

Causes of Hyperprolactinaemia

(Prolactin > 500 mIU/L)

Exclude

- Pregnancy
 - Lactation
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Prolactin < 1,500 mIU/L

- Autoimmune hypophysitis
 - Exercise
 - Macroprolactin: all elevated prolactin levels are screened for macroprolactin which is a common biologically inactive form present in 10–20% of cases of elevated prolactin
 - Nipple stimulation
 - Non-functioning pituitary adenoma
 - Pituitary disease
 - Sarcoidosis
 - Sleep
 - Stress/trauma
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Prolactin < 5,000 mIU/L

Drugs

- Methyldopa
 - Metoclopramide (maxolon)
 - Opiates
 - Oestrogens
 - Phenothiazines / atypical antipsychotic agents
 - Tricyclic antidepressants
 - Verapamil
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Non-pituitary disease

- Autoimmune hypophysitis
 - Chronic renal failure
 - Cirrhosis
 - Epilepsy
 - Hypothyroidism
 - Hypothalamic disease
 - Non-functioning pituitary adenoma / microprolactinoma
 - Pituitary disease
 - Sarcoidosis
 - Macroprolactin
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Prolactin > 5,000 mIU/L

Pituitary tumours

- Prolactinoma
- GH-secreting tumour
- Tumour with suprasellar extension
- Metoclopramide/atypical antipsychotics (rarely)