





# COPD Treatment Pathway\*

**SMOKING CESSATION SERVICE** Lifestyle Advice Diet/Exercise Influenza vacc (annual) Pneumococcal vacc Psychological Issues

Pulmonary rehabilitation – (Ensure treatment is optimised) [Hull](#) and [East Riding](#) No: 01482 247111

**INITIAL PHARMACOLOGICAL TREATMENT or UNCONTROLLED**  
Review **all** new treatment after one month and **CHECK INHALER TECHNIQUE**

LABA /LAMA **	PROS	CONS
	<b>Spiolto Respimat</b> ▼ ( <i>olodaterol + tiotropium</i> ) <b>2 puffs once daily</b>	“Soft mist” inhaler  Activation of inhaler required
	<b>Ultibro Breezhaler</b> ▼ ( <i>indacaterol + glycopyrronium</i> ) <b>1 puff once daily</b>	Good evidence base  Device requires loading
	<b>Anoro 55/22 Ellipta</b> ▼ ( <i>vilanterol + umeclidinium</i> ) <b>1 puff once daily</b>	Device  ? effect on dyspnoea and exacerbations
	<b>Bevespi 9/4.8 Aerosphere</b> ( <i>glycopyrrolate + formoterol</i> ) <b>2 puffs twice daily</b>	Twice daily  MDI
	Compatible with aerochamber	

In-check device may be useful in assessing inhaler technique

MUCOLYTICS – one month trial. Stop if no response.

**If continued exacerbations/symptoms**  
Check blood counts for raised eosinophils > 0.3 (see overleaf for further information)

Roflumilast 500mcg OD  
Secondary care only

Refer [complex case managers](#) –  
HULL GP only (01482) 591545

No

Yes

Change LABA/LAMA to triple therapy  
Trimbow or Trixeo

Azithromycin tabs 250mg OD  
(or Erythromycin 250mg BD)  
**for 3 months and review**

?Compliance with non pharmacological therapy (above)  
Ask for advice and guidance (Electronic Referral Service)

We **do not** recommend just in case boxes (steroids and antibiotics)

# Chronic Obstructive Pulmonary Disease

## THINK OF THE DIAGNOSIS OF COPD

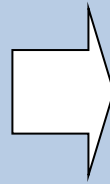
Over age 35

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 or elevated exhaled nitric oxide



## Perform Chest X-ray and spirometry if COPD seems likely

Airflow obstruction is post bronchodilator

FEV<sub>1</sub>:FVC ratio <0.7

If, FEV<sub>1</sub>:FVC ratio >0.7 perform Hull Airways Reflux Questionnaire (HARQ) (ISSC.info).

If >14 consider ISSC treatment pathway

## 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, we suggest switching to LABA/LAMA inhaler and review in two weeks by Community Pharmacist.

## Patients who should be assessed for Long Term Oxygen Therapy

Oxygen saturations <92% breathing air when stable

There is no evidence to support the use of ambulatory oxygen

Hull Stop Smoking Service (01482) 977 617  
East Riding Health Trainers Freephone:0800 9177752

Palliative Care Management Guidelines can be found at:-

<https://www.hey.nhs.uk/wp/wp-content/uploads/2016/03/commencingPalliativeCareMedicinesJIC.pdf>

## Referral for special advice

Diagnostic uncertainty

Persistent symptoms, repeated exacerbations

Dysfunctional breathing or excessive cough

Patient aged under 40 years or a family history of alpha-1 antitrypsin deficiency

Assessment for nebuliser therapy

Assessment for lung volume reduction or lung transplant