COPD Treatment Pathway

Pulmonary rehabilitation – (Ensure treatment is optimised) Hull No: 01482 344397 East Riding No: 01482 347929

PHARMACOLOGICAL TREATMENT

Review all new treatment after one month and CHECK INHALER TECHNIQUE

pm short acting β² agonist (SABA)

Symptoms not controlled or repeated presentations

<table>
<thead>
<tr>
<th>Add LABA /LAMA **</th>
<th>PRICE</th>
<th>PROS</th>
<th>CONS</th>
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</thead>
<tbody>
<tr>
<td>Duaklir 340/12 Genuair▼ (formoterol + aclidinium) 1 puff twice daily</td>
<td>£32.50</td>
<td>Strong evidence and feedback on correct inhalation</td>
<td>Twice daily</td>
</tr>
<tr>
<td>Spiolto Respinimat▼ (olodaterol + tiotropium) 2 puffs once daily</td>
<td>£32.50</td>
<td>“Soft mist” inhaler</td>
<td>Activation of inhaler required</td>
</tr>
<tr>
<td>Anoro 55/22 Ellipta▼ (vilanterol + umeclidinium) 1 puff once daily</td>
<td>£32.50</td>
<td>Device</td>
<td>? effect on dyspnoea and exacerbations</td>
</tr>
<tr>
<td>Ultibro Breezehaler▼ (indacaterol + glycopyrronium) 1 puff once daily</td>
<td>£32.50</td>
<td>Best evidence base</td>
<td>Device requires loading</td>
</tr>
</tbody>
</table>

If continued exacerbations, consider

Clinical suspicion of asthma supported by history of raised eosinophils > 0.3 (see overleaf for further information)

Consider non-acid reflux and aspiration

Azithromycin tabs 250mg OD (or Erythromycin 250mg BD) for 1 month and review

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Asthma COPD Overlap Syndrome

Beclometasone or Budesonide e.g QVAR

Approved by: Hull & East Riding Prescribing Committee – May 2016 Review date – May 2019

**Long acting β² agonist/long acting muscarinic antagonist
THINK OF THE DIAGNOSIS OF COPD
Over age 35
Smokers or ex-smokers
Have any:
- Exertional dyspnoea
- Regular sputum production
- Frequent winter bronchitis
- Wheeze
And have no features to suggest asthma eg high blood eosinophils

Perform Chest X-ray and spirometry if COPD seems likely
Airflow obstruction is FEV₁:FVC ratio <0.7

SEVERITY FEV₁
Stage 1 – Mild >80%
Stage 2 – Moderate 50 – 79%
Stage 3 – Severe 30 – 49%
Stage 4 – Very severe <30%

Inhaled corticosteroids
Blood eosinophil count may be a useful clue to an asthmatic component in COPD the so called Asthma COPD Overlap Syndrome. Other older terms are late onset asthma or intrinsic asthma. Blood eosinophil count >0.3 suggests steroid responsiveness. Blood eosinophils vary dependant on time of day, comorbidities, and concurrent therapy so an overall assessment of historical blood counts may be most reliable indication.

If considering discontinuing inhaled corticosteroid please note It is currently unclear the best way to withdraw inhaled corticosteroids. When there is a suspicion of asthma titrating down over a month using a single agent ICS inhaler may be the safer option.

MRC dyspnoea scale
1. Not troubled by breathlessness except on strenuous exercise
2. Short of breath when hurrying or walking up a slight hill
3. Walks slower than contemporaries on level ground because of breathlessness, or has to stop for breath when walking at own pace
4. Stops for breath after walking about 100m or after a few minutes on level ground
5. Too breathless to leave the house, or breathless when dressing or undressing

Patients who should be assessed for Long Term Oxygen Therapy
Oxygen saturations <92% breathing air when stable

Consider referral for special advice
Diagnostic uncertainty
Dysfunctional breathing or excessive cough
Patient aged under 40 years or a family history of alpha-1 antitrypsin deficiency
Assessment for nebuliser therapy
Bullous lung disease
Assessment for lung volume reduction surgery or lung transplant

Approved by: Hull & East Riding Prescribing Committee – May 2016. Commissioned by Hull CCG Review date – May 2019