

ANTIPSYCHOTICS AND PROLACTIN. STUDY OF PREVALENCE AND ASSOCIATED SEXUAL DYSFUNCTION

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Introduction: Hyperprolactinaemia is a common side effect of some APS, associated to important clinical manifestations (sexual dysfunction, breast disturbances and even increase of certain types of cancer risk). Objective: To evaluate the levels of prolactinemia associated to different APS, including the newest ones, and its association with sexual dysfunction (SD). Methods: Observational cross-sectional study. Adult patients treated with one APS for at least 4 weeks and with no other PRL-raising treatment were included. Hyperprolactinaemia was defined as 20 microgr/L in women, 18 microgr/L in men. SD was evaluated with the specific SD questionnaire PR-Sex-DQ-SALSEX (Montejo et al, 2001). Results: 288 patients were evaluated, with the following APS treatment distribution: aripiprazol (22.2%), risperidone (17.01%), olanzapine (16.67%), quetiapine (7.99%), long-acting paliperidone (6.25%), long-acting risperidone (4.51%), oral paliperidone (4.17%), oral risperidone (4.17%) and others (21.18%; APS with N<10 were not evaluated). Paliperidone was associated with the higher mean PRL levels (98.28 and 71.48 microgr/L for LAP and OP respectively), followed by oral risperidone (71.36 microgr/L). Aripiprazol, oral olanzapine and quetiapine showed the lowest PRL levels (13.25, 27.10 and 28.55 microgr/L respectively). More than 70% of the sexually active patients treated with paliperidone or risperidone presented SD, less frequent in non PRL-raising APS. Conclusions: In our sample paliperidone and risperidone were associated to higher mean PRL levels and sexual dysfunction, while quetiapine, olanzapine and aripiprazol were the less PRL-raising APS. This might be taken in consideration when electing a long-term antipsychotic treatment for patients, given the important clinical consequences associated to sustained hyperprolactinaemia.