P-692 - HYPERPROLACTINAEMIA AND PSYCHOSIS

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Objective: Hyperprolactinaemia causes hypogonadotropic hypogonadism. Hyperprolactinaemia could be pre-existing in some patients with schizophrenia. Dopamine is the most important prolactin inhibiting factor, while dopaminergic hyperactivity has been implicated to the pathophysiology of psychosis.

Method: We present the case of a patient with hypogonadism secondary to chronic, untreated hyperprolactinaemia who developed acute psychotic symptoms.

Results: Psychotic symptoms resolved soon after treatment with aripiprazole in conjunction with cabergoline, with a concomitant decrease in serum prolactin levels.

Conclusion: An interesting cause effect relationship of hyperprolactinaemia and psychosis has been suggested.