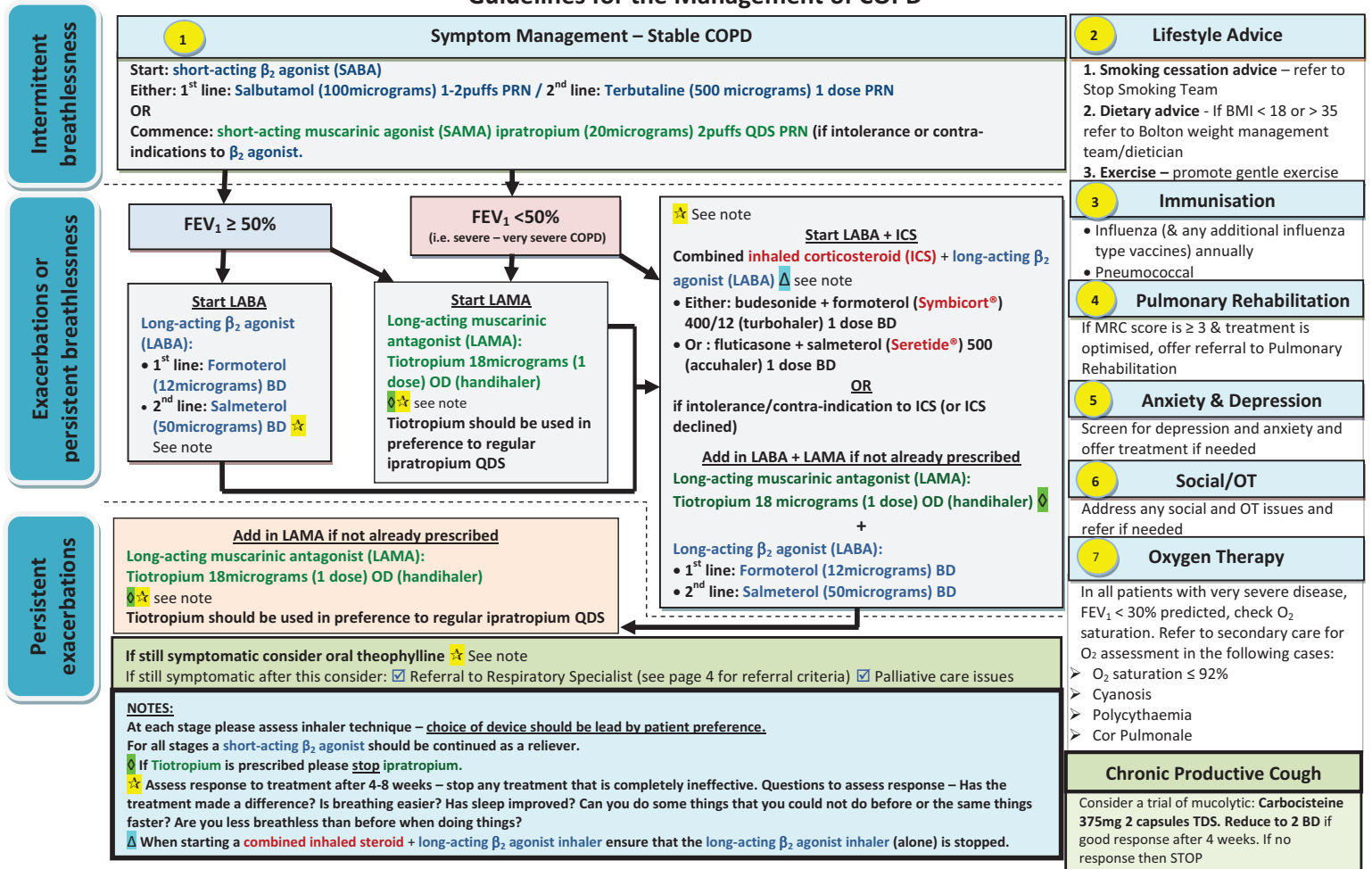


## Guidelines for the Management of COPD



## COPD Diagnosis

### Consider

Consider diagnosis of COPD in any one > 35 years old and who is a smoker / ex smoker with the following symptoms:

- Chronic cough
- Breathlessness
- Regular sputum production
- Wheeze
- Winter bronchitis

### Do spirometry

FEV<sub>1</sub>/FVC < 0.7 (70%)

### Severity based on a post bronchodilator FEV<sub>1</sub> % of predicted

Stage 1 – Mild: **≥80 %** (symptoms should be present to make diagnosis)

Stage 2 – Moderate: **50 – 79 %**

Stage 3 – Severe: **30-49 %**

Stage 4 – Very severe: **<30%** (or FEV<sub>1</sub> <50% with respiratory failure)

## Exacerbations

### Step 1

Based upon clinical judgement: Are there any features to suggest Specialist management is needed?

If there are ANY of these **RED** flags refer to specialist care:

- ☞ **Rapid onset of increased breathlessness**
- ☞ **Severe worsening of breathlessness despite conventional treatment**
- ☞ **O<sub>2</sub> saturation < 90% or cyanosis**
- ☞ **Confusion**
- ☞ **Worsening level of consciousness**

The following may **favour** treatment in hospital, if the patient:

- ☞ Has worsening peripheral oedema
- ☞ Has significant co-morbidity e.g. CVD, diabetes
- ☞ Has poor / deteriorating general condition
- ☞ Is unable to cope at home/lives alone
- ☞ Is receiving LTOT

If there are ANY of the above consider referral to secondary care or appropriate intermediate services.

### Step 2

#### ↑ Breathlessness

- Increase frequency of **short-acting β<sub>2</sub> agonist** (MDI via spacer)
- **Prednisolone 30mg once daily (mane) for 7-14 days**

If more than 3 courses of oral steroids are given in 1 year and patient is over 65 years of age consider assessing for osteoporosis risk

- Give safety netting advice
- Optimise treatment
- Review patient if needed

### Step 3

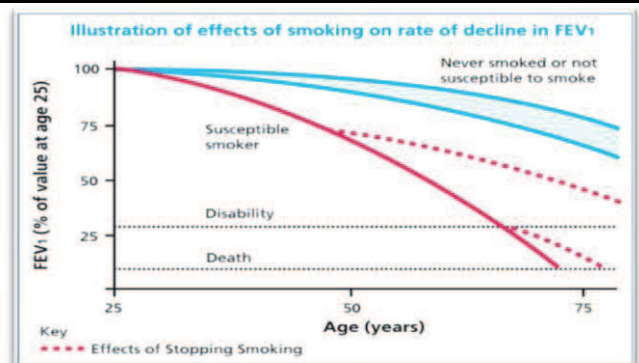
#### ↑ Purulent sputum production – Infective Exacerbation

- **1<sup>st</sup> line: Amoxicillin 500mg TDS for 7 days** (or erythromycin 500mg QDS /clarithromycin 500mg BD for 7 days in penicillin allergic patients )
- **2<sup>nd</sup> line: Doxycycline 200mg stat then 100mg OD for 6 days**

### Referral to Respiratory Specialist

- Diagnostic uncertainty
- Onset of Cor Pulmonale
- Nebuliser assessment
- Oxygen assessment
- Assessment for surgery : bullous lung disease
- Rapid decline in FEV<sub>1</sub>
- Pulmonary rehabilitation
- Aged < 40 years or FH of α -1 antitrypsin deficiency
- Frequent respiratory infections
- Haemoptysis
- Uncontrolled severe COPD
- Symptoms don't match lung function tests

### Fletcher and Peto Curve



### Resources

NICE: [www.nice.org.uk](http://www.nice.org.uk)

GP airways group: [www.gpiag.org](http://www.gpiag.org)

Patient information leaflets: [www.patient.co.uk](http://www.patient.co.uk)

British Thoracic Society: [www.brit-thoracic.org.uk](http://www.brit-thoracic.org.uk)

GOLD: [www.goldcopd.com](http://www.goldcopd.com)