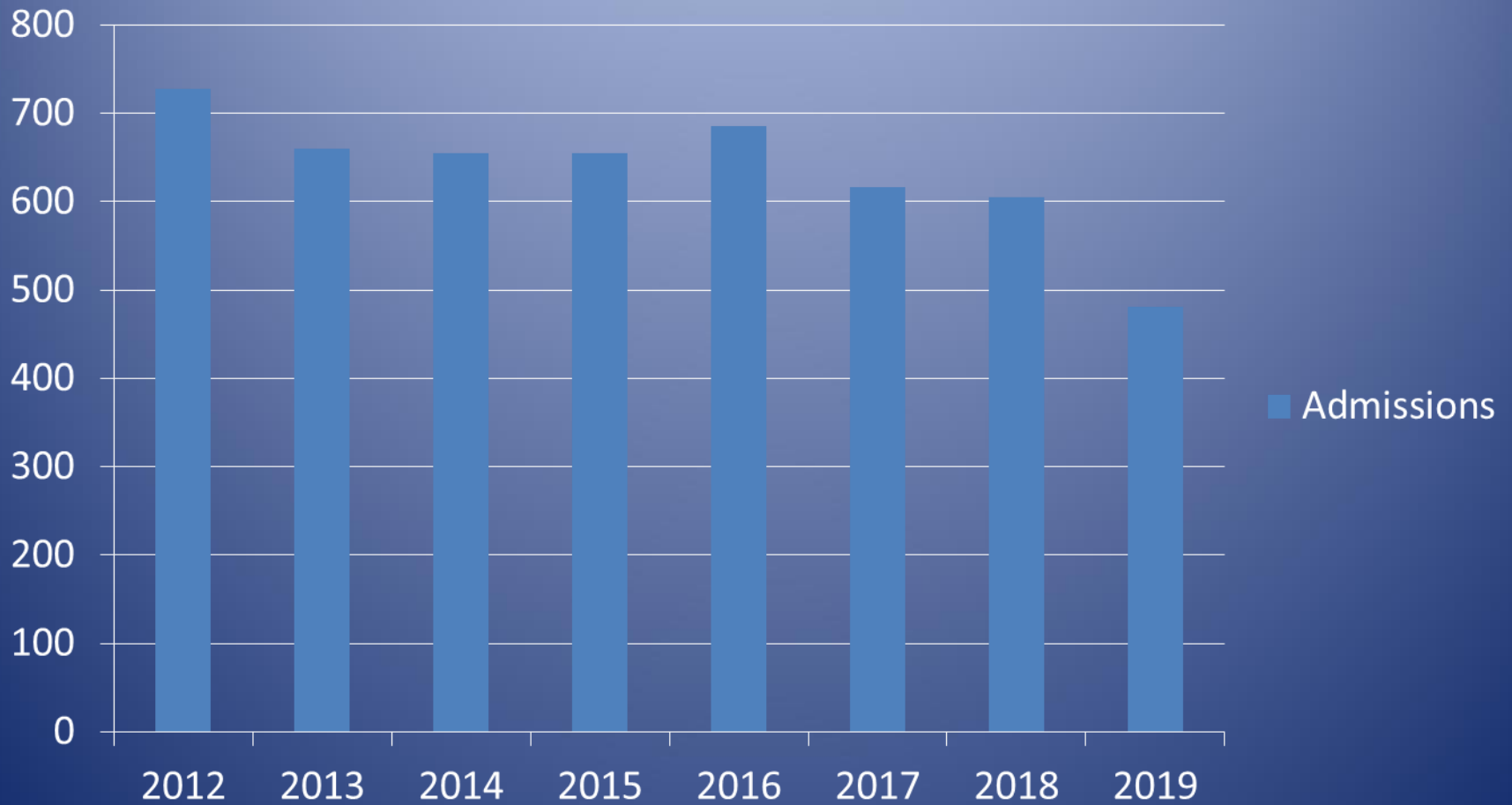


# COPD update

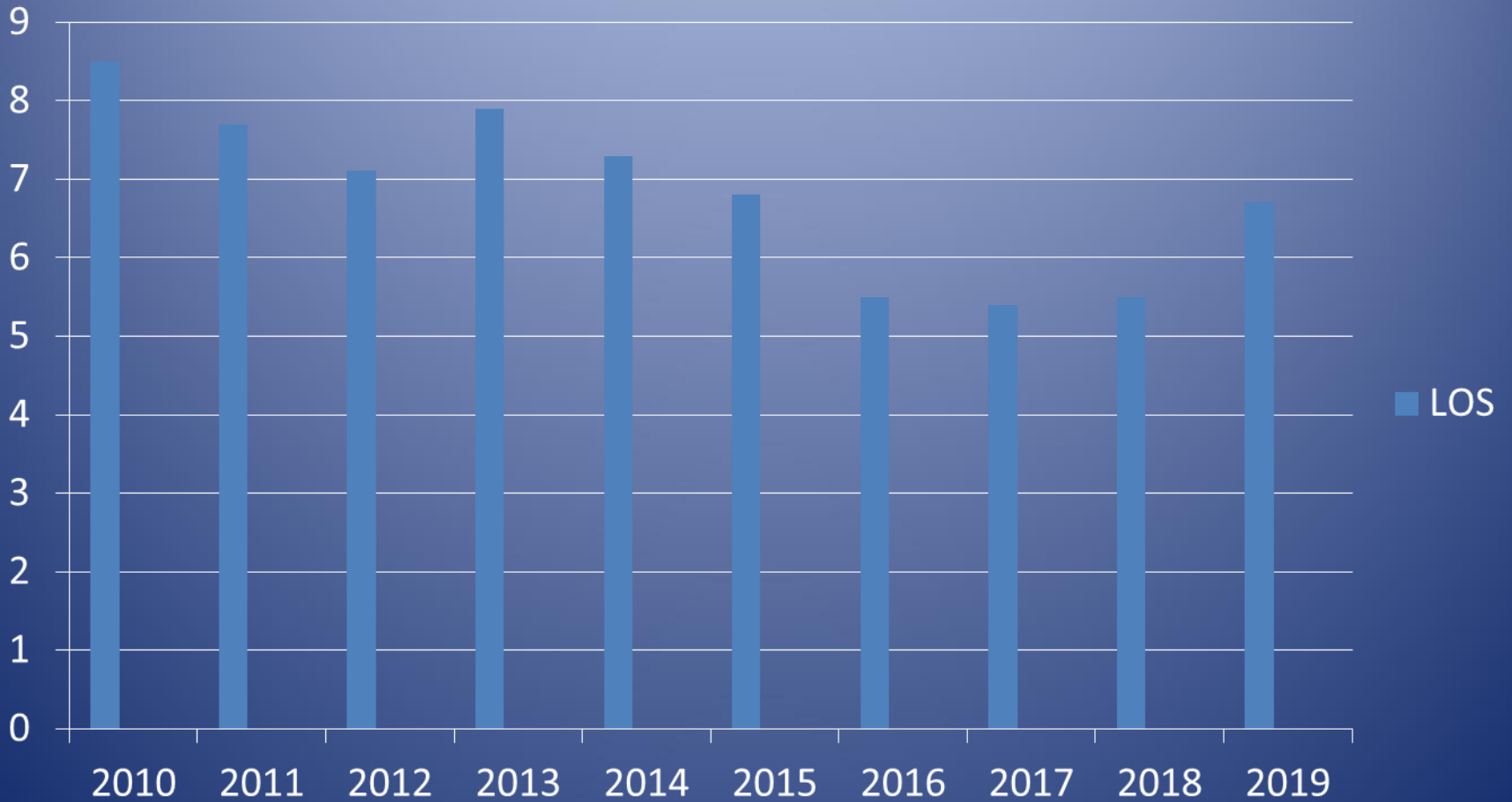
Rosh Siva

Consultant in Respiratory medicine

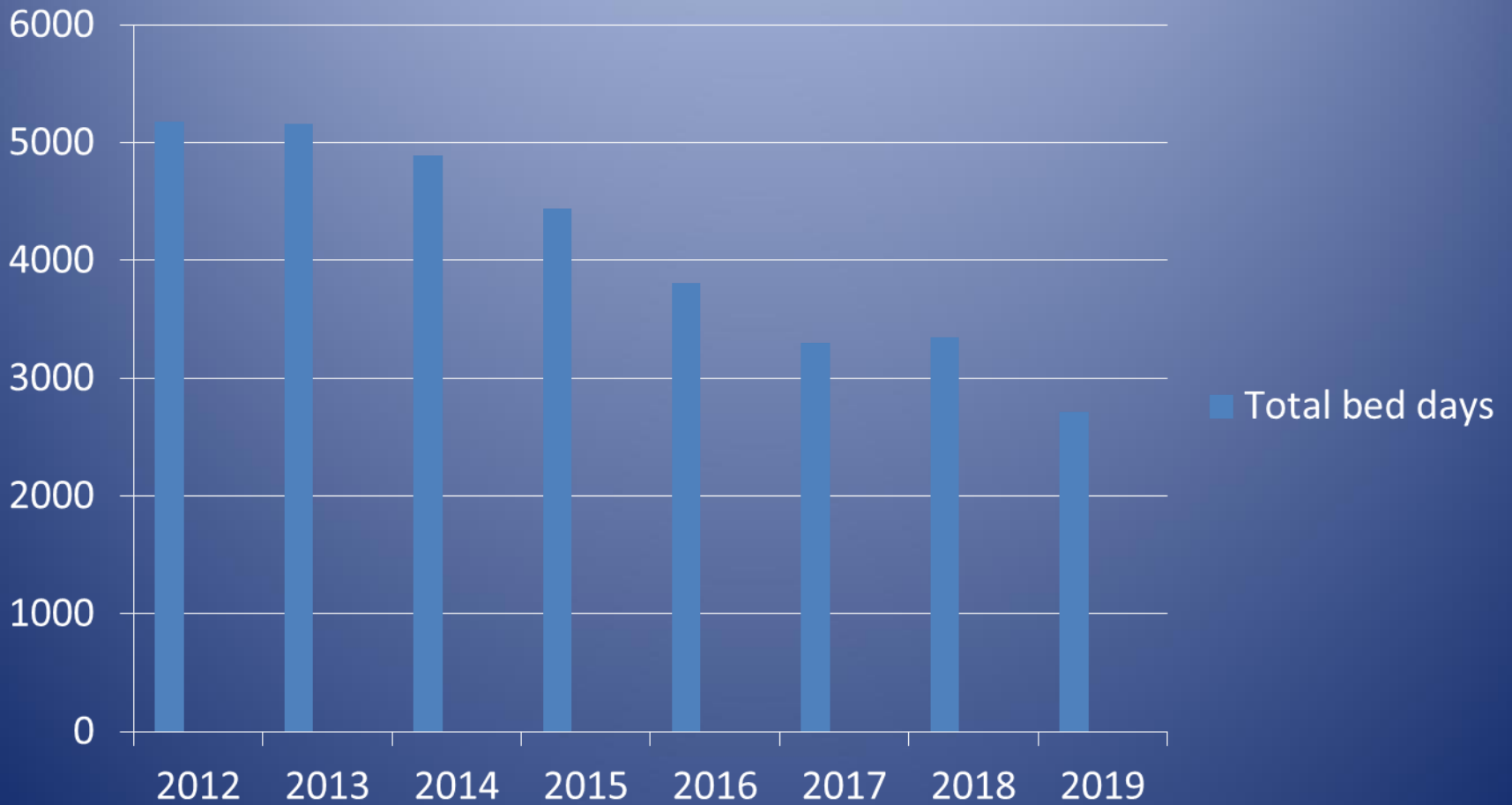
# Hospital admissions with Exacerbations of COPD



## Average Hospital length of stay for exacerbation of COPD



## Total bed days for exacerbation of COPD



# NICE guidelines

## Chronic obstructive pulmonary disease in over 16s: non-pharmacological management and use of inhaled therapies

Confirmed diagnosis of COPD

### 1. Fundamentals of COPD care

- Offer treatment and support to stop smoking
- Offer pneumococcal and influenza vaccinations
- Offer pulmonary rehabilitation if indicated
- Co-develop a personalised self-management plan
- Optimise treatment for comorbidities

These treatments and plans should be revisited at every review

Start inhaled therapies only if:

- all the above interventions have been offered (if appropriate), and
- inhaled therapies are needed to relieve breathlessness or reduce exacerbations

For ALL inhaled therapies:

- train people in correct inhaler technique
- review medication and assess inhaler technique and adherence regularly throughout treatment

### 2. Inhaled therapies

Offer SABA or SAMA to use if needed

Person limited by symptoms or has exacerbations despite treatment

No asthmatic features/  
features suggesting  
steroid responsiveness<sup>a</sup>

Offer LABA + LAMA

Person still limited by symptoms

Consider 3-month trial of  
LAMA + LABA + ICS<sup>b</sup>  
Revert if no improvement

Person has continued frequent or severe exacerbations

Asthmatic features/  
features suggesting  
steroid responsiveness<sup>a</sup>

Consider LABA + ICS<sup>b</sup>

Person still limited by symptoms or has exacerbations despite using LABA + ICS

Consider

Offer

LAMA + LABA + ICS<sup>b</sup>

Explore further treatment options if needed (see guideline)

<sup>a</sup> Asthmatic features/features suggesting steroid responsiveness in this context include any previous secure diagnosis of asthma or atopy, a higher blood eosinophil count, substantial variation in FEV1 over time (at least 400 ml) or substantial diurnal variation in peak expiratory flow (at least 20%).

<sup>b</sup> Be aware of an increased risk of side effects (including pneumonia) in people who take ICS.

This is a summary of the recommendations on non-pharmacological management of chronic obstructive pulmonary disease and use of inhaled therapies in people over 16. The guideline also covers diagnosis and other areas of management. See [www.nice.org.uk/guidance/NG115](http://www.nice.org.uk/guidance/NG115)

See the NICE website for information on how we use offer and consider to show strength of recommendations.

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