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.

Start inhaled therapies only if:
- all the above interventions have been offered (if appropriate), and
- inhaled therapies are needed to relieve breathlessness and exercise limitation, and
- people have been trained to use inhalers and can demonstrate satisfactory technique.

Review medication and assess inhaler technique and adherence regularly for all inhaled therapies.

Offer SABA or SAMA to use as needed.

If the person is limited by symptoms or has exacerbations despite treatment:

No asthmatic features or features suggesting steroid responsiveness

Offer LABA + LAMA

Person has day-to-day symptoms that adversely impact quality of life

Consider 3-month trial of LABA + LAMA + ICS
If no improvement, revert to LABA + LAMA

Asthmatic features or features suggesting steroid responsiveness

Consider LABA + ICS

Person has 1 severe or 2 moderate exacerbations within a year

Consider LABA + LAMA + ICS

Person has day-to-day symptoms that adversely impact quality of life, or has 1 severe or 2 moderate exacerbations within a year

Offer LABA + LAMA + ICS

Explore further treatment options if still limited by breathlessness or subject to frequent exacerbations (see guideline for more details).

[A] 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%).

[B] Be aware of an increased risk of side effects (including pneumonia) in people who take ICS.


COPD=chronic obstructive pulmonary disease; SABA=short-acting beta₂-agonists; SAMA=short-acting muscarinic antagonist; LABA=long-acting beta₂-agonists; LAMA=long-acting muscarinic antagonist; ICS=inhaled corticosteroids; FEV₁=forced expiratory volume in 1 second.

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).