

BEDFORDSHIRE, LUTON AND MILTON KEYNES AREA PRESCRIBING COMMITTEE (APC)

**Review of Inhaled Corticosteroids (ICS) in patients with COPD (UPDATED 2024)**

(Updated from a previous version approved by MKPAG, 2020.)

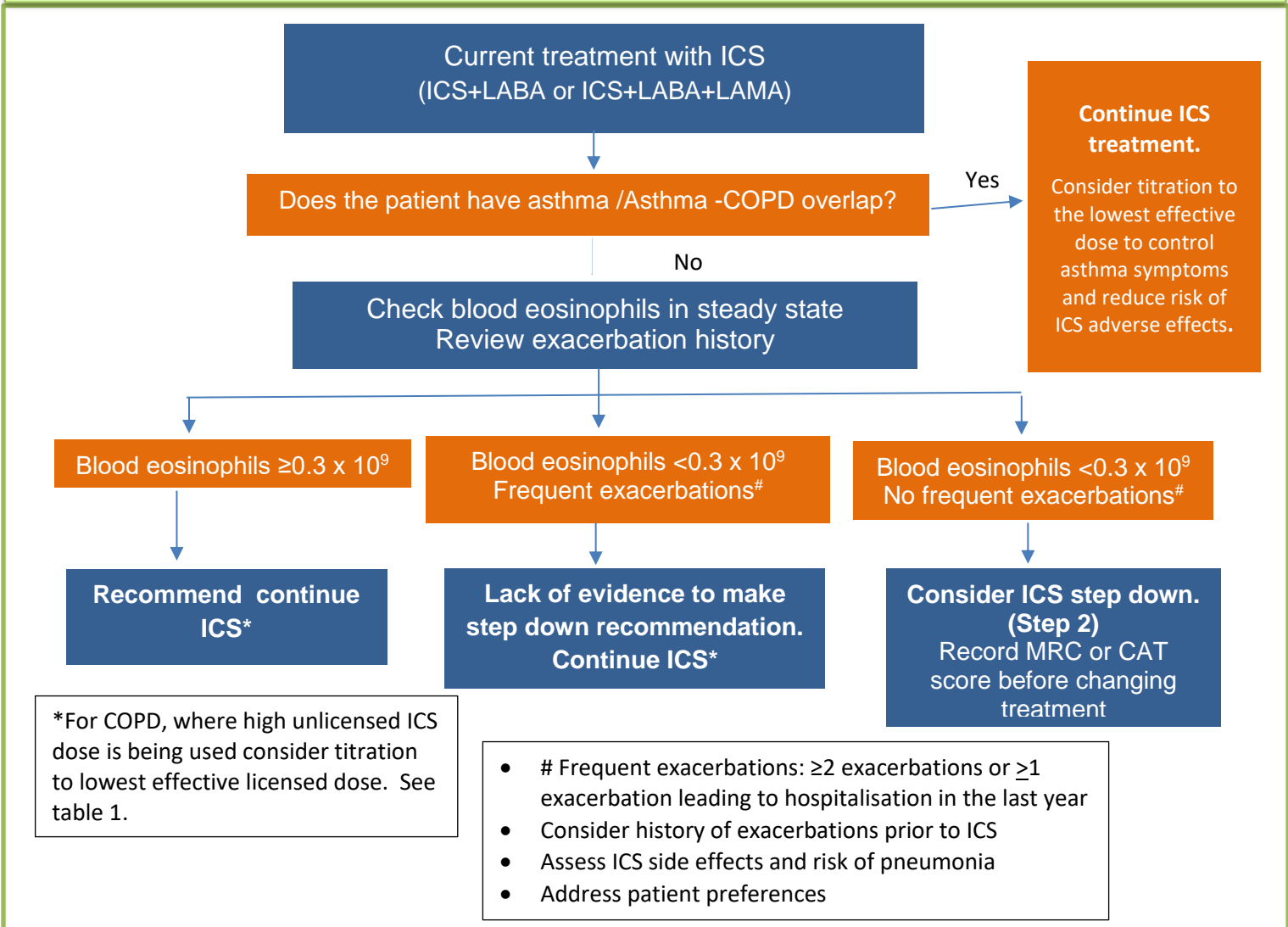
This guide provides an algorithm to identify people with chronic obstructive pulmonary disease (COPD) who might benefit from ICS treatment and those in whom ICS may **not be appropriate**, and in those patients, an approach to reduce and withdraw ICS inhalers.

- Increasing evidence suggests that prescribing high dose ICS, defined as **>1000mcg** beclometasone or equivalent, can cause harm in people with COPD without any further clinical benefit than moderate doses. **A steroid card should be given if a patient is taking high dose ICS.**
- High dose of ICS should be reduced to prevent potential side effects, such as non-fatal pneumonia, adrenal suppression, reduced bone mineral density, diabetes and glaucoma.
- The benefits of ICS for patients with COPD are greater in the subset of patients with evidence of eosinophilic airway inflammation. Review the treatment of patients with **NO evidence of eosinophilic** airway inflammation.
- The guideline is only for people with COPD with no features of asthma.

**At review and before therapy changes check and consider the following:**

- Correct diagnosis?
- Inhaler Technique?
- Adherence?
- Clinical effectiveness / side-effects?
- Self-management plan up to date?
- Asthma or COPD or Asthma-COPD Overlap (ACO)
- Non-smoker?
- Immunised? Pneumococcal and annual Flu?
- Pulmonary Rehabilitation or other respiratory education?

**Step One: Assessment consultation**



## Step Two: For people with COPD who do not need ICS

**Step down / stop ICS** - Taper or stop ICS immediately according to dose potency then switch to LABA+LAMA combination inhaler (Consider patient history, preferences, and clinical needs). Options include:

**Low/medium-dose\* ICS (Table 1)**  
STOP ICS. Switch to LABA/LAMA

**High-dose\* ICS (Table 1)**  
Reduce ICS dose to medium dose before switching to LABA/LAMA (as below)

4 Weeks



If stable or improved  
 continue with LABA/LAMA

4 Weeks



If stable or improved  
STOP ICS and start LABA/LAMA

Interim call with patient (approx. 2 weeks) to check compliance and ensure stability

Patient should be encouraged to contact monitoring clinician if any worsening of symptoms or conditions

6 months



4 Weeks



If stable or improved  
 continue with LABA/LAMA

Reassess need for ICS use if:

- Moderate or severe exacerbations
- Airflow limitation worsening (FEV<sub>1</sub> decrease ≥100mL)
- Optional: blood eosinophil count (≥0.3 x 10<sup>9</sup>)

6 months



### Follow-up with monitoring clinician for full clinical review.

- See the patient for twice yearly review during the first year of ICS withdrawal
- Followed by an annual review if the patient's COPD is stable and "exacerbation-free"
- If the patient experiences a deterioration in symptoms or symptoms that impact on quality of life, **consider** Triple Therapy trial.
- Seek specialist advice where appropriate, eg. deterioration of symptoms post ICS withdrawal or if ICS review appropriate post pneumonia. Within Milton Keynes, refer / discuss with AIRs respiratory clinic.

### \*Table 1. Commonly prescribed ICS treatments for COPD and stepdown suggestions

(Use [ICS dose equivalency table](#) for other preparations.)

High Dose ICS/LABA inhalers (Equivalent to 2000mcg BDP#)	Step down to MEDIUM dose ICS/LABA inhalers then STOP	Then switch to LABA/LAMA combination inhaler
Fostair 200/6 2 puffs BD (MDI) **	Fostair 100/6 2 puffs BD (MDI)	Maintain LABA/LAMA (e.g. Spiolto Respimat 2 puffs OD, (Aerosol) Or Duaklir Genuair 1 dose BD) (DPI)
Seretide 250/25 2 puffs BD (MDI)**	Seretide 125/25 2 puffs BD (MDI)	
Seretide 500/50 Accuhaler 1 dose BD (DPI)	Seretide 250/50 Accuhaler 1 dose BD (DPI)	
Symbicort 400/12 Turbohaler 2 doses BD (DPI)**	Symbicort 200/6 Turbohaler 2 doses BD (DPI)	

\*\*Unlicensed dose / preparation in COPD #BDP= Beclometasone dipropionate

### Abbreviations

AIRS clinic	Assessment & Investigation of Respiratory symptoms clinic
CAT	COPD assessment test
COPD	Chronic obstructive pulmonary disease
DPI	Dry powder inhaler
ICS	Inhaled corticosteroid
LABA	Long acting beta agonist
LAMA	Long acting muscarinic antagonist
MDI	Multidose inhaler
MRC score	Medical Research Council dyspnoea score

### References:

Chalmers et al, 2020. Withdrawal of inhaled corticosteroids in COPD: a European Respiratory Society guideline. Eur Resp J 2020. Available via <https://erj.ersjournals.com/content/55/6/2000351>

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Primary Care Respiratory Society, 2018. Stepping down inhaled corticosteroids in COPD. Available via <https://www.pcrs-uk.org/resource/current/stepping-down-inhaled-corticosteroids-copd>