

Stepwise Management of Stable COPD

August 2017 update

The Stepwise Management of Stable COPD summarises the management of stable COPD. We hope this quick reference guide is useful for your clinical practice and your patients.

Lung Foundation Australia is pleased to provide this update of the Stepwise. The enhancements in this version, together with their rationale, are listed below.

Full details of the principles underlying this summary guidance can be found in the COPD-X guidelines and the COPD-X Concise Guide for Primary Care (<http://copdx.org.au>). As the prevention, diagnosis and management of patients with COPD are constantly evolving, we look forward to providing you with future updates and improved approaches to clinical decision making.

Page 1:

1. Typical Symptoms

MODERATE box – removed 'increasing dyspnoea'

SEVERE box – changed 'dyspnoea on minimal exertion' to 'breathless on minimal exertion'

- *The description of 'increasing dyspnoea' duplicated other text and has been omitted from the Moderate category. 'Dyspnoea' has been changed to 'breathless' in the Severe category for consistency.*

2. Lung function changed to Typical Lung Function

- *'Typical' has now been inserted before 'Lung Function', since COPD severity is a combination of symptoms, risk of exacerbations and airflow obstruction.*

3. Non-pharmacological interventions

a. Text directly under 'non-pharmacological interventions' has been deleted.

- *This text partly duplicated the recommendations in the boxes, and has been deleted to simplify the box.*

b. The text within the boxes has been updated:

Box 1:

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

changed to:

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

- *The description of influenza vaccination (given annually) has been separated from the description of pneumococcal vaccination (given based on the Australian Immunisation Handbook).*

Box 2:

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

changed to:

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)

- *The recommendations for non-pharmacological management to optimise function now emphasise the importance of regular exercise, and also specifically include written COPD Action Plans in this section (moved from the Pulmonary Rehabilitation box).*

Box 3:

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

changed to:

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

- *The common comorbidities have been reordered to list cardiovascular disease first (and broadened from coronary disease), to reflect prevalence and importance.*

Box 4:

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

changed to:

REFER to pulmonary rehabilitation for symptomatic patients

(box moved to left to align with the rest of the text boxes in the MILD section)

- *Referral to pulmonary rehabilitation has now been stated clearly as a standalone recommendation. The box has been extended to the left to fully encompass referral of symptomatic patients across the range of COPD severity.*

Box 5:

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

changed to:

Consider oxygen therapy, surgery, bronchoscopic interventions, palliative care services and advanced care planning

(box moved to left and half way into the Moderate section)

- *Bronchoscopic interventions have been added to the range of therapies available.*
- *'Palliative care' has been extended to 'palliative care services' to recognise the range of supportive and end of life services available. Similarly 'advanced care directives' has been changed to 'advanced care planning'.*

4. Pharmacological Interventions

a. 'Inhaled medicines' has been inserted after Pharmacological Interventions

- *This now reflects that the pharmacological interventions listed in this section are currently inhaled medicines.*

b. The text within the boxes has been updated:

Added: **START with short-acting relievers: (used as needed)**

- *Pharmacological treatment commences with short-acting relievers, which are represented in the first box in this section.*
- *Each box now commences with a recommendation for action ('Start', 'Add', 'Consider') for pharmacological management using a stepwise approach.*

SHORT-ACTING RELIEVER MEDICATION: Short-acting beta₂-agonist (SABA) or short-acting muscarinic antagonist (SAMA). Refer to Table 1 overleaf.

changed to:

SABA (short-acting beta₂-agonist) OR **SAMA** (short-acting muscarinic antagonist)

- *The abbreviations are listed first and in bold (then full names), to highlight and further improve familiarity with the names of commonly used classes of inhaled medicines.*

SYMPTOM RELIEF: Long-acting muscarinic antagonist (LAMA) and/or long-acting beta₂-agonist (LABA). Refer to Table 1 overleaf. These medicines may also help to prevent exacerbations. ****SEE PRECAUTIONS 1-3****

changed to:

ADD long-acting bronchodilators: LAMA (long-acting muscarinic antagonist)¹ OR **LABA** (long-acting beta₂-agonist)². Review need for LAMA/LABA as a fixed dose combination inhaler³

- *In this long-acting bronchodilator section, the initial steps are now listed as LAMA or LABA, and then 'Review need' for LAMA/LABA to prompt additional decision making about escalating to dual long-acting bronchodilators if needed.*
- *Important precautions and the PBS criteria for LAMA/LABA inhalers are provided in detail in the footnotes.*
- *The heading 'Symptom relief' has been changed to the recommendation of 'ADD long-acting bronchodilators', since the effects of the long-acting bronchodilators extend beyond symptom relief alone.*

EXACERBATION PREVENTION: When FEV₁ <50% predicted AND 2 or more exacerbations in the previous 12 months, consider commencing inhaled corticosteroid (ICS)/LABA combination therapy. ****SEE PRECAUTIONS****

changed to:

CONSIDER adding an anti-inflammatory agent: ICS/LABA and **LAMA** (inhaled corticosteroid/long-acting beta₂-agonist^{4,5} and long-acting muscarinic antagonist)

- *In this 'CONSIDER adding an anti-inflammatory agent' section, the approach of using ICS/LABA with a LAMA is now listed as an escalation of treatment that can be considered if needed.*
- *Important precautions and the PBS criteria for ICS/LABA inhalers are provided in detail in the footnotes.*
- *The heading 'Exacerbation prevention' for this box has been changed to the recommendation of 'CONSIDER adding an anti-inflammatory agent', since the effects of anti-inflammatory agents extend beyond exacerbation prevention.*

Consider low dose theophylline

Box removed

- *This box has been removed, due to the relatively weak evidence for use of low dose theophylline.*

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

changed to:

CHECK DEVICE TECHNIQUE AND ADHERENCE AT EACH VISIT

(Box moved to the lower section of Pharmacological Interventions)

- *The recommendation for optimisation of inhaler technique and adherence is now stated after the selection of inhaled medicines has been made.*

5. New box at lower section

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.

- *This new box gives contact details for additional information for patients.*

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.

changed to:

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 beta₂ 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 FEV₁ less than 50% predicted AND a history of repeated exacerbations with significant symptoms despite regular beta₂ agonist bronchodilator therapy AND the treatment must be for symptomatic treatment.

- *These precautions are now all provided in detail in the footnotes. The PBS indications for LAMA/LABA and ICS/LABA inhalers have been included.*

Added wording at lower right:

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

- *This link provides guideline updates.*

Page 2: Guide to addition of therapies

- a. 'Eformoterol' has been changed to 'formoterol'
 - *This is in line with TGA updates of medicine ingredient names.*
- b. Non-PBS medicines are now shown in greyed out text
 - *This distinguishes the non-PBS from PBS-listed inhaled medicines.*
- c. Implementation of augmented reality function for the inhaler images
 - *This new feature will enable clinicians and patients to link directly to inhaler device videos on the Lung Foundation Australia website.*