Clinical Guideline

MANAGEMENT OF COMMUNITY BASED PARKINSON'S PATIENTS UNABLE TO SWALLOW MEDICATIONS

SETTING	Community
FOR STAFF	Doctors, Nurse Practitioners, Pharmacists
PATIENTS	Adult patients with Parkinson's

GUIDANCE

These guidelines are aimed at healthcare staff, including non-specialist doctors, caring for patients in the community with Parkinson's, to enable optimal management when patients are unable to swallow oral medication.

Where it is a chronic problem, seek specialist advice from the patient's Parkinson's physician and/or community speech and language therapists and/or PD Specialist Practitioner

Background

People with Parkinson's are at risk of developing problems with their swallow - either in the context of acute illness or as part of the condition.

Points to consider:

It is important to rule out other pathology if a patient presents with swallowing difficulty for the first time.

It is imperative that people with Parkinson's receive their medications at all times to prevent complications from medication withdrawal and disease deterioration.

Where possible, seek specialist input from the consultant or nurse specialist caring for the patient: Consultant physicians (via secretaries or email):

For patients under the UHBW service (Dr Stratton, Dr Ward, Dr Prasath, Dr Daniel)

- parkinsonsteam@uhbw.nhs.uk; secretary 0117 342 1427

For patients under North Bristol Trust:

- Dr Richfield secretary 01174146433 cote.secreteries@nbt.nhs.uk
- Dr Thornton secretary 01174146433 cote.secreteries@nbt.nhs.uk
- Dr Mitchell secretary 01174146433 cote.secreteries@nbt.nhs.uk
- Dr Szewczyk-Krolikowski - Konrad.Szewczyk-Krolikowski@nbt.nhs.uk; secretary 01174147984
- Dr Boca - MihaelaBocaSecretary@nbt.nhs.uk; secretary 0117 414 4437
- Dr Smith – matthew.smith2@nbt.nhs.uk; secretary 0117 4146692
- Dr Morrison – Hamish.morrison@nbt.nhs.uk secretary 0117 414 6690
- Out-of-hours: Neurology on-call registrar at NBT – via switchboard 0117 9505050

- **Parkinson's Specialist practitioners and nurses within the BNSSG community:**
- sirona.parkinsons@nhs.net; telephone: 03001255550

Specialist pharmacist advice:

- UHBW Medicines information team; pharmacymi@uhbw.nhs.uk tel: 0117 3429282
- NBT pharmacy team contactnbtpharmacy@nbt.nhs.uk

NBT Movement Disorder Nurse Specialists

- Mondays-Fridays (9-5) 0117 414 8269 or 07874885155 for more urgent enquires
- Email MovementDisorderNurse@nbt.nhs.uk

Speech and Language therapy (SALT)

- See Remedy https://remedy.bnssg.icb.nhs.uk/adults/speech-language/speech-and-language-therapy-slt-community-and-outpatient-services/

Sirona Community SALT services

- Sirona.neuro@nhs.net; tel 0300 125 5550

NBT SALT Team

- SLTContact@nbt.nhs.uk; tel 0117 414 5130 / 0117 414 4011

UHBW – Bristol

- SLTBRI@uhbw.nhs.uk; tel 0117 342 1564
- SLTSTMH@uhbw.nhs.uk; tel 0117 3421088

UHBW - Weston

- SLTWGH@UHBW.nhs.uk; 01934 647145

Urgent professional referrals

- Contact Single Point of Access (SPA) for community nursing, rapid response, urgent therapy, admission avoidance – 0300 125 6789
- SPA Professional line 0300 125 6510

Consequences of missed doses:

- Aspiration pneumonia
- Increased dependency
- Increased falls and fracture risk
- Neuroleptic-like malignant syndrome

All these complications may cause irreversible harm and are potentially fatal

Key Messages

- **Actively look for and treat: infection, constipation, urinary retention, electrolyte abnormalities**
- **Do not alter treatment regimes or timings**
- **If the patient is struggling to swallow food and fluids, as well as medication, urgent speech and language assessment should be sought**
- **Seek early advice from the patient's Parkinson's team**
- **Avoid the abrupt withdrawal of Parkinson's medications and missed doses**
- **NEVER prescribe contra-indicated medications (see below) – record them on the patients' medical record as allergies.**
- **Caution with diagnosing as dying/end of life; the 'off' state may look like dying and be brought about by something like constipation-associated non-absorption of medication.**
- **Dysphagia is often a feature of advanced Parkinson's and choking is rarely a terminal event in patients who are eating and drinking at risk. For support regarding this, please contact the relevant PD specialist to highlight at the PD palliative care MDT.**

Parkinson's medications

- Should always be given on time (a 20-30min delay is the maximum acceptable delay).
- Never crush/split modified release preparation
- Co-careldopa (Sinemet) tablets are soluble in water or converted to the equivalent dose of Co-beneldopa (Madopar) dispersible tablets *e.g. Co-careldopa 25mg/100mg = co-beneldopa dispersible 25mg/100mg*

Contra-indicated medications include:

Indications	Contra-indicated medications	Alternatives
Agitation	Haloperidol, Chlorpromazine	Lorazepam (starting dose: 0.5-1mg) Midazolam (for end of life situations)
Nausea & vomiting	Metoclopramide (Maxalon), Prochlorperazine (Stemetil), Promethazine (Phenergan)	Domperidone (only po and short term – see MHRA guidance), Ondansetron, Cyclizine (use with caution as may cause dystonia in PD) Levomepromazine (use with caution as some dopamine antagonist effect)

- If swallow compromised, consider giving tablets one at a time on a teaspoon of yoghurt, or crushed (see table below)
- Dispersible tablets will have a faster and shorter duration of action so monitor patient for loss of disease control, as dose frequency may need adjustment
- For patients on PEG feeding, absorption may be affected by proteins in enteral feed. To reduce fluctuations in effect, doses should be given at the same time every day and where possible 30 minutes before or after the feed
- Many Parkinson's medications can be changed to soluble, crushable or dispersible alternatives and given by mouth, Nasogastric (NG) or Percutaneous Endoscopic Gastrostomy (PEG). Pill crushers are available from the community pharmacy.

Conversion to Rotigotine patch

Important points:

- Use the online tool **PDMedcalc** to convert the regular regime of Parkinson's medications to a rogitine patch (https://pdmedcalc.co.uk/)

- Be aware that this calculator uses a **conservative** dose of Rotigotine and needs to be reviewed and **potentially increased** if there are signs of uncontrolled motor or non-motor signs of Parkinson's (examples of motor symptoms include: rigidity, bradykinesia, impaired mobility; examples of non-motor symptoms include: unexplained pain, anxiety, worsening dysphagia/dysphonia). This is especially the case in patients who are **cognitively robust**, or are **already on a dopamine agonist** (Pramipexole, Rotigotine, Ropinirole, Apomorphine).

- **Dopamine agonists** (including Rotigotine) can have an unpredictable effect and are more associated with non-motor side effects including **agitation, hallucinations and confusion.** If these side effects are present on the dose suggested by PD Med Calc the dose of Rotigotine can be reduced by 2mg/24 hours. This should prompt further urgent discussion with the Parkinson's Specialist.

- In patients who are **naïve** to dopamine agonists, or who already have **cognitive impairment, delirium or agitation**, it is sensible to convert to a dose of Rotigotine which is deliberately lower than equivalent to the patient's normal regime of Parkinson's medications to reduce the risks of these side effects.

- Maximum dose: 16mg in 24hours

- Patches are available in 2mg/4mg/6mg/8mg strengths

- Do not cut patches to achieve correct dose. Maximum of two patches at a time.

- Do not use the same site for 14 days – use patch placement chart (appendix 1) to monitor

Difficulty administering medication?

Patient with Parkinson's unable to swallow usual medication (e.g coughing and choking), at risk of aspiration.

Is this a new problem?

YES (new)

Consider:

- **Urgent hospital admission**
- **Urgent community SLT referral (especially if difficulties swallowing food & drink)**
- **Contact specialist (Parkinson's practitioner / Consultant)**

NO (ongoing)

Is the patient dying?

No

Does the patient cough on drinking water?
(this does not exclude silent aspiration)

No

Consider alternative formulas
Refer to Table 1

Contact specialist (Consultant / Parkinson's Practitioner) to update and seek further advice.
Consider referral to community SLT / urgent SLT.

Yes

Convert to Rotigotine patch
Using the online tool PD MedCalc
www.pdmedcalc.co.uk

Yes

Caution with diagnosing dying – the patient may be "off". If in doubt, convert to rotigotine patch and review after 24-48hours.

If the patient is imminently dying, a Rotigotine patch (dose via PDMedCalc) can be used for symptomatic control of parkinson's. **The effect of this patch should be reviewed 24-48 hours later.**

Version 11; From Sept 2025 to Sept 2029
Author (this version): Dr Pete Sugden

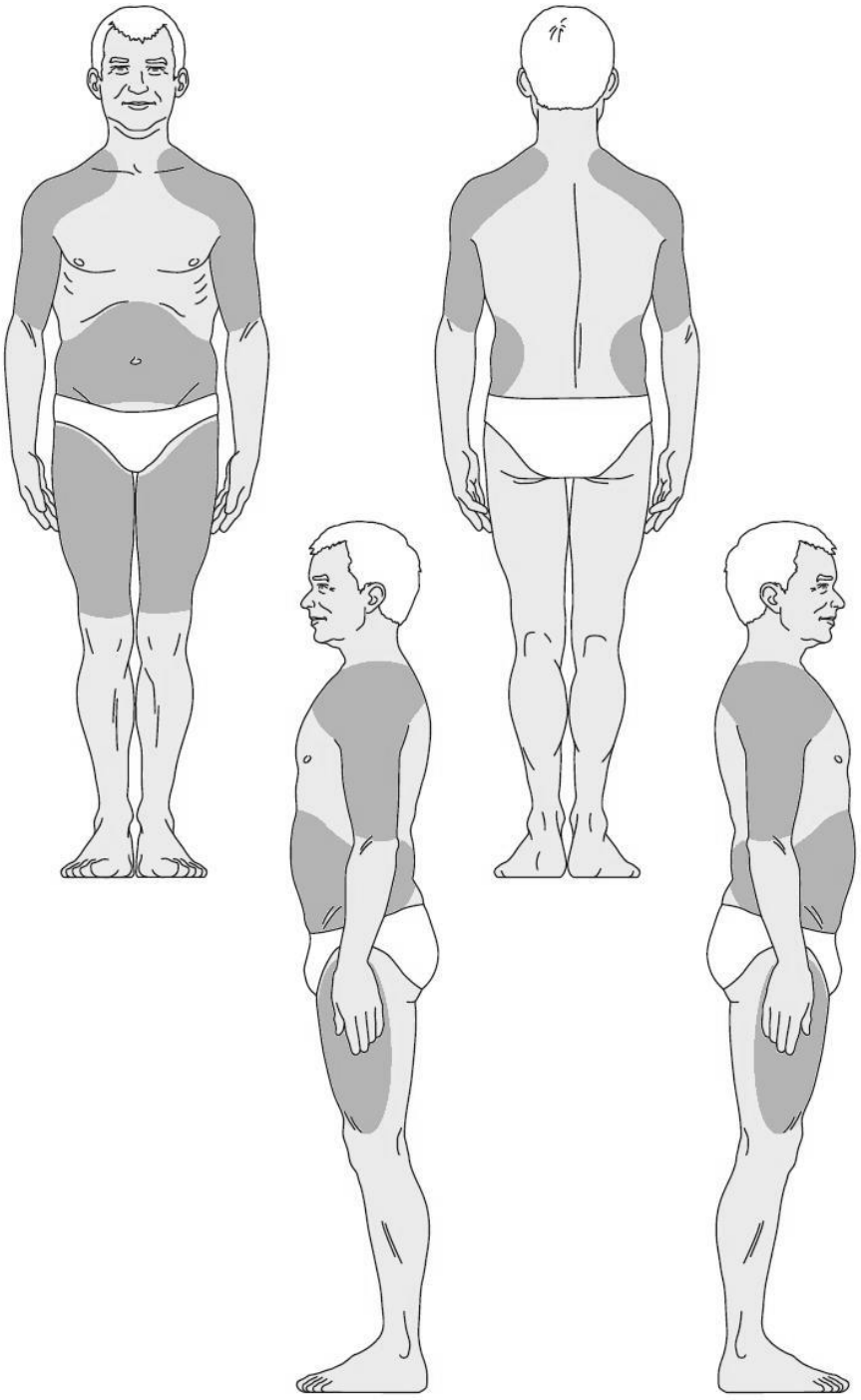
Table 1: PD medications as liquids and via PEG

Medicine	Formulation	Recommendation
Co-beneldopa (Madopar ®) (levodopa therapy)	Dispersible tablets **(In 10mls water)**	Continue, no change required
	Capsules **(immediate release)**	Use dispersible tablets, same dose
	Modified/Controlled Release capsules **MR/CR**	Convert to immediate release dispersible tablets using the online tool PDMedcalc (pdmedcalc.co.uk)
Co-careldopa (levodopa therapy)	Tablets (immediate release) *(Sinemet®, Sinemet Plus®)*	Continue, tablets are soluble (10mls water)
	Modified/Controlled Release tablets **MR/CR** *(Caramet® CR, Sinemet® CR, Half Sinemet® CR, Lecado®)*	Convert to immediate release tablets using the online tool PDMedcalc (pdmedcalc.co.uk)
Levodopa/carbidopa/ entacapone combination tablet	Tablets ***Stalevo®, Sastravi®, Stanek®)*** (levodopa therapy)	Continue, crush tablets and disperse (10mls water)
Ropinirole (dopamine agonist therapy)	Tablets (immediate release) *(Requip®, Ardtrel ®)*	Continue, tablets are soluble (10mls water)
	Modified release tablets *(Requip® XL, Ralnea XL®, Repinex XL®, Spiroco XL®, Aimpart XL® , Ropilynz XL®, Ropiqual XL®, Raponer XL®, Ipinnia XL®)*	Divide total daily dose by three and give immediate release preparation TDS
Pramipexole *(Mirapexin®, Oprymea®, Pipexus®)* (dopamine agonist therapy)	Tablets (immediate release)	Continue, crush tablets and disperse (10mls water)
	Modified release tablets	Divide total daily dose by three and give immediate release preparation TDS
Rasagiline *(Azilect ®)*	Tablets	Continue, crush tablets and disperse (10mls water) May safely be omitted if acutely unwell
Selegiline *(Eldepryl®, Zelapar®)*	Tablets	Continue, tablets are soluble (10mls water). May safely be omitted if acutely unwell
	Oro-dispersible tablets	Continue if buccal route remains safe; if not, convert to standard tablet (1.25mg oro-dispersible tablet = 10mg standard tablet)
Safinamide (*Xadago ®)*	Film coated tablets	Omit - No information regarding alternative modes of administration. May safely be omitted if acutely unwell
Entacapone	Tablets	Continue, tablets are soluble (10mls water). Caution as powder is a dye and may stain feeding tubes, skin or clothing. May be safely omitted when acutely unwell
Tolcapone	Tablets	Omit - No information regarding alternative modes of administration. May safely be omitted if acutely unwell
Opicapone	Tablets	Omit – Hard capsule, cannot crush or open. May safely be omitted if acutely unwell
Amantadine	Capsules	Continue, use liquid preparation as first line; if not available, open capsules and dissolve contents (10mls water)

Appendix 1: Patch placement chart

Name:
Date of Birth:
NHS number:

START DATE /



Patch to be applied at the same time daily to a non-hairy, non-sweaty area (dark areas on the body map). Do not use the same spot for 14 days. Do not stick on broken/damaged skin. See rotigotine instructions for placement and care.

RELATED DOCUMENTS

1. Tomlinson CL, Stowe R, Patel S, Rick C, Gray R, Clarke CE. Systematic review of levodopa dose equivalency reporting in Parkinson's Disease. Mov Disord 2010; 25 (15): 2649-53
2. Brennan KA, Genever RW. Managing Parkinson's disease in surgery. BMJ 2010; 341:c5718

AUTHORISING BODY BNSSG (September 2025)

QUERIES Contact details listed on page 1 and 2