NHS
South West London

Visual Summary of the Management of Chronic Obstructive Pulmonary Disease

Fundamentals of COPD Care

All patients should have a diagnosis of COPD confirmed by post-bronchodilator spirometry.

Treat in line with SWL ASTHMA guidelines if the patient has:

- An active diagnosis of asthma (including a dual diagnosis of asthma and COPD) or
- A past diagnosis of asthma (even with a significant smoking history), or
- Fixed airflow obstruction likely secondary to chronically under-treated asthma.

Offer treatment to support patients to STOP SMOKING.

This is an important intervention which slows disease progression.
All COPD patients still smoking (including e-cigarettes) should be offered help (including medication and behavioural support) at every opportunity. For further information regarding local smoking cessation services see full guideline.

Offer pneumococcal, influenza, respiratory syncytial virus and COVID-19, vaccinations in line with national guidance.

Offer pulmonary rehabilitation (PR) if indicated.

Refer patients who have an MRC (Medical Research Council) Dyspnoea Scale score of 3 or more to PR. PR improves symptoms and quality of life. For further information regarding local pulmonary rehabilitation services see full guideline.

Develop a personalised self-management plan together with the patient.

Give patients a self-management plan that encourages them to respond promptly to the symptoms of an exacerbation (for further information see full guideline). An Asthma and Lung UK 'Your COPD Self-Management plan' template is available.

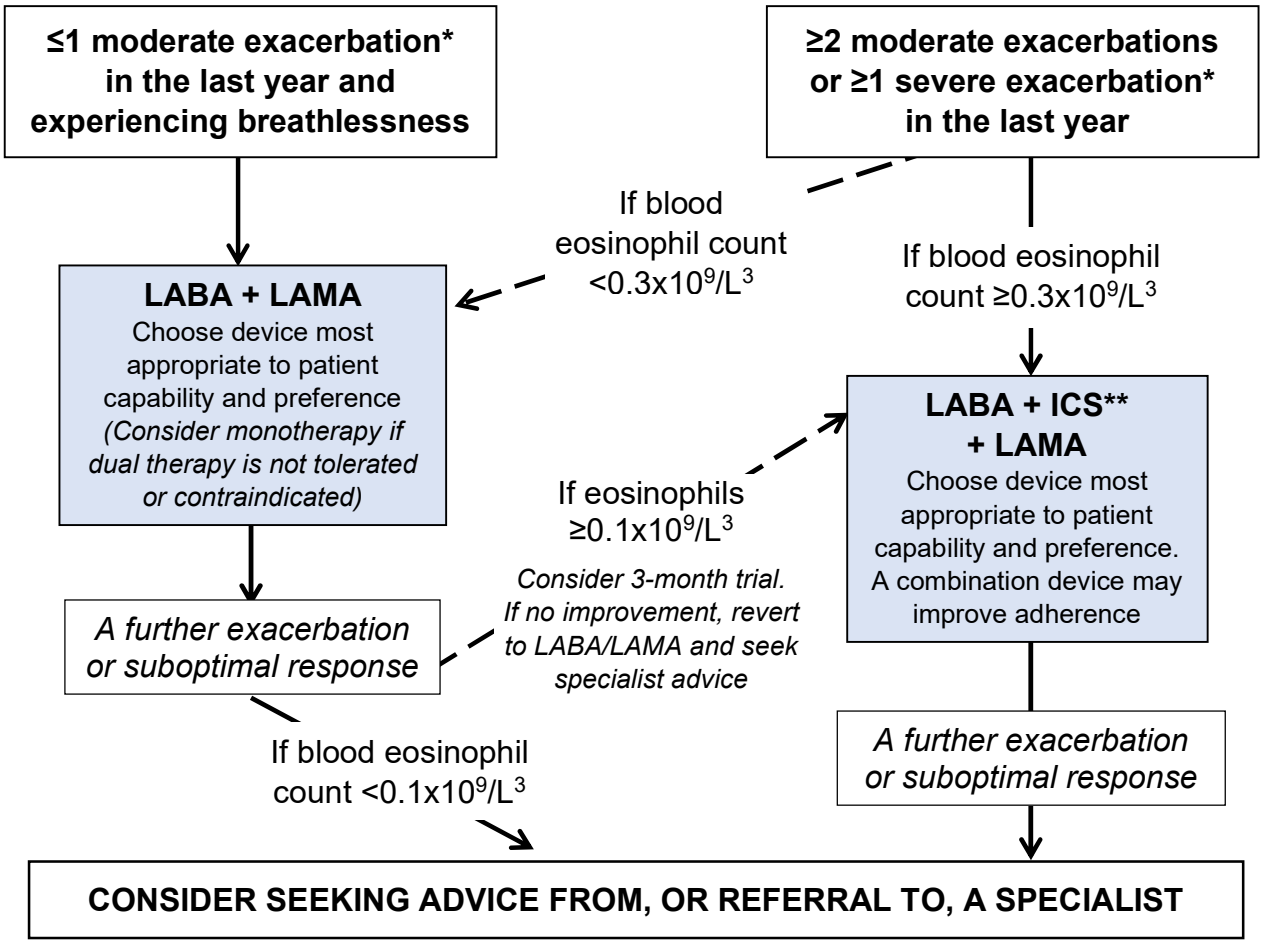
Optimise treatment for co-morbidities.

These treatments and plans should be revisited and optimised at every review and before any treatment escalation (for further information see full guideline).

Treatment Pathway for Adults with COPD

Start inhaled therapies only if all the above interventions have been offered (if appropriate) and inhaled therapies are needed to relieve breathlessness, exercise limitation and prevent exacerbations.

Initial therapy is chosen based on frequency and severity of COPD exacerbations in the last year, and the highest recorded eosinophil count†



Prescribe as required SABA
Choose the device most appropriate for the patient, ideally within device type e.g. both DPI

Before stepping up inhaler treatment check inhaler technique and adherence and consider a different device. Discuss referral to PR and treating tobacco dependence.

* A moderate exacerbation is one that required a course of systemic steroids +/or antibiotics, a severe exacerbation requires hospitalisation

** Be aware of an increased risk of side effects (including pneumonia) in patients who take ICS. Consider de-escalation of ICS if pneumonia or other considerable s/effects.

† The index blood test should have been taken at a time when the patient is not exposed to oral corticosteroids or unwell with an exacerbation.

— — → Assess each patient's likely benefit/risk from an ICS. It may be more appropriate to use a LABA/LAMA if they have a history of mycobacterial infection or pneumonia.

SABA = Short-Acting Beta Agonist
LABA = Long-Acting Beta Agonist
LAMA = Long-Acting Muscarinic Antagonist
ICS = Inhaled Corticosteroid

Choosing the Most Appropriate Inhaler Device

- Always prescribe by BRAND. The choice of medication(s) should consider the patient's response to a trial of the medication, the medication's side effects, potential to reduce exacerbations and cost. The selected device should be licensed for use in COPD.
- The device selected should ALWAYS be based on the patient's ability to use the device(s) and preference. Ensure consistency in prescribing and choose a similar device across all short and long-acting medicines.
- Ensure patients receive training in the use of their device and have shown satisfactory technique. Send patients a video link via AccuRx (GP practices only) on how to use their inhalers.
- Consider the environmental impact of inhalers and prescribe inhalers with a lower carbon footprint e.g. DPIs where possible and where clinically appropriate, most patients can use dry powder inhalers when trained. Remind patients to return their inhalers to a pharmacy for appropriate disposal and recycling.
- Single inhaler therapy e.g. triple therapy may be more convenient and effective than multiple inhalers and may improve adherence.
- If pMDIs are prescribed, this should always be with a compatible spacer device.
- Stable patients on existing treatment should not be switched, unless clinically indicated.
- When initiating a new inhaler device consider referring patients to their local community pharmacist for a New Medicines Service review to support with adherence and inhaler technique.

For detailed information on individual inhalers and compatible spacer devices see RightBreathe.
For inhaler technique videos for patients see Asthma & Lung UK

SABA		
 **SALBUTAMOL EASYHALER®** 100mcg DPI 1 or 2 doses when required	 **VENTOLIN® ACCUHALER®** 200mcg DPI 1 dose when required	 **SALAMOL®** 100mcg pMDI 1 or 2 doses when required

LABA + LAMA				
 **ANORO® ELLIPTA®** 55/22mcg▼ DPI 1 dose once a day	 **DUAKLIR® GENUAIR®** 340/12mcg▼ DPI 1 dose twice a day	 **SPIOLTO® RESPIMAT®** 2.5/2.5mcg SMI 2 doses once a day	 **ULTIBRO® BREEZHALER®** 85/43mcg DPI 1 dose once a day	 **BEVESPI® AEROSPHERE®** 7.2/5mcg pMDI 2 doses twice a day

ICS + LABA + LAMA		
 **TRELEGY® ELLIPTA®** 92/55/22mcg DPI 1 dose once a day	 **TRIMBOW® NEXTHALER®** 88/5/9mcg DPI 2 doses twice a day	 **TRIMBOW®** 87/5/9mcg pMDI 2 doses twice a day

Low carbon footprint inhaler **High carbon footprint inhaler**

DPI = Dry Powder Inhaler **ICS** = Inhaled Corticosteroid **LABA** = Long-Acting Beta Agonist **LAMA** = Long-Acting Muscarinic Antagonist
pMDI = Pressurised Metered Dose Inhaler **SABA** = Short Acting Beta Agonist **SMI =** Soft Mist Inhaler **mcg** = micrograms

NOTE: All black triangle medicines are subject to additional monitoring. Healthcare professionals are asked to report any suspected adverse reactions on an MHRA Yellow Card.

References

- London Respiratory Clinical Network COPD Inhaler Pathway. August 2023
- NICE guideline NG115. Chronic obstructive pulmonary disease in over 16s: diagnosis and management. December 2018
- 2024 GOLD Report: Global Strategy for the Diagnosis, Management and Prevention of COPD
- Keeping it Simple: A PCRS consensus on the treatment of COPD in the UK. 2023

Document History

Version: V 1.0

Author: South West London Respiratory Medicines Optimisation Group

Approved by: Integrated Medicines Optimisation Committee (IMOC)

Approval date: **November 2024**

Review Date: November 2026 or sooner where appropriate.