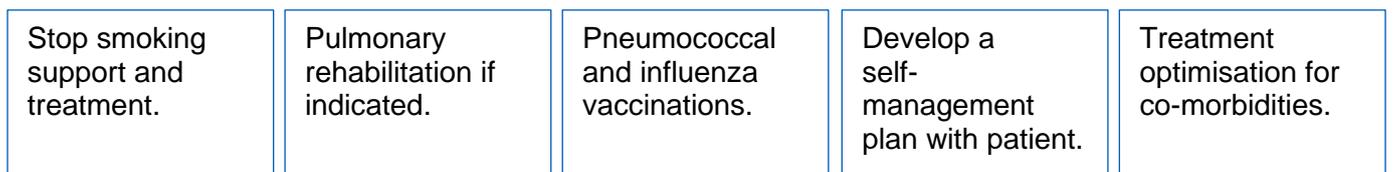


# Chronic obstructive pulmonary disease

Offer all of the following interventions if appropriate



If the patient still suffering from breathlessness or exercise limitation **offer a SABA as needed.**

The patient is limited by symptoms or suffering exacerbations despite SABA.

**Consider if the patient has features suggesting steroid responsiveness:**

- ✓ Previous asthma diagnosis or atopy.
- ✓ Substantial variation in FEV1 over time (at least 400ml) or substantial variation in peak flow (at least 20%).
- ✓ A higher blood eosinophil count.

Yes

No

**Consider LABA+ICS [1]**

**Offer LAMA+LABA**

Patient still symptomatic or had one severe (requiring hospitalisation) or 2 moderate exacerbations within a year.

Patient still symptomatic, **i.e., cough, breathlessness, or both.**

Patient has one severe (requiring hospitalisation) or two moderate **exacerbations** within a year.

**Offer LAMA+LABA+ICS [1]**

**Consider three month trial of LABA+LABA+ICS [1]  
If no improvement revert to LAMA+LABA**

**Consider LAMA+LABA+ICS [1]**

Patient still symptomatic or suffering recurring exacerbations

Referral to specialist team

**This guideline does not apply to people with COPD and asthma overlap.**

[1] Increased risk of pneumonia with inhaled corticosteroid use

**Check inhaler technique at every opportunity**

Inhaler device is more important than drug choice. Please try to consider device continuity when prescribing different inhalers. **Any inhalers that are on the Pan Mersey formulary can be prescribed.**

NICE COPD Guidelines 2019 suggest ipratropium bromide (SAMA) as an option instead of a SABA

For patients who are using a long acting bronchodilator such as a LABA or LAMA alone whose symptoms are controlled, continue until it is appropriate to change.

# Chronic obstructive pulmonary disease

## Consider carbon footprint of inhaler choice

Where clinically possible consider use of DPI or a soft mist device in preference to MDI

<b>Device</b>	<b>SABA</b> Short Acting Beta 2 Agonist	<b>LAMA+LABA combination</b> Long Acting Muscarinic Antagonist + Long Acting Beta 2 Agonist	<b>ICS + LABA combination</b> Inhaled corticosteroid + Long Acting B2 Agonist	<b>LAMA+LABA/ICS *</b> Long Acting Muscarinic Antagonist + Long Acting Beta 2 Agonist / Inhaled Corticosteroid
<b>DPI</b> Dry Powder Inhaler	Easyhaler® Salbutamol sulphate 100 microgram /dose 1-2 puffs when required	Anoro Ellipta® Umeclidinium 55 microgram / vilanterol 22 microgram 1 puff once daily	Relvar® Ellipta® Fluticasone furoate 92 microgram / vilanterol 22 microgram 1 puff once daily	Trelegy Ellipta® Futicasone furoate 92 microgram / umeclidinium 55 microgram / vilanterol 22 microgram 1 puff once daily
<b>MDI</b> Metered dose inhaler (Spiolto Respimat® is a soft mist device)	Salbutamol CFC free 100 microgram /dose 1-2 puffs when required	Spiolto Respimat® (soft mist device) Tiotropium 2.5microgram / olodacterol 2.5 microgram 2 puffs once daily Caution if eGFR < 50	Fostair® Beclometasone 100 microgram / formoterol 6 microgram 2 puffs twice daily Off label if FEV > 50%	Trimbow® Beclometasone 87 microgram / formoterol 5 microgram / glycopyrronium 9 microgram 2 puffs twice daily

See [Pan Mersey Formulary](#) for other first line inhalers

\*NB: Offer triple therapy formulations first line but, for individual patients, any appropriate inhalers on the Pan Mersey formulary can be prescribed.