Treatment of COPD should be based on both **symptoms** (quality of life, breathlessness, degree of exercise limitation) and **risk** (exacerbation frequency, number of admissions, spirometry results).

All patients with COPD should attempt **spirometry** (relaxed as well as forced vital capacity).

The three **most cost effective treatments** for COPD are: **Annual Influenza Vaccination**, **Smoking Cessation** & **Pulmonary Rehabilitation**. All three should be offered to all COPD patients.

All COPD patients should be given a short-acting β2 agonist (SABA) for use “as required”. Check **Inhaler technique** and **compliance** at each review.

Choice of medication: **if the first line choice is not appropriate**, then **any licensed alternative within that group** can be used. Current first line choice governed by black triangle*** [▼] status (i.e. new medication with black triangle status should not routinely be used first line).

### COPD Guidelines 2016

**C**
- **LAMA** (Long-acting muscarinic antagonist).
  Non-black triangle choice: Tiotropium
  If exacerbations continue, consider
- **LAMA + LABA** (Long-acting muscarinic antagonist + Long-acting β2 agonist). Separate or in combination.
- **LAMA + LABA + ICS**

**A**
- **SABA** (Short-acting β2 agonist) PRN
  AND / OR
- **LAMA** (Long-acting muscarinic antagonist).
  Non-black triangle choice: Tiotropium

**B**
- **LAMA** (Long-acting muscarinic antagonist).
  Non-black triangle choice: Tiotropium
  OR
- **LAMA + LABA** (Long-acting muscarinic antagonist + Long-acting β2 agonist). Either separate or in combination.

**D**
- **ICS + LABA** (inhaled corticosteroid + Long-acting β2 agonist).
  Non-black triangle choice:
  Beclometasone + Formoterol (Fostair)
  AND
- **LAMA** (Long-acting muscarinic antagonist).

**Exacerbator**
- ≥ 2 or ≥ 1 leading to hospital admission

**Non-Exacerbator**

- **CAT*** < 10  MRC 1 - 2  
- **CAT*** > 10  MRC ≥ 3  

**Worsening Symptoms**

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* GOLD - Global Initiative for Chronic Obstructive Lung Disease
** CAT – COPD Assessment Test
There are no “best” drugs or one choice when it comes to inhalers. People are different and the “best” inhaler is the one the patient is both willing and able to use. Assessment of inhaler technique is an essential part of pharmacological therapy.

<table>
<thead>
<tr>
<th>Device</th>
<th>Drug(s)</th>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
</table>
| Breezhaler | LAMA: Seebri▼ (Glycopyrronium)  
LAMA/LABA: Ultibro▼ (Glycopyrronium /Indacaterol) | Hear, see and feel it’s taken  
Hear, see and feel it’s taken | Fiddly to load. |
| Ellipta  | LAMA: Incruse▼ (Umeclidinium)  
LAMA/LABA: Anoro▼ (Umeclidinium /Vilanterol) | Preloaded 3 step manoeuvre  
Dose counter | Don’t know dose has been taken. |
| Genuair  | LAMA: Eklira▼ (Aclidinium)  
LAMA/LABA: Duaklir▼ (Aclidinium /Formoterol) | Preloaded  
Know it’s been taken from indicator on device.  
Dose counter | Twice a day.  
Some people can’t suck in to activate the device. |
| Respimat | LAMA: Spiriva (Tiotropium)  
LAMA/LABA: Spiolto▼ (Tiotropium /Olodaterol) | Not dry powder  
Little inspiratory flow needed. | Not always preloaded. |

| MDI | Dry Powder |  
|----------------------------------|----------------------------------|---|
| Fostair (Beclometasone / Formoterol) | Fostair Nexthaler  
Relvar▼ (Fluticasone/Vilanterol)  
Symbicort or DuoResp (Budesonide/Formoterol) | |

N.B. Medication initiated in 2nd care should be continued unless deemed inappropriate at review.

**Black triangle [▼] status:** If a medicine is labelled with the black triangle, this means that it is being monitored even more intensively than other medicines. This is generally because there is less information available on it than on other medicines, for example because it is new to the market or there is limited data on its long-term use.