

Stepwise Management of Stable COPD – 2019/20 update

Summary of Changes

Lung Foundation Australia is pleased to provide the 2019/20 update of Stepwise, which summarises the management of stable COPD in a clear and concise format. We hope this quick reference guide is useful for your clinical practice and your patients.

Full details of the principles underlying this summary guidance can be found in the COPD-X guidelines and the COPD-X Concise Guide (<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.

The changes in this version are listed below:

Page 1:

Typical symptoms

- Added **Increasing COPD severity** above MILD MODERATE SEVERE headings
- Moved “recurrent chest infections” from MILD to MODERATE box
- Moved “cough and sputum production” from MODERATE to MILD box

Added new box in line with COPD-X recommendations and emphasised the use of spirometry:

CONFIRM diagnosis. Confirm post-bronchodilator airflow limitation ($FEV_1/FVC < 0.70$) using **spirometry**. Any pattern of cough with or without chronic sputum production may indicate COPD.

Added new box in line with COPD-X recommendations:

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

Non-pharmacological interventions

Box 1

Original wording:

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

changed to:

REDUCE RISK FACTORS Avoid exposure to risk factors including tobacco smoke and air pollution, support smoking cessation, recommend annual influenza and pneumococcal vaccine according to immunisation handbook

Box 3:**Original wording:**

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

changed to:

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

Box 5**Original wording starting half way across Moderate COPD section:**

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

split into 2 separate boxes:**Starting in Moderate COPD section**

INITIATE advanced care planning

Starting in Severe COPD section

MANAGE advanced lung disease with domiciliary oxygen therapy, long-term non-invasive ventilation, surgery and bronchoscopic interventions, if indicated

Stepwise Pharmacological Interventions (inhaled medicines) *changed to:*
Pharmacological interventions (inhaled medicines)*

Box 1:

Moved **SABA** (short-acting beta₂-agonist) OR **SAMA** (short-acting muscarinic antagonist) into Box 1:

Original:

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

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

changed to:

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

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

Box 2:

Box containing LAMA OR LABA indication extended from half way across **MILD COPD** to start of **MILD COPD** box:

Original

LAMA (long-acting muscarinic antagonist) OR **LABA** (long-acting beta₂-agonist)
Single inhaler dual therapy (**LAMA/LABA**) may be suitable

changed to:

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

Box 3:

In line with changes made to PBS regarding initiation of triple therapy, box amended removing the requirement for the patient to have FEV₁ ≤50% predicted.

Original

	<p>CONSIDER adding ICS (inhaled corticosteroids) FEV₁ ≥ 50% predicted AND ≥ two exacerbations in last 12 months AND significant symptoms despite LAMA and LABA therapy</p>	<p>ICS/LABA and LAMA Single inhaler triple therapy (ICS/LAMA/LABA) may be suitable</p>
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changed to:

	<p>CONSIDER adding ICS (inhaled corticosteroids): Single inhaler triple therapy (ICS/LABA/LABA) may be suitable*</p>
	<p>*in patients with ≥ 1 severe exacerbation requiring hospitalisation or ≥ 2 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.</p>

New box about inhaler device polypharmacy added:

<p>Assess and optimise inhaler device technique at each visit. Minimise inhaler device polypharmacy</p>

Page 2

Addition of images of the following inhalers:

LAMAs: Long- acting muscarinic antagonists

- Braltus Zonda (tiotropium)

ICS: Inhaled corticosteroids (for patients with COPD and Asthma)

- Fluticasone Cipla MDI (fluticasone propionate)
- Arunity Ellipta (fluticasone furoate)