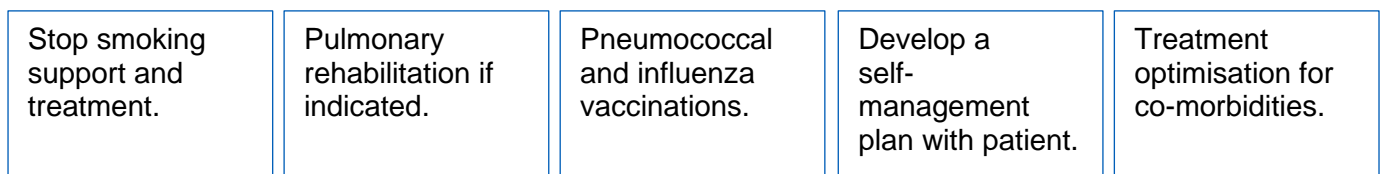


Chronic obstructive pulmonary disease

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

Device	SABA Short Acting Beta 2 Agonist	LAMA+LABA combination Long Acting Muscarinic Antagonist + Long Acting Beta 2 Agonist	ICS + LABA combination Inhaled corticosteroid + Long Acting B2 Agonist	LAMA+LABA/ICS * Long Acting Muscarinic Antagonist + Long Acting Beta 2 Agonist / Inhaled Corticosteroid
DPI 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
MDI 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.