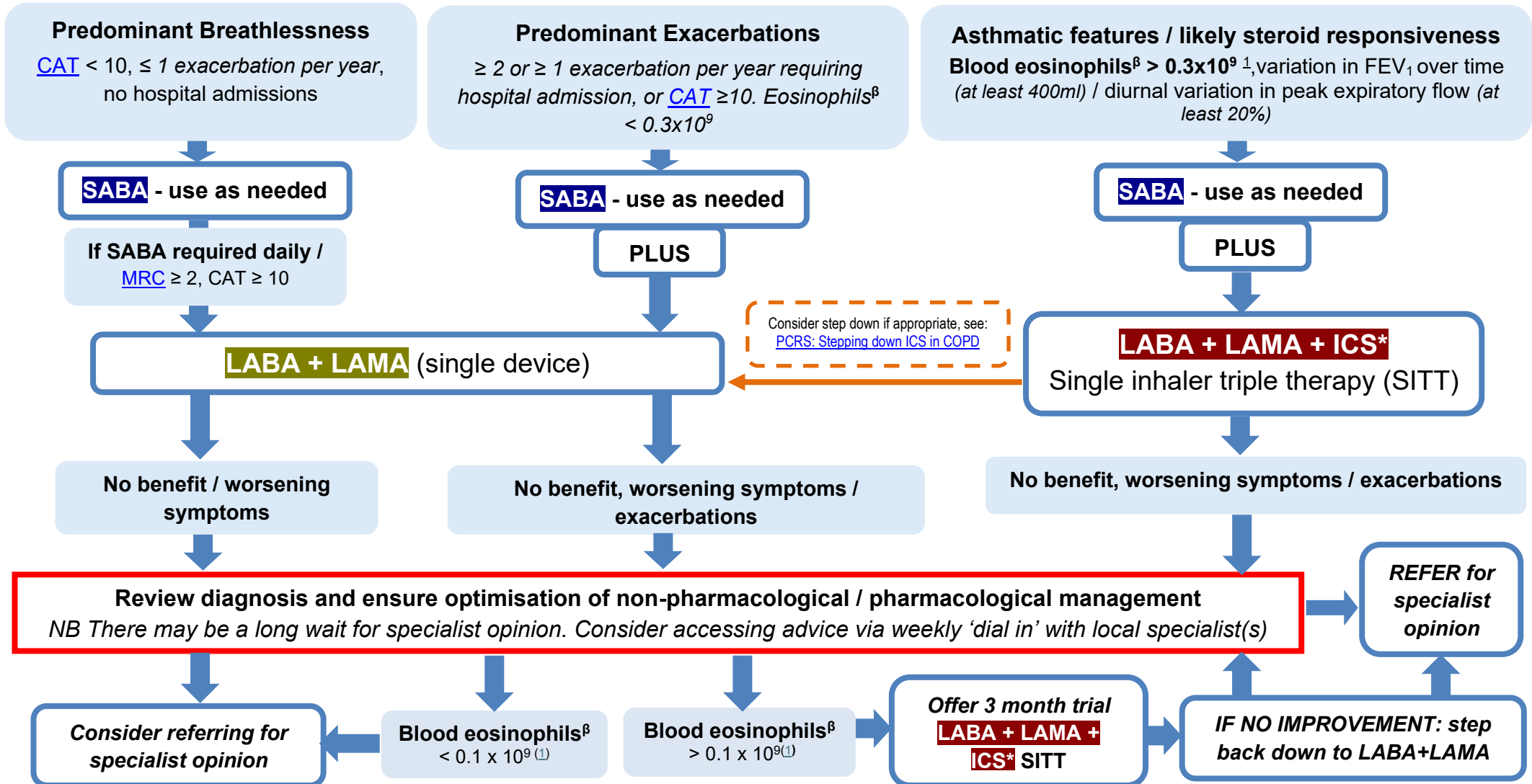


Norfolk and Waveney COPD Pharmacological Management

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](#).



^βBlood 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

Acridinium / 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

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*)

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

**Spacers

Use p MDIs with spacers to improve drug delivery

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