

Guideline Effective Date: January 1, 2005

Revised: November 14, 2007

Chronic Obstructive Pulmonary Disease (COPD)

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

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: $FEV_1 < 80\%$ and $FEV_1 / FVC < 0.7$ post-bronchodilator 												
Smoking cessation	Effective strategies exist. Offer interventions to all smokers. Reinforce often.												
Education & self management	Includes lifestyle changes, exercise, support team & resources, rehabilitation programs, BC Smoker's Helpline 1 877 455-2233.												
Immunization.....	Influenza and Pneumococcal vaccines.												
Maintenance pharmacotherapy.....	<table border="1"> <thead> <tr> <th>Stage</th> <th>Therapy</th> </tr> </thead> <tbody> <tr> <td>A. First line for symptom control</td> <td>Short-acting β_2-agonist and inhaled anticholinergic</td> </tr> <tr> <td>B. Persistent symptoms</td> <td>Long-acting β_2-agonist or anticholinergic</td> </tr> <tr> <td>C. Asthmatic, $FEV_1 < 50\%$, or frequent COPD exacerbations (≥ 3/year)</td> <td>Add 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 or anticholinergic	C. Asthmatic, $FEV_1 < 50\%$, or frequent COPD exacerbations (≥ 3 /year)	Add 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 β_2-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 $PaO_2 \geq 60$ mmHg or O_2 saturation $\geq 90\%$ at rest, exertion, and 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	<ul style="list-style-type: none"> • Consider advance planning if required and review periodically. • Before initiating end-of-life care, address all precipitating factors, explore all active therapeutic options and consider comorbidities. 												