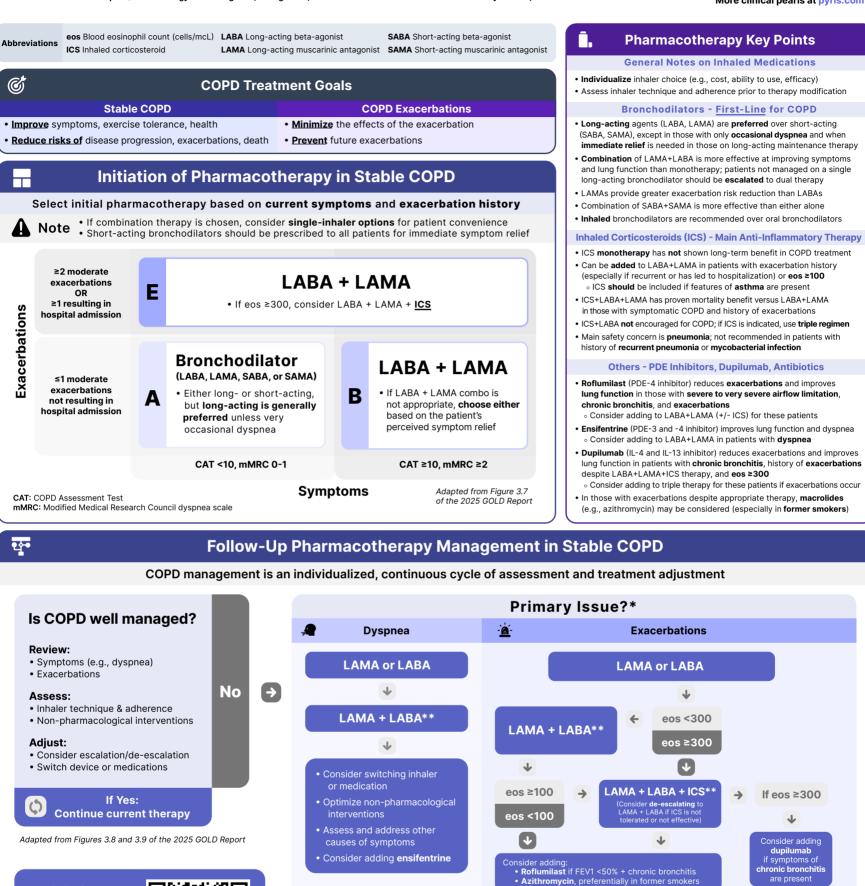
## **COPD Pharmacotherapy Review**

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Exacerbations

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Based on the 2025 GOLD Report (Global Strategy for the Diagnosis, Management, and Prevention of Chronic Obstructive Pulmonary Disease)



Inhalers Although LABA+ICS is not preferred in treatment of COPD without features of asthma, if the patient has already been on LABA+ICS Chart and is well managed, the current therapy **may** be continued (or consider switching to LABA+LAMA if no relevant exacerbation history). • If **exacerbations** occur, escalate to LABA+LAMA+ICS (if eos ≥100) **or** switch to LABA+LAMA (if eos <100) + If major symptoms are present, decide based on previous response to ICS. no relevant history of exacerbation, consider switching to LABA+LAMA Administration If history of positive response to ICS in previous exacerbations, consider escalating to LABA+LAMA+ICS Guides \*If both dyspnea and exacerbation must be addressed, use the exacerbation pathway \*\*For patients on LAMA+LABA or LAMA+LABA+ICS, single-inhaler options should be considered for convenience

• Initiate maintenance with long-acting bronchodilators as soon as stable

Management of SABA Acute Exacerbations\*

Pharmacotherapy

\*Non-life-threatening

(with or without SAMA)

**Initial Treatment:** 

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 Consider adding ICS to LAMA+LABA if frequent exacerbations with ↑ eos If severe exacerbation, consider systemic corticosteroids (duration: generally ≤5 days) • If indicated (e.g., signs of bacterial infection), give antibiotics (duration: generally 5-7 days)

Reference: Global Initiative for Chronic Obstructive Lung Disease. Global Strategy for the Diagnosis, Management, and Prevention of Chronic Obstructive Pulmonary Disease (2025 Report)

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nic bronchitis



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