PAMP (Proadrenomedullin N-terminal 20 Peptide)

Also called: PAMP; Proadrenomedullin N-terminal 20 peptide; PAMP-12; Proadrenomedullin N-terminal 20 peptide (PAMP)

What it is

PAMP (proadrenomedullin N-terminal 20 peptide) is a 20-residue peptide cut from the N-terminal region of the adrenomedullin precursor (ADM gene, UniProt P35318), co-secreted with adrenomedullin and catecholamines. It is hypotensive and sympatho-inhibitory: it blocks nicotinic-receptor-driven catecholamine release from adrenal chromaffin cells (PMID 7798947), raises blood glucose via the bombesin/GRP receptor (PMID 10812076) and curbs food intake and gastric emptying via a selective PAMP receptor (PMID 11311728). A shorter fragment, PAMP-12, shares many actions. It is an endogenous research peptide, not an approved medicine, and has never been given to people as a treatment. (Not the immunology term 'pathogen-associated molecular pattern'.)

Approval status

Research Chemical. Not a drug: Drugs@FDA and the openFDA label endpoint hold no record, and FDA GSRS and ChEMBL hold no substance record for PAMP (searched November 6, 2026). It is an endogenous adrenomedullin-precursor peptide; there is no therapeutic development of PAMP itself, and no registered interventional trial of giving it to people. It is studied as a hypotensive, sympatho-inhibitory peptide with central metabolic, antiproliferative and antimicrobial actions.

Dosing, as printed in the page's Recommended Dosing box

No established human dose

PAMP is an endogenous peptide that has never been given to people as a treatment. The work is in animals and cells, where PAMP is given into the brain or applied to cells at experimental amounts that do not carry over to people.

Educational information, not medical advice. None is a recommendation for you. An unapproved compound has no established safe or effective human dose, and products sold for "research use only" are not made or tested for people. Talk to a doctor before acting on anything on this site, including before you start, stop or change any medicine or dose.

Key human evidence

No human study is carded on the page; its 6 study cards are reviews, animal or cell work. The first 2:

• **Novel actions of PAMP** (Review, 2001). A review of newly identified actions of PAMP, a hypotensive peptide from the adrenomedullin precursor. Beyond its cardiovascular effects, central PAMP raised blood glucose (via the bombesin receptor, blocked by a bombesin antagonist) and inhibited food intake and gastric emptying in fasted mice, and the review also notes effects on body temperature and oxygen consumption — framing PAMP as a multifunctional regulatory peptide (a review). **PMID 11754967**

• **PAMP is an anticholinergic brake on catecholamine release** (In Vitro, 1995). In cultured bovine adrenal medullary cells, PAMP was co-secreted with catecholamines by calcium-dependent exocytosis when nicotinic receptors were stimulated, in a fixed molar ratio. Added back, PAMP(1-20) blocked the nicotinic-receptor sodium influx, the downstream calcium influx and catecholamine secretion in a non-competitive manner, without affecting potassium- or veratridine-evoked responses — identifying PAMP as a novel antinicotinic peptide that brakes its own gland (a cell study). **PMID 7798947**

Interactions

A PubMed search for interaction studies of this compound with any drug (November 6, 2026, 0 records) found none in people. That is not evidence that it is safe to combine with anything.

Side effects and cautions

Reported side effects	Contraindications and cautions
• No human adverse-event data exist: no published study has administered PAMP to people • In animals it lowers blood pressure, brakes adrenaline release and alters blood glucose, food intake and gastric emptying (PMIDs 7798947, 10812076, 11311728) — preclinical signals, not a human safety profile • It shares a precursor and some actions with adrenomedullin but works through distinct receptors (PMID 9303556) • Material sold online as 'PAMP' is an unregulated research chemical of unverified content	• Not a medicine: no FDA application or label, and no approval anywhere • No human dosing, interaction, pregnancy or long-term safety data exist for administered PAMP • It is a laboratory research peptide, not a treatment • Its effects on blood pressure, adrenaline release and blood glucose warrant caution in any use

Five questions to ask

1. PAMP (Proadrenomedullin N-terminal 20 Peptide) is listed here as "Research Chemical". What does the evidence on this sheet mean for someone in my situation, and is there an approved treatment I should consider instead?
2. Here are the medicines and supplements I take. Do any of them interact with PAMP (Proadrenomedullin N-terminal 20 Peptide)? This sheet records none published, which does not mean none exist.
3. Which side effects should make me stop and call you, for example no human adverse-event data exist: no published study has administered pamp to people?
4. Do any of the cautions on this sheet apply to me, such as: Not a medicine: no FDA application or label, and no approval anywhere?
5. What should we check before I start and while I am on it (blood tests, blood pressure, weight), and how often?

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