TREATMENT GUIDELINES

(Prescribe by Brand)

Wye Valley NHS

NHS Herefordshire

Device options below are not listed by order of preference. Choose a device the patient can use and will adhere to.

DRUG CLASS	LAMA	LABA	LABA/LAMA	LABA/ICS	LABA/LAMA/ICS
Gold / Device	A	A	B C D	D	D
Ellipta (DPI) 	**Incruse** 55 mcg OD Umeclidinium	N/A	**Anoro** 55/22mcg OD Vilanterol/ Umeclidinium	**Relvar** 92/22mcg OD Vilanterol/ Fluticasone/Furoate	**Trelegy** 92/55/22mcg OD Fluticasone/ Umeclidinium/Vilanterol.
Breezehaler(DPI) 	**Seebri** 44mcg OD Glycopyrronium	**Onbrez** 150mcg OD Indacaterol	**Ultibro** 85/43mcg OD Indacaterol/ Glycopyrronium	N/A	N/A
Turbohaler(DPI) 	N/A	N/A	N/A	**Symbicort** 200/6mcg 2 BD or 400/12mcg 1 BD Budesonide/formoterol	N/A
DuoResp Spiromax (DPI) 				**DuoResp** 160/4.5mcg 2 BD or 320/9mcg 1 BD Budesonide/Formoterol	N/A
Nexthaler(DPI) 	N/A	N/A	N/A	**Fostair** 100/6mcg 2 BD Formoterol/Beclomethasone	N/A
Easyhaler (DPI) 	N/A	**Formoterol Easyhaler** 12mcg BD	N/A	N/A	N/A
Respimat (MDI) 	**Spiriva** 2.5mcg 2 OD Tiotropium	**Striverdi** 2.5mcg 2 OD Olodaterol	**Spiolto** 2.5/2.5mcg 2 OD Olodaterol/ Tiotropium	N/A	N/A
Zonda (DPI) 	**Braltus** 10mcg OD Tiotropium	N/A	N/A	N/A	N/A
MDI 	N/A	**Atimos** 12mcg BD Formoterol	N/A	**Fostair** 100/6mcg 2 BD Formoterol/ Beclomethasone	**Trimbow** 87/5/9 mcg 2 BD Beclomethasone/ Formoterol/ Glycopyrronium

mMRC dyspnoea score	
mMRC Score	Description of breathlessness
0	I only get breathless with strenuous exercise
1	I get short of breath when hurrying on level ground or walking up a slight hill
2	On level ground I walk slower than people of the same age because of breathlessness, or have to stop for breath when walking at my own pace. Consider Pulmonary Rehabilitation
3	I stop for breath after walking about 100 metres or after a few minutes on level ground. Consider Pulmonary Rehabilitation
4	I am too breathless to leave the house or I am breathless when dressing. Consider Pulmonary Rehabilitation.

COPD Assessment Test (CAT) Score between 0 (normal) and 40 (very high impact level).		
	Score (0-5)	
I never cough	0-1-2-3-4-5	I cough all the time
I have no phlegm (mucous) in my chest at all	0-1-2-3-4-5	My chest is completely full of phlegm (mucous)
My chest does not feel tight at all	0-1-2-3-4-5	My chest feels very tight
When I walk up a hill or one flight of stairs I am not breathless	0-1-2-3-4-5	When I walk up a hill or one flight of stairs I am very breathless
I am not limited doing any activities at home	0-1-2-3-4-5	I am very limited doing activities at home
I am confident leaving my home despite my lung condition	0-1-2-3-4-5	I am not at all confident leaving my home because of my lung condition
I sleep soundly	0-1-2-3-4-5	I don't sleep soundly because of my lung condition
I have lots of energy	0-1-2-3-4-5	I have no energy at all

Management Of Stable Chronic Obstructive Pulmonary Disease
COPD Treatment Guidelines

NHS Herefordshire

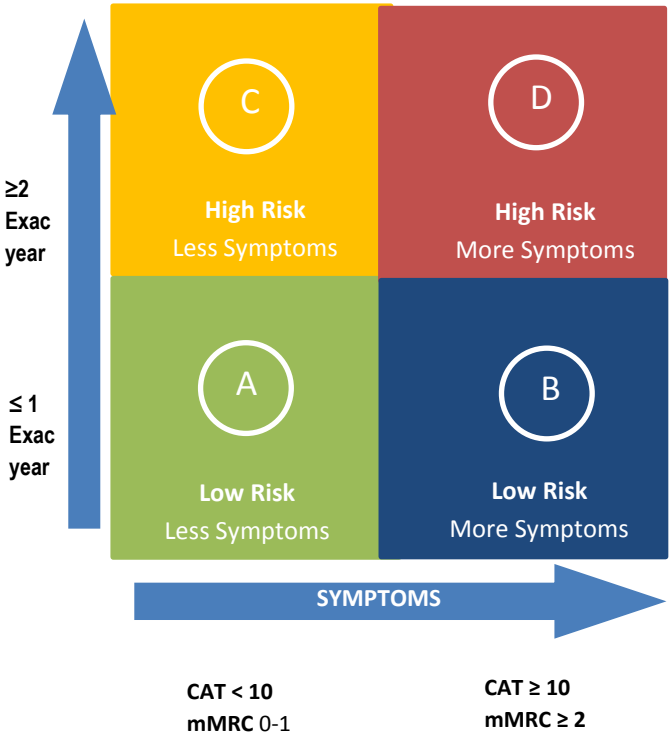
Review Points for Patient Management

- Smoking cessation is the **only** intervention that reduces the decline of lung function in COPD. Encourage ALL patients to stop smoking
- Be aware of the potential risk of side effects (including non-fatal pneumonia) in people with COPD treated with inhaled corticosteroids
- Offer Pneumococcal vaccination and annual influenza vaccination as recommended by NICE
- Ensure all patients have a **personal management plan** which details recognition of exacerbations, their primary point of contact for advice, & information on managing stable COPD
- Assess & manage other commonly recognised COPD co-morbidities such as ischaemic heart disease, heart failure, anxiety & depression
- Patients with mMRC dyspnoea score of ≥2, who are functionally limited by breathlessness (on walking <200m), **should be referred for pulmonary rehabilitation**
- Low threshold for CXR if change in symptoms persists.

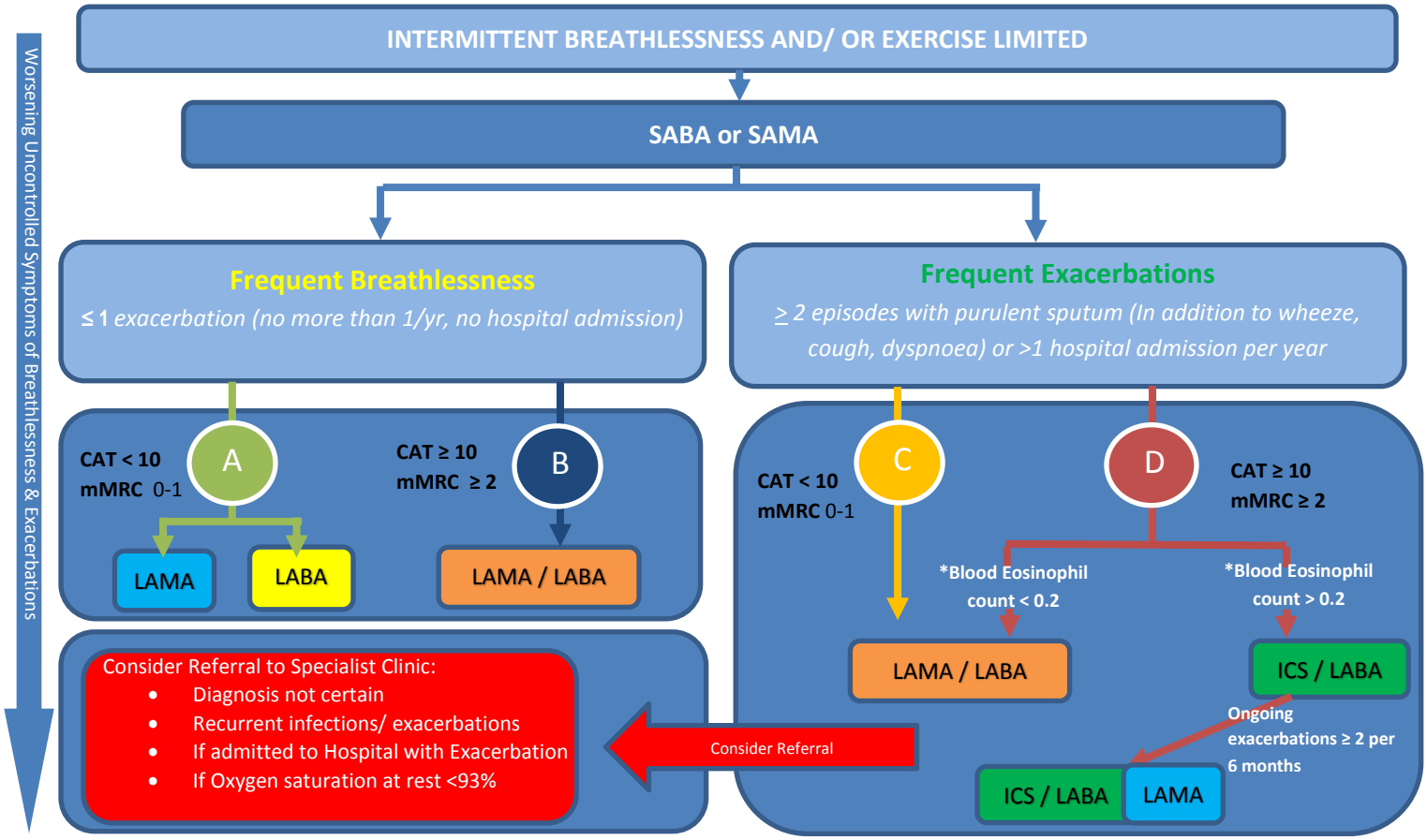
Review Points for Prescribing

- Prescribe by BRAND to ensure correct device dispensed and continuity
- Only make prescribing changes at face to face patient review
- Rescue packs provided where appropriate
- Consider patient factors, device & technique; DPIs require deep and fast inhalation whilst MDIs require slow coordinated inhalation or use of spacer
- Review and document patient inhaler device technique & training regularly & at least annually
- If patient compliance /technique is good with a device, use same device if possible for any additional inhaled therapy required
- **If additional inhaler therapy leads to no benefit after 3 months then stop**
- Patient adherence is more important than drug or device choice.

Adapted from GOLD 2017



COPD Treatment Algorithm



***References:** Pavord ID *et al. Thorax* 2016 ; 71:118 -125 and Online Supplement, Siddiqui S et al. Am J Respir Crit Care Med 2015; 192(4):523-525, Watz H et al. *Lancet Respir Med*. Published online 7 April 2016, Pascoe S *et al. Lancet Resp Med* 2015; 3(6):435-442, Dransfield MT. *et al. Lancet Lancet Respir Med* 2013;1: 210–23

Author: Dr Aled Phillips

October 2017