

NHSR Guidelines for the management of COPD 2013

Intermittent
breathlessness

Refer for Pulmonary Rehabilitation. Offer Flu and Pneumococcal vaccine. Offer smoking cessation, dietary and exercise advice, and self management plan. Screen for depression and anxiety, If oxygen required follow referral pathway.

Short-acting β 2 agonist (SABA)*
Salbutamol (100micrograms) 1-2puffs PRN / 2nd line: Terbutaline (500 micrograms) 1 dose PRN
OR
Short-acting muscarinic agonist (SAMA): ipratropium (20micrograms) 2puffs QDS PRN

Exacerbations or persistent
breathlessness

FEV1 \geq 50%

FEV1 \leq 50%

Start LABA
Long-acting β 2 agonist (LABA):
1st line: Formoterol 12mcg BD
2nd line: Salmeterol 50mcg BD
3rd line: Indacaterol 150mcg OD
Assess response to treatment after 4-8 weeks

Start LAMA (Stop SAMA)
Long-acting muscarinic antagonist (LAMA):
1st line: Tiotropium OD
2nd line: Aclidinium Bromide 400mcg BD
3rd line: Glycopyrronium 50mcg OD
Assess response to treatment after 4-8 weeks

Start LABA + ICS
Combined inhaled corticosteroid (ICS) + long-acting β 2 agonist (LABA)
Either: Budesonide + Formoterol (Symbicort®) 400/12 (turbohaler) 1 BD
Or : Fluticasone + Salmeterol (Seretide®) 500 (accuhaler) 1 dose BD

If intolerance/contra-indication to ICS (or ICS declined)
Add in LABA + LAMA if not already prescribed
Tiotropium OD + 1st choice: Formoterol 12mcg BD
2nd Choice: Salmeterol 50mcg BD
Assess response to treatment after 4-8 weeks

Offer pulmonary rehabilitation if not already on.

Combine with ICS (or add LAMA if intolerance/contra-indication to ICS or ICS declined)

LABA + ICS + LAMA
Tiotropium OD +
Either: Budesonide + Formoterol (Symbicort®) 400/12 (turbohaler) 1 BD
Or : Fluticasone + Salmeterol (Seretide®) 500 (accuhaler) 1 dose BD

Persistent
exacerbations

Consider a trial of mucolytic if productive cough and problem with sputum clearance:
Carbocisteine 375mg 2 capsules TDS. Reduce to 2 BD if good response after 4 weeks. If no response then STOP