

Apomorphine

A pomorphine is a type of treatment used to manage the symptoms of Parkinson's.

This information looks at what apomorphine is, how it is taken and the advantages and disadvantages of using it.

How Parkinson's drugs work

People with Parkinson's don't have enough of a chemical called dopamine because some of the nerve cells in the brain that make it have died. This lack of dopamine causes the symptoms of Parkinson's to appear.

Drug treatments like apomorphine can help you manage your symptoms.

What is apomorphine?

Apomorphine is a strong type of liquid Parkinson's drug. It is part of the class (category) of drugs called dopamine agonists.

Dopamine agonists work by tricking your brain into thinking they are dopamine. This reduces your symptoms.

Apomorphine does not contain morphine.

When is apomorphine prescribed?

Apomorphine is often used when pills or capsules no longer work well enough to control Parkinson's symptoms on their own.

Apomorphine can be used alone, but is often prescribed with levodopa medication to help it work better.

Your specialist or Parkinson's nurse may suggest trying it if you experience:

- sudden and unpredictable changes in your symptoms
- twisting movements in your muscles known as dyskinesia
- difficulties swallowing pills and capsules
- 'off' periods that aren't controlled by other Parkinson's medication

'On/off' refers to movement fluctuations, usually caused by levodopa medication 'wearing off' before your next dose is due. 'On' is when your symptoms are controlled and when you feel at your most capable. Being 'off' is when your Parkinson's symptoms come back and affect you the most. Some people have described this as like a light switch being turned on and off, or going up and down like a yo-yo.

Find out more: [see our information on wearing off and involuntary movements \(dyskinesia\).](#)

How is apomorphine taken?

Apomorphine can be taken in different ways.

All methods below deliver the drug through a fine needle. It is inserted into the fatty layer under the skin around the lower abdomen, or outside part of your thigh. This is called a subcutaneous injection. It is not an injection given into a vein.

Pen injection

Each pen injects apomorphine just under the skin. The injection can be repeated several times a day, whenever you need it. But there should be at least one hour between injections.

APO-go pen

It's a ready-loaded, multi-dose, disposable pen. It holds 30mg apomorphine, and you can turn the dial to adjust the dose you need.

D-mine pen and cartridge

You load the cartridge into the pen before you use it to get your injection of apomorphine.

“The infusion of Apomorphine can cause hard 'nodules' under the skin. My advice is to identify several areas of the lower abdomen or the outer part of a thigh where the needle can go.

Then make sure that you choose a clean, nodule-free area each day. This should allow your skin enough time to recover.

I've used apomorphine for eight years and it has worked well for me.”

Bob

Infusion and pump

If you have so many 'off' periods that you need more than seven to 10 injections a day, you might be given a syringe driver. This is a small pump that works with batteries. It can give boosters of apomorphine to control your symptoms.

If you use a pump, you can carry it in your pocket or a small pouch. The drug company can provide a pouch with an elasticated belt free of charge.

The pump delivers a continuous dose from a syringe.

The syringe has a fine needle that is inserted under your skin, either in your lower stomach or on the outside of your thighs. This can be secured with some clear dressing to hold it in place.

The infusion is only used when you're awake. If you have symptoms at night-time, it can be left in place for 24 hours.

APO-go pre-filled syringe

A liquid mixture for infusion in a pre-filled syringe. It is delivered through a battery driven pump.

APO-go ampoules

A liquid mixture of apomorphine for injection or infusion stored in a glass container, called a vial or ampoule.

Dacepton vial

A liquid mixture of apomorphine for injection or infusion stored in a glass container, called a vial or ampoule. It can be used with an infusion pump as needed.

Find out more: see information about how to use APO-go and Dacepton apomorphine devices

www.apo-go.com/hcp/apo-go-treatment-pd

www.d-minecare.co.uk

Is injection or infusion right for me?

No one method is right for everyone. Your choice will depend on:

- how often you need to take apomorphine
- how well you can use your hands
- your lifestyle
- whether you have anyone to help you if you need it

For each option, the dose can be adjusted to suit you.

Talk to your specialist or Parkinson's nurse about what might be best for you.

Will I be trained how to use apomorphine?

Yes. Because apomorphine has to be taken by injection or infusion, you and your family member or carer will learn how to do this.

You will usually start apomorphine in hospital. This will mean a Parkinson's nurse or specialist will be able to check you're not experiencing any problems. It can take one day or a few days to do this. You can also be trained at home in some cases.

If you, your carer or family member are unable to

insert the needle or set up the equipment, a district nurse may be able to come daily to do this. They can set up the infusion in the morning and then come back in the evening to take it out. Or, the device so it can be left in and removed by the nurse the next day.

Britannia, the company that make Apo-go products, have specially-trained APO-go nurses, who can also start you on treatment. They are registered nurses with specialist experience in APO-go injections and infusions, as well as the general management of Parkinson's. APO-go nurses can support you with home visits and telephone contact if you need it. EVER Pharma, like Britannia, will also provide apomorphine trained nurses to support patients with their Dacepton therapy.

Practical issues

Apomorphine breaks down when it comes into contact with light and air, so it should be used as soon as it's opened. Always check the solution is clear, colourless or pale yellow and without specks. If the solution has turned green, do not use it.

Try not to spill the drug as it can leave a blue or green stain on your clothes.

Injection sites can become sore and irritated

The areas of skin where the needle goes in can become sore. This can happen when a pump is used. You'll need to change where you put the needle each day to reduce the risk of this happening.

Lumps (nodules) might appear under the skin where the needle is inserted, but these can be treated using ultrasound. You can prevent them by making sure the place where the needle is inserted is clean, changing the injection site every day, and gently rubbing your skin once you've taken the needle out.

One advantage of a pen is that it's less likely to irritate your skin than a continuous infusion using a pump. This is because you can change where you inject each time.

Equipment

Speak to your GP, specialist, Parkinson's nurse or pharmacist about how you can get the equipment. The battery-driven pumps are loaned free of charge

from the drug companies that make them. You can get dressings and the fine infusion tubes that are used with syringe drivers from your local nurse or GP.

What are the advantages of apomorphine?

Injections can act as a rescue treatment

Apomorphine works within five to 10 minutes, much faster than oral medications.

This means it can act as a 'rescue' treatment if your tablets or capsules don't take effect. This is very useful for treating a sudden 'off' period.

The effects of apomorphine generally wear off after 40 minutes, but by this time your pills or capsules may have started to work.

Apomorphine can greatly improve your quality of life

Apomorphine can sometimes help people with Parkinson's to stay in employment or to continue other activities for longer.

You may experience fewer 'off' periods

You may find that if you use a continuous infusion of apomorphine over several months, you can significantly reduce the number of 'off' periods.

What are the disadvantages of apomorphine?

Only available by injection or infusion

So it's important to involve a partner, close friend or relative who can give injections if you can't do them.

Nausea and vomiting

Apomorphine can cause short-term nausea and sickness. So you might be given an anti-sickness drug called domperidone (Motilium) at least two days before your apomorphine treatment. Anti-sickness medication may be gradually reduced. For some people, it can be stopped completely.

Sleep problems

Apomorphine can make you feel sleepy. This may be dangerous if you're driving or operating machinery. Speak with your GP or specialist if this happens.

Hallucinations and delusions

Hallucinations and delusions can affect some people who take apomorphine. If this happens, speak to your GP, specialist or Parkinson's nurse as soon possible. They can give you advice on how hallucinations and delusions can be treated or managed.

Find out more: see our information on [Hallucinations and delusions in Parkinson's](#).

Impulsive and compulsive behaviours

Some people who take dopamine agonists, including apomorphine, may experience impulsive and compulsive behaviours. This includes things such as gambling and hoarding.

Asking your specialist to review your medication is the easiest way to control these behaviours.

Find out more: see our information on [Impulsive and compulsive behaviour in Parkinson's](#).

Some other possible side effects include:

- a drop in blood pressure.
- low iron in your blood (anaemia) and other blood disorders.
- heart problems

For any other queries about side effects, read the patient information leaflet that comes with your apomorphine.

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More information and support

Your specialist or Parkinson's nurse will aim to find the best treatment for you as an individual, and they are the best people to speak to about your medication, including apomorphine.

You can also speak to a pharmacist if you want to know more about a particular Parkinson's drug.

For information about apomorphine, you can also contact the medical information line of the pharmaceutical company that provides apomorphine:

Genus Pharmaceuticals (APO-go)
APO-go helpline **0844 880 1327**
www.apo-go.co.uk

EVER Pharma (Dacepton)
Helpline **0800 254 0175**
www.d-minecare.co.uk

Parkinson's nurses

Parkinson's nurses provide expert advice and support to people with Parkinson's and those who care for them. They can also make contact with other health and social care professionals to make sure your needs are met.

The role of the Parkinson's nurse varies. Each will offer different services, aiming to meet local needs. Some nurses are based in the community, whereas others are based in hospital settings.

Many Parkinson's nurses are independent prescribers. This means they can prescribe and make adjustments to medication, so someone with Parkinson's doesn't always need to see their specialist for changes to or queries about their Parkinson's drugs.

Parkinson's nurses may not be available in every area, but your GP or specialist can give you more details on local services.

You can find out more at **parkinsons.org.uk/nurses**

Information and support from Parkinson's UK

You can call our free confidential helpline for general support and information. Call **0808 800 0303** (calls are free from UK landlines and most mobile networks) or email **hello@parkinsons.org.uk**.

We run a peer support service if you'd like to talk on the phone with someone affected by Parkinson's who has faced similar issues to you. The service is free and confidential – ring the helpline to talk to someone about being matched with a volunteer.

Our helpline can put you in touch with one of our Parkinson's local advisers, who give one-to-one information and support to anyone affected by Parkinson's. They can also provide links to local groups and services.

Our website **parkinsons.org.uk** has a lot of information about Parkinson's and everyday life with the condition. You can also find details of your local support team and your nearest local group meeting at **parkinsons.org.uk/localtoyou**

Visit **parkinsons.org.uk/forum** to chat to other people with similar experiences on our online discussion forum.

Thank you

Thank you very much to everyone who contributed to or reviewed this information sheet:

**Linda Moss, Parkinson's nurse,
Parkinson's UK Helpline**

**Lee Kieft, Parkinson's nurse, Lewisham
and Greenwich Hospital NHS Trust**

Thanks also to our information review group and other people affected by Parkinson's who provided feedback.

Can you help?

At Parkinson's UK, we are totally dependent on donations from individuals and organisations to fund the work that we do. There are many ways that you can help us to support people with Parkinson's.

If you would like to get involved, please contact our Supporter Services team on **0800 138 6593** or visit our website at **parkinsons.org.uk/donate**. Thank you.

Our information

All of our most up-to-date information is available at **parkinsons.org.uk/information-support**. If you'd prefer to read one of our printed leaflets or booklets, find out how to place an order at **parkinsons.org.uk/ordering-resources** or by calling **0300 123 3689**.

We make every effort to ensure that our services provide current, unbiased and accurate information. We hope that this will add to any professional advice you receive and help you to make any decisions you may face. Please do continue to talk to your health and social care team if you are worried about any aspect of living with Parkinson's.

If you'd like to find out more about how we put our information together, including references and the sources of evidence we use, please contact us at **publications@parkinsons.org.uk**



Apomorphine (INFOS0002/2019)

Do you have any feedback about this information? Your comments will help us ensure our resources are as useful and easy to understand as possible. Please return to **Health Content team, Parkinson's UK, 215 Vauxhall Bridge Road, London SW1V 1EJ**, or email **publications@parkinsons.org.uk**. Thank you!

1. Please choose the option that best fits you.

- I have Parkinson's and was diagnosed in I care for someone with Parkinson's
 I have a friend or family member with Parkinson's I'm a professional working with people with Parkinson's
 Other (please specify)

2. Where did you get this information from?

- GP Specialist Parkinson's nurse Parkinson's UK local group Parkinson's UK local adviser
 Ordered directly from us Call to the helpline
 Other (please specify)

3. Has it answered all your questions?

- Yes, completely Yes, mostly Not sure Partly Not at all

4. How easy was it to understand?

- Very easy Easy Not sure Quite difficult Very difficult

We're the Parkinson's charity that drives better care, treatments and quality of life.

Together we can bring forward the day when no one fears Parkinson's.

Parkinson's UK
215 Vauxhall Bridge Road
London SW1V 1EJ

Free confidential helpline **0808 800 0303**
(Monday to Friday 9am–7pm, Saturday 10am–2pm).
Interpreting available.

NGT Relay **18001 0808 800 0303** (for use with smart phones, tablets, PCs and other devices). For more information see www.ngts.org.uk

hello@parkinsons.org.uk
parkinsons.org.uk

Order code: INFOS0002

Last updated October 2019. We review our information within three years. Please check our website for the most up to date versions of all our information.

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5. Has it helped you manage your condition better, or make choices that have improved your life in some way?

It helped a lot It helped a little No change It didn't help It made things worse

6. What is your ethnic background?*

Asian or Asian British Black or Black British Chinese Mixed White British White Other
 Other (please specify)

*We ask about your ethnicity to ensure our information is reaching a broad range of people. However, this question is optional.

Want to hear more from us?

I would like a response to my feedback I would like to be a member of Parkinson's UK
 I'm interested in joining the Information review group, to offer feedback on Parkinson's UK information

If you've answered yes to any of these options, please complete your details below.

Name

Address

Email

Telephone

How would you prefer us to contact you? Email Post Phone

We will not pass on your details to any other organisation or third party. To find out more, read our privacy policy at parkinsons.org.uk/termsandconditions