Airedale NHS
NHS Trust

NHS
Bradford and Airedale

Bradford Teaching Hospitals NHS
NHS Foundation Trust

Stable COPD Treatment Pathway

Establish diagnosis of COPD in at risk population with history, examination and spirometry (FEV1/FVC ratio < 70%)
Establish severity of disease by FEV1 as % predicted

Management of RISK FACTORS plus EDUCATION plus IMMUNISATION

Smoking Cessation | Lifestyle advice | Diet / exercise | Influenza vacc. (annual) | Pneumoococcal vacc. | Psychological Issues

Pulmonary rehabilitation if functionally disabled

EXACERBATION PREVENTION

If ≥ 1 exacerbation

- Symbicort 400/12 turbohaler
  1 click bd or equivalent
  *Licensed for FEV1 ≤ 50%
- Seretide 500 accuhaler
  1 puff bd
  * Licensed for FEV1≤ 60%

*Exacerbations:
an increase in or a new onset of more than one of cough, sputum, sputum purulence, wheezing or dyspnoea lasting at least 3 days and requiring an antibiotic and/or oral corticosteroids

Check Inhaler Technique

Assess in stable state

SYMPTOM CONTROL

1. prn short acting ß2 agonist
2. Tiotropium*
   and short acting ß2 agonist
3. Tiotropium + long acting ß2 agonist if not already in combination with inhaled corticosteroids (Symbicort/Seretide)
4. Consider Palliative Care Referral

Mucolytics

Long Term oxygen therapy if SaO_2 when stable < 92%
Nebulised therapy
Haemoptysis or other worrying features
→ Refer to Secondary Care

*Assess symptomatic response after 12 weeks

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See Over For Severity Assessment, Recommended Drug Doses

Production of these guidelines has been supported by an educational grant. Boehringer, Pfizer and GSK have had no input into the development or formulation of these guidelines.

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Airedale and Bradford Guidelines for Chronic Obstructive Pulmonary Disease

Think of the diagnosis of COPD

Over age 35
Smokers or ex-smokers
Have any of:

- exertional dyspnoea
- Chronic cough
- Regular sputum production
- Frequent winter bronchitis
- Wheeze

and have no features of asthma

→

Perform spirometry if COPD seems likely

Airflow obstruction is:
FEV1 < 80% predicted
AND
FEV1:FVC ratio < 0.7

→

Severity	FEV_1
Asymptomatic	> 80%
Mild	50 – 80%
Moderate	30-49%
severe	< 30%

MRC dyspnoea scale

1. Not troubled by breathlessness except on strenuous exercise
2. Short of breath when hurrying or walking up a slight hill
3. Walks slower than contemporaries on level ground because of breathlessness, or has to stop for breath when walking at own pace
4. Stops for breath after walking about 100 m or after a few minutes on level ground
5. Too breathless to leave the house, or breathless when dressing or undressing

	Indication	Drug
≥ 1 exacerbation	FEV_1 <60%	Salmeterol/Fluticasone 500 Accuhaler 1 bd (Seretide)
	FEV_1 <50%	Formoterol/Budesonide 400/12 turbohaler 1 bd (Symbicort), or Salmeterol/Fluticasone 500 Accuhaler 1 bd (Seretide)

Symptom Control		
	Short Acting	Salbutamol MDI plus spacer 2 puffs prn to qds Terbutaline turbohaler 1 puff qds Salbutamol accuhaler 200mcg 1 puff qds
	Long Acting	Tiotropium handihaler 18mcg 1 daily or tiotropium respimat 2.5mcg 2 daily (Spiriva)* Salmeterol 25mcg MDI 2 puffs twice daily (Serevent) Eformoterol 6mcg turbohaler 1-2 puffs twice daily (Oxis)

Patients who should be assessed in Secondary Care for Long Term Oxygen Therapy

Severe airflow obstruction (FEV1 < 30%)

Cyanosis

Polycythaemia

Peripheral oedema

Oxygen saturations ≤ 92% breathing air when stable

Referral for Specialist Advice

- Diagnostic uncertainty
- Assessment for lung volume reduction surgery or lung transplantation
- Suspected severe COPD (FEV1 < 30%)
- Dysfunctional breathing
- Onset of cor pulmonale
- Patient aged under 40 years or a family history of alpha-1 antitrypsin deficiency
- Assessment for nebuliser therapy
- Assessment for oral corticosteroid therapy
- Bullous lung disease
- Symptoms disproportionate to lung function deficit
- Frequent infections
- Haemoptysis

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