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

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)

Approved by Hull & East Riding Prescribing Committee: August 2021. Review date: August 2023

**long acting β^2 agonist/long acting muscarinic antagonist

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_1:FVC ratio <0.7
If, FEV_1: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

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