

Bookmarks for page navigation

Useful tips for implementation of the guidelines

Want to search for a word? Control F will reveal this search box. Use left and right arrows to find all places that this word can be found within the document

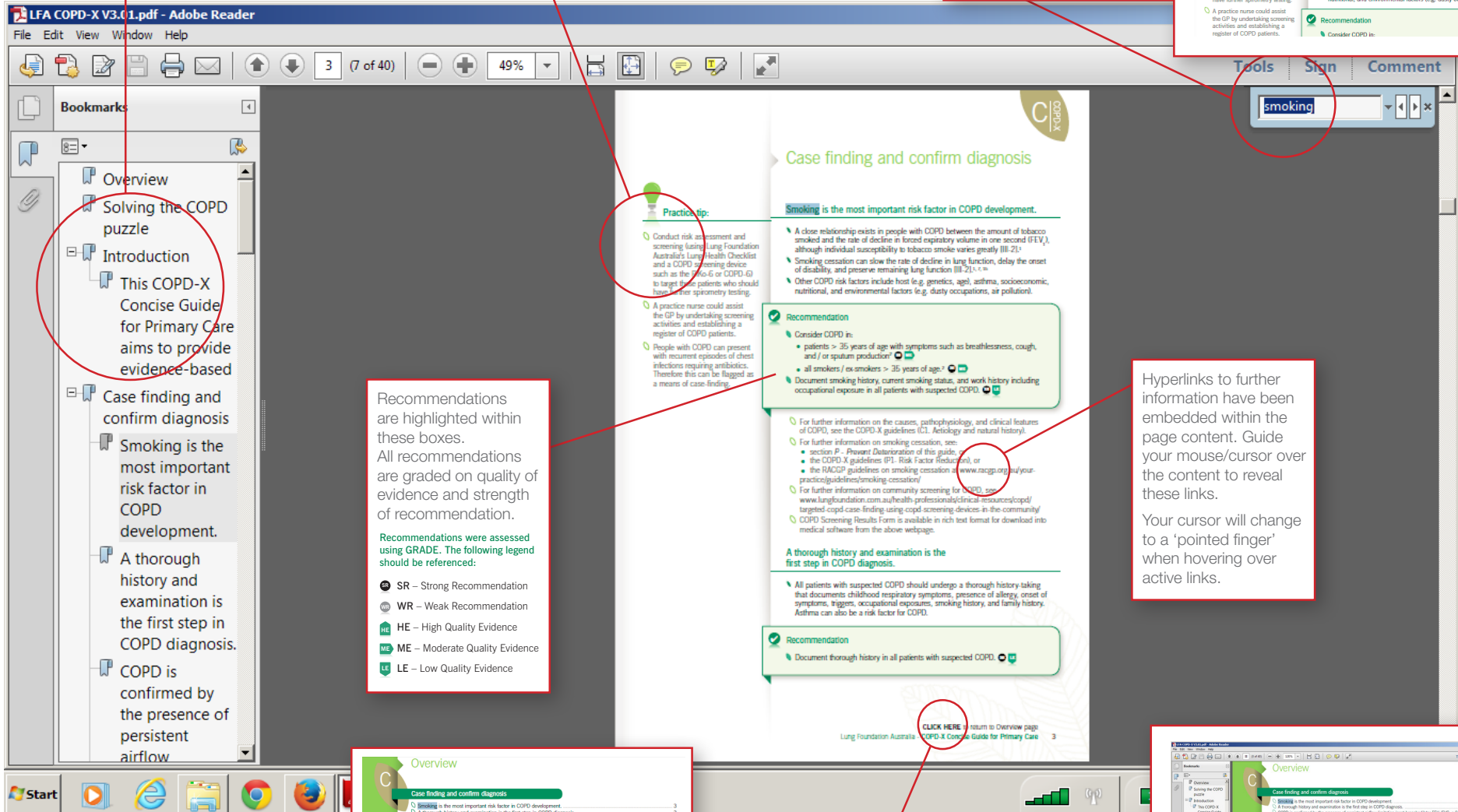
Case finding and confirm diagnosis

Practice tip:

- Conduct risk assessment and screening using Lung Foundation Australia's Lung Health Checklist and a COPD screening device such as the P90-G or COPD-G to target those patients who should have further spirometry testing.
- A practice nurse could assist the GP by undertaking screening activities and establishing a register of COPD patients.

Recommendation

- Consider COPD in:
 - A close relationship exists in people with COPD between the amount of smoked and the rate of decline in forced expiratory volume in one second although individual susceptibility to tobacco smoke varies greatly (III-2).
 - Smoking cessation can slow the rate of decline in lung function, delay the onset of disability, and preserve remaining lung function (III-2) 1-9.
 - Other COPD risk factors include host (e.g. genetics, age), asthma, socioeconomic, nutritional, and environmental factors (e.g. dusty occupations, air pollution).



Recommendations are highlighted within these boxes. All recommendations are graded on quality of evidence and strength of recommendation. Recommendations were assessed using GRADE. The following legend should be referenced:

- SR – Strong Recommendation
- WR – Weak Recommendation
- HE – High Quality Evidence
- ME – Moderate Quality Evidence
- LE – Low Quality Evidence

Hyperlinks to further information have been embedded within the page content. Guide your mouse/cursor over the content to reveal these links. Your cursor will change to a 'pointed finger' when hovering over active links.

The Overview Page provides a quick snapshot of the content. Click on the bullet point to be linked directly to that specific section.

Overview

- Case finding and confirm diagnosis 3
 - Smoking is the most important risk factor in COPD development. 3
 - A thorough history and examination is the first step in COPD diagnosis. 3
 - COPD is confirmed by the presence of persistent airflow limitation (post bronchodilator FEV₁/FVC < 0.7). 4
 - If FEV₁ increases > 400 ml following bronchodilator, consider asthma or asthma / COPD overlap. 5
 - Further investigations may help to confirm or exclude other conditions (either coexisting or with similar symptoms to COPD) and to assess the severity of COPD. 5
 - Diagnosis of COPD should be accompanied by a regular assessment of severity. 6
- Optimise function 6
 - Assessment is the first step to optimising function. 7
 - Non-pharmacological strategies (such as pulmonary rehabilitation and regular exercise) should be provided to all patients with COPD. 7
 - Optimise pharmacotherapy using a stepwise approach. 8

Every page links back to the Overview page - click here to activate this link.

