

## 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. 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.

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

**Conversion table 1:** Administration to patients with enteral feeding tubes

Drug name	Method of administration for enteral tubes
Amantadine	<ul style="list-style-type: none"> <li>• Liquid available 50mg / 5ml (contains sorbitol).</li> <li>• The capsules can be opened and contents mixed with water for administration.</li> </ul>
Co-beneldopa (e.g. Madopar®)	<ul style="list-style-type: none"> <li>• Modified release formulations <b>cannot</b> be crushed.</li> <li>• Dispersible tablets can be used.</li> <li>• 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.</li> <li>• 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.</li> </ul>
Co-careldopa (e.g. Sinemet®)	<ul style="list-style-type: none"> <li>• Most standard release formulations do not disperse in water <b>Exception:</b> Sinemet® standard release disperses in water for administration</li> <li>• If other standard release brands are in use, switch to dispersible co-beneldopa ensuring the equivalent levodopa dose. E.g. Sinemet® 110mg (carbidopa 10mg/levodopa 100mg) tablet levodopa dose is equivalent to Madopar® 125mg (benserazide 25mg/levodopa 100mg) dispersible tablet</li> <li>• Modified release formulations <b>cannot</b> be crushed. Switch to dispersible co-beneldopa. 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.</li> </ul>
Entacapone and opicapone	<ul style="list-style-type: none"> <li>• Can omit in the acute situation</li> </ul>
Co-careldopa +Entacapone (e.g. Staneke®/ Stalevo®)	<ul style="list-style-type: none"> <li>• Use separate components as follows:</li> <li>• Entacapone: Can omit in the acute situation</li> <li>• Co-careldopa: Refer to co-careldopa entry above.</li> </ul>
Pramipexole	<ul style="list-style-type: none"> <li>• Use rotigotine patch (refer to conversion table 2 in the main guideline)</li> </ul>
Pramipexole PR	<ul style="list-style-type: none"> <li>• Use rotigotine patch (refer to conversion table 2 in the main guideline)</li> </ul>
Rasagiline (non-formulary)	<ul style="list-style-type: none"> <li>• Tablets can be crushed and mixed with water for administration</li> <li>• Can omit in the acute situation</li> </ul>
Ropinirole	<ul style="list-style-type: none"> <li>• Use rotigotine patch (refer to conversion table 2 in the main guideline)</li> </ul>
Ropinirole XL	<ul style="list-style-type: none"> <li>• Use rotigotine patch (refer to conversion table 2 in the main guideline)</li> </ul>
Selegiline	<ul style="list-style-type: none"> <li>• Selegiline tablets can be dispersed in water</li> <li>• Can omit in the acute situation</li> </ul>