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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The All Wales COPD Management and Prescribing Guideline

Y Grŵp Gweithredu ar Iechyd Anadlol
Respiratory Health Implementation Group

GIG CYMRU NHS WALES

Also available in digital format

The All Wales COPD Management and Prescribing Guideline

CORE PRINCIPLES

People aged over 35 years who present with one or more features from the COPD likelihood checklist should have post-bronchodilator spirometry.

Once diagnosis is confirmed, start with high-value interventions, including smoking cessation, flu vaccination, pulmonary rehabilitation and, where appropriate, oxygen therapy.

Inhaled therapy is prescribed according to the patient's phenotype.

STEP 1: ASSESSMENT

STEP 1 INFORMATION:
ASSESSMENT

COPD likelihood Checklist

Perform investigations
- **Post-bronchodilator spirometry**
- Chest X-ray (CXR)
- Full Blood Count (FBC)
- Oxygen Sats (SpO_2)
- α-1 anti-trypsin (if family history of emphysema)

COPD likelihood checklist

- ☑ Smoking history (>20 pack years)
- ☑ Other exposures (Pollution, biomass fuel burning, other noxious fume exposure)
- ☑ Exertional breathlessness
- ☑ Chronic cough
- ☑ Regular sputum production
- ☑ Frequent winter 'bronchitis'
- ☑ Wheeze
- ☑ Ankle swelling

Red Flag Symptoms

Red Flag Symptoms
- Persistent cough in a smoker
- Haemoptysis
- Chest pain
- Unexplained weight loss
- Clubbing in a smoker
- Abnormal CXR

Any red flag symptoms?
Perform CXR and refer as urgent suspected cancer

STEP 2: DIAGNOSIS

Post-bronchodilator
FEV1/FVC ratio <LLN

STEP 3: REFER

- ☑ Vaccination - Flu - COVID - Pneumococcal
- ☑ Exercise, education & pulmonary rehabilitation
- ☑ Smoking cessation therapy if required
- ☑ Referral for oxygen assessment if SpO2 is <93% and not smoking
- ☑ Dietary advice Refer if low or high BMI

STEP 4: PRESCRIBE

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 to reduce the carbon footprint, unless the patient cannot use one.

STEP 4 INFORMATION:
PRESCRIBE

Phenotype 1

COPD with predominant breathlessness

Dyspnoea with less than 2 exacerbations per year

Phenotype 2

COPD with Exacerbation (+/- Breathlessness)

Two or more exacerbations per year

Phenotype 3

COPD with asthma overlap (ACOS)

Evidence of significant symptomatic or lung function response to steroids (oral or inhaled). Blood eosinophil counts >0.3

Phenotype 1	Phenotype 2	Phenotype 3
Prescribe LABA + LAMA	**Prescribe Triple therapy** (stop other preventer inhalers)	**Prescribe Triple therapy** (stop other preventer inhalers)
Review exacerbation frequency regularly, and escalate to Phenotype 2 if ≥2 exacerbations/year	If continued exacerbations or breathlessness, review adherence, inhaler technique, and consider referral (see below)	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?

Consider:
- Inhaler technique
- 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

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 $Beta_2$ Agonist
LAMA: Long Acting Muscarinic Antagonist
LLN: Lower limit of normal
MDI: Metered Dose Inhaler
SABA: Short-acting $Beta_2$ Agonist
SpO_2: Oxygen Sats
OD: Once daily
BD: Twice a day

Low global warming potential
High global warming potential

Find out more about this guideline
icst.info/the-all-wales-copd-and-management-prescribing-guideline

Find out more here

COPDhub
Get your patients to download the COPD App

DID YOU KNOW?

NHS Wales has set a target to reduce the proportion of high global warming potential (GWP) inhalers from more than 70% to less than 20% by 2025

PRESCRIBE A DPI PREFERENTIALLY UNLESS THE PATIENT CANNOT USE ONE

Learn more here

STEP 4 INFORMATION:
PRESCRIBE

Prescribe a (LABA + LAMA)
Below are options in this category

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*
		

Spiolto Respimat 2.5/2.5 2 doses OD *Gentle and deep*	Bevespi Aerosphere 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

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

Trelegy Ellipta 92/55/22 1 dose OD *Forceful and deep*	Trimbow NEXThaler 88/5/9 2 dose BD *Forceful and deep*
	

Trimbow MDI 87/5/9 2 doses BD via spacer *Gentle and deep via spacer*	Trixeo Aerosphere 5/7.2/160 2 doses BD via spacer *Gentle & deep via spacer*
	

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 PRN *Forceful and deep*	Ventolin Accuhaler 200mcg PRN *Forceful and deep*	Salamol 100mcg MDI via spacer PRN *Gentle and deep via spacer*
		

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

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