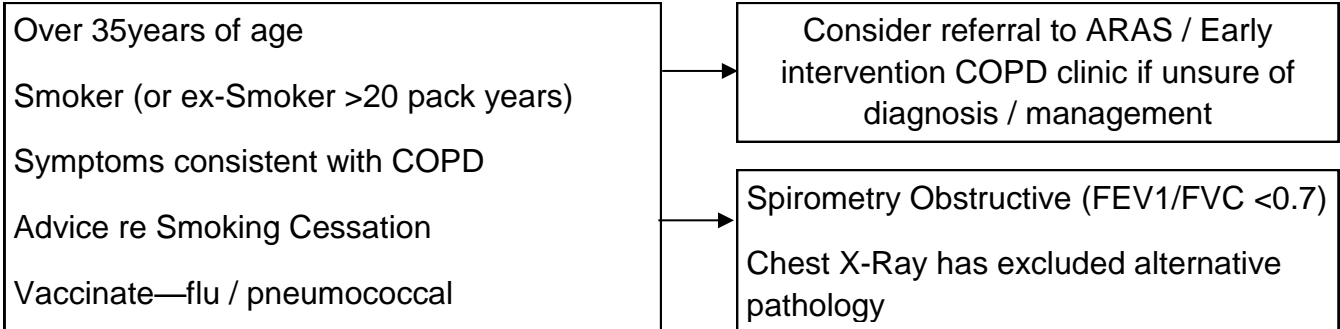


## South Tyneside COPD guidelines



### COPD DIAGNOSED

- **SMOKING CESSATION ADVICE AND ASSISTANCE**
- If MRC breathlessness 3+ refer for Pulmonary Rehabilitation
- Monitor for Anxiety and Depression
- if HADS 11+ refer for CBT: Talking therapies and / or initiate antidepressants
- Signpost to social and community support

**INITIATE TREATMENT: IF STABLE ON REGIME DO NOT CHANGE EMPIRICALLY  
CHECK INHALER TECHNIQUE AT EVERY OPPORTUNITY**

**COPD Assessment Test score 10+ <http://www.catestonline.org>**

<u>Start</u>	Salbutamol 100micrograms Two puffs When Required
<u>If still CAT 10+</u>	Spiolto® Respimat 2.5/2.5 Two puffs Once a day OR Anoro® Ellipta 55/22 One inhalation Once a day

### High Risk (2+ exacerbations or hospital admissions / year)

<u>Start</u>	Salbutamol 100micrograms Two puffs Once a day PLUS Spiolto® Respimat 2.5/2.5 Two puffs Once a day OR Anoro® Ellipta 55/22 One inhalation Once a day
If further exacerbations consider <b>switching</b> maintenance inhalers to:	Trimbow® 87/5/9 Two puffs Twice a day OR Trelegy® Ellipta 92/55/22 One inhalation Once a day

**COMPLETE SELF MANAGEMENT PLAN** and prescribe rescue pack

Consider Mucolytic—only if cough and exacerbating despite maximum treatment; assess after 3 months and stop if not effective. Do not use for acute exacerbations

#### Consider referral to Respiratory Consultant

- Diagnostic uncertainty
- Onset of cor pulmonale
- Hypoxic (Oxygen sats <92% when stable) to consider LTOT
- Age<60 ET<100m or rapid decline—considering transplant / surgery
- Consideration of Roflumilast / Azithromycin

#### Acute Respiratory Assessment Service (ARAS)

Telephone 0191 404 1062  
Fax: 0191 202 2166

#### Refer to ARAS If:

- 2+ exacerbations/year despite treatment
- Considering nebulised bronchodilators (should not be started in community)

Patient interested in being involved in clinical trials? Contact Judith Moore, Clinical Trials Officer

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