



Management of stable COPD: Initiation of therapy based on the GOLD ABCD assessment of symptoms and risk of exacerbation*

Groups	Symptoms	Risk	Suggested treatment
All			<ul style="list-style-type: none"> ▪ Avoidance of risk factor(s), such as smoking ▪ Annual influenza vaccination ▪ Pneumococcal vaccination ▪ Regular physical activity ▪ Regular review/correction of inhaler technique ▪ Long-term oxygen therapy if chronic hypoxemia ▪ Pulmonary rehabilitation
A	<p>Less symptomatic</p> <p>Mild or infrequent symptoms (ie, breathless with strenuous exercise or when hurrying on level ground or walking up a slight hill)[¶] or CAT <10^Δ</p>	<p>Low risk</p> <p>0 or 1 exacerbations in the past year without associated hospitalization</p>	Short-acting bronchodilator (SABA, SAMA, or combination of SABA-SAMA), as needed.
B	<p>More symptomatic</p> <p>Moderate to severe symptoms (ie, patient has to walk more slowly than others of same age due to breathlessness, has to stop to catch breath when walking on level ground at own pace, or has more severe breathlessness)[¶] or CAT ≥10^Δ</p>	<p>Low risk</p> <p>0 or 1 exacerbations in the past year without associated hospitalization</p>	Regular treatment with a long-acting bronchodilator, either LAMA or LABA, based on patient preference. Short-acting bronchodilator (usually SABA) for symptom relief as needed.
C	<p>Less symptomatic</p> <p>Mild or infrequent symptoms (ie, breathless with strenuous exercise or when hurrying on level ground or walking up a slight hill)[¶] or CAT <10^Δ</p>	<p>High risk</p> <p>≥2 exacerbations per year with one or more leading to hospitalization</p>	Regular treatment with a LAMA; SABA available for symptom relief as needed.
D	<p>More symptomatic</p> <p>Moderate to severe symptoms (ie, patient has to walk slower than others of same age due to breathlessness, has to stop to catch breath when walking</p>	<p>High risk</p> <p>≥2 exacerbations per year with one or more leading to hospitalization</p>	Regular treatment with LAMA or, if severe breathlessness (eg, CAT >20), combination LABA plus LAMA. Combination glucocorticoid-LABA inhaler may be preferred, if features of asthma/COPD overlap.

on level ground at own pace, or has more severe breathlessness) [¶] or CAT ≥ 10 ^Δ	SABA available for symptom relief as needed.
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Patients must be taught how and when to use their treatments, and treatment choices are adjusted based on patient responses. Medications being prescribed for other conditions should be reviewed. Refer to UpToDate topic on the diagnosis of COPD for further information about mMRC and CAT.

COPD: chronic obstructive pulmonary disease; GOLD: Global Initiative for Chronic Obstructive Lung Disease; CAT: COPD Assessment Test; SABA: short-acting beta agonist; SAMA: short-acting muscarinic antagonist; LAMA: long-acting muscarinic antagonist (anticholinergic); LABA: long-acting beta agonist; mMRC: Modified Medical Research Council; FEV₁: forced expiratory volume in one second; FVC: forced vital capacity.

* All patients with COPD have a reduced FEV₁/FVC ratio that is <0.70% predicted or <5th percentile lower limit of normal. The severity of airflow limitation is determined by the FEV₁.

¶ Symptom severity based on: Modified Medical Research Council (mMRC) Dyspnea scale.

Δ COPD Assessment Test (CAT): <http://www.catestonline.org> (Accessed on July 9, 2019).

Adapted from: Global Initiative for Chronic Obstructive Pulmonary Disease: Global Strategy for the Diagnosis, Management, and Prevention of COPD, 2019 (Accessed June 18, 2019).

Additional data from:

1. Fletcher CM, Elmes PC, Fairbairn MB, et al. The significance of respiratory symptoms and the diagnosis of chronic bronchitis in a working population. *Br Med J* 1959; 2:257.
2. Dodd JW, Hogg L, Nolan J, et al. The COPD assessment test (CAT): response to pulmonary rehabilitation. A multicentre, prospective study. *Thorax* 2011; 66:425.
3. Dodd JW, Marns PL, Clark AL, Ingram KA, Fowier RP, Canavan JL, et al. The COPD Assessment Test (CAT): short- and medium-term response to pulmonary rehabilitation. *Copd* 2012; 9:390.
4. Jones PW, Harding G, Berry P, Wiklund I, Chen WH, Kline Leidy N. Development and first validation of the COPD Assessment Test. *Eur Respir J* 2009; 34:648.
5. <http://www.catestonline.org>

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