

COPD severity and management

Stage I. Mild COPD ($FEV_1/FVC < 0.7$; $FEV_1 \geq 80\%$ predicted)

- smoking cessation in those who smoke
- reduce risk factors (e.g. occupational exposure to dusts and fumes, exposure to pollution)
- education
- exercise
- good nutrition
- influenza and pneumococcal vaccination
- p.r.n. short-acting inhaled bronchodilator (β -agonist or anticholinergic)

Stage II. Moderate COPD ($FEV_1/FVC < 0.7$; $FEV_1 \geq 50\%$ and $< 80\%$ predicted)

As above, plus

- regular treatment with one or more long-acting inhaled bronchodilators (β -agonist or anticholinergic)

Management is based on US and international COPD guidelines , and continued overleaf.



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COPD severity and management (cont'd)

Stage III. Severe COPD ($FEV_1/FVC < 0.7$; $FEV_1 \geq 30\%$ and $< 50\%$ predicted)

As above, plus

- inhaled corticosteroid if inadequate symptom control or frequent exacerbations
- consider theophylline for patients who have inadequate symptom control
- pulmonary rehabilitation
- long-term home oxygen therapy in hypoxemia
- consider addressing end of life issues

Stage IV. Very severe COPD ($FEV_1/FVC < 0.7$; $FEV_1 < 30\%$ predicted or $< 50\%$ predicted plus chronic respiratory failure)

As above, plus

- consider referral to a pulmonologist for assessing surgical intervention
- engage in communication about end-of-life care preferences and planning, including consideration for palliative care and hospice in terminal disease

Respiratory failure = $PaO_2 < 60\text{mmHg}$ with or without $PaCO_2 > 50\text{mmHg}$ while breathing air at sea level.

These are general recommendations only; specific clinical decisions should be made by the treating physician based on an individual patient's clinical condition.