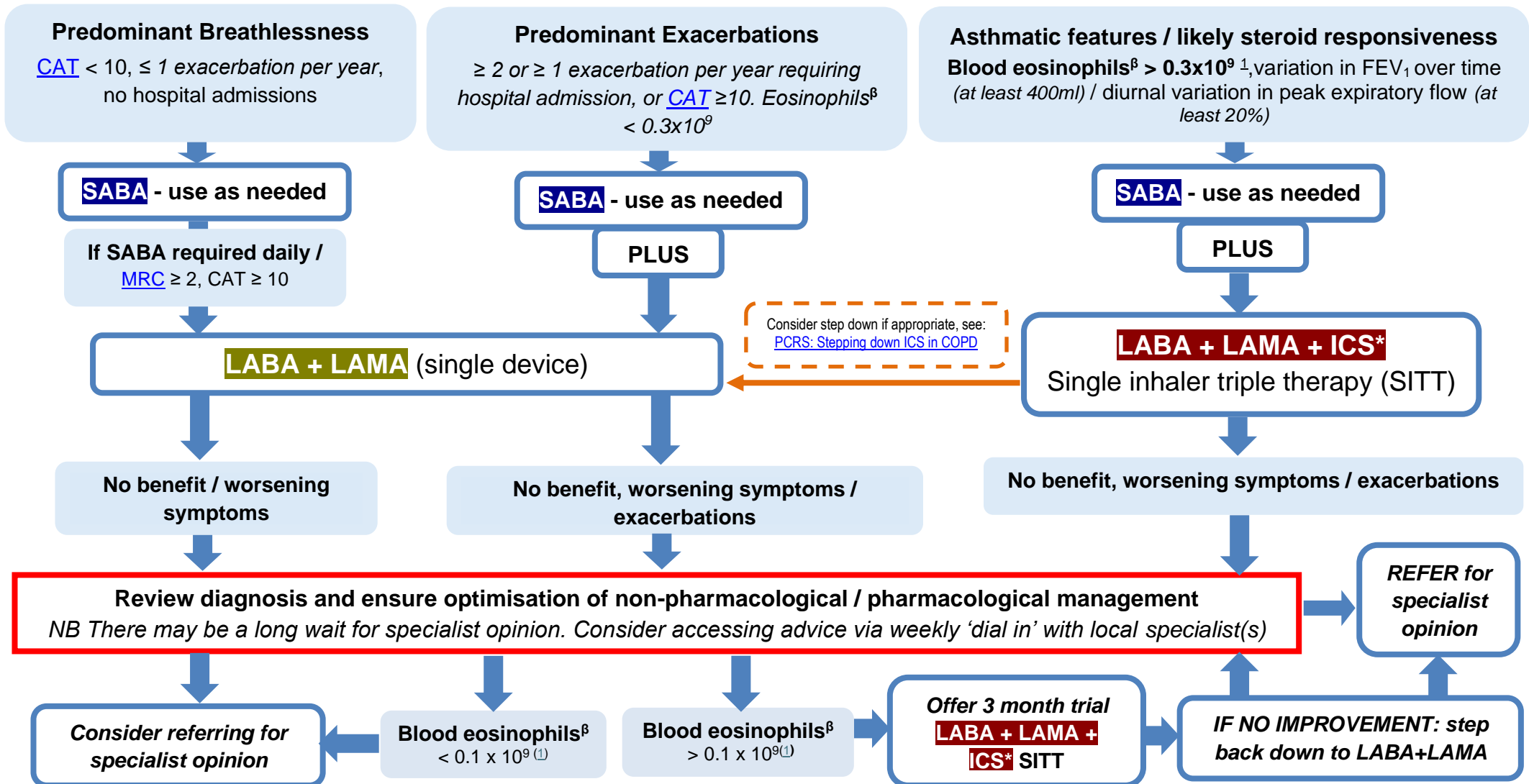


# Norfolk and Waveney COPD Pharmacological Management

Newly diagnosed confirmed by spirometry *Taken from full COPD guideline v4.1 click [here](#)*

**Review** (at least annually): stop smoking, lifestyle, vaccinations, pulmonary rehabilitation, co-morbidities, inhaler technique, [self-management plan](#).



<sup>B</sup>Blood eosinophils: Baseline when patient is well. Levels may vary if the patient is feeling ill / treatment with oral corticosteroids / day to day variation / co-morbidities. Assess historical records.

**SABA:** Short Acting Beta Agonist

**LABA:** Long Acting Beta Agonist

**LAMA:** Long Acting Muscarinic Antagonist

**ICS:** Inhaled Corticosteroid

# COPD: Pharmacological Management – inhalers

See [Norfolk and Waveney NetFormulary](#) & [COPD inhaler types & devices](#) for other inhalers licensed for COPD if those listed below are not appropriate

**Consider the Global Warming Potential of overall management** i.e. aim to reduce / prevent exacerbations and hospital visits, as well as considering inhaler type and adherence (avoid waste). Also see [Greener Respiratory Healthcare \[PCRS\]](#). Dry Powder Inhaler (DPI), Soft Mist Inhaler (SMI), pressurised Metered Dose Inhaler (pMDI)

## SABAs

### DPI



**Easyhaler® salbutamol**

**100mcg two** doses as required

**200mcg one** dose as required



**Ventolin Accuhaler® 200mcg**

(salbutamol)

**One** dose as required



### pMDI\*\*



**Salamol® cfc free 100mcg**

(salbutamol) **two** puffs as required



## LAMA + LABA

### DPI



**#Anoro Ellipta® 55 / 22mcg**

Umeclidinium / vilanterol: **one** dose **once** daily

**Duaklir Genuair® 340 / 12mcg**

Acclidinium / formoterol: **one** dose **twice** a day

**Ultibro Breezhaler® 85 / 43mcg**

Glycopyrronium / indacaterol: **one** dose **once** daily



### SMI



**Spiolto Respimat® 2.5 / 2.5mcg**

Tiotropium / olodaterol: **two** puffs **once** daily

### pMDI\*\*



**#Bevespi Aerosphere® 7.2 / 5mcg**

Glycopyrronium / formoterol: **two** puffs **twice** a day



## ICS\* + LABA + LAMA

### DPI



**Trelegy Ellipta® 92 / 22 / 55mcg**

fluticasone **furoate** / vilanterol /

umeclidinium: **one** dose **once** daily

**Trimbow® NEXThaler 88 / 5 / 9 mcg**

**extra-fine** beclomethasone / formoterol /

glycopyrronium: **two** doses **twice** a day



### pMDI\*\*



**Trimbow® 87 / 5 / 9 mcg**

**extra-fine** beclomethasone / formoterol /

glycopyrronium: **two** puffs **twice** a day

**#Trixeo Aerosphere 160 / 5 / 9mcg**

budesonide / formoterol / glycopyrronium:

**two** puffs **twice** a day



**Mucolytics.** Consider: if chronic sputum producing cough. Trial as acute treatment dose for 4 weeks. **If no improvement: STOP.**

**If effective:** continue with maintenance dose. Consider using in winter months only. **Mucolytics do not prevent exacerbations but may help to reduce the number**

**\*Inhaled Corticosteroids** Long term side effects:

- Osteoporosis – consider fracture risk.
- Diabetes
- Cataracts
- Non-fatal pneumonia – small, but real, increased risk

**# Device consistency preferred when stepping up / down between LAMA / LABA (all £32.50) and ICS / LABA / LABA (all £44.50)**

## Inhalers

- Most suitable device for the patient
- Consistency of device type
- Check technique *at each review*.
- Before changing treatment *always* check adherence.
- Prescribe by brand to reduce risk of dispensing different devices

## LAMAs: cautions

High CV risk, recent MI / arrhythmias, unstable CHD / hospitalisation for heart failure. Angle closure glaucoma. Prostatic hyperplasia. Bladder outflow obstruction. Moderate to severe renal impairment (*increased plasma levels*)

## \*\*Spacers

Use p MDIs with spacers to improve drug delivery

[KM Bulletin 18 Spacers](#) [MIMs online inhaler table](#) [Rightbreathe.com](#)