



## An Interesting Case of Galactorrhea in a Patient on Paroxetine for Agoraphobia

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### Abstract

*In this report the author treated a patient of agoraphobia with Paroxetine, who subsequently developed galactorrhea. The lab reports had shown normal levels of serum prolactin levels in this case. Discontinuing paroxetine decreased the symptoms of galactorrhea in this patient. The study may establish a causal relationship between paroxetine and galactorrhea.*

**Key words:** Paroxetine, Galactorrhea, Serum prolactin

### Introduction

Galactorrhea or nipple discharge is a normal physiological phenomenon during pregnancy and lactation. However, galactorrhea in non pregnant and non lactating women is worrisome for the treating doctor. The reasons for galactorrhea in non pregnant non lactating women are numerous including idiopathy.<sup>1</sup> Several drugs are known to cause galactorrhea including CNS dopamine depleting agents, Dopamine receptor blocking

agents, Haloperidol, Fenfluramine, Captopril, Cotrimaxazole, Astemizole and Selective Serotonin Reuptake inhibitors (SSRI).<sup>2, 3</sup> SSRIs are commonly used drugs in psychiatric practice for treatment of depression, anxiety, obsessive compulsive disorders etc. Paroxetine is a commonly prescribed SSRI for anxiety and depression and it has a calming, sedating and comparatively lesser activating action in the initial phase of treatment.<sup>4</sup> The common reported side effects of paroxetine include gastrointestinal

discomfort, sexual dysfunction and withdrawal reactions. Galactorrhea is also one of the rarely reported side effects. It has been shown to be present in 3 per 1,000 subjects on paroxetine by Egberts et al.<sup>5</sup> We would like to present a similar case of galactorrhea in a female patient being treated with paroxetine albeit with a normal prolactin level.

### Case Report

A middle aged lady of about 40 yrs old attended psychiatric outpatient clinic with history of panic disorder with agoraphobia since 6 months. The patient used to have multiple panic attacks in bus stations, fair and market places and was significantly distressing to the patient. A 14 point Panic and Agoraphobia Scale (PAS scale) confirmed the disease in the patient. The patient was started on Paroxetine 12.5 mg which was gradually increased to 25 mg and was further escalated to 37.5 mg over a month as there was no significant response initially. She also received Clonazepam 0.25 mg three times a day initially which was tapered and omitted upon follow up over next 2 weeks. The patient improved with her symptoms of panic and reported negligible anxiety after 2 months follow up. However at the end of two months, patient started complaining of spontaneous flow of milk from both her breasts. Patient was thoroughly subjected to clinical examination and thorough lab investigations for galactorrhea. Patient also underwent a MRI scan of the brain to screen the pituitary which came out to be within normal limits. Among the lab investigations, the serum prolactin levels were

reported as normal. Paroxetine was suspected to cause galactorrhea. Naranjo Adverse Drug Reaction Monitoring Scale was administered and it showed a score of 5 suggesting that the possibility of paroxetine causing galactorrhea is "Probable". Paroxetine was subsequently stopped and patient was shifted to cognitive behavioral therapy, which is supposed to be almost as effective as medications for anxiety disorders. Serum prolactin levels were again assessed after 7 days which were again reported as normal. The breast secretions stopped completely over next 3 – 4 weeks after stopping the drug.

### Discussion

Paroxetine has been reported as one of the causes for galactorrhea on previous occasions.<sup>6, 7</sup> Hyperprolactinemia has been mainly incriminated in resulting galactorrhea in most of the reports. Two mechanisms are supposed to be responsible for hyperprolactinemia caused by the use of Selective Serotonin Reuptake Inhibitors (SSRI). These include presynaptic inhibition of dopamine discharge by serotonergic receptors and stimulation of hypothalamic postsynaptic serotonergic receptors directly.<sup>8</sup> But in our case, there was no associated increase in the prolactin levels. Similar findings were also reported by Chakraborty et al<sup>7</sup> and Sertcelik et al.<sup>9</sup> This case report highlights the need for psychiatrists to watch for this rare side-effect of galactorrhea while using paroxetine, especially among the unmarried girls, where-in it could be stigmatizing.

**References**

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