Stepwise Management of Stable COPD

**MILD**
- few symptoms
- breathless on moderate exertion
- recurrent chest infections
- little or no effect on daily activities

**MODERATE**
- breathless walking on level ground
- increasing limitation of daily activities
- cough and sputum production
- exacerbations requiring oral corticosteroids and/or antibiotics

**SEVERE**
- breathless on minimal exertion
- daily activities severely curtailed
- experiencing regular sputum production
- chronic cough
- exacerbations of increasing frequency and severity

**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 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.

**Pharmacological Interventions (inhaled medicines)**

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

**ADD long-acting bronchodilators:**
- LAMA (long-acting muscarinic antagonist) OR LABA (long-acting beta2-agonist)

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

**CHECK DEVICE USAGE TECHNIQUE AND ADHERENCE AT EACH VISIT**

**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**
e specially cardiovascular disease, anxiety, depression, lung cancer and osteoporosis

**REFER to pulmonary rehabilitation for symptomatic patients**

**Typical Symptoms**
- few symptoms
- breathless on moderate exertion
- recurrent chest infections
- little or no effect on daily activities

**Typical Lung Function**
- FEV1 = 60-80% predicted
- FEV1 = 40-59% predicted
- FEV1 < 40% predicted

**Non-Pharmacological Interventions**

**Pharmacological Interventions**

**REGULAR REVIEW**
- Review need for LAMA/LABA as a fixed dose combination inhaler
- 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.

**CHECK DEVICE USAGE TECHNIQUE AND ADHERENCE AT EACH VISIT**

**REFERENCE:**
- LUNG FOUNDATION AUSTRALIA
- www.copdx.org.au
- Register to receive an alert when the COPD-X Guidelines are updated
## Table 1: Guide to addition of therapies

<table>
<thead>
<tr>
<th>Therapy</th>
<th>SABA</th>
<th>SAMA</th>
<th>LAMA</th>
<th>LABA</th>
<th>LABA/LAMA</th>
<th>ICS/LABA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SABA</strong></td>
<td>• salbutamol (Ventolin™, Airomir™, Asmol™)</td>
<td>• terbutaline (Bricanyl™)</td>
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<tr>
<td><strong>SAMA</strong></td>
<td>• ipratropium (Atrovent™)</td>
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<tr>
<td><strong>LAMA</strong></td>
<td>• tiotropium (Spiriva™) • glycopyrronium (Seebri™) • umeclidinium (Incruse™)</td>
<td>• indacaterol (Onbrez™)</td>
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<tr>
<td><strong>LABA</strong></td>
<td>• salmeterol (Serevent™) • tiotropium/olodaterol (Spiolto™)</td>
<td>• indacaterol/glycopyrronium (Ultibro™) • aclidinium/formoterol (Brimica™)</td>
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<tr>
<td><strong>LABA/LAMA</strong></td>
<td>• umeclidinium/vilanterol (Anoro™) • fluticasone furoate/vilanterol (Breo™)</td>
<td>• fluticasone propionate/salmeterol (Seretide™)</td>
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<tr>
<td><strong>ICS/LABA</strong></td>
<td>• budesonide/formoterol (Symbicort™)</td>
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</tbody>
</table>

*Green tick indicates therapies can be used together.*

### Relievers

**SABA**
- Ventolin® MDI
- Asmol® MDI
- #Airomir™ MDI
- Airomir™ Autohaler®
- Bricanyl® Turbuhaler®
- Atrovent® MDI

**SAMA**
- Brelin® Genuair®
- Seretide® Accuhaler®
- Brimica® Genuair®
- Seretide® MDI

**LAMA**
- Spiriva® HandiHaler®
- Spiriva® Respimat®
- Ulbro™ Breezhaler®
- Spiolto® Respimat®
- Symbicort® Turbuhaler®
- Symbicort® Raphaler™
- Serevent® Accuhaler®
- Breo® Ellipta®

**LABA**
- Incruse® Ellipta®
- Onbrez® Breezhaler®
- *Foradile® Aerolizer®
- *Oxis® Turbuhaler®
- *Seretide® Accuhaler®
- *Breo® Ellipta®

**ICS** (For patients with COPD and Asthma)
- *Flutiform® MDI
- *Flutiform® Accuhaler®
- *QVAR® MDI
- *Pulmicort® Turbuhaler®
- *Alvesco® MDI

### Maintenance

**LAMA**
- Spiriva® Respin®
- Seebr® Breezhaler®
- Breatas® Genuair®
- Anoro® Ellipta®
- Brimica® Genuair®

**LAMA/LABA**
- Ulbro™ Breezhaler®
- Spiolto® Respimat®
- Symbicort® Turbuhaler®
- Symbicort® Raphaler™

**LABA**
- Incruse® Ellipta®
- Onbrez® Breezhaler®
- *Foradile® Aerolizer®
- *Oxis® Turbuhaler®
- *Seretide® Accuhaler®

**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

Visit [www.lungfoundation.com.au](http://www.lungfoundation.com.au) to find out more or call us on 1800 654 301 to order copies.