Visual summary (1): initial inhaled therapy for COPD

For full details of formulary choices, doses and additional guidance, refer to the Formulary: N&E / S&W

Rescue short-acting bronchodilators should be prescribed to all patients for immediate symptom relief.
Assess symptoms and exacerbations and categorise into group A, B, or E to determine initial treatment as shown below

Non inhaled prevention and maintenance strategies are essential in the management of COPD:

- Smoking cessation
- Vaccination
- Self management plans
- Pulmonary rehabilitation

[1] **Group A:** GOLD (2024) indicates that long-acting bronchodilators (LAMAs or LABAs) are preferred over short-acting agents, except for patients with only occasional dyspnoea and for immediate relief of symptoms in patients already on long-acting bronchodilators. Local specialists recommend LAMA in preference to LABA therapy as the preferred option.

[2] MRC = Medical Research Council breathlessness / dyspnoea scale. CAT = COPD Assessment Test

Exacerbations per year

≥ 2 moderate exacerbations or ≥ 1 leading to hospitalisation

0 or 1 moderate exacerbations (not leading to hospitalisation)

*The use of **ICS + LABA** combination inhalers is **no longer encouraged** in patients with COPD and no features of asthma* *(see page 3)*

Group E

LABA + LAMA
Anoro Ellipta
Ultibro Breezhaler
Spiolto Respimat
Bevespi Aerosphere

If blood eosinophils ≥ 0.3 x 10^9/L, consider LABA + LAMA + ICS:
Trelegy Ellipta
Trimbow NEXThaler
Trimbow pMDI
Trixeo Aerosphere

Group A

LAMA[1]
Tiogiva
Spiriva Respimat
Seebri Breezhaler
Eklira Genuair

Group B

LABA + LAMA
Anoro Ellipta
Ultibro Breezhaler
Spiolto Respimat
Bevespi Aerosphere

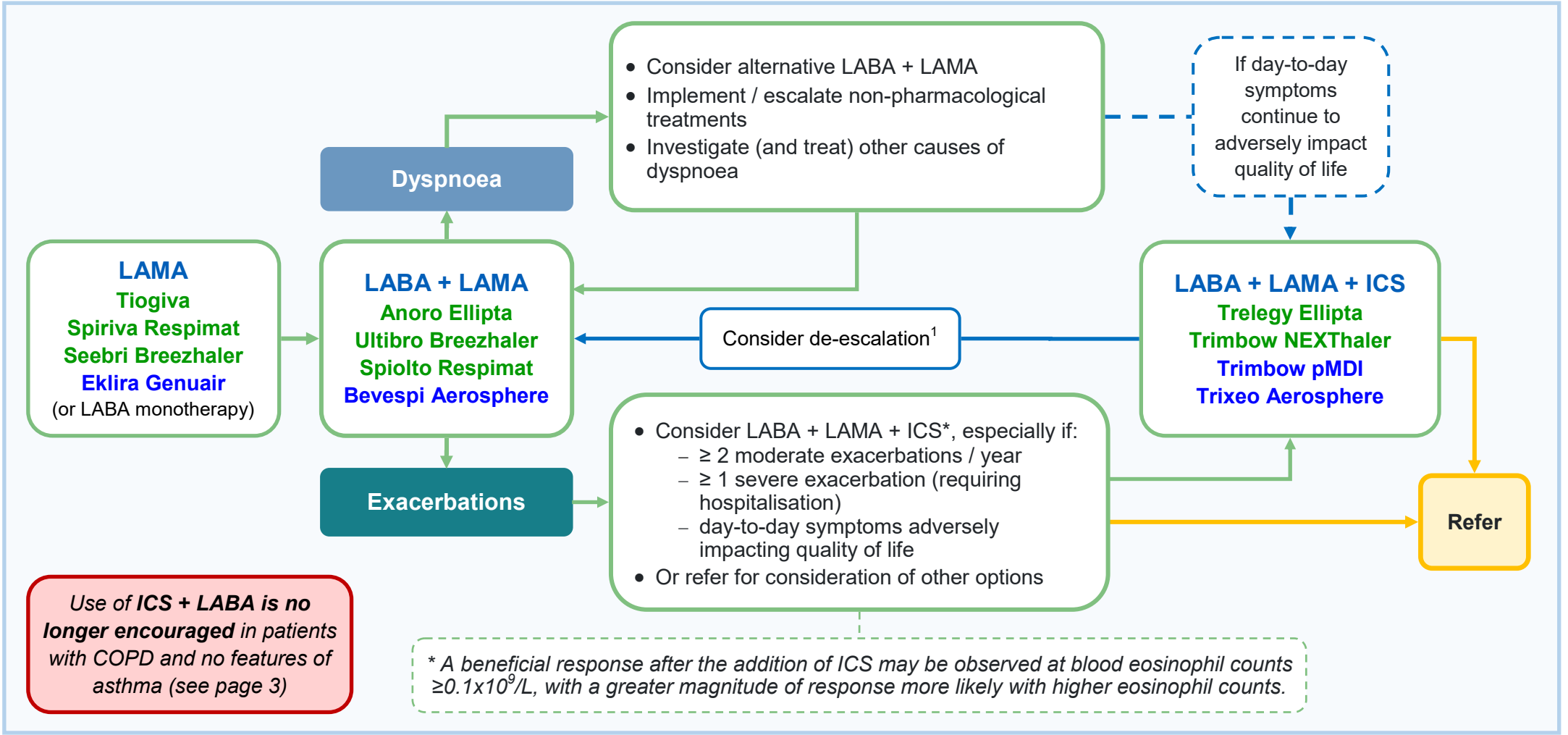
MRC 1 - 2; CAT < 10 | **MRC ≥ 3; CAT ≥ 10**

Symptoms[2]

Visual summary (2): follow up drug therapy for COPD

For full details of formulary choices, doses and additional guidance, refer to the Formulary: N&E / S&W

These recommendations **do not** depend on ABE group allocated at diagnosis (page 1). At every review, if response to treatment is appropriate, maintain it; if not: **1)** Check adherence, inhaler technique and co-morbidities, **2)** Consider predominant treatable trait to target (dyspnoea or exacerbations) - Use exacerbation pathway if both need to be targeted, **3)** Start in box corresponding to current treatment & follow pathway, **4)** Assess response, adjust and review



[1] Consider de-escalation if lack of clinical benefit and/or side effects (including pneumonia); de-escalation may also be considered in patients with resolution of some symptoms that subsequently require less therapy. De-escalation should be undertaken carefully, ensuring that patients are aware of how to report decline in symptoms.

Visual summary (3): follow up drug therapy for COPD — current users of ICS + LABA

For full details of formulary choices, doses and additional guidance, refer to the Formulary: N&E / S&W

The use of **ICS + LABA** combination inhalers is **no longer encouraged** in patients with COPD and **no features of asthma**.
This flowchart provides guidance on the management of patients with COPD and no features of asthma who are already using ICS + LABA.