

Pre-referral investigations

Approximately 80% of all endocrine referrals in secondary care involve a dozen or so common themes, seen reasonably often in primary care for which some pre-investigation may be performed. Although it is desirable to have appropriate investigations prior to referral, this may not be feasible with GP workload, lack of certainty over appropriate testing or lack of access to certain tests.

Hyperprolactinaemia

Presentation Hyperprolactinaemia
Note for patients on medication known to cause hyperprolactinaemia If on antipsychotic or antidepressant or antiemetic medication known to cause hyperprolactinaemia (usually <2500 mU/L). Ideally, a baseline prolactin should have been taken before commencing the antipsychotic/antidepressant to exclude an abnormality. If a baseline prolactin was not measured, you should consider pausing the medication for three days and rechecking the prolactin. If the level is normal, then, you can be reassured that the hyperprolactinaemia is medication-induced. Also refer patients, in whom you are unable to change their antipsychotic medication to a medication with less of an effect on prolactin, with symptoms of hypogonadism (reduced libido, erectile dysfunction, low testosterone, oligo/amenorrhoea or galactorrhoea).
First line investigations Repeat prolactin (ensure macroprolactin has been measured if raised), thyroid function, LH, FSH, and oestradiol/testosterone, and renal function
Second line investigations (could be facilitated by secondary care local agreement) – If remains elevated – visual fields. Discuss with endocrinology before requesting MRI pituitary with contrast as it is usually not indicated
Actions Address any abnormality identified as appropriate
Referral to endocrinology if Prolactin remains elevated and not related to macroprolactin or medication (see above)
Key information to include Prolactin levels and blood work up and any second line investigations
Consider referral to other services if Ongoing primary care concern about presentation despite normal prolactin – headache, subfertility (fertility services), management of PCOS (endocrinology)
Red flags to prompt urgent referral Blood results demonstrating hypopituitarism, headaches, visual field defect