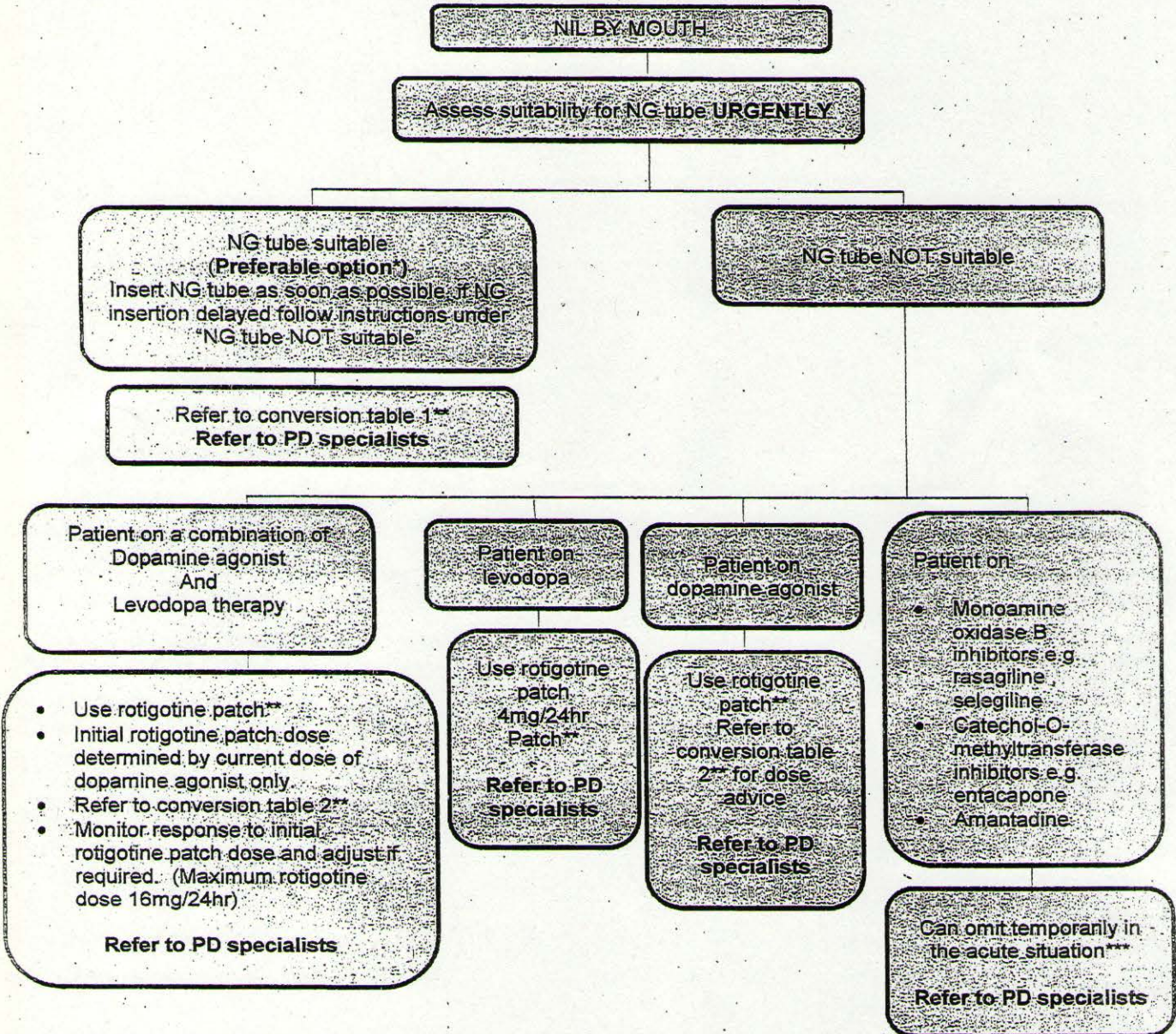


Guidance for converting oral PD medicines to an alternative formulation in the acute setting

Use GGC guideline ONLY as other guidelines and calculators may vary in the dose recommended

- During working hours (9am-5pm Monday-Friday) - Contact PD specialist immediately (See table 3 and 4 for contact details) and speech and language therapist (If patient has swallowing difficulties)
- During out of hours or if PD specialist not available, follow the guidance below. Notify PD specialist of PD patient admission (See table 3 and 4 for contact details)



* NG tube is the preferable option due to risk of side-effects with rotigotine patch use and the suggested dose equivalence to rotigotine is only approximate.

**Check for cautions, contraindications and previous adverse effects to dopamine agonists. Monitor for side-effects or lack of benefit and adjust accordingly.

***Document in notes any medicines that are being temporarily omitted and make it clear these have to be restarted if/when swallowing is re-established.

Administration of PD medicines to patients with enteral feeding tubes

The alteration of medications for use via enteral feeding tubes results in the medication being unlicensed.¹ Use 30ml of distilled water to flush the tube before and after drug administration. If more than one medication is to be given, flush with 10ml of distilled water between each one.^{1,2}

With all changes to PD medication, close monitoring of the patient is needed.

Drug name	Method of administration for enteral tubes
Amantadine	<ul style="list-style-type: none"> Liquid available 50mg / 5ml (contains sorbitol). The capsules can be opened and contents mixed with water for administration.
Co-beneldopa (Madopar [®])	<ul style="list-style-type: none"> Modified release formulations cannot be crushed. Dispersible tablets can be used. A daily levodopa dose reduction of about 30% may be required when converting from modified release preparation to dispersible co-beneldopa. Smaller but more frequent doses may be required. A small "when required" dose may need to be prescribed if changing from capsules/tablets to dispersible tablets. This should only be done by a PD specialist as there may be a detrimental effect of increasing total daily dose.
Co-careldopa (Sinemet [®])	<ul style="list-style-type: none"> Modified release formulations cannot be crushed. The standard formulations disperse in water for administration or switch to dispersible co-beneldopa ensuring the equivalent levodopa dose. <p>E.g. Sinemet[®] 110mg (carbidopa 10mg/levodopa 100mg) tablet levodopa dose is equivalent to Madopar[®] 125mg (benserazide 25mg/levodopa 100mg) dispersible tablet</p>
Entacapone (Comtess [®])	<ul style="list-style-type: none"> Can omit in the acute situation
Co-careldopa +Entacapone (Staneke [®] / Stalevo [®])	<ul style="list-style-type: none"> Use separate components as follows: Entacapone: Can omit in the acute situation Co-careldopa: Refer to co-careldopa entry above.
Pramipexole	<ul style="list-style-type: none"> Use rotigotine patch (refer to conversion table 2)
Pramipexole PR	<ul style="list-style-type: none"> Use rotigotine patch (refer to conversion table 2)
Rasagiline (non-formulary)	<ul style="list-style-type: none"> Tablets can be crushed and mixed with water for administration Can omit in the acute situation
Ropinirole	<ul style="list-style-type: none"> Use rotigotine patch (refer to conversion table 2)
Ropinirole XL	<ul style="list-style-type: none"> Use rotigotine patch (refer to conversion table 2)
Selegiline	<ul style="list-style-type: none"> Selegiline tablets can be dispersed in water Can omit in the acute situation

Conversion table 1: Administration to patients with enteral feeding tubes¹⁻⁵

Conversion of oral dopamine agonists to rotigotine patch

The maximum dose of rotigotine is 16mg/24hours. The Patches are available in 2mg/4mg/6mg/8mg strengths. Do **NOT** cut patches to achieve correct dose.³

Pramipexole base content	Prolonged Release Pramipexole base content	Ropinirole	Modified Release Ropinirole	Rotigotine Patch
0.088mg tds (0.125mg tds salt content)	0.26mg/day (0.375mg/day salt content)	0.75mg tds	2mg/day	2mg/24hrs
0.18mg tds (0.25mg tds salt content)	0.52mg/day (0.75mg/day salt content)	1mg tds	4mg/day	4mg/24hrs
0.35mg tds (0.5mg tds salt content)	1.05mg/day (1.5mg/day salt content)	2mg tds	6mg/day	6mg/24hrs
0.53mg tds (0.75mg tds salt content)	1.57mg/day (2.25mg/day salt content)	3mg tds	8mg/day	8mg/24hrs
0.7mg tds (1mg tds salt content)	2.1mg/day (3mg/day salt content)	4mg tds	12mg/day	10-12mg/24hrs
0.88mg tds (1.25mg tds salt content)	2.62mg/day (3.75mg/day salt content)	6mg tds	16mg/day	14mg/24hrs
1.05mg tds (1.5mg tds salt content)	3.15mg/day (4.5mg/day salt content)	8mg tds	24mg/day	16mg/24hrs

Conversion table 2: Conversion of oral dopamine agonists to rotigotine patch^{3, 6-10}