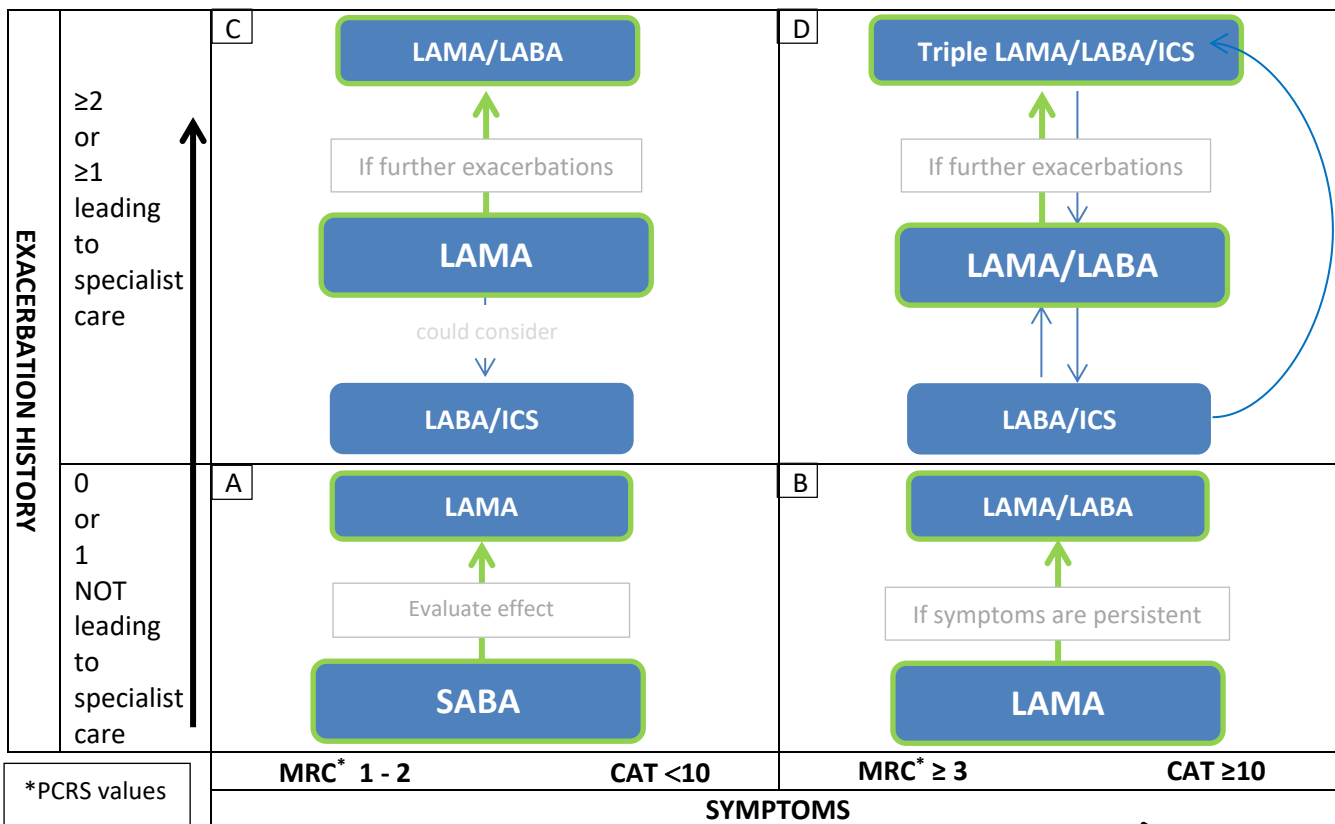


- Treatments not listed, but included in the [Pan Mersey Formulary](#), may be required.  
 - Smoking Cessation & Pulmonary Rehabilitation intervention essential at every opportunity<sup>1</sup>.  
 - Inhaler device should take precedent over drug choice within a class.  
 Acknowledgement: This guideline is based on the principles outlined in GOLD 2018.



- Device continuity is key as patient moves through the classes and/or combination of medications.
- Preferred treatment box (at left) outlined in green.
- Start in quadrant A – D (at left) with corresponding symptoms.
- If a patient is currently controlled on a device not listed there is no need to change.

**A Minimal Exacerbations & Minimal Symptoms:**  
 Evaluate effect of SABA and continue, stop or try a different class of bronchodilator.

**B Minimal Exacerbations & High Symptoms:**  
 Start at LAMA and if symptoms persist switch to LAMA/LABA.

**C High Exacerbations & Minimal Symptoms:**  
 Start at LAMA and if further exacerbations preferred direction of travel is to start a LAMA/LABA. Consideration can be given to alternative use of LABA/ICS if multiple exacerbations and frequency of these.

**D High Exacerbations & High Symptoms:**  
 Attempt to limit ICS use where appropriate and/or step down where patients' symptoms and exacerbations are controlled. If patient prescribed LABA/ICS and has persistent symptoms/further exacerbations consider step up to triple therapy.

	SABA	LAMA	LAMA/LABA	LABA/ICS	TRIPLE (LAMA/LABA/ICS)
<b>MDI</b>	Salbutamol 100mcg/dose 1-2 puffs as required	Spiriva® Respimat® (Tiotropium 2.5mcg) 2 puffs once daily Caution if eGFR<50	Spiolto® Respimat® ▼ (Tiotropium 2.5mcg / Olodaterol 2.5mcg) 2 puffs once daily Caution if eGFR<50	Fostair® (Beclometasone 100mcg / Formoterol 6mcg) 2 puffs twice daily FEV <sup>1</sup> >50% = off label use	Trimbow® (Beclometasone 87mcg / Formoterol 5mcg / Glycopyrronium 9mcg) 2 puffs twice daily Use after LAMA/LABA before LABA/ICS = off label
<b>DPI</b>	Easyhaler® Salbutamol 100mcg/dose 1-2 puffs as required	Incruse® Ellipta® ▼ (Umeclidinium 55mcg) 1 puff once daily Seebri® Breezhaler® ▼ (Glycopyrronium 44mcg) 1 puff once daily Caution if eGFR<30	Anoro® Ellipta® ▼ (Umeclidinium 55mcg / Vilanterol 22mcg) 1 puff once daily Ultibro® Breezhaler® ▼ (Indacaterol 85mcg / Glycopyrronium 43mcg) 1 puff once daily Caution if eGFR<30	Relvar® Ellipta® 92/22 ▼ (Fluticasone 92mcg / Vilanterol 22mcg) 1 puff once daily	Trelegy® Ellipta® ▼ (Fluticasone 100mcg / Umeclidinium 62.5mcg / Vilanterol 25mcg) 1 puff once daily Use after LAMA/LABA before LABA/ICS = off label

### Practical Points to Consider During the Consultation:

- Guideline is for primary care management of COPD **NOT** Asthma COPD Overlap Syndrome.
- Check inhaler technique at every opportunity.
- Consider referral to their usual community pharmacy when changing inhalers for further support for the patient.
- Inhaler identification chart available at <https://www.rightbreathe.com/?s=><sup>3</sup>.
- A spacer device should be prescribed for use with Metered Dose Inhalers (MDIs).

### Other Treatments:

**Mucolytic – Carbocisteine** Consider in patients with a chronic productive cough, continue only if improvement in symptoms<sup>4</sup>. Capsules should be prescribed over liquid sachets and liquid sachets should be prescribed over oral liquid to ensure cost efficient <sup>2</sup>. 750mg three times daily usual acute dose.


**Oxygen** – Pulse oximetry is recommended as part of routine COPD reviews<sup>4</sup>. Oxygen saturation <92% should be considered (with other risk factors) for further oxygen assessment to specialist oxygen services <sup>4</sup>.

**Rescue Pack** – Prescribers should consider a formulary choice antibiotic and oral corticosteroid for patients to self-manage their condition. This allows patients to have a supply at their home to take if they feel themselves starting to exacerbate. Patients should be fully educated to understand triggers and when to use these medications.

**Oral Corticosteroids (Maintenance Dose)** – Not routinely used. This should only be initiated under specialist advice.

**Prophylactic Antibiotics** – Initiated by respiratory specialist only, can then be continued in primary care.

Your name :  Today's date:



### How is your COPD? Take the COPD Assessment Test™ (CAT)

This questionnaire will help you and your healthcare professional measure the impact COPD (Chronic Obstructive Pulmonary Disease) is having on your wellbeing and daily life. Your answers, and test score, can be used by you and your healthcare professional to help improve the management of your COPD and get the greatest benefit from treatment.

For each item below, place a mark (X) in the box that best describes you currently. Be sure to only select one response for each question.

**Example:** I am very happy (0)  (1) (2) (3) (4) (5) I am very sad

Question	0	1	2	3	4	5	SCORE
I never cough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	I cough all the time
I have no phlegm (mucus) in my chest at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	My chest is completely full of phlegm (mucus)
My chest does not feel tight at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	My chest feels very tight
When I walk up a hill or one flight of stairs I am not breathless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	When I walk up a hill or one flight of stairs I am very breathless
I am not limited doing any activities at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	I am very limited doing activities at home
I am confident leaving my home despite my lung condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	I am not at all confident leaving my home because of my lung condition
I sleep soundly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	I don't sleep soundly because of my lung condition
I have lots of energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	I have no energy at all
<b>TOTAL SCORE</b>							<input type="text"/>

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MRC Dyspnoea Scale	
Grade	Degree of breathlessness related to activity
1	Not troubled by breathlessness except on strenuous exercise
2	Short of breath when hurrying on a level or when walking up a slight hill
3	Walks slower than most people on the level, stops after a mile or so, or stops after 15 minutes walking at own pace
4	Stops for breath after walking 100 yards, or after a few minutes on level ground.
5	Too breathless to leave the house, or breathless when dressing/undressing

### Vaccination:

**Influenza** vaccination decreases the incidence of lower respiratory tract infections.

**Pneumococcal** vaccination decreases lower respiratory tract infections. Pneumococcal vaccinations PCV13 and PPSV23 are recommended for all patients ≥65 years of age. The PPSV23 is also recommended for younger COPD patients with significant comorbid conditions including chronic heart disease or lung disease <sup>1</sup>.

### References:

1. [Global Initiative for Chronic Obstructive Lung Disease \(GOLD\) 2018](#) accessed March 2018.
2. British National Formulary available [online](#) accessed March 2018.
3. RightBreathe [Inhalers](#).
4. [NICE Clinical Guidance 101](#) – COPD disease ion over 16s; diagnosis and management
5. [COPD Assessment Test™](#).
6. Primary Care Respiratory Society UK (PCRS) [MRC Dyspnoea Scale](#)