

A case series on aripiprazole as a safer option for females with schizophrenia spectrum disorder who are of reproductive age

Pathak ,Jurel

Department of Pediatrics, Nigeria

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ABSTRACT

This case series explores the use of aripiprazole as a safer substitute for females of reproductive age with schizophrenia who are suffering from galactorrhea as a result of antipsychotic treatment, mainly risperidone. The uncomfortable side effect of galactorrhea, or the spontaneous release of breast milk, is linked to increased serum prolactin levels brought on by some antipsychotics. Three women between the ages of thirty and forty who had been diagnosed with schizophrenia and were taking risperidone as prescribed experienced galactorrhea. A gynecologist started cabergoline therapy to control prolactin levels in an effort to treat galactorrhea and schizophrenia symptoms. The patients gradually switched from risperidone to aripiprazole at the same time. Aripiprazole successfully reduced galactorrhea, restored normal serum prolactin levels, and preserved the stability of schizophrenia treatment during the trial. According to this case series, aripiprazole may be a good substitute for women of reproductive age because it strikes a balance between controlling mental symptoms and reducing unpleasant side effects. To confirm these results and investigate the wider ramifications of aripiprazole in comparable clinical settings, more investigation is necessary.

Keywords: Case series, Schizophrenia, Serum prolactin, Galactorrhea, Antipsychotics, Reproductive age, Females, Side effect

INTRODUCTION

Antipsychotic medications interact with D2 receptors found on a number of pathways, including the tubuloinfundibular, mesolimbic, nigrostriatal, and mesocortical pathways. 1 When D2 receptors on lactotroph cells in the pituitary gland are blocked, the primary inhibitory influence (dopamine) is eliminated, resulting in hyperprolactinemia. 2 Due to the prolactin surge caused by antipsychotics, female patients with schizophrenia who are of reproductive age may have side effects like galactorrhea and irregular menstruation. We report three instances of antipsychotic-induced galactorrhea in female patients.

CASE SERIES

Case 1

old woman with schizophrenia. After six to seven months of treatment, she experienced galactorrhea, and her serum prolactin levels were found to be 222.90 ng/ml. During this time, she was also experiencing irregular menstruation. After consulting a gynecologist, the dopamine agonist cabergoline was started. At the same time, the risperidone was gradually tapered off and replaced with aripiprazole. Over the course of six to eight weeks, risperidone was discontinued and aripiprazole was increased to 15 mg. In six to eight weeks, her galactorrhea stopped. Menstruation became consistent, and serum prolactin levels dropped to 27.10 ng/ml. No underlying psychiatric symptoms worsened during this cross-tapering.

Case 2

Patient B, a 26-year-old woman with schizoaffective disorder depressive type, was well-maintained on a tablet of escitalopram 5 mg and risperidone 2 mg BD. The patient experienced galactorrhea within ten to twelve weeks of treatment. Prolactin levels in the serum were 68 ng/ml. After consulting a gynecologist, cabergoline treatment was initiated. Since risperidone was thought to be the most likely cause in this case, it was gradually discontinued and aripiprazole was increased to 10 mg. Within four weeks, her galactorrhea stopped and her serum prolactin levels went back to normal. As of right now, the patient's symptoms are stable and have not gotten worse.

Case 3

Patient C, a 30-year-old woman, was prescribed haloperidol 5 mg, trihexyphenidyl 2 mg, and olanzapine 5 mg after experiencing an acute flare-up of schizophrenia. The patient experienced galactorrhea within three months, and their serum prolactin level increased to 58.63 ng/ml. The patient was switched to 5 mg of aripiprazole, which was then progressively increased to 15 mg. Olanzapine and haloperidol were cross-titrated simultaneously, and the process was gradually stopped over a period of eight to ten weeks. Relatives were also instructed to keep an eye out for any complaints, such as irritability or trouble sleeping, during this time. Aripiprazole was gradually switched to over the course of ten weeks. A gynecologist started cabergoline during this period. Her schizophrenia remained under control, her galactorrhea decreased, and her serum prolactin levels went back to normal.

DISCUSSION

Sexual dysfunction, infertility, amenorrhea, gynecomastia, and galactorrhea are among the conditions that hyperprolactinemia can cause. 3 Direct effects on target tissues cause some symptoms, while prolactin-induced hypogonadism disrupts the hypothalamic-pituitary axis. 2 According to Besnard et al., 18% of men and 47% of women have elevated prolactin as a result of antipsychotics. 4 In contrast, Inder et al. discovered that, depending on the drugs taken, up to 70% of patients with schizophrenia experience antipsychotic-induced hyperprolactinemia. 5 Galactorrhea was successfully treated in all three instances by switching from the current antipsychotic medication to aripiprazole while maintaining the stability of underlying psychiatric symptoms. Compared to other antipsychotic drugs, aripiprazole's distinct mechanism of action as a partial agonist on dopamine receptors leads to lower rates of hyperprolactinemia and galactorrhea. 6, 7 In a study comparing oral administration of haloperidol versus aripiprazole, Cosi et al. found that partial agonism at the D2 receptor is associated with a decreased release of prolactin. 8 According to Kane et al., the addition of aripiprazole to risperidone or quetiapine was generally safe and well tolerated with a notable decrease in serum prolactin levels, but it was not linked to an improvement in psychiatric symptoms. 9 Up to 79% of patients experiencing antipsychotic-induced hyperprolactinemia see their prolactin levels return to normal when aripiprazole is administered as an adjuvant treatment. 10 Additionally, the acute spike in serum prolactin levels was managed with the addition of cabergoline. 11

CONCLUSION

When treating females in the reproductive age group for schizophrenia, it is crucial to be more watchful because they may experience side effects like hyperprolactinemia, galactorrhea, and irregular menstruation, which can ultimately result in infertility. The potential advantages of aripiprazole for females with schizophrenia spectrum disorders are highlighted in this case series. It is advantageous to switch the patient to aripiprazole during the maintenance phase after they have been effectively treated with other antipsychotics during the acute phase. Funding: No sources of funding No declared conflicts of interest Ethical clearance is not necessary.

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