

Management of Stable COPD – Summary Sheet

GOLD criteria

- I Mild FEV1 >80% predicted
- II Moderate 50% < FEV1 <80% predicted
- III Severe 30% < FEV1 <50% predicted
- IV Very Severe FEV1 <30% predicted

BODE Index for 4-year COPD Survival Prediction is based on

1. FEV1 % Predicted After Bronchodilator
2. 6 Minute Walk Distance
3. MMRC (Modified Medical Research Council) Dyspnea Scale
4. Body Mass Index

COPD meds:

- First line - Bronchodilators (beta agonists and anticholinergics)
- They achieve greater response together than either one alone
- Tiotropium greater improvement in lung function and symptoms than salmeterol
- Inhaled glucocorticoids are 3rd line. They decrease exacerbations and modestly slow symptom progression but have little impact on lung function and mortality.
- Response to therapy is defined by symptoms (DOE, exercise tolerance, cough, sputum production) as well as frequency of exacerbations, use of prn meds

Pulmonary rehab

Defined as lower extremity conditioning, breathing retraining for strength and endurance of respiratory muscles, education and support.

Pulmonary rehab improves exercise capacity, decreases dyspnea, improves quality of life, decreases hospital days, decreases healthcare costs, may reduce mortality for patients stage II COPD or greater

Antihypertensives in COPD patients

- **CCBs** – top choice
- **Beta Blockers** – nonselective can cause bronchospasm and induce resistance to inhaled beta agonist.
- **ACE Inhibitors** – may cause bronchospasm. In addition, “dry cough” can be misleading
- **Diuretics** – risk of hypokalemia, metabolic alkalosis and decreased respiratory drive

Global Initiative for Chronic Obstructive Lung Disease, Executive Summary: Global Strategy for the Diagnosis, Management, and Prevention of COPD, 2010. www.goldcopd.com (Accessed on July 5, 2011).