

COPD Inhaler Flow Chart

Diagnosis of COPD to Include CXR, Post Bronchodilator, Spirometry, FBC, CRP and Symptoms and history in keeping with COPD														
FEV1 >50% Predicted			FEV1<50% Predicted											
Exacerbations ≤ 2 (Over 12 month Period)			Exacerbations ≥ 2 (Over 12 month Period)											
MRC 1	MRC 2-3		MRC 3-5		Initial Management Salbutamol MDI 2- 10 puffs as required with Aerochamber +LABA/ICS combination depending on patient preference									
<div>STEP UP TREATMENT AS MRC INCREASES</div>			Preference Once Daily or Compliance an issue		Preference Aerosol Inhaler	Preference Fast acting Bronchodilation (2 options)								
			Relvar 92/22 (1 puff od)		Fostair 100/6 MDI With Aerochamber (2 puffs bd)	1. Fostair 100/6 MDI With Aerochamber (2 puffs bd) 2.DuoResp Spiromax 160/4.5 2 puffs bd								
Salbutamol MDI 2- 10 puffs as required with Aerochamber	OPTION 1 (Best for poor cognition or dexterity) Incruse (1 puff od)		Increasing MRC Stop Incruse Start Anoro (1 puff od)		<div>Increasing Exacerbations' or MRC 3-5**</div> <div>Add Incruse (1 puff od)</div>									
	OPTION 2 Seebri (1 puff od)		Increasing MRC Stop Seebri Start Ultibro (1 puff od)											
	<i>If patient preference twice daily</i> Eklira (1 puff bd) <small>*may not be suitable for patients with very severe COPD due to poor inspiratory flow rate</small>	<i>If patient preference aerosol inhaler</i> Tiotropium Respimat (2 puffs od) <small>~See guidance overleaf</small>	<i>If patient preference for twice daily or fast, dual acting bronchodilation</i> Duaklir (1 puff bd) <small>*may not be suitable for patients with very severe COPD due to poor inspiratory flow rate</small>											
<div>If frequency of exacerbations increase then add ICS See 'Increasing Exacerbations' opposite** If symptoms poorly managed on Anoro or Duaklir Genuair then consider adding ICS Consider risk v. Benefit (See over) See 'Increasing Exacerbations' opposite**</div>						<table><tr><th>ICS Benefit</th><th>ICS Risk</th></tr><tr><td>Reduce risk of exacerbation</td><td>Increase risk of serious but non fatal Pneumonia</td></tr><tr><td>LABA/ICS improve health status v. LABA alone though likely non significant improvement</td><td>Increase Oral Candida and skin bruising</td></tr><tr><td></td><td>Associated with increased risk of cataracts, diabetes and osteoporosis but no RCT's corroborate this association</td></tr></table>	ICS Benefit	ICS Risk	Reduce risk of exacerbation	Increase risk of serious but non fatal Pneumonia	LABA/ICS improve health status v. LABA alone though likely non significant improvement	Increase Oral Candida and skin bruising		Associated with increased risk of cataracts, diabetes and osteoporosis but no RCT's corroborate this association
ICS Benefit	ICS Risk													
Reduce risk of exacerbation	Increase risk of serious but non fatal Pneumonia													
LABA/ICS improve health status v. LABA alone though likely non significant improvement	Increase Oral Candida and skin bruising													
	Associated with increased risk of cataracts, diabetes and osteoporosis but no RCT's corroborate this association													