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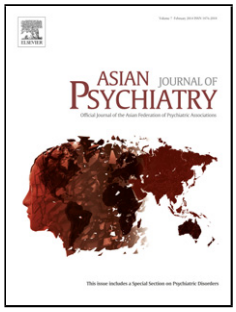

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Paroxetine Induced Galactorrhoea – A Case Report

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1. Introduction

The selective serotonin reuptake inhibitors (SSRIs) are one of the most commonly used agents to treat panic disorders. Paroxetine is preferred by the clinicians for its calming, sedating and comparatively lesser activating actions in the initial phase of treatment compared to other SSRIs like fluoxetine and sertraline (Cascade et al, 2009).The common side effects of paroxetine are gastrointestinal upset, sexual dysfunction, and prominent withdrawal reaction in the form of akathisia, dizziness, and restlessness upon sudden discontinuation. Galactorrhoea has been only rarely mentioned as a side effect of this drug. However, there are reports of 8-fold higher risk of galactorrhoea upon usage of SSRIs, compared to other antidepressants (Egberts et al,1997).

Galactorrhoea is defined as discharge of milk or milk like secretions from the breast in the absence of pregnancy or beyond 6 months post-partum. In most pathophysiological states, the final pathway leading to galactorrhoea is an inappropriate release of prolactin. Two mechanisms have been considered to explain prolactin release induced by the serotonergic system: presynaptic inhibition of dopamine discharge by serotonergic receptors or direct stimulation of hypothalamic postsynaptic serotonergic receptors (Bronzo and Stahl, 1993 ; Egberts et al,1997). Hyperprolactinemia may be due to pituitary tumors, drugs that inhibit hypothalamic dopamine, hypothyroidism, excessive estrogen intake, stress or hypothalamic lesions. Here, we present the case of a 42-year old woman who was treated with paroxetine for her panic disorder and developed galactorrhoea with hyperprolactinemia that resolved upon discontinuation of the drug.

2. Case Report