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## 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 (SpO<sub>2</sub>)
- 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 Beta<sub>2</sub> Agonist  
**LAMA:** Long Acting Muscarinic Antagonist  
**LLN:** Lower limit of normal  
**MDI:** Metered Dose Inhaler  
**SABA:** Short-acting Beta<sub>2</sub> Agonist  
**SpO<sub>2</sub>:** Oxygen Sats  
**OD:** Once daily  
**BD:** Twice a day

Low global warming potential  
 High global warming potential



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*

**Duaklir  
Genuair  
340/12  
1 dose BD**  
*Forceful and deep*



**Ultibro  
Breezhaler 85/43  
1 dose OD**  
*Forceful and deep*



**Anoro  
Ellipta  
55/22  
1 dose OD**  
*Forceful and deep*



**Spiolto Respimat  
2.5/2.5  
2 doses OD**  
*Gentle and deep*



**Bevespi Aerosphere  
7.2/5 2 doses BD  
via spacer**  
*Gentle and deep via spacer*



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*

**Trelegy Ellipta  
92/55/22  
1 dose OD**  
*Forceful and deep*



**Trimbow NEXThaler  
88/5/9  
2 dose BD**  
*Forceful and deep*



**Trimbow MDI  
87/5/9 2 doses  
BD via spacer**  
*Gentle and deep via spacer*



**Trixeo Aerosphere  
5/7.2/160  
2 doses BD via spacer**  
*Gentle & deep via spacer*



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*

**Salbutamol  
100mcg  
Easyhaler  
PRN**  
*Forceful and deep*



**Ventolin  
Accuhaler  
200mcg  
PRN**  
*Forceful and deep*



**Salamol  
100mcg MDI  
via spacer  
PRN**  
*Gentle and deep via spacer*



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

### 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 SpO<sub>2</sub> 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

**Prescribe  
LABA + LAMA**

Review exacerbation frequency regularly, and escalate to Phenotype 2 if ≥2 exacerbations/year

**Prescribe Triple therapy**  
(stop other preventer inhalers)

If continued exacerbations or breathlessness, review adherence, inhaler technique, and consider referral (see below)

**Prescribe Triple therapy**  
(stop other preventer inhalers)

If poorly controlled asthma symptoms, refer to the All Wales Asthma Management guidelines (step 4) - consider MART plus LAMA

### STEP 5: REVIEW

*Review annually if COPD is well controlled*

#### Poorly controlled?

##### Consider:

- Inhaler technique
- Non-pharmacological interventions
- Smoking status

**If symptoms worsen, consider referral**

#### Manage exacerbations

- Prescribe a SABA
- Prescribe prednisolone (30-40mg once a day for 5 days)
- Prescribe antibiotic if increased sputum purulence, volume and breathlessness

