

STEPWISE MANAGEMENT OF STABLE CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

	MILD	MODERATE	SEVERE
Typical symptoms	<ul style="list-style-type: none"> few symptoms breathless on moderate exertion recurrent chest infections little or no effect on daily activities 	<ul style="list-style-type: none"> breathless walking on level ground increasing limitation of daily activities cough and sputum production exacerbations requiring oral corticosteroids and/or antibiotics 	<ul style="list-style-type: none"> breathless on minimal exertion daily activities severely curtailed experiencing regular sputum production chronic cough exacerbations of increasing frequency and severity
Typical lung function	FEV ₁ ≈ 60-80% predicted	FEV ₁ ≈ 40-59% predicted	FEV ₁ < 40% predicted
Non-pharmacological interventions	RISK REDUCTION Check smoking status, support smoking cessation, recommend annual influenza vaccine and pneumococcal vaccine according to immunisation handbook		
	OPTIMISE FUNCTION Encourage regular exercise and physical activity, review nutrition, provide education, develop GP management plan and written COPD action plan (and initiate regular review)		
	CONSIDER CO-MORBIDITIES especially cardiovascular disease, anxiety, depression, lung cancer and osteoporosis		
	REFER symptomatic patients to pulmonary rehabilitation		
		Consider oxygen therapy for hypoxaemia, surgery, bronchoscopic interventions, palliative care services and advanced care planning	
Stepwise pharmacological interventions (inhaled medicines)*	START with short-acting relievers: (used as needed)		
	SABA (short-acting beta ₂ -agonist) OR SAMA (short-acting muscarinic antagonist)		
	ADD long-acting bronchodilators:	LAMA (long-acting muscarinic antagonist) OR LABA (long-acting beta ₂ -agonist) Single inhaler dual therapy (LAMA/LABA) may be suitable	
		CONSIDER adding ICS (inhaled corticosteroids) FEV ₁ ≤50% predicted AND ≥two exacerbations in last 12 months AND significant symptoms despite LAMA and LABA therapy*	ICS/LABA and LAMA Single inhaler triple therapy (ICS/LAMA/LABA) may be suitable
Assess and optimise inhaler device technique at each visit			

REFER PATIENTS TO LUNG FOUNDATION AUSTRALIA FOR INFORMATION AND SUPPORT - FREECALL 1800 654 301

Lung Foundation Australia has a range of resources to promote understanding of COPD and assist with management.

Based on The COPD-X Plan: Australian and New Zealand Guidelines for the Management of COPD and COPD-X Concise Guide for Primary Care

*Refer to PBS criteria: www.pbs.gov.au

Register at www.copdx.org.au to receive an alert when the COPD-X Guidelines are updated



1800 654 301 | Lungfoundation.com.au

Green tick indicates therapies that can be used together

		SABA	SAMA	LAMA	LABA	LABA/LAMA	ICS/LABA	ICS/LAMA/LABA
SABA	• salbutamol (Ventolin™, Airomir™, Asmol™) • terbutaline (Bricanyl™)	✓	✓	✓	✓	✓	✓	✓
SAMA	• ipratropium (Atrovent™)	✓	✓	✓	✓	✓	✓	✓
LAMA	• tiotropium (Spiriva™) • glycopyrronium (Seebri™) • aclidinium (Bretaris™) • umeclidinium (Incruse™)	✓	✓	✓	✓	✓	✓	✓
LABA	• salmeterol (Serevent™) • formoterol (Oxis™, Foradile™)	✓	✓	✓	✓	✓	✓	✓
LABA/LAMA	• indacaterol/glycopyrronium (Ultibro™) • umeclidinium/vilanterol (Anoro™) • tiotropium/olodaterol (Spiolto™) • aclidinium/formoterol (Brimica™)	✓	✓	✓	✓	✓	✓	✓
ICS/LABA	• fluticasone propionate/salmeterol (Seretide™) • fluticasone propionate/salmeterol (SalplusF™/Cipla™) • budesonide/formoterol (Symbicort™) • budesonide/formoterol (DuoResp™) • fluticasone furoate/vilanterol (Breo™)	✓	✓	✓	✓	✓	✓	✓
ICS/LAMA/LABA	• fluticasone furoate/umeclidinium/vilanterol (Trelegy™)	✓	✓	✓	✓	✓	✓	✓

Relievers

SABA: Short-acting beta₂-agonists



Ventolin® MDI salbutamol



Asmol® MDI salbutamol



Airomir® Autohaler® salbutamol



Bricanyl® Turbuhaler® terbutaline

SAMA: Short-acting muscarinic antagonist



Atrovent® MDI ipratropium

Maintenance

LAMAs: Long-acting muscarinic antagonists



Spiriva® HandiHaler® tiotropium



Spiriva® Respimat® tiotropium



Incruse® Ellipta® umeclidinium



Seebri® Breezhaler® glycopyrronium

LAMA/LABA combinations



Ultibro® Breezhaler® indacaterol/glycopyrronium



Spiolto® Respimat® tiotropium/olodaterol



Anoro® Ellipta® umeclidinium/vilanterol



Brimica® Genuair® acclidinium/formoterol

LABAs: Long-acting beta₂-agonists



Onbrez® Breezhaler® indacaterol



Foradil® Aerolizer® formoterol



Oxis® Turbuhaler® formoterol



Serevent® Accuhaler® salmeterol

ICS/LABA combinations



Bretaris® Genuair® acclidinium



Symbicort® Rapihaler™ budesonide/formoterol



Symbicort® Turbuhaler® budesonide/formoterol

ICS: Inhaled corticosteroids (for patients with COPD and Asthma)



Flixotide® MDI fluticasone propionate



Flixotide® Accuhaler® fluticasone propionate



Alvesco® MDI ciclesonide



Seretide® Accuhaler® fluticasone propionate/salmeterol



Seretide® MDI fluticasone propionate/salmeterol



DuoResp® Spiromax® budesonide/formoterol



Pulmicort® Turbuhaler® budesonide



QVAR® MDI beclomethasone

ICS/LABA combination



Flutiform® MDI fluticasone propionate/formoterol

ICS/LAMA/LABA combination



Trelegy® Ellipta® fluticasone furoate/umeclidinium/vilanterol

Flare Up Medicines

1. Antibiotics (Refer to Therapeutic Guidelines: Antibiotic: www.tg.org.au)
2. Oral steroids (prednisone, prednisolone)

Notes

- Handihaler, Breezhaler and Aerolizer devices require a capsule to be loaded into the device. All other devices are preloaded.
- Where possible, metered dose inhalers (MDI) should be used with a spacer
- ICS monotherapy is not indicated for COPD without co-existing asthma
- **Shaded = PBS listed for asthma only**

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