

Joint Northwest London Hospitals Trust, Brent and Harrow PCT Guidelines for Management of Stable Chronic Obstructive Pulmonary Disease

Definition: Chronic Obstructive Pulmonary Disease is characterised by airflow obstruction. The airflow obstruction is usually progressive, not fully reversible and does not change markedly over several months. The disease is predominantly caused by smoking.

Diagnosis: Think of the diagnosis of COPD for patients who are:

- over 35
- smoker or ex-smokers
- have any of these symptoms: exertional breathlessness, chronic cough, regular sputum production, frequent winter “bronchitis”, wheeze, and
- no clinical features of asthma.

Perform spirometry if COPD seems likely. **Airflow obstruction is defined as FEV1/FVC <0.7 and FEV1 <80% predicted.** Spirometric reversibility testing is not usually necessary as part of the diagnostic process or to plan initial therapy.

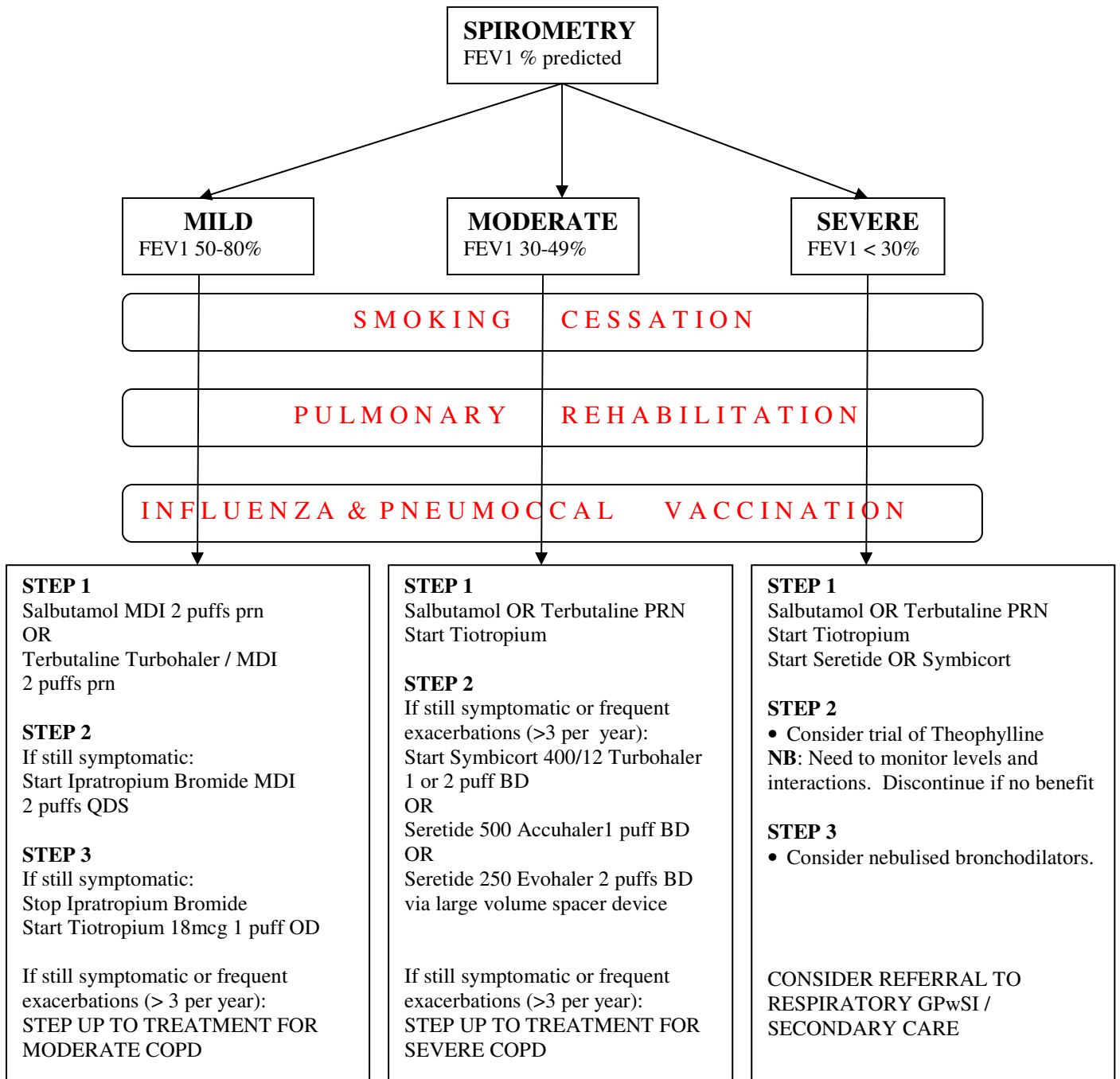
Management of Stable COPD

Patients with COPD should have access to a wide range of skills available from a multidisciplinary team. Assess symptoms/problems and manage as described below

Smoking	<ul style="list-style-type: none"> • Offer help to stop smoking at every opportunity. • Refer to Stop Smoking Service. • Combine pharmacotherapy (NRT, Bupropion, or Varenicline) with appropriate support
Breathlessness and Exercise Limitation	<ul style="list-style-type: none"> • Offer pulmonary rehabilitation to all patients who consider themselves functionally disabled (i.e. having to stop to catch their breath whilst walking on a flat at their usual pace) • Assess need for social services or occupational therapy referral if with impaired ability to undertake activities of daily living.
Frequent Exacerbations	<ul style="list-style-type: none"> • Offer annual influenza vaccination and pneumococcal vaccination • Give self-management advice, if appropriate (self-initiating antibiotics and/or short-course high dose oral steroid therapy)
Respiratory Failure or Cor Pulmonale i.e. persistent hypoxaemia and / or swollen ankles	<ul style="list-style-type: none"> • Monitor oxygen saturation levels, if less than 90% on Air on 2 or more occasions – refer to respiratory specialist for possible oxygen therapy assessment or nocturnal non-invasive ventilation • Assess need for diuretics.
Abnormal BMI	<ul style="list-style-type: none"> • Refer for dietetic advice. • Give nutritional supplements if the BMI is low.
Chronic Productive Cough	<ul style="list-style-type: none"> • Consider trial of mucolytic therapy, continue if symptomatic improvement • Excessive chronic sputum production may require investigating, and referral to respiratory physiotherapy
Anxiety and Depression	<ul style="list-style-type: none"> • Assess need for anxiolytics or antidepressants especially for those who are most physically disabled or housebound. Treat with conventional pharmacotherapy. Assess need for social services or occupational therapy referral.
Palliative Care	<ul style="list-style-type: none"> • Discuss prognosis with patients and family members for those with end stage disease, especially those requiring domiciliary non-invasive ventilation or those with frequent severe exacerbations requiring hospital admission. • Benzodiazepines, tricyclic antidepressants, major tranquilisers, or opioids should be used when appropriate to palliative breathlessness. • Refer to Palliative Care Services as appropriate

SEE OVERLEAF FOR DRUG CHOICES

Therapeutic Drug Management for Stable COPD



- Mucolytics can be trialled in patients with problematical sputum production – discontinue if no benefit after 4 weeks
- Antidepressants can be trialled in patients who present with symptoms of depression – discontinue if no benefit

- Consider referral to Respiratory GPwSI for worsening symptoms despite treatment, frequent exacerbations, new onset of heart failure, or uncertain diagnosis
- Consider referral to Secondary Care for Severe COPD, uncertain diagnosis, LTOT/ Oxygen assessment, Cor Pulmonale, domiciliary NIV

- All prescriptions should be reviewed at least yearly and discontinued if showing no benefit

Please Refer to BTS / NICE COPD Guidelines for more information