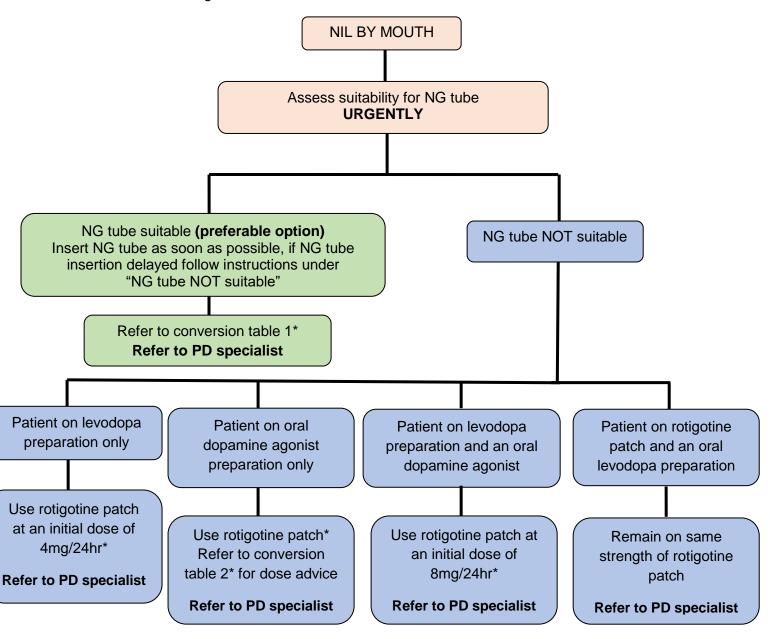
Parkinson's disease: management of PD patients who are nil-bymouth

Guidance for converting oral PD medicines to an alternative formulation in the acute setting. Use this guideline **only** as other guidelines and calculators may vary in the dose recommended.

Return to the main guideline to access tables 1 and 2.



Patients on monoamine oxidase B inhibitors (e.g. rasagiline, selegiline), catechol-O-methyltransferase inhibitors (e.g. entacapone), and amantadine can be safely withheld temporarily until review by PD specialist**

Note: The above conversions to a rotigotine patch (in particular for those patients on levodopa therapy only) may result in an under-estimation of the levodopa equivalent so it is important that a PD specialist is contacted as soon as possible for ongoing advice. The patches are available in 2mg / 4mg / 6mg / 8mg strengths. The maximum dose of rotigotine is 16mg/day. Do **NOT** cut patches to achieve the correct dose.

^{*}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 withheld and make it clear these have to be restarted if/when swallowing is re-established.