Stable COPD Management One Page Quick Guide

A concise summary of key recommendations for managing stable COPD, presented on a single page for quick reference. For full details, please refer to the complete guidelines.

NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board

Rescue SABA should be prescribed to all patients for immediate symptom relief. Salbutamol Easyhaler (DPI) or Salamol® (Salbutamol MDI) 100mcg +/- spacer 2 puffs PRN

0 or 1 moderate exacerbations (not leading to an hospital admission)

≥2 moderate exacerbation or ≥1 leading to hospitalisation

mMRC 0-1 or CAT < 10

mMRC ≥ 2 or CAT ≥ 10

Blood eosinophils < 0.3

Blood eosinophils ≥ 0.3

LAMA

1st line DPI **Braltus Zonda ®; 1 OD** tiotropium

2nd line DPI **Eklira genuair ®, 1 BD** aclidinium

SMI **Spiriva Respimat®; 2 OD** tiotropium

Alternative LABA if LAMA not tolerated

1st line DPI **Formoterol easyhaler®, 1 BD**

2nd line MDI **Atimos modulate ®; 2 OD** formoterol

LABA/LAMA

1st line

DPI **Anoro Ellipta ®; 1 OD** Aclidinium/formoterol

DPI **Duaklir Genuair®, 2 BD** Umeclidinium/vilanterol

SMI **Spiolto Respimat®; 2 OD** Tiotropium/oldaterol

MDI **Bevespi Aerosphere®; 2 BD** Glycopyrronium /formoterol

ICS/LABA/LAMA

1st line

DPI **Trelegy ®; 1 OD** Fluticasone/vilanterol/umeclidinium

DPI **Trimbow NEXThaler 87/5/9®, 2 BD** Beclomethasone/formoterol/glycopyrronium

MDI **Trixeo Aerosphere ®; 2 BD** budesonide / formoterol / glycopyrronium

2nd line

MDI **Trimbow 87/5/9 ®; 2 BD** Beclomethasone/formoterol/glycopyrronium

Review:

- Arrange a chest X-ray if patients' symptoms are changing or deteriorating and not had in the last 12 months or if clinically appropriate to repeat
- Consider specialist advise for patients that are poorly responsive to treatment, deteriorating or change in cough or palliative.
- Consider a referral to community respiratory team ≥2 moderate exacerbation or ≥1 leading to hospitalisation.
- Patient is limited by breathlessness, increased SABA use or an increase in CAT score assess inhaler technique, adherence, possible differential diagnosis and lifestyle

Continued breathlessness mMRC ≥ 2 or CAT ≥ 10

Start a **LABA + LAMA** (see above for choices)

Consider switching inhaler device or alternative **LABA/LAMA.**

Consider other pharmacological therapies. Implement or escalate non-pharmacological treatments. See Additional therapies. Investigate other causes of dyspnoea.

Continued or increased Exacerbations / ≥2 moderate exacerbation or ≥1 leading to hospitalisation

Currently using **LABA + LAMA**

Currently using **ICS + LABA + LAMA**

Blood eosinophils < 0.1 cells/microL

Blood eosinophils ≥ 0.1 cells/microL

ICS + LABA + LAMA not recommended – consider additional and nonpharmacological therapies - See Additional therapies.

Start an **ICS + LABA + LAMA.** Optimise non-pharmacological therapies. **Consider de-escalation of ICS** if pneumonia, other considerable side effects or no longer appropriate

Patient still experiencing exacerbations on ICS + LABA + LAMA or LABA + LAMA and repeat eosinophil count <0.1 cells/microL
Consider specialist referral, optimising nonpharmacological and additional therapies.

Non-Pharmacological Therapies

Smoking cessation, Vaccination, Self-Management education, Management of co-morbidities, Active lifestyle and exercise, Pulmonary rehabilitation, psychological support, Fan therapy and Oxygen/ Palliative care.

Continuously - Exacerbation Management of COPD both acute and prevention, Clinical Review and Ongoing Management of COPD, COPD care plan, Specialist referral, Interpretation services.