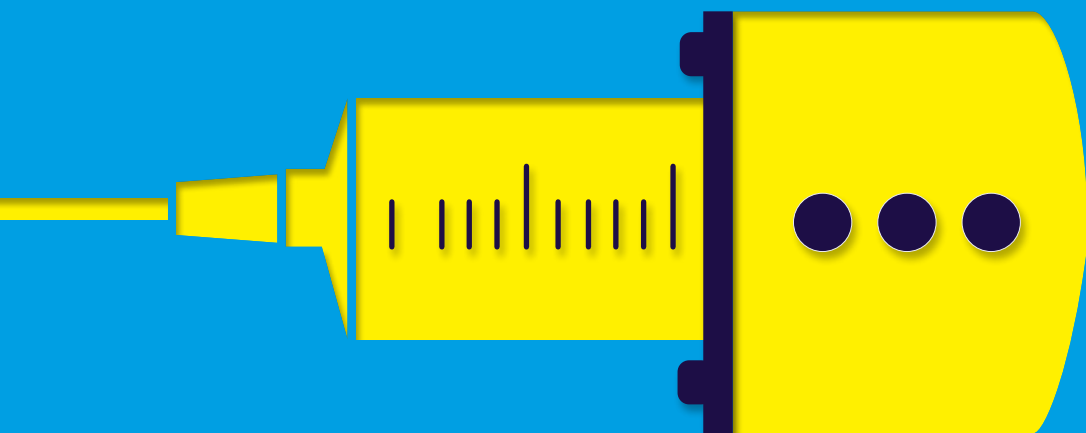
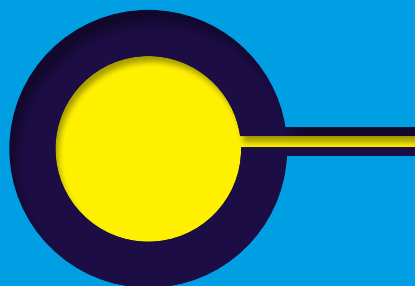


APOMORPHINE AND PARKINSON'S

**Treatments, therapies
and side effects**

Find out how apomorphine
can help manage
Parkinson's symptoms



**PARKINSON'S^{UK}
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APOMORPHINE 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.

How is apomorphine taken?

Apomorphine can be taken in different ways.

All methods 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.

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

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.

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 can be set up 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 will also provide apomorphine trained nurses to support patients with their Dacepton therapy.

Contact details for Britannia and EVER Pharma can be found in the 'More information and support section'.

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 as 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.

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:

Britannia Pharmaceuticals (APO-go)

APO-go helpline

0808 196 424

www.apo-go.co.uk

EVER Pharma (Dacepton)

0800 254 0175

www.d-minicare.co.uk

Parkinson's nurses

Parkinson's nurses have specialist experience and knowledge of Parkinson's.

They can:

- support people coming to terms with their Parkinson's diagnosis
- help people to manage their medication, so they get the best results and fewer side effects
- make referrals to other professionals such as speech and language therapists and physiotherapists

Some nurses are based in the community, such as your GP surgery. Others are based in hospital settings and clinics. Talk to your GP or specialist for more details on speaking to a Parkinson's nurse.

Parkinson's UK information and support

You can read our most up-to-date information at parkinsons.org.uk You can order printed information by calling **0330 124 3250** or visiting **parkinsons.org.uk/orderingresources**

If you'd like to speak to someone, our specialist adviser team can provide information about any aspect of living with Parkinson's.

They can talk to you about managing symptoms and medication, social care, employment rights, benefits, how you're feeling, and much more.

Call our team on:
0808 800 0303 or email
hello@parkinsons.org.uk

We'll provide expert information over phone or email or put you in touch with an adviser locally.

If you'd like to meet other people living with Parkinson's in your local area, you can find friendship and support through our network of volunteers and local groups.

Go to **parkinsons.org.uk/localgroups** or call our helpline to find out more.

Our forum is also a very active space to share and chat with others who really understand, at a time that suits you. Visit **parkinsons.org.uk/forum**

Thank you

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

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

Feedback

If you have any comments or feedback about our information, please call **0800 138 6593**, email **feedback@parkinsons.org.uk**, or write to us at Parkinson's UK, 215 Vauxhall Bridge Road, London SW1V 1EJ. If you'd like to find out more about how we put our information together, please contact us at **healthcontent@parkinsons.org.uk** or visit our website.

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 Care team on **0800 138 6593** or visit our website at **parkinsons.org.uk/donate**

Thank you.

We are Parkinson's UK.
Powered by people.
Funded by you.
Improving life for everyone
affected by Parkinson's.
Together we'll find a cure.

PARKINSON'S^{UK}

Free confidential helpline **0808 800 0303**
Monday to Friday 9am–6pm, Saturday 10am–2pm
(interpreting available)
NGT relay **18001 0808 800 0303**
(for textphone users only)
hello@parkinsons.org.uk
parkinsons.org.uk

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



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