





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

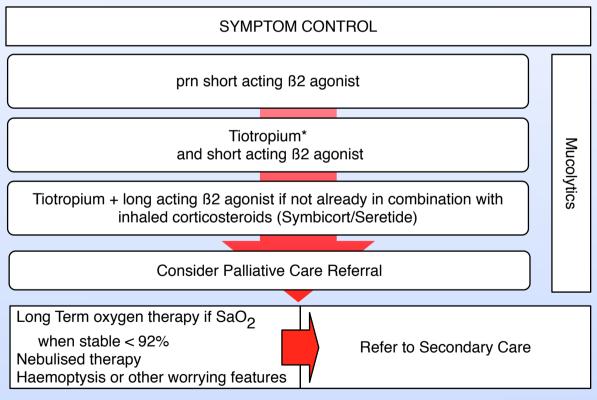
Pulmonary rehabilitation if functionally disabled

Assess

in stable

state

EXACERBATION PREVENTION If ≥ 1 exacerbation Check Inhaler Technique Symbicort 400/12 Seretide 500 accuhaler turbohaler 1 puff bd 1 click bd or equivalent * Licensed for FEV1< *Licensed for FEV1 < 60% 50% *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



*Assess symptomatic response after 12 weeks

See Over For Severity Assessment, Recommended Drug Doses







Airedale and Bradford Guidelines for **Chronic Obstructive Pulmonary Disease**

Think of the diagnosis of COPD		Severity	FEV ₁
Over age 35 Smokers or ex-smokers	Perform spirometry if COPD	Asymptomatic	> 80%
Have any of:	seems likely	\ Mild	50 – 80%
exertional dyspnoea Chronic cough Regular sputum production	Airflow obstruction is: FEV1 < 80% predicted AND	Moderate	30-49%
Frequent winter bronchitis Wheeze and have no features of asthma	FEV1:FVC ratio < 0.7	severe	< 30%

MRC dyspnoea scale

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

	ı	Indication	Drug
≥ 1 exacerbation		FEV ₁ <60%	Salmeterol/Fluticasone 500 Accuhaler 1 bd (Seretide)
	מאמכת	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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