This is a summary of the recommendations on non-pharmacological management of chronic obstructive pulmonary disease and use of inhaled therapies in people over 16. The guideline also covers diagnosis and other areas of management (see www.nice.org.uk/guidance/NG115).

**Confirmed diagnosis of COPD**

**Fundamentals of COPD care**
- Offer treatment and support to stop smoking
- Offer pneumococcal and influenza vaccinations
- Offer pulmonary rehabilitation if indicated
- Co-develop a personalised self-management plan
- Optimise treatment for comorbidities
  These treatments and plans should be revisited at every review

**Inhaled therapies**

Offer SABA or SAMA to use if needed

Person still breathless or has exacerbations despite treatment?

- **No asthmatic features/features suggesting steroid responsiveness***
  - Offer LABA + LAMA

- **Asthmatic features/features suggesting steroid responsiveness***
  - Consider LABA + ICS

For ALL inhaled therapies:
Train people in correct inhaler technique, and review medication and assess inhaler technique and adherence regularly

Person still breathless or has exacerbations despite further treatment?

- Offer LAMA + LABA + ICS

**Explore further treatment options if needed (see full guideline at: www.nice.org.uk/guidance/NG115)**

*COPD = chronic obstructive pulmonary disease; SABA = short-acting beta2 agonists; SAMA = short-acting muscarinic antagonists, LABA = long-acting beta2 agonists, LAMA = long-acting muscarinic antagonists, ICS = inhaled corticosteroids; FEV1 = forced expiratory volume in the first second.

*Asthmatic features/features suggesting steroid responsiveness in this context include any previous secure diagnosis of asthma or atopy, a higher blood eosinophil count, substantial variation in FEV1, over time (at least 400 ml) or substantial diurnal variation in peak expiratory flow (at least 20%).