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ARIPIPRAZOLE: MODULATOR OF DOPAMINERGIC TONE IN THE MANAGEMENT OF HYPERPROLACTINEMIA SECONDARY TO THE USE OF RISPERIDONE; CASE REPORT

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PRESENTATION

Female patient, 22 years old, type 1 BAD, using 1 mg/day of risperidone as a mood stabilizer and to control psychosis in a manic state; and a male patient, 29 years old, schizophrenic, using risperidone 7mg/day to control positive symptoms of the underlying disease. Both presented symptoms and signs suggestive of hyperprolactinemia. The first developed galactorrhea after one month of using the medication at the dosage mentioned above. The second showed a severe decrease in libido, with negative repercussions on sexual relations, after about a year of continuous use.

DISCUSSION

Based on evidence of possible remission of hyperprolactinemia with the use of aripiprazole, the drug was introduced to patients as a modulator of dopaminergic tone in the tuberoinfundibular pathway, in order to control signs and symptoms of endocrine alteration. The first patient was prescribed 5mg/day of aripiprazole, escalated to 15mg/day. At the highest dose, the patient manifested significant akathisia, which led to gradual de-escalation, up to a dose of 5 mg/day. Initially, prolactin was 58ng/ml, with signs of galactorrhea; after escalation and reduction to a dose of 7mg/day, prolactin was measured at 14ng/ml, with absence of galactorrhea. The male patient, prior to the use of aripiprazole, had 56ng/ml of prolactin, with symptoms of reduced libido. Once the drug was introduced at a dose of 10mg/day, there was a restoration of libido and a reduction in prolactin to 28ng/ml, after one month of use, without manifestation of akathisia.

FINAL CONSIDERATIONS

With the introduction of aripiprazole, the aim was to quantify the lowest effective dose for remission of the side effect of risperidone (hyperprolactinemia) and restoration of normal gonodal function in each case, to avoid reduction in bone mineral density in these patients with chronic psychiatric diseases, which require continued use of risperidone. In both patients, a significant reduction in prolactin was observed in laboratory screening tests. The female patient presented 18ng/ml of prolactin with a final use of 5mg/day of aripiprazole (drops), with good tolerability in relation to akathisia. Meanwhile, the male patient showed a reduction in prolactin in the screening test, which dropped to 26ng/ml (PRL), with the use of 10mg/day of aripiprazole and remained at that dose with no akathisia. The male patient's other hormonal indicators were normal.