

Also available in digital format

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



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: 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 1 INFORMATION: ASSESSMENT**

**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)

**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**

**Phenotype 1**

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

**Phenotype 2**

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

**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

**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**

<p><b>Phenotype 1</b></p> <p>Prescribe LABA + LAMA</p> <p>If continued breathlessness that limits daily activities Check inhaler technique, response and adherence</p>	<p><b>Phenotype 2</b></p> <p>Prescribe LABA + LAMA</p> <p>If continued exacerbations or breathlessness Check inhaler technique, response and adherence</p>	<p><b>Phenotype 3</b></p> <p>Prescribe LABA + ICS</p> <p>If continued exacerbations or breathlessness or symptoms of poor control of asthma Check inhaler technique, response and adherence</p>
--	--	---

If symptoms are stable follow up and if symptoms are worsening continue pathway

<p>Prescribe Triple therapy</p> <p>If continued exacerbations or breathlessness Check inhaler technique, response and adherence</p>	<p>Prescribe Triple therapy</p> <p>If continued exacerbations or breathlessness or symptoms of poor control of ACOS Check inhaler technique, response and adherence</p>
---	---

**STEP 5: REVIEW**

Review annually if COPD is well controlled

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

**STEP 4 INFORMATION: PRESCRIBE**

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

<p><b>Duaklir Genuair</b> 340/12 1 dose BD Forceful and deep</p>	<p><b>Ultibro Breezhaler</b> 85/43 1 dose OD Forceful and deep</p>	<p><b>Anoro Ellipta</b> 55/22 1 dose OD Forceful and deep</p>
<p><b>Spiolto Respimat</b> 2.5/2.5 2 doses OD Gentle and deep</p>	<p><b>Bevespi Aerosphere</b> 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 an (ICS + LABA)**  
Below are options in this category

<p><b>Fobumix easyhaler</b> 320/9 1 dose BD Forceful and deep</p>	<p><b>Relvar ellipta</b> 92/22 1 dose OD Forceful and deep Check licensed indications</p>	<p><b>Symbicort turbohaler</b> 400/12 1 dose BD Forceful and deep</p>
<p><b>Fostair NEXThaler</b> 100/6 2 doses BD Forceful and deep</p>	<p><b>DuoResp Spiromax</b> 160/4.5 2 doses BD Forceful and deep</p>	<p><b>Fostair MDI</b> 100/6 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**  
Below are options in this category

<p><b>Trelegy Ellipta</b> 92/55/22 1 dose OD Forceful and deep</p>	<p><b>Trimbow NEXThaler</b> 88/5/9 2 dose BD Forceful and deep</p>
<p><b>Trimbow MDI</b> 87/5/9 2 doses BD via spacer Gentle and deep via spacer</p>	<p><b>Trixeo Aerosphere</b> 5/7.2/160 2 doses BD via spacer Gentle &amp; 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><b>Salbutamol</b> 100mcg Easyhaler PRN Forceful and deep</p>	<p><b>Salamol</b> 100mcg MDI via spacer PRN Gentle and deep via spacer</p>	<p><b>Salamol Easi-Breathe</b> 100mcg PRN Gentle and deep</p>
---	--	---

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

- 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

