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1 COPDhub
England

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STEP 1 INFORMATION:
ASSESSMENT

1 Red Flag Symptoms

- Persistent cough in a smoker
- Haemoptysis
- Chest pain
- Unexplained weight loss
- Clubbing in a smoker
- Abnormal CXR

BD: Twice a day
CAT: COPD Assessment Test Score
CXR: Chest X-ray
DPI: Dry Powder Inhaler
FBC: Full Blood Count
GWP: Global warming potential
ICS: Inhaled Corticosteroid
LABA: Long-acting Beta₂ Agonist
LAMA: Long Acting Muscarinic Antagonist
LLN: Lower limit of normal
LVRS: Lung Volume Reduction Surgery
MRC: Medical Research Council Dyspnoea Scale
OD: Once daily
pMDI: pressurised Metered Dose Inhaler
SABA: Short-acting Beta₂ Agonist
SpO₂: Oxygen Saturations

STEP 4 INFORMATION:
PRESCRIBE

1 Mild COPD

Mild occasional symptoms (MRC 1-2 and CAT <10) and infrequent exacerbations (0-1 per year and no hospitalisations)

1 Moderate to Severe COPD with NO steroid responsive features

- Moderate-severe symptoms (MRC 3-5 and/or CAT ≥10)
- AND infrequent exacerbations
- OR frequent exacerbations (≥2 per year) or ≥1 hospitalisation AND low eosinophils (<0.1 x10⁹/mL)

1 Moderate to Severe COPD WITH steroid responsive features

- Moderate-severe symptoms (MRC 3-5 and/or CAT ≥10)
- AND frequent exacerbations (≥2 per year) or ≥1 hospitalisation AND high eosinophils (>0.3 x10⁹/mL)

1 One-month trial of mucolytic

- Consider a one month trial if chronic productive cough
- Acetylcysteine 600mg once daily or carbocysteine 750mg three times daily for 2 weeks then twice daily
- STOP if treatment ineffective (no symptomatic improvement)

CORE PRINCIPLES

People aged over 35 years who present with one or more features from the COPD likelihood checklist should have post-bronchodilator spirometry.

Once diagnosis is confirmed, start with high-value non-pharmacological interventions (step 3).

Inhaled therapy is prescribed according to the patient's disease severity (step 4).

STEP 1: ASSESSMENT

COPD likelihood checklist

| | |
|--|--|
| Signs and symptoms: | Perform investigations |
| <input checked="" type="checkbox"/> Smoking history (>20 pack years) | <input checked="" type="checkbox"/> Post-bronchodilator spirometry |
| <input checked="" type="checkbox"/> Other exposures (Pollution, biomass fuel burning, other noxious fume exposure) | <input checked="" type="checkbox"/> Chest X-ray (CXR) |
| <input checked="" type="checkbox"/> Exertional breathlessness | <input checked="" type="checkbox"/> Full Blood Count (FBC) |
| <input checked="" type="checkbox"/> Chronic cough | <input checked="" type="checkbox"/> Oxygen Sats (SpO ₂) |
| <input checked="" type="checkbox"/> Regular sputum production | <input checked="" type="checkbox"/> α-1 anti-trypsin (if early onset, minimal smoking or family history) |
| <input checked="" type="checkbox"/> Wheeze | |
| <input checked="" type="checkbox"/> Ankle swelling | |

Any red flag symptoms?
Perform CXR and refer as urgent suspected cancer

STEP 2: DIAGNOSIS

Post-bronchodilator
FEV1/FVC ratio <0.7

STEP 3: NON-PHARMACOLOGICAL INTERVENTIONS

| | | | | | |
|--|---|---|---|---|--|
| <input checked="" type="checkbox"/> Provide a self-management plan | <input checked="" type="checkbox"/> Offer current smokers support to quit smoking | <input checked="" type="checkbox"/> Offer pulmonary rehabilitation if MRC>3 | <input checked="" type="checkbox"/> Vaccination - Flu - COVID - Pneumococcal | <input checked="" type="checkbox"/> Anxiety/ mood management | <input checked="" type="checkbox"/> Diet/ exercise/ nutrition advice to maintain healthy BMI and active lifestyle |
|--|---|---|---|---|--|

STEP 4: PRESCRIBE

From the list of inhalers provided, choose the most suitable for the patient, considering inspiratory flow and inhaler technique.

Choose a dry powder inhaler preferentially to reduce the carbon footprint, unless the patient cannot use one.

| | | |
|---|--|---|
| Mild COPD | Moderate to Severe COPD with NO steroid responsive features | Moderate to Severe COPD WITH steroid responsive features |
| Prescribe SABA PRN | Prescribe LABA + LAMA | Prescribe Triple therapy |
| Review exacerbation frequency and SABA use regularly | Review exacerbation frequency and symptom severity regularly | If continued exacerbations or breathlessness, review adherence, inhaler technique and non-pharmacological interventions |
| Step up to LABA + LAMA if exacerbations or needing regular SABA | Escalate to triple therapy if indicated, considering other physical/ mental health conditions that might worsen symptoms | Consider referral (see below) |

STEP 5: REVIEW

Review annually if COPD is well controlled

Referral criteria to secondary care:

- Diagnosis age <50 years
- Uncertain diagnosis
- > 3 exacerbations per year or persistent breathlessness despite maximum inhaled therapy
- Oxygen saturations <92% for LTOT assessment
- Consider referral to palliative care team or breathlessness clinic where required.
- For consideration of LVRS/ roflumilast/ azithromycin

Manage exacerbations:

- Prescribe a SABA for rescue therapy
- Prescribe prednisolone (30-40mg once a day for 5 days)
- Prescribe antibiotic if increased sputum purulence, volume and breathlessness

Chronic productive cough?

- Consider one-month trial of mucolytic
- STOP if treatment ineffective

DID YOU KNOW?

NHS England has set a target to reduce the proportion of high global warming potential (GWP) inhalers

PRESCRIBE A DPI PREFERENTIALLY UNLESS THE PATIENT CANNOT USE ONE

Learn more here

STEP 4 INFORMATION:
PRESCRIBE

1 Inhaler principles

- Always prescribe by brand to ensure consistent device
- Choice of inhaler is based on patient's preference and observed inhaler technique
- Whenever possible choose a device with low global warming potential
- Prescribe inhalers of the same type; do not mix MDIs and DPIs
- MDIs should be used with a spacer such as AeroChamber Plus Flow-Vu

1 Prescribe SABA

Below are options in this category

Easyhaler Salbutamol
100 micrograms
2 puffs PRN
Quick and deep



Salamol pMDI
100 micrograms
2 puffs PRN
Slow and steady via spacer



Bricanyl Turbohaler
500 micrograms
1 puff PRN
Quick and deep



Salamol Easi-Breathe
100 micrograms
2 puffs PRN
Slow and steady



1 Prescribe a (LABA + LAMA)

Below are options in this category

Duaklir Genuair
340/12
1 dose BD
Quick and deep



Spioflo Respimat
2.5/2.5
2 doses OD
Slow and steady



Anoro Ellipta
55/22
1 dose OD
Quick and deep



Bevespi Aerosphere pMDI
7.2/5
2 doses BD
Slow and steady via spacer



1 Prescribe triple therapy (ICS + LABA + LAMA)

Below are options in this category

Trelegy Ellipta
92/55/22
1 dose OD
Quick and deep



Trimbow pMDI
87/5/9
2 doses BD
Slow and steady via spacer



Trimbow NEXThaler
88/5/9
2 dose BD
Quick and deep



Trixeo Aerosphere pMDI
5/7.2/160
2 doses BD
Slow and steady via spacer



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