Basildon and Brentwood Clinical Commissioning Group

Basildon and Thurrock University Hospitals NHS Foundation Trust

Thurrock Clinical Commissioning Group

Guidelines for the Management of COPD in Adults

Treatment goals of stable COPD

-Relieve symptoms
-Improve exercise tolerance
-Improve health status
-Prevent disease progression
-Prevent and treat exacerbations
-Reduce mortality

Manage co-morbidities

Optimise treatment of co-morbidities.

Smoking cessation

Check smoking status, encourage patients to stop smoking and provide smoking cessation advice.

Vaccinations

-Encourage annual influenza vaccination.
-Pneumococcal vaccinations are recommended for all patients ≥ 65 years of age, and recommended for younger patients with significant comorbid conditions.

Inhaled therapy

-Discuss and identify the most suitable inhaler device with the patient, and minimise the numbers and types of inhalers where possible. Prescribe inhalers by brand name.
-Teach and assess inhaler technique. Ensure patient understands dose and importance of adherence.
-Use compatible spacer with MDI where appropriate.
-Discuss the benefits and risks of treatments, including potential side effects (including non-fatal pneumonia with inhaled corticosteroids).

Monitoring and follow up

-**Review patients with mild/moderate/severe COPD at least once a year, or more frequently if required. Review patients with very severe COPD at least twice per year.**
-Review treatment and effectiveness, adherence, inhaler technique and side effects.
-Review symptom control, activities of daily living, exercise capacity and exacerbation frequency and severity.
-When changing or initiating treatment ensure two drugs from the same pharmacological group are not being taken simultaneously via different routes or forms.
-Provide written self-management advice that encourages patient's to respond promptly to the symptoms of an exacerbation.

Pulmonary Rehabilitation

Offer to all appropriate patients on optimal therapy who consider themselves to be functionally disabled by COPD, including those who have had a recent hospitalisation for an acute exacerbation.

Managing exacerbations

Patients at risk of having an exacerbation should be given a written self-management plan on how to respond quickly to symptoms of exacerbations, including:
-when to increase as required bronchodilators, when to start oral corticosteroids and/or antibiotics, actions/healthcare professional to contact if symptoms do not improve.

Provide appropriate patients a home **Rescue Pack**:
-Antibiotics: doxycycline 200mg as a stat dose, then 100mg daily for 6 days. Second line if intolerant of doxycycline: clarithromycin 500mg twice daily for 5 days.
-Prednisolone 30mg once daily in the morning (plain tablets-not enteric coated) for 7 days.
-Monitor the use of rescue packs and advise patients to contact a healthcare professional if they need to use them or if their symptoms do not improve.

Mucolytic therapy - specialist recommendation

-Mucolytics (carbocisteine) may reduce exacerbations in patients with a chronic productive cough, but do not routinely use.
-Consider a four week trial in patients who have severe COPD with a history of hospitalisation and winter infective exacerbations (more than 2 per year) requiring antibiotics and who in stable state have a daily productive cough.
-Review treatment after 4 weeks and only continue if symptomatic improvement (decreased frequency of cough and sputum production).
-Mucolytics should not be used for acute exacerbations of COPD.

Confirmed diagnosis of COPD

SABA: short acting β2 agonist
SAMA: short acting anti-muscarinic antagonist
LABA: long acting β2 agonist
LAMA: long acting muscarinic antagonist
ICS: inhaled corticosteroid

SABA or SAMA to use as needed	
SABA	**Salbutamol inhaler 100 mcg/dose** MDI *2 puffs as required* ***Easyhaler Salbutamol* 100mcg/dose** DPI *2 puffs as required*
SAMA	**Ipratropium inhaler 20 mcg/dose** MDI *1-2 puffs up to QDS as required*

Person is limited by symptoms or has exacerbations despite treatment

Asthmatic features/features suggesting steroid responsiveness 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%).

COPD without asthmatic features, or COPD without features suggesting steroid responsiveness		
LABA + LAMA		
First choice inhaler	***Spiolto Respimat* 2.5mcg/2.5mcg** **(tiotropium/olodaterol)** *2 puffs OD*	Soft mist device
Second choice inhaler	***Anoro Ellipta* 55mcg/22mcg** **(umeclidinium/vilanterol)** *1 puff OD*	DPI

COPD with asthmatic features or features suggesting steroid responsiveness		
LABA + ICS		
First choice inhaler	***Fostair* 100mcg/6mcg** **(beclometasone/formoterol)** *2 puffs BD*	MDI or NEXThaler
Second choice inhaler	***Relvar Ellipta* 92mcg/22mcg** **(fluticasone furoate/vilanterol)** *1 puff OD*	DPI

Person has 1 severe or 2 moderate exacerbations within a year, consider LABA + LAMA + ICS

Person has day to day symptoms that adversely impacts quality of life, consider a 3 month trial of LABA + LAMA + ICS, and if no improvement revert to LABA + LAMA

Person has day to day symptoms that adversely impact quality of life, or has 1 severe or 2 moderate exacerbations within a year, offer LABA + LAMA + ICS

LABA + LAMA + ICS (as a single inhaler)		
First choice inhaler	***Trimbow* 87mcg/9mcg/5mcg** **(beclometasone/glycopyrronium/formoterol)** *2 puffs BD*	MDI (or prescribe as ***Fostair* 100mcg/6mcg plus separate LAMA** for individual patient cases)
Second choice inhaler	***Trelegy Ellipta* 92mcg/22mcg/55mcg** **(fluticasone furoate/vilanterol/umeclidinium)** *1 puff OD*	DPI (or prescribe as ***Relvar Ellipta* 92mcg/22mcg plus separate LAMA** for individual patient cases)

Person continues to have symptoms or frequent exacerbations. Refer to specialist

Title	Guidelines for the Management of COPD in Adults
Reference	NICE Chronic obstructive pulmonary disease in over 16s: diagnosis and management (December 2018): https://www.nice.org.uk/guidance/ng115/resources/chronic-obstructive-pulmonary-disease-in-over-16s-diagnosis-and-management-pdf-66141600098245
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