Grŵp Strategaeth Meddyginiaethau Cymru Gyfan All Wales Medicines Strategy Group



All Wales COPD Management and Prescribing Guideline

December 2021

Updated October 2025 – The guidelines have been updated with a change in the carbon footprint symbol colour for the Trixeo Aerosphere metered dose inhaler (MDI).

This document has been prepared by the Respiratory Health Implementation Group, with support from the All Wales Prescribing Advisory Group (AWPAG) and the All Wales Therapeutics and Toxicology Centre (AWTTC), and has subsequently been endorsed by the All Wales Medicines Strategy Group (AWMSG).

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STEP 1 INFORMATION: ASSESSMENT

Perform investigations

spirometry

Red Flag Symptoms

Red Flag Symptoms

 Haemoptysis Chest pain

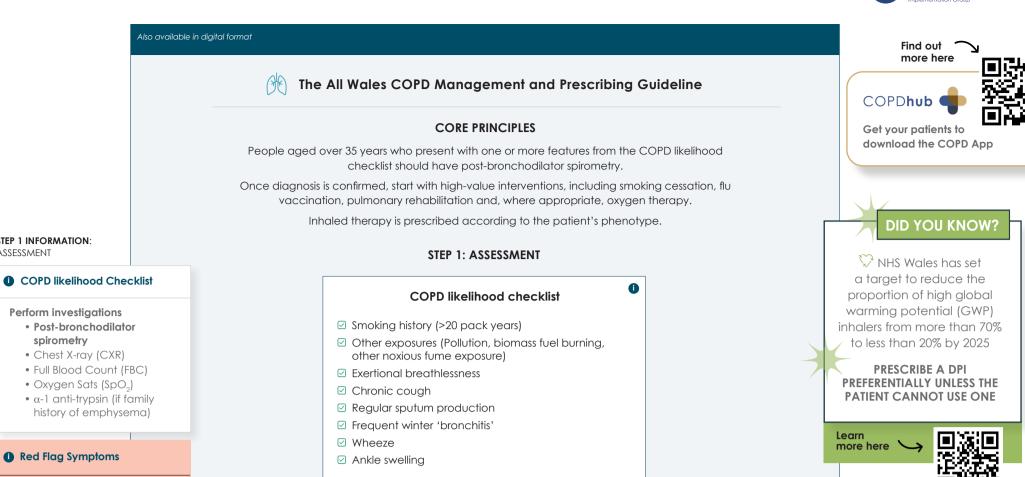
Abnormal CXR

Persistent cough in a smoker

 Unexplained weight loss Clubbing in a smoker









Any red flag symptoms?

Perform CXR and refer as urgent suspected cancer

Post-bronchodilator FEV1/FVC ratio <LLN

STEP 3: REFER

✓ Smoking

cessation therapy

if required

STEP 4 INFORMATION:

PRESCRIBE

Phenotype 2

Two or more exacerbations per year

Phenotype 3

(ACOS: Asthma COPD overlap syndrome CXR: Chest X-ray **DPI**: Dry Powder Inhaler **GWP:** Global warming potential FBC: Full Blood Count ICS: Inhaled Corticosteroid LABA: Long-acting Beta₂ Agonist LAMA: Long Acting Muscarinic Antagonist LLN: Lower limit of normal MDI: Metered Dose Inhale $\mathbf{SABA} : \mathbf{Short}\text{-}\mathbf{acting} \; \mathbf{Beta_2} \; \mathbf{Agonist}$

Low global warming potential 🤌 High global warming potential

SpO₂; Oxygen Sats

OD: Once daily

BD: Twice a day



Vaccination

- Flu

- COVID

- Pneumococcal

From the list of inhalers provided, choose the most suitable for the patient, considering inpiratory flow and inhaler technique. Choose a dry powder inhaler preferentially Ď to reduce the carbon footprint, unless the patient cannot use one.

STEP 4: PRESCRIBE

0 Phenotype 1

☑ Exercise,

education &

pulmonary

rehabilitation

0

Review exacerbation frequency regularly, and escalate to Phenotype 2 if ≥2 exacerbations/year

Prescribe Triple therapy 🕕

Phenotype 2

(stop other preventer inhalers) If continued exacerbations or breathlessness, review

adherence, inhaler technique, and consider referral (see below)

Phenotype 3

Referral for oxygen

assessment

if SpO2 is <93% and

not smoking

☑ Dietary advice

Refer if low

or high BMI

Prescribe Triple therapy

If poorly controlled asthma symptoms, refer to the All Wales Asthma Management guidelines (step 4) - consider MART plus LAMA

STEP 5: REVIEW Review annually if COPD is well controlled

Poorly controlled?

Inhaler technique

Consider:

- Non-pharmacological interventions
- Smoking status

If symptoms worsen, consider referral

Manage exacerbations

- Prescribe a SABA
- Prescribe prednisolone (30-40mg once a day for 5 days)
- Prescribe antibiotic if increased sputum purulence, volume and breathlessness

1 Prescribe a (LABA + LAMA)

Below are options in this category

STEP 4 INFORMATION:

Duaklir Genuair 340/12 1 dose BD Forceful and deep

Ultibro Breezhaler 85/43 1 dose OD Forceful and deep

Anoro Ellipta 55/22 1 dose OD Forceful and deep





2 doses OD Gentle and

deep

7.2/5 2 doses BD via spacer Gentle and deep via spacer



Ensure patient can use device. All MDIs must be used with a spacer

Bevespi Aerosphere

Prescribe triple therapy (ICS + LABA + LAMA) Below are options in this category

Trelegy Ellipta 92/55/22 1 dose OD

Trimbow NEXThaler 88/5/9 2 dose BD Forceful and deep Forceful and deep



Trixeo Aerosphere

Trimbow MDI 87/5/9 2 doses BD via spacer Gentle and deep via spacer

5/7.2/160 2 doses BD via spacer Gentle & deep





Ensure patient can use device. All MDIs must be used with a spacer

Manage Exacerbations Prescribe a SABA

Below are options in this category

Salbutamol 100mcg Easyhaler Forceful

and deep

PRN Forceful and

deep

Accuhaler

200mcg

Gentle and deep via spacer

Salamol

100mcg MDI

via spacer

PRN







