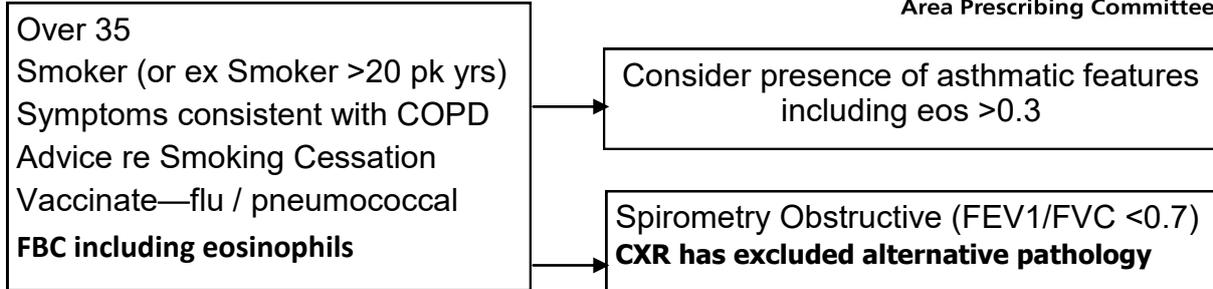


Guideline for the treatment of COPD (RS3)

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Approved by	South Tyneside and Sunderland Area Prescribing Committee and relevant groups / committees within stakeholder organisations
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STS Joint COPD guidelines

South Tyneside and Sunderland
Area Prescribing Committee



Do not proceed to pharmacotherapy unless patient has undertaken formal SMOKING CESSATION ADVICE AND ASSISTANCE

CHECK INHALER TECHNIQUE AT EVERY OPPORTUNITY

If MRC breathlessness 3+ refer for Pulmonary Rehabilitation

Monitor and treat Anxiety and Depression

BMI—if <20 refer for dietary assessment. If >30 refer to weight loss services

Start: Salbutamol 100microg 2 puffs prn

IF STABLE ON TREATMENT REGIME DO NOT CHANGE EMPIRICALLY

COPD with NO Asthmatic features and no Exacerbations	
<u>If breathless</u>	<i>Spiolto Respimat 2.5/2.5 2 puffs once daily Or Anoro 55/22 1 puff once daily</i>
<u>If still breathless</u>	<i>3/12 trial of Trimbow 87/5/9 2 puffs bd or Trelegy 92/55/22 1 puff once daily</i>
Measure response to treatment; CAT score (http://www.catestonline.org)	
COPD with Exacerbations but NO Asthmatic features	
<i>Spiolto Respimat 2.5/2.5 2 puffs once daily Or Anoro 55/22 1 puff once daily</i>	
If further exacerbations consider stopping previous maintenance inhalers and:	
<u>Start</u>	<i>Trimbow 87/5/9 2 puffs twice daily Or Trelegy 92/55/22 1 puff once daily</i>
Consider	Carbocisteine 750mg tds
COPD with Asthmatic features	
<u>Start</u>	<i>Fostair 100/6 2 puffs bd or Relvar 92/22 1 puff once daily</i>
If exacerbations consider stopping previous maintenance inhalers and:	
<u>Start</u>	<i>Trimbow 87/5/9 2 puffs bd Or Trelegy 92/55/22 1 puff once daily</i>
If exacerbations: Complete SELF MANAGEMENT PLAN and prescribe rescue pack containing oral corticosteroids and antibiotics according to local formulary advice	

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

If 2+ exacerbations/yr despite treatment refer to ARAS

Refer to ARAS if considering nebulised bronchodilators (should not be started in community)

If a patient is interested in being involved in clinical trials please contact Judith Moore, Clinical Trials Officer Tel: 0191 4041000 Ex 2263 Fax:0191 451 4002