

GOLD classification and management for COPD¹

Exacerbations
in the prior year

Symptoms

FEWER

MORE*

<p>FEWER <2 outpatient</p>	<p>GROUP A</p> <p>Bronchodilator (usually a short-acting beta agonist [SABA] or short-acting antimuscarinic antagonist [SAMA])</p>	<p>GROUP B</p> <p>Long-acting beta agonist (LABA) —OR— Long-acting antimuscarinic antagonist (LAMA)</p>
	<p>GROUP C</p> <p>LAMA ↓ LAMA + LABA</p>	<p>GROUP D</p> <p>LAMA + LABA ↓ LAMA + LABA + inhaled corticosteroid (ICS)</p>

***More symptoms:** mMRC scale² ≥2: e.g., walking slower than people of the same age because of breathlessness or needing to stop for breath on level ground. If possible, asking about symptoms other than breathlessness is recommended (e.g., the COPD Assessment Test [CAT]).³

Alternative treatment options:

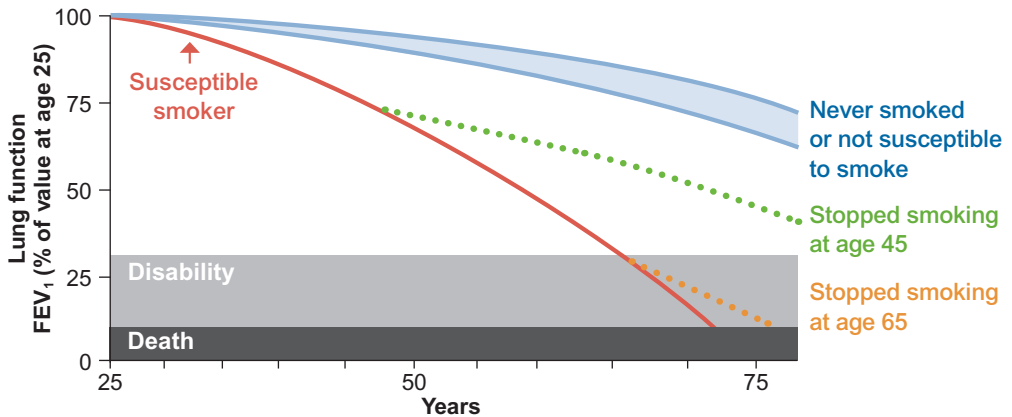
GROUP A	LABA or LAMA
GROUP B	LAMA + LABA
GROUP C	LABA + ICS
GROUP D	LABA + LAMA + ICS + roflumilast, or LABA + LAMA + ICS + azithromycin

(1) Global Initiative for Chronic Obstructive Lung Disease. *Global strategy for the diagnosis, management, and prevention of chronic obstructive pulmonary disease: 2017 Report*. (2) Stenton C. The MRC breathlessness scale. *Occupational medicine* (Oxford, England). 2008;58(3):226-227. (3) Jones PW, Harding G, Berry P, Wiklund I, Chen WH, Kline Leidy N. Development and first validation of the COPD Assessment Test. *Eur Respir J*. 2009;34(3):648-654. (4) Fletcher C, Peto R. The natural history of chronic airflow obstruction. *Br Med J*. 1977;June 25(1(6077)):1645-1648.

Non-pharmacologic interventions for COPD¹

	GROUP A	GROUP B	GROUP C	GROUP D
Smoking cessation	✓	✓	✓	✓
Reduce occupational and environmental exposures	✓	✓	✓	✓
Exercise/physical therapy	✓	✓	✓	✓
Good nutrition	✓	✓	✓	✓
Vaccination	✓	✓	✓	✓
Pulmonary rehabilitation		✓	✓	✓
Pulmonologist referral			✓	✓
Address end-of-life decision making			✓	✓
Consider surgery in select patients				✓

Smoking and decline of lung function in COPD⁴



Counsel patients that quitting smoking can reduce morbidity and mortality at any stage of COPD.



Pharmaceutical Assistance
Contract for the Elderly

Balanced information for better care

These are general recommendations only; specific clinical decisions should be made by the treating physician based on an individual patient's clinical condition. These materials were made possible by the PACE Program of the Department of Aging of the Commonwealth of Pennsylvania. Links to references can be found at AlosaHealth.org.

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