LETTER TO THE EDITOR

Quality of life is decreased in female patients treated for microprolactinoma

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In the August issue of the European Journal of Endocrinology, Kars *et al.* (1) reported that quality of life of female patients treated for microprolactinoma is decreased when compared with that of appropriately chosen controls. These observations were independent of the current values of serum prolactin and of current intake, or not, of dopamine agonists, their composition or dosage. The Authors speculated that the decreased quality of life might depend on the past exposure of the brain or of other tissues to hyperprolactinemia or on the disclosure of the diagnosis of a pituitary tumor.

There is a third, alternative, explanation. Life events have been reported to often precede the clinical onset of prolactinomas (2, 3). Also, paternal deprivation early in life has been reported with unusual frequency in women with prolactinomas (2, 4). Both sets of observations indicate that environmental factors may play a role in the clinical expression of prolactinomas. It is, therefore, likely that prolactinomas develop preferentially in women predisposed to activate prolactin secretion in response to some stresses, either because they were primed early in life by paternal deprivation or for some other reasons. These women may also be particularly vulnerable to anxiety and depression. In short, anxiety, depression, and other features of poor quality of life may depend on pre-existent characteristics

of women prone to develop prolactinomas and not on the effects of hyperprolactinemia or on the presence of a (small) pituitary mass. Hence their persistence after successful treatment of hyperprolactinemia. This possibility has been recently reviewed in detail (5).

References

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