



***National Institute for
Clinical Excellence***

Mid City Place
71 High Holborn
London
WC1V 6NA

Tel: 020 7067 5800
Fax: 020 7067 5801
nice@nice.nhs.uk

www.nice.org.uk

PRESS RELEASE

**NICE GUIDELINE TO IMPROVE CARE OF PATIENTS WITH
CHRONIC OBSTRUCTIVE PULMONARY DISEASE**

The National Institute for Clinical Excellence (NICE) and the National Collaborating Centre for Chronic Conditions (NCC-CC) are today issuing a guideline on the management of chronic obstructive pulmonary disease (COPD) in adults in primary and secondary care.

Chronic obstructive pulmonary disease is a chronic disabling condition in which the patient's airways and sometimes the lungs themselves have become obstructed, causing persistent and progressive breathlessness which can greatly impair the ability to lead a normal life. The disease is predominantly caused by smoking and nearly all sufferers are over 35. An estimated 900,000 people in the UK have diagnosed COPD and there may be as many again who remain undiagnosed. COPD is the fifth commonest cause of death in England and Wales, accounting for approximately 30,000 deaths each year.

Although COPD cannot be cured, there are effective treatments which can greatly increase quality of life for patients. The NICE guidelines will improve care for diagnosed sufferers of COPD, and improve the accuracy of diagnosis. Priorities for implementation highlighted in the guideline include:

- A diagnosis of COPD should be considered in patients over the age of 35 who have a risk factor (generally smoking) and who present with exertional breathlessness, chronic cough, regular sputum production, frequent winter 'bronchitis' or wheeze.

- Use of spirometry (instrument for measuring the volume of air inhaled and exhaled) to confirm the presence of airflow obstruction. All health professionals managing patients with COPD should have access to spirometry and be competent in the interpretation of the results.
- Encouraging patients with COPD to stop smoking
- Use of long-acting inhaled bronchodilators (medicines which open up the airways) to control symptoms and improve exercise capacity in patients who continue to experience problems despite the use of short-acting drugs.
- The frequency of exacerbations should be reduced by appropriate use of inhaled corticosteroids and bronchodilators, and vaccinations.

As patients with COPD are likely to have a wide range of care needs during the progress of the disease, the guidelines stress the need for patients to have access to a multi-disciplinary team across primary, secondary, and tertiary care to fully address these.

Professor Peter Littlejohns, Clinical Director at NICE and Executive lead for the guideline said: “For people with COPD, their carers and the health professionals responsible for their care this guideline offers clear advice on what the NHS should provide. The guideline compiles evidence-based recommendations on best practice in the management of COPD that have been developed following a collaborative and consultative approach. In implementing this guideline, healthcare professionals across England and Wales can feel confident that they are providing people with COPD with the best possible treatment, based upon the best available evidence.”

Dr David Halpin, Chair of the Guideline Development Group, said: “Many patients with COPD live with distressing breathlessness every day - they struggle to perform simple tasks most people take for granted and often end up in hospital. Many feel neglected and despondent. These guidelines recommend management strategies that will make a significant difference to their quality of life.”

Dame Helena Shovelton, Chief Executive, British Lung Foundation, said: “These guidelines are extremely important because for the first time clear recommendations for the type of service and treatment patients with COPD can

expect to receive from their hospital and Primary Care Trust (PCT) have been set out.

"It must be acknowledged, however, that they are only guidelines and it is up to each individual hospital or PCT to implement them. We would, therefore, urge local health communities to implement the guideline as quickly as possible so that people with COPD can benefit from these recommendations for improvements in the diagnosis and treatment of their condition without delay."

Ends

Notes to Editors:

About NICE

1. NICE is part of the NHS. It is the independent organisation responsible for providing national guidance on treatments and care for those using the NHS in England and Wales. Its guidance is for healthcare professionals and patients and their carers to help them make decisions about treatment and healthcare. For further information about NICE you can visit www.nice.org.uk.
2. NICE produces guidance in three areas of health:
 - the use of new and existing medicines and treatments within the NHS in England and Wales – technology appraisals
 - the appropriate treatment and care of patients with specific diseases and conditions within the NHS in England and Wales – clinical guidelines
 - whether interventional procedures used for diagnosis or treatment are safe enough and work well enough for routine use – interventional procedures.
3. NICE also funds three enquiries that undertake research into the way patients are treated to identify ways of improving the quality of care (the investigations are known as confidential enquiries).
4. NICE guidance and recommendations are prepared by independent groups that include professionals working in the NHS and people who are familiar with the issues affecting patients and carers.

About the clinical guideline on COPD

5. The NICE guideline is available from www.nice.org.uk/CG12NICEguideline The full version detailing the evidence base behind the recommendations is produced by the National Collaborating Centre for Chronic Conditions (NCC-CC. This version has been produced as a supplement to Thorax, the journal of the British Thoracic Society. It is also available on the BMJ website at http://thorax.bmjournals.com/content/vol59/suppl_1/
6. The National Collaborating Centre for Chronic Conditions, based at the Royal College of Physicians, developed the guideline on behalf of NICE. The NCC-CC follows

international standards of guideline development. They established a group consisting of representatives of people with COPD, health professionals and health service researchers which reviewed the published clinical research alongside current clinical practice and the experience of people with COPD, together with the feedback from two rounds of widespread consultation.

7. The following partners have member status on the partners' board of the Centre:
 - Royal Pharmaceutical Society of Great Britain
 - Royal College of Nursing
 - Clinical Effectiveness Forum for Allied Health Professionals
 - Royal College of Surgeons of England
 - Royal College of General Practitioners
 - Royal College of Physicians of London
 - NHS Confederation
 - Royal College of Physicians Patient and Carer Liaison Committee
 - National Institute for Clinical Excellence
8. The guideline asks local health communities to review their existing management of the treatment of COPD against this guideline. The review should consider the resources required to implement the recommendations set out in the guideline, the people and processes involved, and the timeline over which full implementation is envisaged. It is in the interests of patients that the implementation timeline is as rapid as possible. Relevant local clinical guidelines, care pathways and protocols should be reviewed in the light of this guidance and revised accordingly.