Confirmed diagnosis of COPD

Fundamentals of COPD care:

- Offer treatment and support to **stop smoking**
- Offer **pneumococcal** and **influenza vaccinations**
- Offer **pulmonary rehabilitation** if indicated
- Co-develop a personalised **self-management plan**
- Optimise treatment for **co-morbidities**

These treatments and plans should be revisited at every review

Start **inhaled therapies** only if:

- all the above interventions have been offered (if appropriate), and
- inhaled therapies are needed to relieve breathlessness and exercise limitation, and
- people have been trained to use inhalers and can demonstrate satisfactory technique

Review medication and assess inhaler technique and adherence regularly for all inhaled therapies

Offer SABA or SAMA to use as needed

If the person is limited by symptoms or has exacerbations despite treatment:

No asthmatic features or features suggesting steroid responsiveness[a]

Offer LABA + LAMA

Person has day-to-day symptoms that adversely impact quality of life

Consider 3-month trial of LABA + LAMA + ICS[b,c]

If no improvement, revert to LABA + LAMA

Person has 1 severe or 2 moderate exacerbations within a year

Consider LABA + LAMA + ICS[b,c]

Asthmatic features or features suggesting steroid responsiveness[a]

Consider LABA + ICS[b]

Person has day-to-day symptoms that adversely impact quality of life, or has 1 severe or 2 moderate exacerbations within a year

Offer LABA + LAMA + ICS[b,c]

Explore further treatment options if still limited by breathlessness or subject to frequent exacerbations (see guideline for more details)

a. Asthmatic features/features suggesting steroid responsiveness in this context include any previous secure diagnosis of asthma or atopy, a higher blood eosinophil count, substantial variation in FEV_1 over time (at least 400 ml) or substantial diurnal variation in peak expiratory flow (at least 20%).

b. Be aware of an increased risk of side effects (including pneumonia) in people who take ICS.

c. Document in clinical records the reason for continuing ICS treatment.

COPD=chronic obstructive pulmonary disease; SABA=short-acting $beta_2$-agonist; SAMA=short-acting muscarinic antagonist; LABA=long-acting $beta_2$-agonist; LAMA=long-acting muscarinic antagonist; ICS=inhaled corticosteroids; FEV_1=forced expiratory volume in 1 second

This is a summary of the recommendations on non-pharmacological management of chronic obstructive pulmonary disease and use of inhaled therapies in people over 16. The guideline also covers diagnosis and other areas of management (see www.nice.org.uk/guidance/NG115)