COPD Guidelines 2018

- Ensure correct diagnosis - appropriate history and confirmatory spirometry.
- The three most cost-effective treatments for COPD are: **Annual Influenza Vaccination, Smoking Cessation & Pulmonary Rehabilitation**. All three should be offered to COPD patients.
- First line options should be chosen where possible, but please note that choice of inhaler device will depend on patient specific factors.

**GOLD Stages 2018 (1-4)**
1. **Mild** FEV$_1$ ≥ 80% predicted
2. **Moderate** 50% ≤ FEV$_1$ < 80% predicted
3. **Severe** 30% ≤ FEV$_1$ < 50% predicted
4. **Very Severe** FEV$_1$ < 30% predicted

*=At each stage review diagnosis; SABAs can be added on a PRN basis if appropriate.

**CAT**= COPD Assessment Test
**mMRC**= Modified British Medical Research Council

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**CATEGORY C PATIENT***

- **LAMA** → **LAMA + LABA OR LABA + ICS**

  - Start with **LAMA**, if further exacerbations, change to **LAMA + LABA**. If LAMA + LABA contra-indicated or ineffective try LABA + ICS (note risk of pneumonia)

**CATEGORY D PATIENT***

- **Single Therapy** indicated - start with **LAMA**.
- **Combination Therapy** indicated - start with **LAMA+LABA** (LABA +ICS for asthma/ COPD over-lap)
- If further exacerbations on LAMA+LABA add ICS
- If exacerbations continue seek **Specialist Advice**, stop ICS, **step down** to LAMA+LABA

**CATEGORY A PATIENT***

- **LAMA OR LABA**

  - Evaluate effect
  - If symptoms persist, continue, stop or try alternative class of bronchodilator

**CATEGORY B PATIENT***

- **Persistent symptoms**

**Worsening symptoms**

**CAT** < 10  **mMRC** 0-1

**CAT** ≥ 10  **mMRC** ≥ 2

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Date approved April 2018. Review January 2020. Adapted from GOLD Guideline 2018, MMT RCCG
- Patients must be given options and flexibility when choosing appropriate inhaler
- Assess inhaler technique before starting treatment and regularly throughout treatment
- Choose first line options if suitable and meets all of the requirements of the patient

### Inhaler Options

#### Powder

| SABA options | Easyhaler Salbutamol 200 mcg one puff PRN | Salbutamol MDI 100mcg 2 puffs PRN (1st Line) OR Salbutamol Easi-Breathe 100mcg 2 puffs PRN |
| LAMA Options | Incruse Ellipta (1st Line) <br> One puff once daily <br> (Umeclidinium 55mcg OD) | Eklira Genuair one puff twice daily <br> (Acldiniaum 322mcg BD) |
| | Seebri Breezhaler <br> Inhale content of 1 capsule once daily <br> (Glycopyrronium 44mcg OD) | Spiriva Respimat Two puffs <br> Once daily (Tiotropium 2.5mcg 2 puffs OD) |
| | Anoro Ellipta 55/22 (1st line) <br> One puff once daily <br> (Umeclidinium 55mcg/ Vilanterol 22mcg OD) | Spiolto Respimat |
| | Ultibro Breezhaler 85/43 <br> Inhale content of 1 capsule once daily | |
| | Duaklir Genuair 340/12 <br> One puff twice daily | |
| | Relvar Ellipta 92/22 (1st Line) <br> One puff once daily | DuoResp (Budesonide/Formoterol): 2 Strengths- dose in micrograms (mcg) |
| | | (Beclo mata sne/ Formoterol 100/6) Two puffs twice daily |
| | | Fostair NEXThaler (dose in mcg) |
| | | (Beclometasone/Formoterol 100/6) Two puffs twice daily |
| | Trelegy Ellipta (92mcg Fluticasone/55 mcg Umeclidinium/22mcg Vilanterol OD) <br> One puff once daily | ***Trelegy and Trimbow should not be used until LABA/LAMA has been evaluated*** |

### Note:
- Patients currently stable on their inhaler regimes should remain on them & not be switched