Short Clinical Guidelines:  
Chronic Obstructive Pulmonary Disease (COPD), Effective Care for Patients

Smoking cessation: All patients. Also avoid second hand smoke.

Medications: The following medications may be recommended for patients with COPD, depending on individual circumstances:

- **Bronchodilators:** Given as needed or on a regular basis to prevent or reduce symptoms  
  o The principal bronchodilators are short-acting and long-acting beta2-agonists and anticholinergics or a combination of these.  
  o Although methylxantines (e.g., theophylline) are not recommended as part of routine care, they may be added or substituted if patient have limited benefit and/or intolerable side effects with bronchodilators and/or inhaled corticosteroids.  
  o Abruptly stopping daily-use bronchodilators may result in acute worsening of symptoms (withdrawal)

- **Corticosteroids:** Inhaled corticosteroids may reduce the frequency of exacerbations and slow declines in health status in severe or very severe COPD with frequent exacerbations (three or more in past three years). Try to limit oral corticosteroid therapy to short-course treatment of exacerbations.

Written symptom response plan for dealing with new, different, or worsening symptoms.

Periodic chest x-rays

Long-term oxygen therapy if:
- PaO₂ less than 55 mm Hg  
- SaO₂ less than 88%, or  
- PaO₂ 56-59 with signs of pulmonary hypertension, peripheral edema suggesting heart failure, or polycythemia (hematocrit >55%).  
- Exercise and/or nocturnal SpO₂ if clinically indicated

NIPPV: Non-invasive positive pressure ventilation is particularly beneficial for COPD exacerbations associated with hypercapnia.

Pulmonary rehabilitation or exercise: Specific components (patient education; self management strategies; nutritional support; respiratory muscle training) and exercise prescription vary. Benefits of programs lasting at least six weeks can include improved exercise tolerance, decreased dyspnea and decreased fatigue.

Respiratory monitoring: Spirometry is recommended for diagnosis and staging, and may be helpful for significant change in symptoms or a complication; periodic testing may help monitor changes over time.
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**Trigger avoidance:** Including environmental smoke, occupational dusts/chemicals, indoor/outdoor pollution.

**Depression:** Chronic disease is a risk factor for depression. Screening improves the accurate identification of depression in primary care settings, and treatment of depressed adults identified in primary care settings decreases clinical morbidity. Two simple questions ("Over the past 2 weeks, have you felt down, depressed, or hopeless?" and "Over the past 2 weeks, have you felt little interest or pleasure in doing things?") may be used as a screening tool. In addition, anxiety associated with chronic respiratory distress may be a major cause of decreased quality of life for patients with COPD, and appropriate treatment may improve outcomes.

**Influenza vaccine:** Annually for all patients, age 6 months and older, with chronic respiratory conditions (including COPD); and for household contacts and caregivers of adults or children with medical indications.

**Pneumococcal vaccine:** All adults age 65 years and older. All patients age 2 years and older, with chronic cardiovascular or lung diseases (including COPD). A second dose is recommended five years after the first for some groups, including (not a complete list) patients with chronic kidney disease, those who are immunocompromised, and those vaccinated before age 65.