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	• increasing dyspnoea • breathless walking on level ground • increasing limitation of daily activities • cough and sputum production • exacerbations requiring oral corticosteroids and/or antibiotics	• dyspnoea on minimal exertion • daily activities severely curtailed • experiencing regular sputum production • chronic cough • exacerbations of increasing frequency and severity
Lung Function	**FEV_1 ≈ 60-80% predicted**	**FEV_1 ≈ 40 -59% predicted**	**FEV_1 < 40% predicted**

Non-Pharmacological Interventions

Management of stable COPD should centre around supporting smoking patients to quit. Encouraging physical activity and maintenance of a normal weight range are also important. Pulmonary rehabilitation is recommended in symptomatic patients.

RISK REDUCTION Check smoking status, support smoking cessation, recommend annual influenza and pneumococcal vaccine according to immunisation handbook

OPTIMISE FUNCTION Encourage physical activity, review nutrition, provide education, develop GP management plan and initiate regular review

CONSIDER CO-MORBIDITIES especially osteoporosis, coronary disease, lung cancer, anxiety and depression

REFER TO PULMONARY REHABILITATION and consider psychosocial needs, agree written action plan

Consider oxygen therapy, surgery, palliative care and advanced care directives

Pharmacological Interventions

The aim of pharmacological treatment may be to treat symptoms (e.g. breathlessness) or to prevent deterioration (either by decreasing exacerbations or by reducing decline in quality of life) or both. A stepwise approach is recommended, irrespective of disease severity, until adequate control has been achieved.

CHECK DEVICE USAGE TECHNIQUE AND ADHERENCE AT EACH VISIT - Up to 90% of patients don't use devices correctly

SHORT-ACTING RELIEVER MEDICATION: Short-acting $beta_2$-agonist (SABA) or short-acting muscarinic antagonist (SAMA). Refer to Table 1 overleaf.

SYMPTOM RELIEF: Long-acting muscarinic antagonist (LAMA) and/or long-acting $beta_2$-agonist (LABA). Refer to Table 1 overleaf. **These medicines may also help to prevent exacerbations. **SEE PRECAUTIONS [1-3]****

EXACERBATION PREVENTION: When FEV_1 <50% predicted AND 2 or more exacerbations in the previous 12 months, consider commencing inhaled corticosteroid (ICS)/LABA combination therapy. ****SEE PRECAUTIONS[4]****

Consider low dose theophylline

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

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PRECAUTIONS:

[1] An assessment should be undertaken to exclude asthma or check if asthma and COPD co-exist before initiating LABA monotherapy. LABA monotherapy should not be used when asthma and COPD co-exist.
[2] Once a LAMA is commenced, ipratropium (a SAMA) should be discontinued.
[3] If starting a fixed dose LAMA/LABA combination inhaler, discontinue existing inhalers containing a LAMA or LABA. Refer to Table 1 overleaf.
[4] If starting an ICS/LABA combination inhaler, discontinue existing inhalers containing a LABA. Refer to Table 1 overleaf.

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Table 1: Guide to addition of therapies

Green tick indicates therapies that <u>can be</u> 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™) • eformoterol (Oxis™, Foradile™)	• indacaterol (Onbrez™)	✓	✓	✓			
LABA/ LAMA	• indacaterol/glycopyrronium (Ultibro™) • umeclidinium/vilanterol (Anoro™)	• tiotropium/olodaterol (Spiolto™) • aclidinium/eformoterol (Brimica™)	✓					
ICS/ LABA	• fluticasone propionate/salmeterol (Seretide™) • budesonide/eformoterol (Symbicort™)	• fluticasone furoate/vilanterol (Breo™)	✓	✓	✓			

Relievers

SABA

Ventolin® MDI

Asmol® MDI

#Airomir™ MDI

Airomir™ Autohaler®

SAMA

Bricanyl® Turbuhaler®

Atrovent® MDI

Maintenance

LAMA

Spiriva® HandiHaler®

Spiriva® Respimat®

Seebri® Breezhaler®

Bretaris® Genuair®

Incruse® Ellipta®

LAMA/LABA

Ultibro® Breezhaler®

Spiolto® Respimat®

Anoro® Ellipta®

Brimica® Genuair®

ICS/LABA

Symbicort® Turbuhaler®

Symbicort® Rapihaler™

Seretide® Accuhaler®

Seretide® MDI

ICS *(For patients with COPD and Asthma)*

**Flixotide® MDI*

**Flixotide® Accuhaler®*

**QVAR® MDI*

**Pulmicort® Turbuhaler®*

LABA

Onbrez® Breezhaler®

**Foradile® Aerolizer®*

**Oxis® Turbuhaler®*

**Serevent® Accuhaler®*

Breo® Ellipta®

ICS/LABA

**Alvesco® MDI*

**Flutiform® MDI*

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 • *PBS listed for asthma only*

Flare Up Medicines

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