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

**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 exercise limitation

**Inhaled therapies**

Offer SABA or SAMA to use if needed

Person still breathless or has exacerbations despite treatment?

- No asthmatic features/features suggesting steroid responsiveness*
  - Offer LABA + LAMA

- Asthmatic features/features suggesting steroid responsiveness*
  - Consider LABA + ICS
  - Person still breathless or has exacerbations despite further treatment?
    - Offer LAMA + LABA + ICS

For ALL inhaled therapies:
Train people in correct inhaler technique, and review medication and assess inhaler technique and adherence regularly

Explore further treatment options if needed (see guideline)

*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%)