

SUMMARY OF GUIDELINE

For full Guideline please go to website: <http://www.bcguidelines.ca>

Chronic Obstructive Pulmonary Disease (COPD)

Topic	Details												
Diagnosis.....	<ul style="list-style-type: none"> • Test high risk patients using spirometry (smokers and ex-smokers age 40+, persistent cough or sputum, frequent respiratory infections, unexplained dyspnea, CXR suggestive of COPD). • Spirometry results: FEV₁ < 80% and FEV₁ / FVC < 0.7 post-bronchodilator 												
Smoking cessation	Effective strategies exist. Offer interventions to all smokers.												
Education & self management	Includes lifestyle changes, exercise, support groups, rehabilitation programs.												
Immunization.....	Influenza and Pneumococcal vaccines.												
Maintenance pharmacotherapy.....	<table border="1" style="width: 100%; border-collapse: collapse; margin-left: 20px;"> <thead> <tr> <th style="text-align: center;">Stage</th> <th style="text-align: center;">Therapy</th> </tr> </thead> <tbody> <tr> <td>A. First line for symptom control</td> <td>Short-acting β₂-agonist and inhaled anticholinergic</td> </tr> <tr> <td>B. Persistent symptoms</td> <td>Long-acting β₂-agonist</td> </tr> <tr> <td>C. Asthmatic, FEV₁ < 50%, or frequent COPD exacerbations (3+/year)</td> <td>Inhaled corticosteroid</td> </tr> <tr> <td>D. When B. and C. co-exist</td> <td>Combination B. and C. product</td> </tr> <tr> <td>E. Persistent symptoms despite optimal inhaled therapy</td> <td>Theophylline product starting with a 2-3 week therapeutic trial</td> </tr> </tbody> </table>	Stage	Therapy	A. First line for symptom control	Short-acting β ₂ -agonist and inhaled anticholinergic	B. Persistent symptoms	Long-acting β ₂ -agonist	C. Asthmatic, FEV ₁ < 50%, or frequent COPD exacerbations (3+/year)	Inhaled corticosteroid	D. When B. and C. co-exist	Combination B. and C. product	E. Persistent symptoms despite optimal inhaled therapy	Theophylline product starting with a 2-3 week therapeutic trial
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Acute exacerbations	<ul style="list-style-type: none"> • Defined as worsening dyspnea and cough for 48+ hours. • Generally due to infection (bacterial or viral). • Treat with short-acting β₂-agonist, inhaled anticholinergic, oral steroids such as prednisone 25-50 mg OD for 5-10 days, and appropriate antibiotic as necessary. • If accompanied by respiratory failure, it is a medical emergency. Consider consult. 												
Oxygen therapy.....	<ul style="list-style-type: none"> • Goal is PaO₂ ≥ 60 mmHg or O₂ saturation ≥ 90% at rest, on exertion, and during sleep. • Home oxygen may be required. Local health authority guidelines should be accessed. 												
Specialist referral.....	Uncertain diagnosis, severe/recurrent exacerbations, complex comorbidities, young patient with limited smoking history, home oxygen assessment, surgical options.												
Practice management.....	Ideal care includes: identifying patients with COPD, using flow sheets, arranging recall appropriately, reviewing goals of care, and considering comorbidities.												
End of life care	Consider advance planning if required and review periodically.												