

## Symptoms of Hyperprolactinemia

Patients with hyperprolactinemia may experience:

- Both men and women may have infertility, decreased sex drive, and bone loss.

### Women:

- Vaginal dryness & pain during intercourse
- Irregular periods
- Production of breast milk without being pregnant or nursing

### Men:

- Erectile dysfunction
- Breast enlargement
- Decreased muscle mass and body hair

Large tumors can also cause headaches, vision problems, or affect other pituitary hormones.

## Treatment for Hyperprolactinemia

The goal of treatment is to lower prolactin levels by:

**1) Medication:** First line of therapy. Bromocriptine, Cabergoline, and Quinagolide decrease prolactin production.

*If medications alone aren't enough:*

**2) Surgery to remove the tumour:** Especially if the tumour is affecting vision.

**3) Radiation:** If surgery or medications aren't working, radiation can be used to shrink the tumour.

Hypothyroidism is treated with synthetic thyroid hormone, which should help bring prolactin levels back to normal.

# PROLACTINOMA PATIENT & FAMILY GUIDE



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### Also ask us for these materials:

- Adrenal insufficiency book
- Prolactinoma record book
- Medication guidelines & coverage
- Prolactinoma lab tests
- Transsphenoidal Surgery
- Endocrine links & support groups
- Prolactinoma travel letter

### Adapted from:

Hormones & You: Hyperprolactinoma.  
**The Hormone Foundation.**  
www.hormone.org

# Prolactinoma and You

## What is Hyperprolactinemia?

A condition in which a person produces too much of a hormone called prolactin. The main function of prolactin is to stimulate milk production after childbirth. It also affects the level of sex hormones (estrogen and testosterone) in men and women. Prolactin is made by the pituitary gland in the brain. The pituitary gland makes hormones that control the levels of other hormones.

Statistics show that 20-30% of all pituitary adenomas are caused by a prolactinoma. It is more common in women than men.

## What causes Hyperprolactinemia?

### Prolactinoma

A **non-cancerous** tumour in the pituitary gland that produces too much prolactin is called a prolactinoma.

Hyperprolactinemia can also be caused by other tumours near the pituitary gland, hypothyroidism (underactive thyroid), and certain medications (e.g. anti-psychotics or medications to treat gastrointestinal problems).

## How is Hyperprolactinemia diagnosed?

A blood test to detect excess prolactin is usually done. If prolactin levels are confirmed, more tests are usually done to check the levels of thyroid hormone. Normal thyroid levels rule out hypothyroidism as a cause of hyperprolactinemia.

Doctors will also ask about other conditions and medication use, and rule out pregnancy as the cause.

If a prolactinoma is suspected, an MRI (magnetic resonance imaging) of the brain and pituitary is often done to locate the tumour.



## Other Resources

- [www.hormone.org](http://www.hormone.org) or call 1-800-467-6663
- The Endocrine Society ([www.endosociety.org](http://www.endosociety.org))
- Pituitary Network Association (<http://www.pituitary.org/intro.aspx>)
- <http://www.cnetscanada.org/index.html>
- [www.pituitary.org.uk](http://www.pituitary.org.uk) (The Pituitary Foundation)
- [www.pituitarydisorder.net](http://www.pituitarydisorder.net)
- [www.pituitarysociety.org](http://www.pituitarysociety.org)
- <http://www.endocrineweb.com/>

*“You are not alone with your Prolactinoma”*

