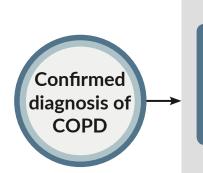
Chronic obstructive pulmonary disease in over 16s: non-pharmacological management and use of inhaled therapies



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 comorbidities

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 or exercise limitation

Inhaled therapies Offer SABA or SAMA to use if needed Person still breathless or has exacerbations despite treatment? No asthmatic features/features Asthmatic features/features suggesting steroid responsiveness* suggesting steroid responsiveness* Offer LABA + LAMA Consider LABA + ICS Person still breathless or has For ALL inhaled therapies: exacerbations despite Train people in correct further treatment? inhaler technique, and review medication and

Explore further treatment options if needed (see guideline)

^{*}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 FEV1 over time (at least 400 ml) or substantial diurnal variation in peak expiratory flow (at least 20%)



assess inhaler technique

and adherence regularly

Offer LAMA + LABA + ICS