COPD EXACERBATION

MEDICATION MANAGEMENT RECOMMENDATIONS FROM GOLD 2022 GUIDELINES

KEY POINTS FOR THE MANAGEMENT OF EXACERBATIONS

- Short acting beta agonists (SABA) with or without SAMA, are recommended as the initial bronchodilators to treat an acute exacerbation (evidence C)
- Systemic steroids can improve lung function, oxygenation and shorten recovery time, duration no more than 5-7 days (evidence A)
- Antibiotics, when indicated, can shorten recovery time, reduce risk of early relapse, treatment failure, and hospitalization duration, duration should be 5-7 days (evidence B)
- Non-invasive mechanical ventilation should be the first mode of ventilation used in COPD patients with acute respiratory failure who have no absolute contraindication because it improves gas exchange, reduces work of breathing and need for intubation, decreases duration of hospitalization and improves survival (evidence A0

FOR PATIENTS ON LONG ACTING BRONCHODILATOR MONOTHERAPY (LAMA OR LABA)

- Change to LABA/LABA combination or LABA/ICS combination

- LABA/ICS may be preferred for patients with a history of asthma or eosinophils >= 300/microliter (or if 2 or more exacerbations per year or one with hospitalization and eosinophil count >= 100)

IF FURTHER EXACERBATION ON LABA/LAMA

- Switch to LABA/LAMA/ICS (with eosinophil count over 100)

Or

- If eosinophils below 100 add roflumilast (Daliresp) if FEV1<50% and chronic bronchitis, or azithromycin (in former smokers)

IF FURTHER EXACERBATION ON LABA/ICS

- Switch to triple therapy LABA/LAMA/ICS or add LAMA

Or

- Alternatively, can switch to LABA/LAMA if lack of response to ICS or side effects from ICS

IF EXACERBATION ON LABA/LAMA/ICS

- Add roflumilast in patients with an FEV1 <50% and chronic bronchitis, particularly if hospitalized from exacerbation

Or

- Add azithromycin, especially in those who are not current smokers

Or

- Stop ICS if adverse effects such as pneumonia