseases with a significant impact on the psychosocial functioning of the patients. People with schizophrenia are at risk to die prematurely because of their illness with their poor lifestyle contributing to the excess morbidity and higher mortality rate. In particular, lifestyle (e.g. poor diet, low rates of physical activity and increased likelihood to smoke cigarettes) predisposes them to poor physical health and comorbid medical diseases. In addition, the treatment of schizophrenia usually involves the long-term administration of antipsychotic drugs and some of these medications are implicated in the increased risk of metabolic and cardiovascular effects.

The antipsychotic-induced hyperprolactinemia was ascertained for the first time by Kleinberg in 1971 and was considered for this treatment. Antipsychotics are the most common pharmacological agents which cause hyperprolactinemia. The aim of this paper is to describe PRL physiology, PRL biological effects and detection; pathway to the diagnosis, causes, consequences of HPRL focusing on the antipsychotic effects on the PRL.