



CLINICAL GUIDELINE

Trazodone appropriate formulation choice and use guide

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

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Important Note:

The Intranet version of this document is the only version that is maintained. Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

Introduction

The cost of trazodone liquid remains high. Prescribers should consider the most cost-effective preparation.

It is estimated from NHSGGC 2021/22 prescribing data that switching from liquid to capsule/tablet preparation, where appropriate, may enable prescribing cost-efficiencies of more than £200,000 per annum.

Trazodone Formulation	Equivalent mg Content	Equivalent costs
100mg/5ml	120ml pack size	£185.85*
50mg/5ml liquid	2x120ml pack size	£30.00*
50mg tablets	48 tablets	£13.38**
50mg capsules	48 capsules	£1.98*
100mg capsules	24 capsules	£1.30*

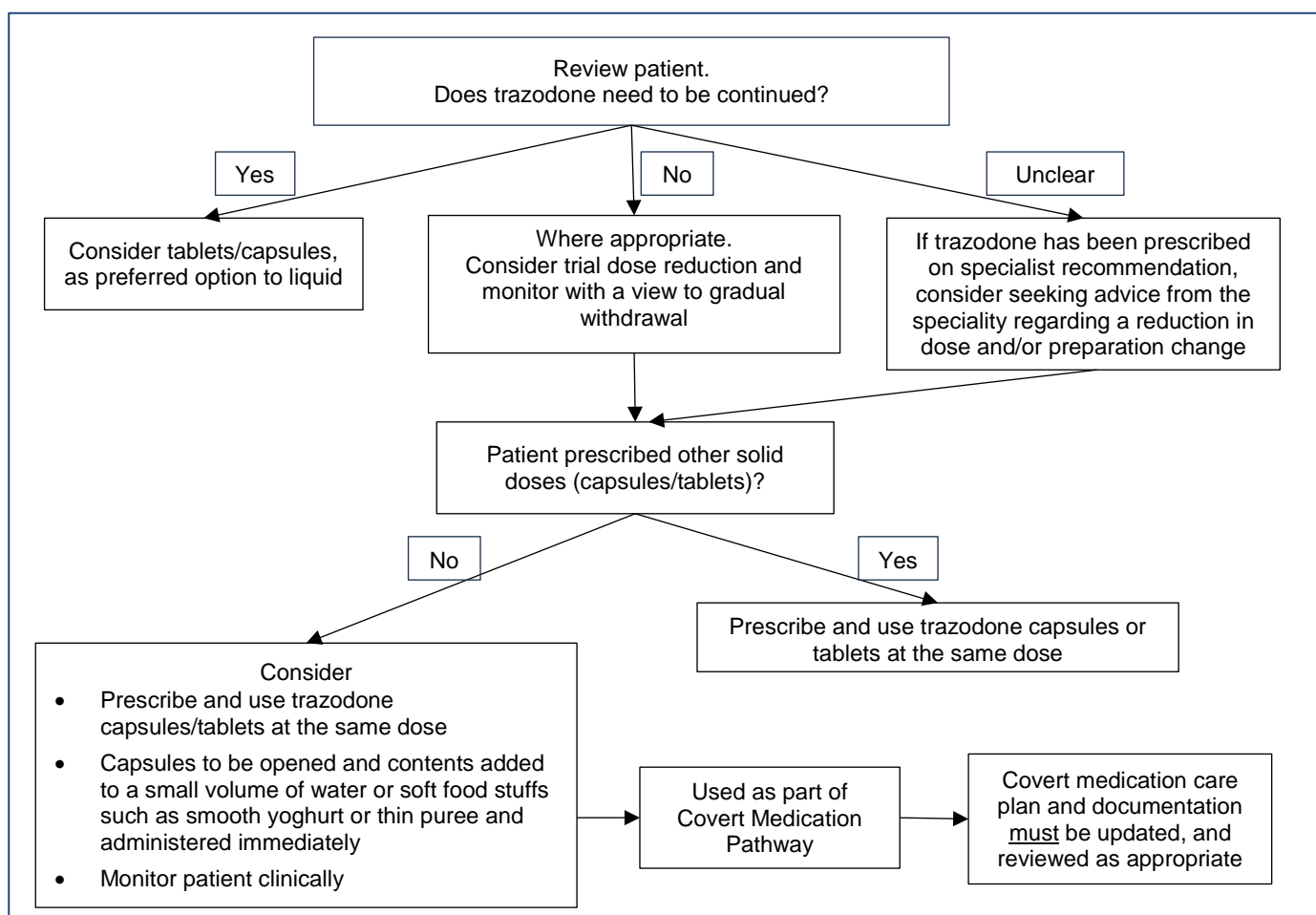
*Scottish Drug Tariff, and **Mims costs Oct 2023.

Unlicensed and 'Off-label' use: Trazodone is licensed in the UK for the treatment of depression or anxiety. Most trazodone liquid is being used for an unlicensed indication. Liquid trazodone administered through a feeding tube is an 'off-label' use of the product. Mixing trazodone liquid with food or opening capsules and using contents are both unlicensed. Trazodone absorption is delayed (slowed) and somewhat enhanced (more drug absorbed) by food. Do not crush trazodone tablets as there is no stability information available.

Prescribers are asked to consider whether trazodone is still necessary.

For some patients, it may be possible to withdraw treatment. This should be done gradually unless the patient is on a low dose (50mg per day or less) and they have been taking the drug for less than 8 weeks.

Figure 1 Guide for reviewing trazodone liquid use



For patients needing to continue trazodone:

Unlicensed use: Mixing trazodone liquid with food or opening capsules and using contents are both unlicensed.

Level 7 (normal) diet and Level 0 (normal) fluids

- For patients who are receiving other medicines in tablet or capsule form, it is recommended that patients are asked to swallow the capsules.
- Individuals who have difficulty swallowing capsules/tablets with water may benefit from taking medicines with yoghurt or equivalent via a spoon. Seek pharmacist input regarding appropriateness. The rationale must be discussed and agreed with pharmacy, the multidisciplinary team and patient (guardian for those with incapacity). This must be documented in patient's notes to differentiate from covert administration.
- For patients unable to swallow the capsule, the capsule may be opened and the contents (bitter tasting) mixed with 15ml of water, smooth yoghurt or thin puree and administered immediately. The powder should not be mixed with anything too hot or cold. Avoid mixing with tea, coffee, ice-cream, sorbet, iced drinks, etc.
- Patients receiving doses of 25mg, may be appropriate to change to half a 50mg tablet.

Modified diet level and/or thickened fluid

- The person administering the medicine should be aware of Speech & Language Therapy recommendations regarding International Dysphagia Diet Standardisation Initiative (IDDSI) levels for both diet and fluids required for the individual.
- Liquid trazodone preparations must not be mixed with thickener prior to administration as this may affect drug absorption and metabolism.

Mixing medicines in food:

- Medicines should only be administered in food with the patient's knowledge and consent. Hiding medicines in food is considered "covert administration" and Covert Medication Policies should be followed, see below.
- Liquid (doses <50mg and <5ml only) should be mixed with a small amount of smooth yoghurt or thin puree matching the individual's recommended diet level, and administered immediately.
- Capsule contents have a bitter taste. Capsule contents can be emptied into a small¹ (10ml) volume of smooth yoghurt or thin puree, in line with Speech & Language Therapy recommendations regarding IDDSI levels for both diet and fluids required for the individual, and needs to be administered immediately. The powder should not be mixed with anything too cold or hot (Do not microwave this will affect medicines stability). Avoid mixing with tea, coffee, ice-cream, sorbet, iced drinks, etc. Mixing with food is an unlicensed use.

Enteral feeding tubes

Patients with a feeding or nasogastric tube, the 50mg capsules can be opened and contents mixed in 15ml of water until no visible particles are seen; flushes via an 8Fr NG tube without blockage.

Covert administration of medicines

Where trazodone is being administered covertly, Covert Medication Policy and Administration of covert medication and in dysphagia should be followed. Formal assessment and review should be

¹ A small volume is advised to ensure that the prescribed dose of medicine is administered. Larger volumes will make it harder to ensure the prescribed dose of medicine is administered.

documented and recorded in patients clinical notes – see Appendix 1 and 2 of [Covert Medication Policy](#).

Documentation

Prescribers, please document in **patient's clinical notes that capsule contents are to be used** and reference this guidance.

Opening and administering trazodone capsules:

When opening capsules take care not to inhale any powder.

For administration via feeding/nasogastric tube:

1. Gently ease open the capsule to release the powder.
2. Tip the powder into a medicine pot - be sure to obtain all the powder.
3. Mix the powder with 15 to 30ml of water.
4. Draw up the mixture in an oral, enteral or bladder-tipped syringe.
5. Stop the enteral feed.
6. Flush the enteral feeding tube with the recommended volume of water.
7. Flush the medication dose down the feeding tube.
8. Finally, flush with the recommended volume of water.
9. Re-start the feed, unless a prolonged break is required.

For administration orally:

1. Follow steps 1 to 3 above and administer to the patient.
2. If the patient finds the taste unpalatable. Tip the powder directly into a small amount of smooth yoghurt or thin puree and administer, see '*Modified Diet and/or thickened fluids*', above.

References

- White R. Handbook of drug administration via enteral feeding tubes. 3rd ed. London: Pharmaceutical Press; 2018.
- Trazodone Hydrochloride 50 mg/5 ml Oral Solution, Neon Healthcare Ltd <https://www.medicines.org.uk/emc/product/14867/smpc> [Accessed 16/10/23]
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- NHS Greater Glasgow and Clyde. Safe and Cost Effective Administration for Covert Medication and in Dysphagia [MHS MRG 02] June 2022 <https://mypsych.nhsqgc.org.uk/media/1799/mhs-mrg-02-safe-and-cost-effective-administration-for-covert-medication-in-dysphagia.pdf> [Accessed 16/10/23]
- NHS Fife Area Drugs and Therapeutics Committee, Managing the use of trazodone liquid in NHS Fife 31/8/16
- NHS Fife Health and Social Care Partnership, Memorandum, To all NHS Fife hospital wards. Use of trazodone capsules instead of trazodone liquid for hospital patients, 31/8/16.
- NEWT Guidelines for Administration of Medication to Patients with Enteral Feeding Tubes or Swallowing Difficulties. www.newtguidelines.com [Accessed 16/10/23]

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