

## Sunderland CCG COPD Management Guidelines

**IT IS ESSENTIAL THAT MANAGEMENT IS HOLISTIC AND DOES NOT FOCUS SOLELY ON INHALER THERAPY.**

**The most cost-effective interventions in COPD are:**

- **Stop smoking support with pharmacotherapy**
- **Flu vaccination**
- **Pulmonary rehabilitation**

**Referral information – see Map of Medicines or call:**  
 Pulmonary rehab: **0191 5252374**  
 IAPT breathlessness clinic: **0191 566 5454 (self-referral)**  
 Home oxygen assessment: **0845 600 8768**  
 Community respiratory nurse specialist: **0191 525 2377**

### DIAGNOSIS

- Quality assured spirometry (FEV1/FVC ratio <0.7 or lower limit of normal) AND an appropriate history.
- Assessment includes chest x-ray, full blood count, and measurement of body mass index (BMI)
- Think asthma if: smoking history < 10 pack years, wheeze, atopy, early onset and symptom variability and high eosinophil counts (≥0.3). These factors may support the use of inhaled corticosteroids across all groups.

### INTERVENTIONS

<b>VACCINATIONS</b>	Offer pneumococcal vaccination and an annual influenza vaccination to all patients
<b>SMOKING CESSATION</b>	Offer referral for all COPD patients who smoke.
<b>PULMONARY REHABILITATION</b>	Offer referral to pulmonary rehabilitation to all patients including at diagnosis
<b>EXERCISE</b>	Encourage all patients to maintain/ increase daily activity.
<b>IDENTIFY AND TREAT CO-MORBIDITIES</b>	<ul style="list-style-type: none"> <li>• Anxiety and depression are common, affect quality of life and are drivers for admission. Consider referral to IAPT breathlessness clinic.</li> <li>• High risk for lung cancer (weight loss, haemoptysis, change in cough)</li> <li>• Cardiac disease is common, including cor pulmonale (IHD, heart failure)</li> <li>• Anaemia</li> <li>• Bronchiectasis</li> <li>• Frequent oral corticosteroids may cause metabolic disease and osteoporosis</li> </ul>
<b>DIET</b>	Discuss diet if BMI > 25kg/m <sup>2</sup> , or dietitian referral if <20kg/m <sup>2</sup>

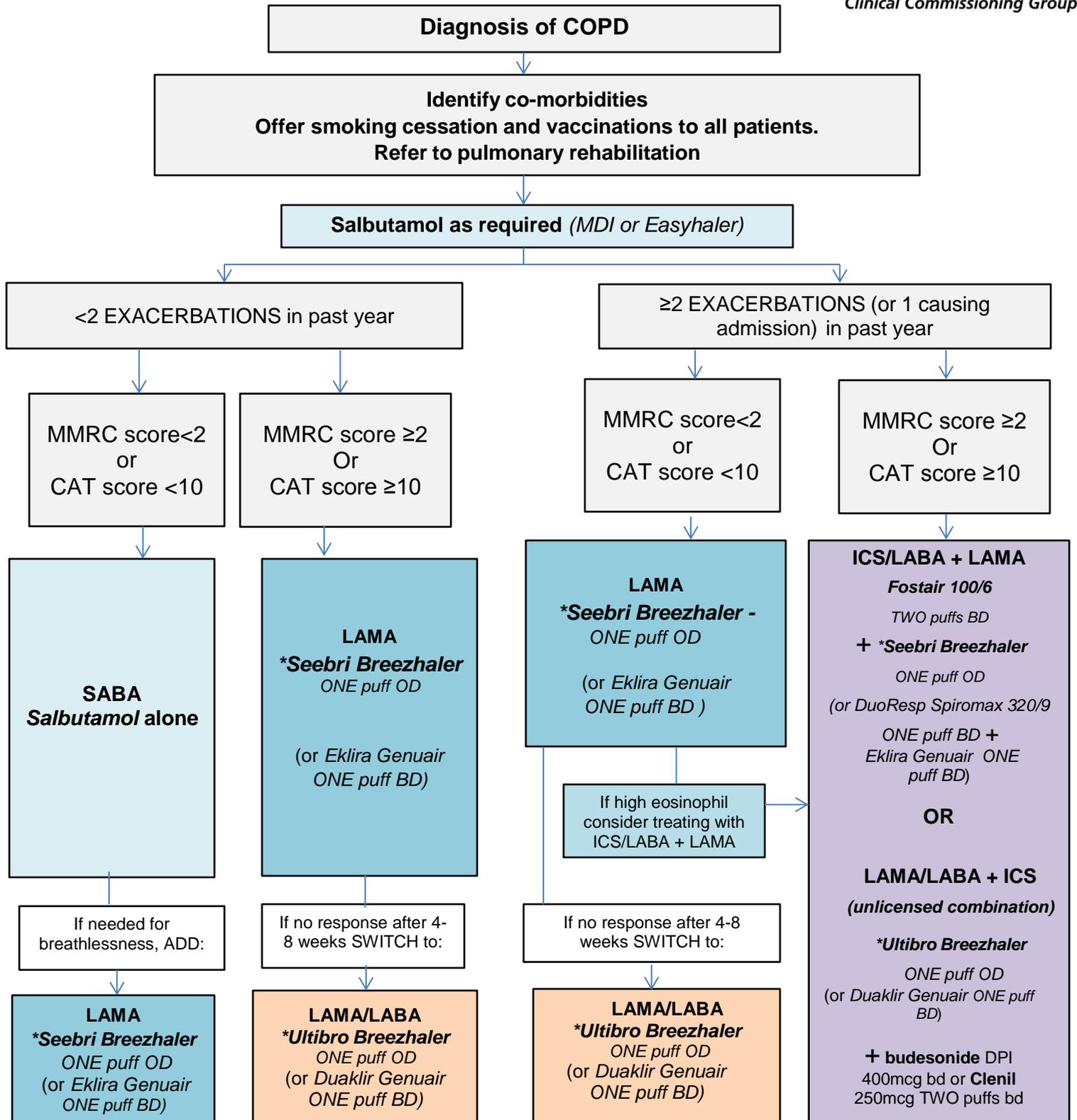
### TREATMENT OF COPD EXACERBATIONS:

- Prednisolone 30mg for 7 days, and antibiotics if purulent sputum. Use 5 days of doxycycline or amoxicillin first line. Consider co-amoxiclav for severe COPD or co-morbidities; and as second line.
- Patients with co-existent bronchiectasis may require 10 to 14 days of antibiotics.
- Sputum cultures may be helpful in patients who are not responding to usual therapy but are not routinely required.
- Ensure you have a system in place for monitoring use of rescue medicine packs.

### REVIEW

- Smoking cessation, pulmonary rehabilitation (patient videos available online at: <https://www.ahsn-nenc.org.uk/programmes/respiratory-care/pulmonary-rehab/>), IAPT (anxiety and breathlessness), vaccinations, and self- management plan. If on oral steroids, consider osteoporosis, blood glucose, blood pressure and cataracts.
- Tailor the inhaler device to the patient and check inhaler technique at every opportunity.
- Monitor spirometry, oxygen saturations, breathlessness (MRC score), change in BMI, and health related quality of life using CAT score, and assess for clinical signs of cor pulmonale (such as ankle oedema).
- Refer for home oxygen assessment if oxygen saturations <92% at rest in a clinically stable patient.
- Productive cough? Trial **carbocisteine** for 6 weeks. This can be done at any stage in the patients disease progression. Reduce to maintenance dose if effective; STOP if ineffective. If large sputum volumes consider bronchiectasis and refer for respiratory opinion and / or CT scan.

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\*In instances where patients are unable to use a DPI, the respimat device may be used

LAMA	Spiriva respimat	TWO puffs OD
LAMA/LABA	Spiolto respimat	TWO puffs OD

**Prescribe all inhalers (except salbutamol) by brand name to ensure consistency of inhaler device.**  
For further information on COPD treatment, see map of medicine.

Modified MRC Dyspnoea Scale	
0	Not troubled by breathless except on strenuous exercise
1	Short of breath when hurrying on a level or walking up a slight hill
2	Walks slower than people of same age on the level due to breathlessness, or has to stop for breath when walking at own pace on the level
3	Stops for breath after walking 100m, or after a few minutes on the level
4	Too breathless to leave the house, or breathless when dressing/undressing