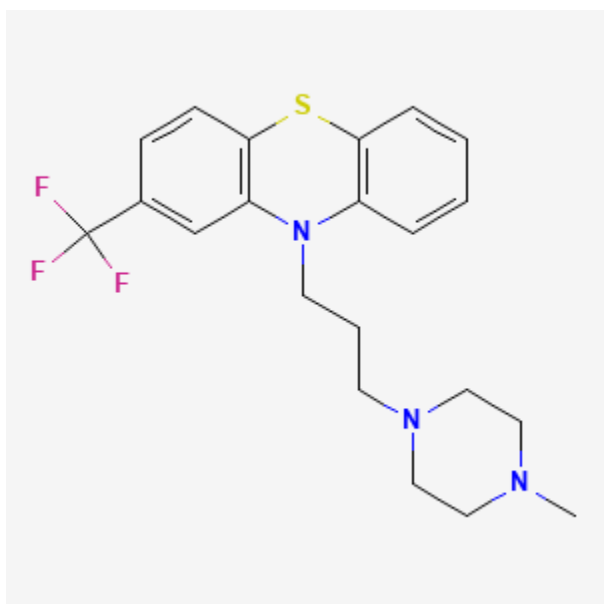




Trifluoperazine

Revised: November 30, 2022.

CASRN: 117-89-5



Drug Levels and Effects

Summary of Use during Lactation

Limited information indicates that maternal doses of trifluoperazine up to 10 mg daily do not affect the breastfed infant. Very limited long-term follow-up data indicate no adverse developmental effects when other phenothiazines are used alone. A safety scoring system finds trifluoperazine to be not recommended during breastfeeding.[1] Because there is little published experience with trifluoperazine during breastfeeding, other antipsychotic agents may be preferred, especially while nursing an newborn or preterm infant.

Disclaimer: Information presented in this database is not meant as a substitute for professional judgment. You should consult your healthcare provider for breastfeeding advice related to your particular situation. The U.S. government does not warrant or assume any liability or responsibility for the accuracy or completeness of the information on this Site.

Attribution Statement: LactMed is a registered trademark of the U.S. Department of Health and Human Services.

Drug Levels

Maternal Levels. Two mothers taking trifluoperazine 5 and 10 mg per day orally had undetectable milk levels (<1 mcg/L) of trifluoperazine.[2]

Infant Levels. Trifluoperazine was undetectable (<2 mcg/L) in urine at 86 days of age in an infant whose mother was taking trifluoperazine 10 mg daily.[2]

The infant of one mother who was taking trifluoperazine 10 mg per day orally while breastfeeding had a serum trifluoperazine level of 1 mcg/L. The infant was 1.9 weeks old when tested and the mother had been taking trifluoperazine during pregnancy which might have contributed to the infant's serum level.[3]

Effects in Breastfed Infants

Two mothers taking trifluoperazine 5 and 10 mg per day orally breastfed their infants from 1 week and 8 weeks of age, respectively. Mental and psychomotor development were measured at various time up to 30 months of age and were found to be normal.[2]

One infant was breastfed from birth during maternal trifluoperazine 10 mg daily in addition to clonazepam 0.25 mg daily and valproic acid 500 mg daily. No adverse effects in the infant were reported by the mother (follow-up time unspecified).[3]

One mother began taking trifluoperazine (dosage unspecified) 2 months postpartum while breastfeeding her infant. She also started olanzapine 10 mg daily, paroxetine and procyclidine (dosages unspecified). The infant experiences no adverse reactions.[4]

Effects on Lactation and Breastmilk

Phenothiazines cause galactorrhea in 26 to 40% of female patients.[5,6] Hyperprolactinemia appears to be the cause of the galactorrhea.[7-10] The hyperprolactinemia is caused by the drug's dopamine-blocking action in the tuberoinfundibular pathway.[11]

Alternate Drugs to Consider

Haloperidol, Olanzapine, Quetiapine, Risperidone

References

1. Uguz F. A new safety scoring system for the use of psychotropic drugs during lactation. *Am J Ther.* 2021;28:e118–e126. PubMed PMID: 30601177.
2. Yoshida K, Smith B, Craggs M, et al. Neuroleptic drugs in breast-milk: A study of pharmacokinetics and of possible adverse effects in breast-fed infants. *Psychol Med.* 1998;28:81–91. PubMed PMID: 9483685.
3. Birnbaum CS, Cohen LS, Bailey JW, et al. Serum concentrations of antidepressants and benzodiazepines in nursing infants: A case series. *Pediatrics.* 1999;104:e11. PubMed PMID: 10390297.
4. Goldstein DJ, Corbin LA, Fung MC. Olanzapine-exposed pregnancies and lactation: Early experience. *J Clin Psychopharmacol.* 2000;20:399–403. PubMed PMID: 10917399.
5. Polishuk WZ, Kulcsar S. Effects of chlorpromazine on pituitary function. *J Clin Endocrinol Metab.* 1956;16:292–3. PubMed PMID: 13286329.
6. Hooper JH Jr, Welch VC, Shackelford RT. Abnormal lactation associated with tranquilizing drug therapy. *JAMA.* 1961;178:506–7. PubMed PMID: 14448766.
7. Turkington RW. Prolactin secretion in patients treated with various drugs: Phenothiazines, tricyclic antidepressants, reserpine, and methyl dopa. *Arch Intern Med.* 1972;130:349–54. PubMed PMID: 4560178.

8. Turkington RW. Serum prolactin levels in patients with gynecomastia. *J Clin Endocrinol Metab.* 1972;34:62–6. PubMed PMID: 5061776.
9. Beumont PJ, Gelder MG, Friesen HG, et al. The effects of phenothiazine on endocrine function: I Patients with inappropriate lactation and amenorrhoea. *Br J Psychiatry.* 1974;124:413–9. PubMed PMID: 4151788.
10. Meltzer HY, Fang VS. The effect of neuroleptics on serum prolactin in schizophrenic patients. *Arch Gen Psychiatry.* 1976;33:279–86. PubMed PMID: 1259521.
11. Maguire GA. Prolactin elevation with antipsychotic medications: Mechanisms of action and clinical consequences. *J Clin Psychiatry.* 2002;63 Suppl 4:56–62. PubMed PMID: 11913677.

Substance Identification

Substance Name

Trifluoperazine

CAS Registry Number

117-89-5

Drug Class

Breast Feeding

Lactation

Milk, Human

Antipsychotic Agents

Phenothiazines