

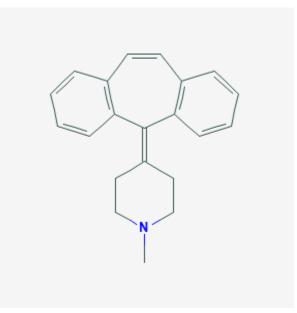
U.S. National Library of Medicine National Center for Biotechnology Information **NLM Citation:** Drugs and Lactation Database (LactMed) [Internet]. Bethesda (MD): National Library of Medicine (US); 2006-. Cyproheptadine. [Updated 2018 Oct 31]. **Bookshelf URL:** https://www.ncbi.nlm.nih.gov/books/



# Cyproheptadine

Revised: October 31, 2018.

CASRN: 129-03-3



## **Drug Levels and Effects**

## Summary of Use during Lactation

Unless it is intentionally being used to lower maternal serum prolactin levels, cyproheptadine should be avoided during lactation because it may interfere with lactation, particularly in combination with a sympathomimetic such as pseudoephedrine or before lactation is well established. The nonsedating antihistamines are preferred alternatives.

## **Drug Levels**

Maternal Levels. Relevant published information was not found as of the revision date.

Infant Levels. Relevant published information was not found as of the revision date.

**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 .

#### **Effects in Breastfed Infants**

Relevant published information on cyproheptadine was not found as of the revision date. In one telephone follow-up study, mothers reported irritability and colicky symptoms in 10% of infants exposed to various antihistamines and drowsiness was reported in 1.6% of infants. None of the reactions required medical attention and none of the infants were exposed to cyproheptadine.[1]

#### **Effects on Lactation and Breastmilk**

Cyproheptadine 16 to 24 mg daily lowers serum prolactin in the treatment of amenorrhea-galactorrhea syndrome because of its antiserotonin activity.[2] Additionally, antihistamines in relatively high doses given by injection can decrease basal serum prolactin in nonlactating women and in early postpartum women.[3][4] However, suckling-induced prolactin secretion is not affected by antihistamine pretreatment of postpartum mothers.[3] Whether lower oral doses of cyproheptadine have the same effect on serum prolactin or whether the effects on prolactin have any consequences on breastfeeding success have not been studied. It is possible that these effects would interfere with initiation of lactation, but the prolactin level in a mother with established lactation may not affect her ability to breastfeed.

### **Alternate Drugs to Consider**

Desloratadine, Fexofenadine, Loratadine

#### References

- 1. Ito S, Blajchman A, Stephenson M et al. Prospective follow-up of adverse reactions in breast-fed infants exposed to maternal medication. Am J Obstet Gynecol. 1993;168:1393-9. PubMed PMID: 8498418.
- 2. Wortsman J, Soler NG, Hirschowitz J. Cyproheptadine in the management of the galactorrhea-amenorrhea syndrome. Ann Intern Med. 1979;90:923-5. PubMed PMID: 571691.
- 3. Messinis IE, Souvatzoglou A, Fais N et al. Histamine H1 receptor participation in the control of prolactin secretion in postpartum. J Endocrinol Invest. 1985;8:143-6. PubMed PMID: 3928731.
- 4. Pontiroli AE, De Castro e Silva E, Mazzoleni F et al. The effect of histamine and H1 and H2 receptors on prolactin and luteinizing hormone release in humans: sex differences and the role of stress. J Clin Endocrinol Metab. 1981;52:924-8. PubMed PMID: 7228996.

## **Substance Identification**

#### Substance Name

Cyproheptadine

#### **CAS Registry Number**

129-03-3

#### **Drug Class**

Breast Feeding

Lactation

Antihistamines

Gastrointestinal Agents