

Guidance to initiate COPD treatment

Daily symptoms and exacerbations in prior year determine initial therapy.¹

	FEWER DAILY SYMPTOMS mMRC 0-1 or CAT <10	MORE DAILY SYMPTOMS mMRC ≥2 or CAT ≥10
FEWER EXACERBATIONS <2 exacerbations (no hospitalizations)	GROUP A Bronchodilator (short-acting or long-acting)	GROUP B LAMA OR LABA
MORE EXACERBATIONS ≥2 exacerbations (or 1 hospitalization)	GROUP C LAMA	GROUP D LAMA OR LABA+LAMA if severe symptoms (e.g., CAT >10) OR LABA+ICS if eosinophils ≥300 cells/μL

Daily symptoms: Usual symptoms at baseline, defined by modified Medical Research Council (mMRC) or COPD Assessment Test (CAT).

Exacerbations: Discrete episodes beyond usual day-to-day variation that require short-term medications for control.

Medications: **LABA:** long-acting beta agonist; **LAMA:** long-acting muscarinic antagonist; **ICS:** inhaled corticosteroid

(1) Global Initiative for Chronic Obstructive Lung Disease. Global strategy for the diagnosis, management, and prevention of chronic obstructive pulmonary disease. 2020 report.



Pharmaceutical Assistance
Contract for the Elderly

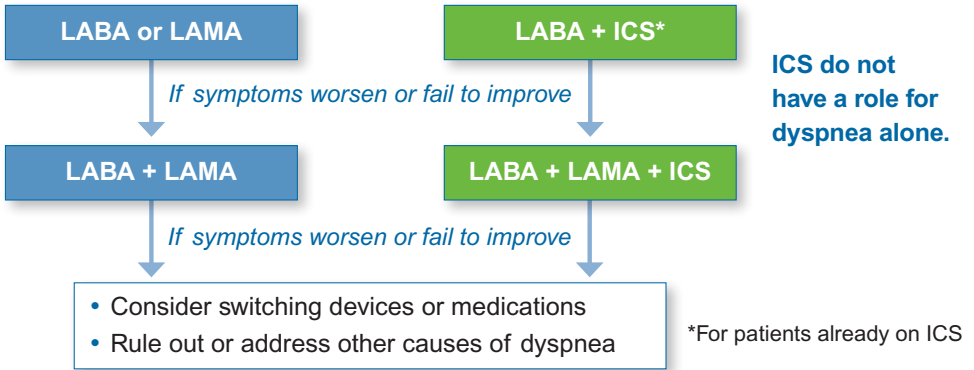
Balanced information for better care

These are general recommendations only; specific clinical decisions should be made by the treating clinician 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](https://www.AlosaHealth.org).

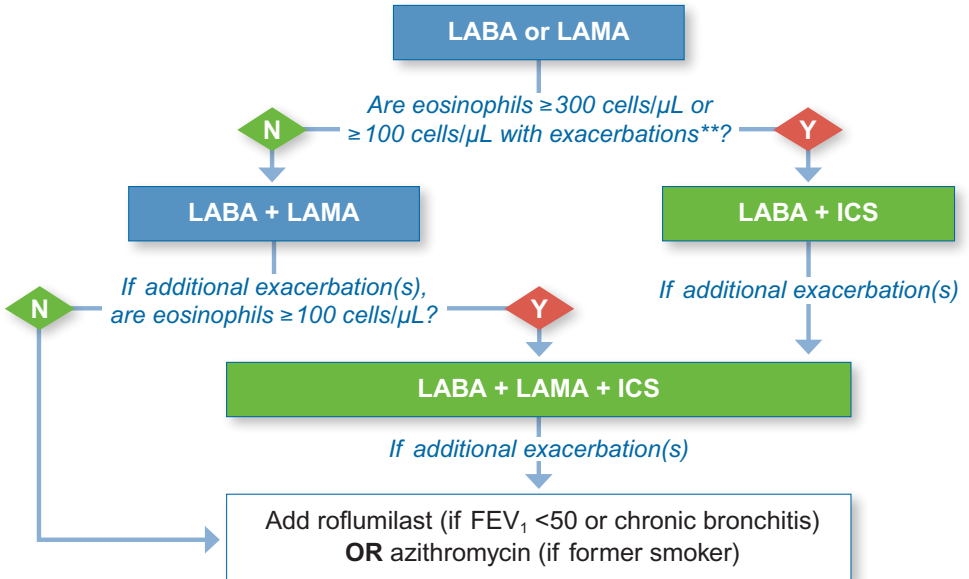
Adjust treatment for dyspnea and exacerbations

Base treatment escalation on current therapy.

For dyspnea that is worsening or not improving



After exacerbation



**2 moderate exacerbations or 1 exacerbation requiring hospitalization