

Referral Support Service

Breast

B04

Galactorrhoea

Definition

Characterised by a large amount of milky discharge from multiple ducts. Usually bilateral and usually due to raised prolactin levels.

Red flags

- Breast lump
- Blood staining
- Single duct discharge (only one point of discharge on nipple)

Causes of Hyperprolactinaemia

- Physiological – up to 2 years after stopping breastfeeding, times when hormones fluctuating (puberty, menopause)
- Idiopathic – up to 40% of cases
- Prolactinomas
- Other causes of hyperprolactinaemia – Addisons, Acromegaly, Cushings, tumours
- Drugs* see below
- Systemic disorders – CKD, Liver disease, Hypothyroidism
- Chest wall lesions – breast surgery, Herpes zoster
- Infiltration of pituitary stalk – MS, tumours, Trauma

Drugs that raise prolactin levels: (the following list is not comprehensive)

- **Antipsychotics** - the most common drugs to cause hyperprolactinaemia: Traditional phenothiazine antipsychotics (chlorpromazine, prochlorperazine, thioridazine, trifluoperazine) and haloperidol.
- **Atypical neuroleptics** may also be implicated, but less frequently. Risperidone is the most likely to cause a raised PRL, also amisulpride. Olanzapine is less likely to do so.
- **Antidepressants** - especially the selective serotonin reuptake inhibitors (SSRIs). Monoamine-oxidase inhibitors (MAOIs) and some tricyclic antidepressants (TCAs) less often.
- **H2 antagonists** - especially cimetidine, but also ranitidine.
- **Antihypertensives** - including beta-blockers, methyldopa and verapamil.
- **Contraceptives** - including combined oral contraceptives and depot contraceptives.
- **Prokinetics** - domperidone, metoclopramide.
- **Illicit drugs** - including cannabis, opiates and amphetamines.
- **Others** - including digoxin, spironolactone, opiates, danazol, sumatriptan, isoniazid and valproate.

Management

- Ensure not pregnant or breast feeding.
- Identify any drugs – stop, reduce or obtain advice.
- History and examination to look for potential underlying endocrine cause eg Thyroid disorder, Pituitary tumour (visual field defects/ headaches), Prolactinoma.
- Check serum prolactin, TSH and any other relevant hormones.
- Raised prolactin levels are common (e.g. due to medication or stress).
- In prolactinoma a very high value (over 1000 and usually several 1000mU/L) is expected.

Referral Information

Unless there are red flags – referral should be to **Endocrinology** for assessment of underlying issue.

References

[Kernow Clinical Commissioning Group Reviewed 2019](#)
[Profession guidance on Patient.co.uk](#)

Patient information

- [Westmead \(Australia\) Breast Cancer Information](#)
- [American Academy of Family Physicians's familydoctor.org information](#)

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