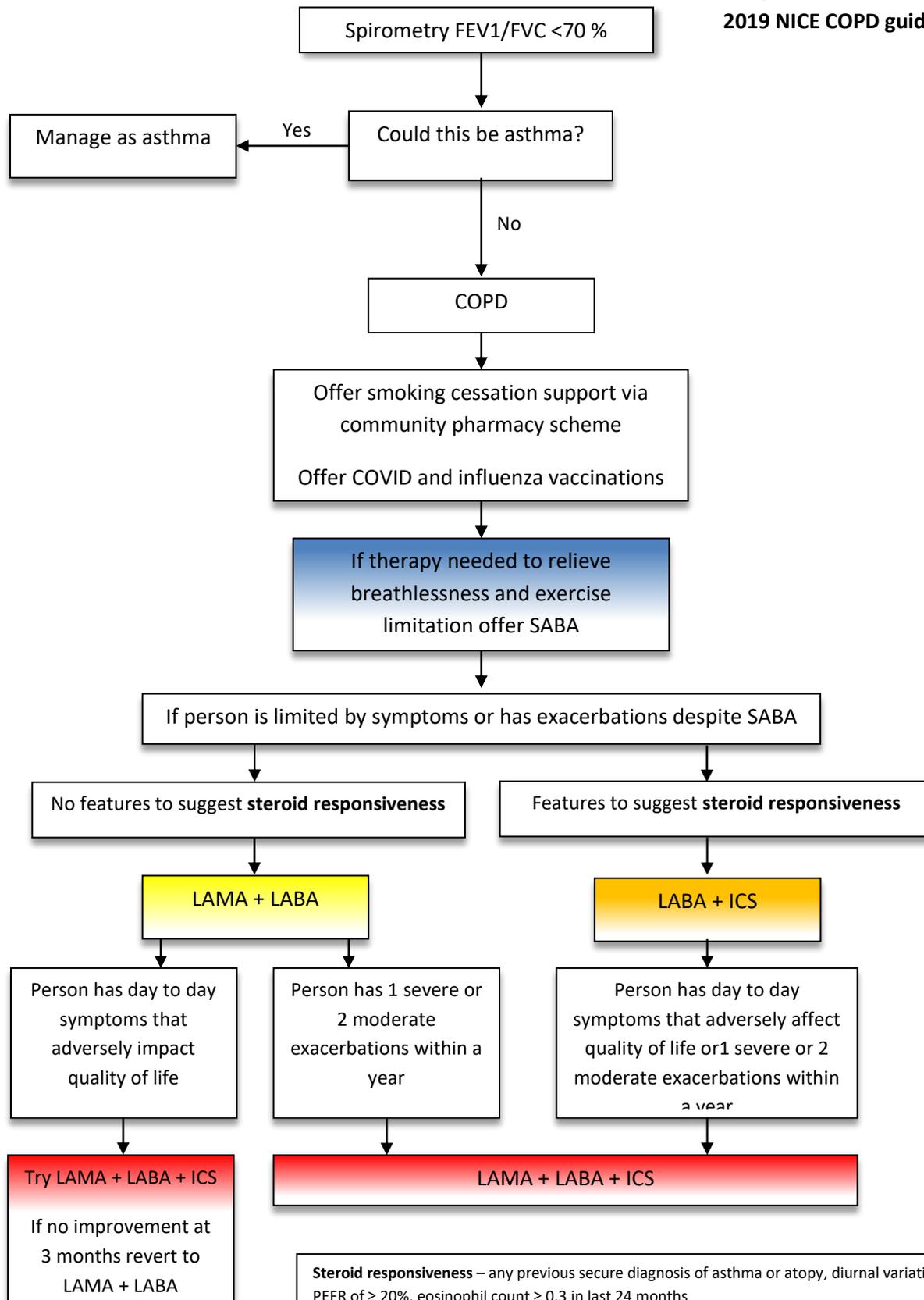


COPD Inhaler Decision Tool

Adapted for local use from
2019 NICE COPD guidelines



Steroid responsiveness – any previous secure diagnosis of asthma or atopy, diurnal variation in PEF of $\geq 20\%$, eosinophil count ≥ 0.3 in last 24 months

ICS – be aware of increased risk of pneumonia in people with COPD who take ICS

COPD Inhaler Decision Tool

Important points

- Choose a device that the patient can use effectively
- Demonstrate and assess technique when prescribing a new device to ensure the patients technique is adequate
- Check concordance and inhaler technique regularly at each visit and before stepping up treatment
- Inhalers must be prescribed using the Trade name (not generically) – you are prescribing a device as well as a drug
- If prescribing a spacer device please prescribe an “Aerochamber” or “Easychamber”

Pulmonary rehabilitation: Consider and discuss pulmonary rehabilitation in any patient with COPD requiring regular inhaled therapy.

Pulmonary rehabilitation relieves dyspnoea and fatigue, improves emotional function, and enhances the sense of control that individuals have over their condition.

Suggested Inhaler options

	Powder		Particle
<u>SABA options</u>	Salbutamol Easyhaler 200mcg one puff PRN		Salbutamol Easibreathe 100mcg 2puffs PRN or Salbutamol MDI 100mcg 2 puffs PRN via spacer
<u>LAMA/LABA options</u>			
	Ultibro Breezhaler 85/43 one puff once daily	Anoro Ellipta 55/22 one puff once daily	Bevespi Aerosphere two puffs twice daily (via aerochamber)
<u>LABA/ICS options</u>			
	Relvar Ellipta 92/22 one puff once daily		Luforbec 100/6 two puffs twice daily (via aerochamber)
<u>LAMA/LABA/ICS options</u>			
	Trimbow Nexthaler 88/5/9 two puffs twice daily	Trelegy Ellipta 92/55/22 one puff once daily	Trimbow 87/5/9 two puffs twice daily (via aerochamber)

Powder inhalers have a much smaller carbon footprint than particle inhalers

All inhalers can be taken to local pharmacies for environmentally friendly disposal