## STEPWISE MANAGEMENT OF STABLE COPD

<table>
<thead>
<tr>
<th>Increasing COPD severity</th>
<th>MILD</th>
<th>MODERATE</th>
<th>SEVERE</th>
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</table>
| **Typical symptoms**    | - few symptoms  
- breathless on moderate exertion  
- little or no effect on daily activities  
- cough and sputum production | - breathless walking on level ground  
- increasing limitation of daily activities  
- recurrent chest infections  
- exacerbations requiring oral corticosteroids and/or antibiotics | - breathless on minimal exertion  
- daily activities severely curtailed  
- exacerbations of increasing frequency and severity |
| **Typical lung function** | FEV₁ ≈ 60-80% predicted | FEV₁ ≈ 40-59% predicted | FEV₁ < 40% predicted |

**CONFIRM diagnosis.** Confirm post-bronchodilator airflow limitation (FEV₁/FVC <0.70) using spirometry. Any pattern of cough with or without chronic sputum production may indicate COPD.

**OPTIMISE function.** PREVENT deterioration. DEVELOP a plan of care.

### Non-pharmacological interventions

- **REDUCE RISK FACTORS** Avoid exposure to risk factors including tobacco smoke and air pollution, 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).

- **OPTIMISE TREATMENT OF CO-MORBIDITIES** especially cardiovascular disease, anxiety, depression, lung cancer and osteoporosis.

- **REFER** symptomatic patients to pulmonary rehabilitation.

### Pharmacological interventions (inhaled medicines)**

**START with short-acting relievers:** (used as needed):  
- **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 need for combination LAMA/LABA depending on symptomatic response.

**CONSIDER adding ICS (inhaled corticosteroids):** Single inhaler triple therapy (ICS/LABA/LAMA) may be suitable*  

*In patients with ≥2 severe exacerbations requiring hospitalisation or ≥5 moderate exacerbations in the previous 12 months, AND significant symptoms despite LAMA/LABA or ICS/LABA therapy; OR in patients stabilised on a combination of LAMA, LABA and ICS.

Assess and optimise inhaler device technique at each visit. Minimise inhaler device polypharmacy.

**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.

**Based on The COPD-X Plan: Australian and New Zealand Guidelines for the Management of COPD and COPD-X Concise Guide**

**Refer to PBS criteria: www.pbs.gov.au**

Register at copdx.org.au to receive an alert when the COPD-X Guidelines are updated
Green tick indicates therapies that can be used together

<table>
<thead>
<tr>
<th>SABA</th>
<th>SAMA</th>
<th>LAMA</th>
<th>LABA</th>
<th>LABA/LAMA</th>
<th>ICS/LABA</th>
<th>ICS/LABA/LAMA</th>
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<tbody>
<tr>
<td>salbutamol (Ventolin™, Airomir™, Asmol™)</td>
<td>ipratropium (Atrovent™)</td>
<td>tiotropium (Spiraiva™/Brilhatús™)</td>
<td>formoterol (Oxis™, Foradil™)</td>
<td>salmeterol (Serevent™)</td>
<td>umecclidinium (Brinta™)</td>
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<tr>
<td>terbutaline (Bricanyl™)</td>
<td></td>
<td>glycopyrronium (Serebris™)</td>
<td>indacaterol (Onbrez™)</td>
<td>indacaterol/glycopyrronium (Ultibro™)</td>
<td>tiotropium/olodaterol (Spiriva™/Cipla™)</td>
<td>fluticasone furoate/umeclidinium/ vilanterol (Breo™)</td>
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**Relievers**
- **SABA:** Short-acting beta₂-agonists
  - Ventolin® MDI salbutamol
  - Asmol® MDI salbutamol
  - Bricanyl® Turbuhaler® terbutaline
- **SAMA:** Short-acting muscarinic antagonist
  - Atrovent® MDI ipratropium

**Maintenance**
- **LAMAs:** Long-acting muscarinic antagonists
  - Brethaire® HandiHaler® tiotropium
  - Spiriva® HandiHaler® tiotropium
  - Seretide® Accuhaler® fluticasone propionate/salmeterol
  - Seretide® MDI fluticasone propionate/salmeterol
  - DuoResp® Spiromax® fluticasone + salmeterol
  - Trelegy® Ellipta® fluticasone furoate/umeclidinium/vilanterol
  - Flixotide® Fluticasone propionate
  - Flixotide® Fluticasone propionate
  - QVAR® MDI beclometasone
- **ICS/LABA combinations**
  - Brethaire® HandiHaler® tiotropium
  - Spiriva® HandiHaler® tiotropium
  - Seretide® Accuhaler® fluticasone propionate/salmeterol
  - Seretide® MDI fluticasone propionate/salmeterol
  - DuoResp® Spiromax® fluticasone + salmeterol
  - Trelegy® Ellipta® fluticasone furoate/umeclidinium/vilanterol
  - Flixotide® Fluticasone propionate
  - Flixotide® Fluticasone propionate
  - QVAR® MDI beclometasone

Flare Up Medicines
1. Antibiotics (Refer to Therapeutic Guidelines: Antibiotic: www.tg.org.au)
2. Oral steroids (prednisone, prednisolone)

Notes
- HandiHaler, Brethaire, Zonda and Aerolizer devices require a capsule to be loaded into the device. All other devices are preloaded.
- Where possible, metered dose inhalers (MDI) should be used with a spacer
- ICS monotherapy is not indicated for COPD without co-existing asthma
- Shaded = PBS listed for asthma only

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