

## **MCI PRACTICE GUIDELINE CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)**

COPD is one of the most common lung diseases in the United States, affecting 24 million Americans. It is currently the 4<sup>th</sup> leading cause of death in the US, and by 2020 will likely be the 3<sup>rd</sup> leading cause of death. Despite having recognizable symptoms such as dyspnea, chronic cough or sputum production, and a decline in level of physical activity, about 12 million people with COPD remain undiagnosed, according to the NHLBI. Recent studies have shown that newer treatments such as with Advair (salmeterol and fluticasone) and Spiriva (tiotropium) can affect the course of COPD, resulting in fewer exacerbations, fewer hospitalizations, and better quality of life. The following recommendations should be considered in the care of patients with COPD:

1. All patients age 45 or above should be asked:
  - Have you ever used tobacco products?
  - Do you have shortness of breath?
  - Do you have a chronic cough (> 3 months duration)?
  - Do you have chronic sputum production?
  - Have you had exposures to occupational chemicals or dusts?
  
2. If the patient has used tobacco and has any of the above symptoms, obtain screening spirometry at your office or at Mercy Medical Center.
  - If the spirometry shows an obstructive pattern (FEV < 80% predicted and FEV/FVC ratio < 70%), then obtain full PFTs and check resting and ambulatory oximetry. If the full PFTs confirm the abnormalities seen on screening spirometry, start treatment for COPD.
  - If the FEV < 60% and the FEV/FVC ratio < 70% on screening spirometry, and full PFTs, also pursue formal pulmonary consultation.
  
3. Treatment options for all COPD patients include:
  - encourage risk factor reduction,
  - provide influenza and pneumonia vaccinations,
  - consider enrollment in pulmonary rehabilitation,
  - start oxygen if room air oxygen saturation at or below 88%
  - provide COPD education
  
4. Medication treatment options may be determined according to the severity of the COPD based on spirometry or full PFTs, and symptoms:
  - Mild – albuterol, ipratropium, or Combivent prn
  - Moderate – Add regular treatment with 1 or more long-acting bronchodilators or combination medications (e.g. Spiriva, Serevent, Advair)
  - Severe - Add medications from other classes. Consider adding Theophylline if inhaled medications are not sufficient to control symptoms.

**References:** Global Strategy for the Diagnosis, Management, and Prevention of COPD. (GOLD Guidelines, Updated 2008) ([www.goldcopd.org](http://www.goldcopd.org))

American Thoracic Society (ATS) and European Respiratory Society (ERS) Guidelines for the Diagnosis and Treatment of Patients with COPD; Eur Respir J 2004; 23:932-946.

*Variation from this guideline is always acceptable if in the opinion of the attending physician individual circumstances require it.*