INDOMETHACIN SUPPRESSES PROLACTIN RELEASE IN MEN

Haruo Ito, Kenji Kawamura, Zengo Kataumi, Hidenori Sumiya, Masanobu Takahara, Hideo Aikawa and Jun Shimazaki

From the Department of Urology, School of Medicine, Chiba University, Chiba

Indomethacin administered intrarectally at a dose of 100 mg elicited a statistically significant decrease of serum prolactin level in men. Serum LH level was depressed slightly but the decrease was not statistically significant. There was no effect on serum FSH concentration.

Key words: Prolactin, Indomethacin, Prostaglandin, Gonadotropin

INTRODUCTION

It has been reported that various prostaglandins influence the release of gonadotropins and prolactin\(^1\)\(^2\). Controversial results, however, were occasionally demonstrated. Prostaglandin effects should be interpreted carefully because in some instances the results obtained were mediated by changes in the adrenergic system\(^3\). The present experiment was undertaken to elucidate the physiological role of prostaglandins in regulating gonadotropin and prolactin release in men by administering indomethacin, a cyclo-oxygenase inhibitor, and measuring the concentrations of serum LH, FSH and prolactin.

MATERIALS AND METHODS

Male volunteers were subjected to the study. They were from 18 to 46 years old, the average age being 33 years old. They had no endocrinological or metabolic disorders. In the early morning, the blood was drawn from antecubital vein for the determination of the basal level. Then, two suppositories of 50 mg indomethacin were put in to their rectums. Blood samples were taken 30, 60, 90 and 120 minutes after the deposition of indomethacin into rectum. Serum LH, FSH and prolactin were measured by radioimmunoassay (double antibody method). Statistical significance was judged by Student’s t test.

RESULTS

The concentrations of serum prolactin before and 30, 60, 90, 120 minutes after indomethacin administration in 8 men were 9.2±1.7, 9.2±1.8, 7.6±1.4, 6.8±1.7 and 6.1±2.1 ng/ml (mean±S.D.), respectively (Fig. 1). Thus, the level of prolactin decreased progressively. Statistically significant differences were observed 60, 90, and 120 minutes after the administration of indomethacin.

![Fig. 1. Effect of indomethacin on serum prolactin level. Significantly different from baseline level --- *P<0.05, **P<0.01](image-url)
The concentrations of serum LH before and 30, 60, 90 and 120 minutes after indomethacin administration in 8 men were 17.6±6.6, 17.5±8.9, 16.3±6.8, 14.3±4.3 and 14.5±5.1 mIU/ml (mean±S.D.), respectively (Fig. 2). There was a slight decrease in LH levels 90 and 120 minutes after indomethacin administration. However, the difference was not statistically significant.

The concentrations of serum FSH before and 30, 60, 90 and 120 minutes after indomethacin administration in 8 men were 8.0±3.9, 8.5±4.0, 7.8±3.9, 7.7±3.4 and 8.1±3.9 mIU/ml (mean±S.D.), respectively (Fig. 3). No change of FSH level was observed by the administration of indomethacin.

### DISCUSSION

The present study is the first demonstration that indomethacin, a cyclooxygenase inhibitor, suppresses prolactin release. Although the mechanism of the decrease of prolactin release elicited by indomethacin cannot be elucidated from the present observation, the inhibition of prostaglandin production may be the cause of the suppression of prolactin release. It was reported that prostaglandin I₂ infusion caused a dose-dependent increase in plasma prolactin concentrations in men. The stimulation of prolactin release induced by prostaglandin I₂ administration was also shown in rats, although a pharmacological dose was given. Furthermore, it was shown that prostaglandin E₁ had a physiological role in stimulating prolactin release at the hypothalamus. Indomethacin inhibited the increase of prolactin level induced by estradiol in ovariectomized rats. This effect was cancelled by the concomitant administration of prostaglandin E₁ or prostaglandin E₂. The prolactin suppression cannot be explained by the lowered noradrenalin level caused by indomethacin through the inhibition of prostaglandin production. Prostaglandin E₂ infusion increased plasma noradrenalin concentration in men and noradrenalin as well as dopamine depressed prolactin release.

Although many drugs and conditions are known to stimulate prolactin release, prolactin release can be inhibited only by a few agents such as bromocriptine and L-DOPA. Therefore, the fact that indomethacin lowers plasma prolactin level is very interesting. Ferrari et al. reported that the stimulation of pituitary dopamine receptors induced a normal prolactin suppression in hypothalamic hyperprolactinemia patients, whereas central nervous system-acting dopaminergic drugs failed to lower prolactin levels. It will be of
value to investigate the effect of indomethacin on prolactin release in hypothalamic hyperprolactinemia patients to determine the site of action of indomethacin.

It was clearly demonstrated that prostaglandin E2 caused a dose-dependent release of LH-RH from rat hypothalamic synaptosomes. Furthermore, indomethacin and aspirin inhibited LH-RH release from rat hypothalamic synaptosomes in vivo and in vitro. Prostaglandin E2 also elicited an increase of circulating LH in rats. In humans prostaglandin F2α did not increase plasma LH and FSH levels.

Indomethacin did not modify LH release in response to an injection of LH-RH. Furthermore, the administration of a large dose of aspirin failed to prevent the occurrence of the ovulatory LH peak during the middle part of the menstrual cycle. Our finding that indomethacin did not affect gonadotropin release is in agreement with these previous reports. It may be that the changes in the central control of gonadotropin secretion is too small to be detected by the serum levels of LH and FSH. It is remarkable that indomethacin lowered the prolactin level considering the fact that cyclooxygenase inhibitors do not induce detectable changes in gonadotropins in humans as shown in the present experiment as well as in the above mentioned reports.

REFERENCES

3) Newman WP and Brodows RG: Metabolic effects of prostaglandin E₂ infusion in man:


(Accepted for publication, August 2, 1983)
インドメサシンのプロラクチン放出抑制効果

千葉大学医学部泌尿器科学教室（主任：島崎淳教授）
伊藤晴夫・川村健二・片海善吾
角谷秀典・高原正信・相川英男
島崎淳

インドメサシン 100 mg の直腸内投与により 男子
血中プロラクチン濃度は推計学的に有意な低下を示し った。血中 LH レベルは軽度低下したが、有意差はな
かった。血中 FSH は変化しなかった。