

Shared care guidelines

Drug

A POMORPHINE

Speciality

NEUROLOGY

Indication

PARKINSON'S DISEASE (PD)

Overview

Apomorphine is a dopamine agonist licensed for use in patients with advanced PD who have frequent and/or severe akinesia ("off periods") not controlled by levodopa or other dopaminergic treatments. It is given as a continuous subcutaneous infusion, usually over 12 hours, or as an intermittent subcutaneous injection, at the onset of an "off period".

Hospital specialist's responsibilities

Initial investigations: FBC and Coombs test (haemolytic anaemia)

Initial regimen: If needed domperidone pre-loading to reduce nausea and vomiting. Threshold dose and effective dose determined during a period of in-patient monitoring. Patient and carer education prior to discharge.

Clinical monitoring: For effectiveness and adverse effects
Frequency: Initially inpatient, typically 1 to 3 monthly until stabilised

Safety monitoring: FBC and Coombs test
Frequency: At outset.

Prescribing details: Hospital initiated. Transferred to GP once stabilised.

Documentation: Clinic letters including treatment changes to GP, copies to patient

GP's responsibilities

Maintenance: s/c infusion, 1– 4 mg/hr, usual maximum 100mg/day
Intermittent s/c injection; individualised dose as at transfer

Clinical monitoring: Routine care
Frequency: As required for routine care

Safety monitoring: FBC and Coombs test (aka DAT = Direct antiglobulin test) at 6 months and every 6 months thereafter

Treatment duration: Indefinite, or until no longer considered appropriate

Documentation: Blood results and adverse events — letter to consultant

Adverse Events

Adverse events	Action
Nausea, vomiting	Domperidone 20 to 30mg, 2 or 3 times daily for 7 to 14 days (Ideally should be used short term due to the risk of cardiac side effects however can be used for longer periods in special circumstances on advice of a PD specialist)
Significant clinical deterioration (motor, confusion, hallucinations, psychosis)	Contact consultant or PD nurse specialist
Significant skin irritation/nodules	Contact PD nurse specialist
Abnormal FBC	Contact consultant or PD nurse specialist
Haemolysis and/or +ve Coombs test	Contact consultant or PD nurse specialist

Other information

If domperidone is deemed necessary please follow [MHRA guidance](#). Other anti-Parkinsonian medication may be reduced or withdrawn by the specialist. Parkinson's Disease Nurse Specialist is available if concerns arise.

Contact details

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