LETTER TO THE EDITOR

Effect of a Low Dose Aripiprazole in Elderly Depressive Patient Who Presented with Hyperprolactinemia Associated with Administration of Sulpiride

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ABSTRACT

Objective: We report one elderly depressive patient who presented with hyperprolactinemia associated with administration of sulpiride.

Methods: The dose of low dose aripiprazole was administered without reducing the dose of sulpiride.

Results: After 7 weeks of aripiprazole therapy, the blood prolactine level dropped from 159 to 33 (ng/ml), and was almost normalized. Furthermore, during the course of treatment, the present case did not show a worsening in psychiatric symptoms or aripiprazole-related side effects.

Conclusion: Our results suggest that administration of low dose aripiprazole may be effective when elderly patient presents with hyperprolactinemia associated with sulpiride administration.

KEY WORDS

aripiprazole, sulpiride, hyperprolactinemia, elderly depression

INTRODUCTION

Because hyperprolactinemia increases long-term bone mineral density and the risk of fracture, it is one of drug-induced side effects observed in elderly patients with depression. In routine clinical practice, in many cases, a low dose of sulpiride is administered to elderly patients with depression who have decreased appetite. On the other hand, it is well known that sulpiride tends to cause hyperprolactinemia whereas aripiprazole does not; however, there are few reports that have examined prolactin levels after concomitant use of sulpiride and aripiprazole. Here, we report effect of low dose aripiprazole in elderly depressive patient who presented with hyperprolactinemia associated with administration of sulpiride. Effectiveness was assessed using the Montgomery-Asberg Depression Rating Scale (MADRS) and the Clinical Global Impression-Severity scale (CGI-S). Informed consent was obtained and the patients anonymity has been preserved.

CASE REPORT

The outpatient was a 64-year-old woman with disorganized moderate depression, who had a MADRS score of 22 points, began treatment with 25 mg of sulpiride. 15 weeks after sulpiride 25 mg treatment, the following characteristics improved: MADRS total score (22 to 3) and CGI-S (4 to 1). However, because hyperprolactinemia was observed, 1 mg of aripiprazole was administered without reducing the dose of sulpiride. After 7 weeks of aripiprazole therapy, the blood prolactine level dropped from 159 to 33 (ng/ml), and was almost normalized. Furthermore, during the course of treatment, the present case did not show a worsening in psychiatric symptoms or aripiprazole-related side effects.

DISCUSSION

When a patient presents with hyperprolactinemia associated with sulpiride administration, dose loss due to sulpiride must be considered, but there is a possibility that psychiatric symptoms may be exacerbated as a result of a decrease in the dose of sulpiride. Concomitant use of aripiprazole, a dopamine partial agonist, with sulpiride may effectively reduce antipsychotic drug-induced hyperprolactinemia (Chen et al., 2015). Previous studies have reported the efficacy of aripiprazole combination therapy for correcting hyperprolactinemia caused by antipsychotics (Raghuthaman et al, 2015; Zhao et al, 2015). In the present case also, although the sulpiride dose was not reduced in association with low dose aripiprazole administration, decreased blood prolactine levels were observed and exacerbation of psychiatric symptoms was not noted. Therefore, our results suggest that administration of low dose aripiprazole may be effective when elderly patient presents with hyperprolactinemia associated with sulpiride administration.

REFERENCES

