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<br>*2 puffs as required*<br>***Easyhaler Salbutamol* 100mcg/dose** DPI<br>*2 puffs as required* |
| **SAMA** | **Ipratropium inhaler 20 mcg/dose** MDI<br>*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**<br>**(tiotropium/olodaterol)**<br>*2 puffs OD* | Soft mist device |
| **Second choice inhaler** | ***Anoro Ellipta* 55mcg/22mcg**<br>**(umeclidinium/vilanterol)**<br>*1 puff OD* | DPI |

| **COPD with asthmatic features or features suggesting steroid responsiveness** | | |
|---|---|---|
| **LABA + ICS** | | |
| **First choice inhaler** | ***Fostair* 100mcg/6mcg**<br>**(beclometasone/formoterol)**<br>*2 puffs BD* | MDI or NEXThaler |
| **Second choice inhaler** | ***Relvar Ellipta* 92mcg/22mcg**<br>**(fluticasone furoate/vilanterol)**<br>*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**<br>**(beclometasone/glycopyrronium/formoterol)**<br>*2 puffs BD* | MDI<br>(or prescribe as ***Fostair* 100mcg/6mcg plus separate LAMA** for individual patient cases) |
| **Second choice inhaler** | ***Trelegy Ellipta* 92mcg/22mcg/55mcg**<br>**(fluticasone furoate/vilanterol/umeclidinium)**<br>*1 puff OD* | DPI<br>(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**

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| **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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