Stepwise Management of Stable COPD

LUNG FOUNDATION AUSTRALIA
"When you can't breathe... nothing else matters"®

	MILD	MODERATE	SEVERE
Typical Symptoms	• few symptoms • breathless on moderate exertion • recurrent chest infections • little or no effect on daily activities	• breathless walking on level ground • increasing limitation of daily activities • cough and sputum production • exacerbations requiring oral corticosteroids and/or antibiotics	• breathless on minimal exertion • daily activities severely curtailed • experiencing regular sputum production • chronic cough • exacerbations of increasing frequency and severity
Typical Lung Function	**FEV_1 ≈ 60-80% predicted**	**FEV_1 ≈ 40-59% predicted**	**FEV_1 < 40% predicted**
Non-Pharmacological Interventions	**RISK REDUCTION** Check smoking status, support smoking cessation, recommend annual influenza vaccine and pneumococcal vaccine according to immunisation handbook **OPTIMISE FUNCTION** Encourage regular exercise and physical activity, review nutrition, provide education, develop GP management plan and written COPD action plan (and initiate regular review) **CONSIDER CO-MORBIDITIES** especially cardiovascular disease, anxiety, depression, lung cancer and osteoporosis **REFER** to pulmonary rehabilitation for symptomatic patients		Consider oxygen therapy, surgery, bronchoscopic interventions, palliative care services and advanced care planning
Pharmacological Interventions (inhaled medicines)	**START with short-acting relievers:** (used as needed) **SABA** (short-acting $beta_2$-agonist) OR **SAMA** (short-acting muscarinic antagonist)		
	ADD long-acting bronchodilators: **LAMA** (long-acting muscarinic antagonist)[1] OR **LABA** (long-acting $beta_2$-agonist)[2] Review need for **LAMA/LABA** as a fixed dose combination inhaler[3]		
		CONSIDER adding an anti-inflammatory agent: **ICS/LABA** and **LAMA** (inhaled corticosteroid/long-acting $beta_2$-agonist[4,5] and long-acting muscarinic antagonist)	
	CHECK DEVICE USAGE TECHNIQUE AND ADHERENCE AT EACH VISIT		

The aim of pharmacotherapy is to:
- treat symptoms (e.g. breathlessness)
- prevent exacerbations - long-acting inhalers only

A Stepwise approach is recommended, irrespective of disease severity, until adequate control has been achieved.

REFER PATIENTS TO LUNG FOUNDATION AUSTRALIA FOR INFORMATION AND SUPPORT - FREECALL 1800 654 301.
Lung Foundation Australia has a range of resources to promote understanding of COPD and assist with management.

Based on COPD-X Plan: Australian and New Zealand Guidelines for the Management of COPD.

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PRECAUTIONS:
[1] Once a LAMA is commenced, ipratropium (a SAMA) should be discontinued.[2] Before initiating LABA monotherapy, an assessment should be undertaken to exclude asthma or check if asthma and COPD co-exist. LABA monotherapy should not be used when asthma and COPD co-exist. [3]If starting a LAMA/LABA inhaler, discontinue existing inhalers containing LAMA or LABA. Refer to Table 1 overleaf. PBS Authority (Streamlined) required for LAMA/LABA, based on clinical criteria of: COPD: Patient must have been stabilised on a combination of a long-acting muscarinic antagonist and long-acting $beta_2$ agonist.
[4] Include inhaled steroids if the patient has coexisting asthma. [5] If starting an ICS/LABA inhaler, discontinue existing inhalers containing a LABA.
Refer to Table 1 overleaf. PBS indication: COPD: Patient must have FEV_1 less than 50% predicted AND a history of repeated exacerbations with significant symptoms despite regular $beta_2$ agonist bronchodilator therapy AND the treatment must be for symptomatic treatment.

Register at www.copdx.org.au to receive an alert when the COPD-X Guidelines are updated

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Table 1: Guide to addition of therapies

Green tick indicates therapies can be used together			SABA	SAMA	LAMA	LABA	LABA/LAMA	ICS/LABA
SABA	• salbutamol (Ventolin™, Airomir™, Asmol™)	• terbutaline (Bricanyl™)		✓	✓	✓	✓	✓
SAMA	• ipratropium (Atrovent™)		✓			✓		✓
LAMA	• tiotropium (Spiriva™) • glycopyrronium (Seebri™)	• aclidinium (Bretaris™) • umeclidinium (Incruse™)	✓			✓		✓
LABA	• salmeterol (Serevent™) • formoterol (Oxis™, Foradile™)	• indacaterol (Onbrez™)	✓	✓	✓			
LABA/LAMA	• indacaterol/glycopyrronium (Ultibro™) • umeclidinium/vilanterol (Anoro™)	• tiotropium/olodaterol (Spiolto™) • aclidinium/formoterol (Brimica™)	✓					
ICS/LABA	• fluticasone propionate/salmeterol (Seretide™) • budesonide/formoterol (Symbicort™)	• fluticasone furoate/vilanterol (Breo™)	✓	✓	✓			

Relievers

SABA


Ventolin® MDI


Asmol® MDI


#Airomir™ MDI


Airomir™ Autohaler®


Bricanyl® Turbuhaler®

SAMA


Atrovent® MDI

Maintenance

LAMA

Spiriva® HandiHaler®


Spiriva® Respimat®

Seebri® Breezhaler®

Bretaris® Genuair®

LAMA/LABA

Ultibro® Breezhaler®


Spiolto® Respimat®

Anoro® Ellipta®

Brimica® Genuair®

ICS/LABA


Symbicort® Turbuhaler®


Symbicort® Rapihaler™


Seretide® Accuhaler®


Seretide® MDI

Incruse® Ellipta®

LABA

Onbrez® Breezhaler®

**Foradile® Aerolizer®*

**Oxis® Turbuhaler®*


**Serevent® Accuhaler®*

Breo® Ellipta®

ICS *(For patients with COPD and Asthma)*


**Flixotide® MDI*

**Flixotide® Accuhaler®*


**QVAR® MDI*

**Pulmicort® Turbuhaler®*


**Alvesco® MDI*

ICS/LABA


**Flutiform® MDI*

Flare Up Medicines

1. Antibiotics 2. Oral Steroids (Prednisone, Prednisolone)

Notes

- Handihaler, Breezhaler and Aerolizer devices require a capsule to be loaded into the device. All other devices are preloaded.
- Spacers are recommended to be used with metered dose inhalers (MDI)
- ICS monotherapy is not indicated for COPD without asthma
- #Not PBS listed • Shaded = *PBS listed for asthma only

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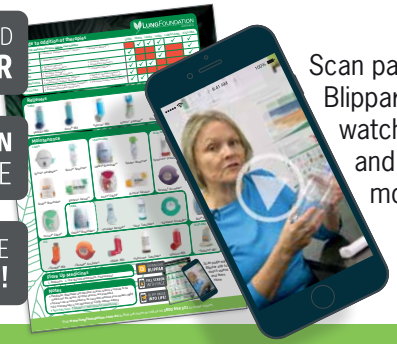

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