

Diagnosis and Management of Chronic Obstructive Pulmonary Disease (COPD)

Scope and Target Population:

Although chronic obstructive pulmonary disease (COPD) can occur in adults of any age, especially smokers, it most commonly occurs in people 45 years and older. The target population for this guideline is people with symptoms of stable COPD as well as acute exacerbations of COPD in the outpatient setting.

Clinical Highlights and Recommendations:

- Assess patients for symptoms and risk factors for COPD, including asking about tobacco use/exposure at every visit.
- Tobacco cessation is the only known intervention that can slow progression of lung function loss.
- Establish diagnosis and severity of COPD through spirometry, pre- and postbronchodilator, in addition to history and physical examination.
- After establishing severity, assess patient needs for pharmacologic and non-pharmacologic treatment and provide appropriate therapy as indicated.
- Inhaled steroids are warranted in patients with COPD who have recurrent exacerbations.
- Pulmonary rehabilitation is beneficial for all COPD patients in all stages.
- For patients with severe symptoms, despite maximal medical therapy, lung volume reduction surgery and transplantation may be an option.
- Physicians should discuss advance directives/health care directives and goals of care as early as possible.

Priority Aims:

- 1. Increase the quality and use of spirometry testing in the diagnosis of patients with COPD.
- 2. Increase the number of patients with COPD who receive information on the options for tobacco cessation and information on the risks of continued smoking.
- 3. Reduce COPD exacerbation requiring emergency department (ED) evaluation or hospital admission.
- 4. Increase the appropriate use of therapy prescribed for patients with COPD.
- 5. Increase patients' education and management skills with COPD.