Chronic obstructive pulmonary disease in over 16s: non-pharmacological management and use of inhaled therapies

Confirmed diagnosis of COPD

1. Fundamentals of COPD care

- Offer treatment and support to stop smoking
- Offer pneumococcal and influenza vaccinations
- Offer pulmonary rehabilitation if indicated
- Co-develop a personalised self-management plan
- Optimise treatment for comorbidities

These treatments and plans should be revisited at every review

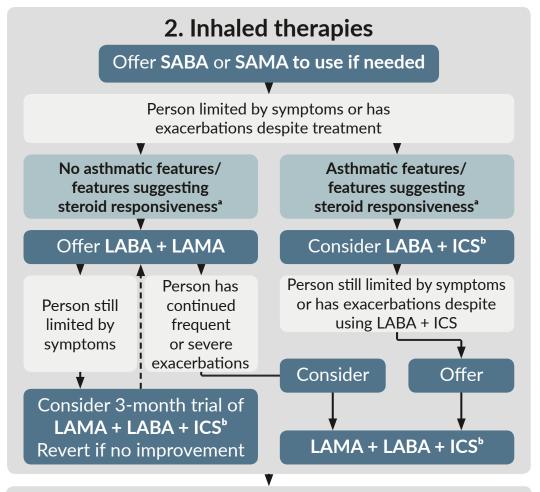
Start inhaled therapies only if:

- all the above interventions have been offered (if appropriate), and
- inhaled therapies are needed to relieve breathlessness or reduce exacerbations

For ALL inhaled therapies:

- train people in correct inhaler technique
- review medication and assess inhaler technique and adherence regularly throughout treatment





Explore further treatment options if needed (see guideline)

- ^a Asthmatic features/features suggesting steroid responsiveness in this context include any previous secure diagnosis of asthma or atopy, a higher blood eosinophil count, substantial variation in FEV1 over time (at least 400 ml) or substantial diurnal variation in peak expiratory flow (at least 20%).
- b Be aware of an increased risk of side effects (including pneumonia) in people who take ICS.

This is a summary of the recommendations on non-pharmacological management of chronic obstructive pulmonary disease and use of inhaled therapies in people over 16. The guideline also covers diagnosis and other areas of management.

See www.nice.org.uk/guidance/NG115

See the NICE website for information on how we use offer and consider to show <u>strength of recommendations</u>.

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