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

Confirmed diagnosis of COPD

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

Start inhaled therapies only if:
- all the above interventions have been offered (if appropriate), and
- inhaled therapies are needed to relieve breathlessness and exercise limitation, and
- people have been trained to use inhalers and can demonstrate satisfactory technique

Offer SABA or SAMA to use as needed

If the person is limited by symptoms or has exacerbations despite treatment:

No asthmatic features or features suggesting steroid responsiveness

Offer LABA + LAMA

Person has day-to-day symptoms that adversely impact quality of life

Consider 3-month trial of LABA + LAMA + ICS

If no improvement, revert to LABA + LAMA

Asthmatic features or features suggesting steroid responsiveness

Offer LABA + ICS

Consider LABA + LAMA + ICS

Person has 1 severe or 2 moderate exacerbations within a year

Consider LABA + LAMA + ICS

Person has day-to-day symptoms that adversely impact quality of life, or has 1 severe or 2 moderate exacerbations within a year

Explore further treatment options if still limited by breathlessness or subject to frequent exacerbations (see guideline for more details)

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.

c Document in clinical records the reason for continuing ICS treatment.