

Referral Support Service

Breast

B04

Galactorrhoea

Definition

A large amount of milky discharge from multiple ducts

Exclude Red Flag Symptoms

- Breast lump.
- Unilateral blood stained discharge.
- Single duct discharge.

Management

- Visual field assessment
- History and examination to consider cause e.g. physiological, drugs* (see below), thyroid disorder, pituitary tumor (visual field defects/ new headaches), prolactinoma (menstrual disturbance/ acne).
- Check serum prolactin and TFT.
- If prolactin level very raised in absence of pregnancy or breast feeding refer to Endocrinologist NOT breast surgeon

***Drugs which demonstrate ability to induce hyperprolactinaemia above the normal range:**

This list is not exhaustive; please refer to the SPC for individual drugs.

<i>Antipsychotics</i>	Typical	haloperidol, chlorpromazine
	Atypical	risperidone, amisulpiride
<i>Antidepressants</i>	Tricyclics	amitriptyline, clomipramine
	SSRI	sertraline, fluoxetine, paroxetine
<i>Other psychotropics</i>	buspirone, alprazolam	
<i>prokinetics</i>	metoclopramide, domperidone	
<i>Antihypertensives</i>	verampamil	
<i>Opiates</i>	morphine	
<i>H2 antagonists</i>	cimetidine, ranitidine	

Reference: Pharmacological causes of hyperprolactinemia. Daria La Torre, Aleberto Falorni, *Therapeutics and Clinical Risk Management*, 2007:3(5) 929-951

Referral Information

Information to include in referral letter

- Frequency and duration of symptoms

Responsible GP: Dr Lorraine Boyd

Responsible Consultant: Mr Ben Mancey-Jones

Responsible Pharmacist: Laura Angus

Clinical Research & Effectiveness approved: Oct 2016

Date published: Oct 2016

Next Review: Oct 2018

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- Recent pregnancy or breast feeding
- Drug history (prescribed and non prescribed)
- Relevant past medical / surgical history
- Current regular medication
- BMI/ Smoking status

Investigations prior to referral

- Serum prolactin and TFT
- Renal and liver function tests
- Pregnancy test (if appropriate)

References

- Kernow Clinical Commissioning Group Referral Guideline
- www.patient.co.uk/doctor/Galactorrhoea
- Daria La Torre and Aleberto Falorni, *Pharmacological causes of hyperprolactinemia*, in *Therapeutics and Clinical Risk Management*, 2007:3(5) 929-951.