

Also available in digital format

The All Wales COPD Management and Prescribing Guideline

CORE PRINCIPLES

People aged over 35 years who present with one or more features from the COPD likelihood checklist should have post-bronchodilator spirometry.
Once diagnosis is confirmed, start with high-value interventions, including smoking cessation, flu vaccination, pulmonary rehabilitation and, where appropriate, oxygen therapy.
Inhaled therapy is prescribed according to the patient's phenotype.

STEP 1 INFORMATION: ASSESSMENT

1 COPD likelihood Checklist

Perform investigations

- Post-bronchodilator spirometry
- Chest X-ray (CXR)
- Full Blood Count (FBC)
- Oxygen Sats (SpO₂)
- α-1 anti-trypsin (if family history of emphysema)

1 Red Flag Symptoms

Red Flag Symptoms

- Persistent cough in a smoker
- Haemoptysis
- Chest pain
- Unexplained weight loss
- Clubbing in a smoker
- Abnormal CXR

STEP 4 INFORMATION: PRESCRIBE

1 Phenotype 1

COPD with predominant breathlessness
Dyspnoea with less than 2 exacerbations per year

1 Phenotype 2

COPD with Exacerbation (+/- Breathlessness)
Two or more exacerbations per year

1 Phenotype 3

COPD with asthma overlap (ACOS)
Evidence of significant symptomatic or lung function response to steroids (oral or inhaled). Blood eosinophil counts >0.3

- ACOS: Asthma COPD overlap syndrome
- CXR: Chest X-ray
- DPI: Dry Powder Inhaler
- GWP: Global warming potential
- FBC: Full Blood Count
- ICS: Inhaled Corticosteroid
- LABA: Long-acting Beta₂ Agonist
- LAMA: Long Acting Muscarinic Antagonist
- LLN: Lower limit of normal
- MDI: Metered Dose Inhaler
- SABA: Short-acting Beta₂ Agonist
- SpO₂: Oxygen Sats
- OD: Once daily
- BD: Twice a day

- Low global warming potential
- High global warming potential



STEP 1: ASSESSMENT

COPD likelihood checklist

- Smoking history (>20 pack years)
- Other exposures (Pollution, biomass fuel burning, other noxious fume exposure)
- Exertional breathlessness
- Chronic cough
- Regular sputum production
- Frequent winter 'bronchitis'
- Wheeze
- Ankle swelling

Any red flag symptoms?

Perform CXR and refer as urgent suspected cancer

STEP 2: DIAGNOSIS

Post-bronchodilator
FEV1/FVC ratio <LLN

STEP 3: REFER

- Vaccination
- Flu
- COVID
- Pneumococcal
- Exercise, education & pulmonary rehabilitation
- Smoking cessation therapy if required
- Referral for oxygen assessment if SpO₂ is <93% and not smoking
- Dietary advice
Refer if low or high BMI

STEP 4: PRESCRIBE

From the list of inhalers provided, choose the most suitable for the patient, considering inspiratory flow and inhaler technique. Choose a dry powder inhaler preferentially to reduce the carbon footprint, unless the patient cannot use one.

Phenotype 1	Phenotype 2	Phenotype 3
<p>Prescribe LABA + LAMA</p> <p>Review exacerbation frequency regularly, and escalate to Phenotype 2 if ≥2 exacerbations/year</p>	<p>Prescribe Triple therapy (stop other preventer inhalers)</p> <p>If continued exacerbations or breathlessness, review adherence, inhaler technique, and consider referral (see below)</p>	<p>Prescribe Triple therapy (stop other preventer inhalers)</p> <p>If poorly controlled asthma symptoms, refer to the All Wales Asthma Management guidelines (step 4) - consider MART plus LAMA</p>

STEP 5: REVIEW

Review annually if COPD is well controlled

Poorly controlled?	Manage exacerbations
<p>Consider:</p> <ul style="list-style-type: none"> • Inhaler technique • Non-pharmacological interventions • Smoking status <p>If symptoms worsen, consider referral</p>	<ul style="list-style-type: none"> • Prescribe a SABA • Prescribe prednisolone (30-40mg once a day for 5 days) • Prescribe antibiotic if increased sputum purulence, volume and breathlessness

Find out more here

COPDhub

Get your patients to download the COPD App



DID YOU KNOW?

NHS Wales has set a target to reduce the proportion of high global warming potential (GWP) inhalers from more than 70% to less than 20% by 2025

PRESCRIBE A DPI PREFERENTIALLY UNLESS THE PATIENT CANNOT USE ONE

Learn more here



STEP 4 INFORMATION: PRESCRIBE

1 Prescribe a (LABA + LAMA) Below are options in this category

<p>Duaklir Genuair 340/12 1 dose BD Forceful and deep</p>	<p>Ultibro Breezhaler 85/43 1 dose OD Forceful and deep</p>	<p>Anoro Ellipta 55/22 1 dose OD Forceful and deep</p>
<p>Spiolto Respimat 2.5/2.5 2 doses OD Gentle and deep</p>	<p>Bevespi Aerosphere 7.2/5 2 doses BD via spacer Gentle and deep via spacer</p>	

Ensure patient can use device. All MDIs must be used with a spacer

1 Prescribe triple therapy (ICS + LABA + LAMA) Below are options in this category

<p>Trelegy Ellipta 92/55/22 1 dose OD Forceful and deep</p>	<p>Trimbow NEXThaler 88/5/9 2 dose BD Forceful and deep</p>
<p>Trimbow MDI 87/5/9 2 doses BD via spacer Gentle and deep via spacer</p>	<p>Trixeo Aerosphere 5/7.2/160 2 doses BD via spacer Gentle & deep via spacer</p>

Ensure patient can use device. All MDIs must be used with a spacer

1 Manage Exacerbations Prescribe a SABA Below are options in this category

<p>Salbutamol 100mcg Easyhaler PRN Forceful and deep</p>	<p>Ventolin Accuhaler 200mcg PRN Forceful and deep</p>	<p>Salamol 100mcg MDI via spacer PRN Gentle and deep via spacer</p>
---	---	--

Ensure patient can use device. All MDIs must be used with a spacer