According to GOLD Guidelines,

**Initial Pharmacological Treatment Should Be Based on Patient Exacerbation History and Reported Symptoms**

As a respiratory therapist you are a key member of a patient’s COPD care team. Evidence-based guidelines such as GOLD and ATS can help you make decisions for patients with COPD.

**The GOLD ABCD assessment tool**

<table>
<thead>
<tr>
<th>Group C</th>
<th>Group D</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥2 moderate exacerbations or ≥1 leading to hospitalization</td>
<td>LAMA or LAMA + LABA* or ICS + LABA†</td>
</tr>
<tr>
<td></td>
<td>Group A</td>
</tr>
<tr>
<td>0 or 1 moderate exacerbations (not leading to hospital admission)</td>
<td>A bronchodilator</td>
</tr>
<tr>
<td></td>
<td>Group B</td>
</tr>
<tr>
<td></td>
<td>A long-acting bronchodilator (LABA or LAMA)</td>
</tr>
<tr>
<td></td>
<td>mMRC dyspnea scale 0-1, CAT &lt;10</td>
</tr>
<tr>
<td></td>
<td>mMRC dyspnea scale ≥2, CAT ≥10</td>
</tr>
</tbody>
</table>

**Triple therapy is not recommended for the initiation of maintenance treatment in patients with COPD**

ATS=American Thoracic Society; CAT=COPD Assessment Test; COPD=chronic obstructive pulmonary disorder; GOLD=Global Initiative for Chronic Obstructive Lung Disease; ICS=inhaled corticosteroid; LABA=long-acting beta₂-agonists; LAMA=long-acting muscarinic antagonists; mMRC=modified medical research council.
Management Guidelines Support LAMA/LABA as a Choice for Initial Therapy for Symptomatic Patients With COPD\(^1,2\)

The American Thoracic Society (ATS) strongly recommends\(^2\):

- **LAMA/LABA combination therapy** over LAMA or LABA monotherapy for patients with COPD who complain of dyspnea or exercise intolerance

GOLD recommends\(^1\):

- **Inhaled bronchodilators** in COPD are central to symptom management and commonly given on a regular basis to prevent or reduce symptoms
- **Combination treatment** with a LABA and a LAMA increases FEV\(_1\) and reduces symptoms compared with monotherapy
- **Triple therapy is not recommended** as initial treatment for any patient
- As with all medical treatments, **ICS-containing regimens require assessment of risk vs benefit**, as regular treatment with an ICS increases the risk of pneumonia, especially in patients with severe disease

GOLD Recommends Considering Inhaler Selection Before Escalating Medication Class\(^1\)

Evaluate patient’s **adherence** and inhaler technique  
Switch inhaler or molecule within the same class

FEV\(_1\)=forced expiratory volume in 1 second.
In 2 real-world, retrospective analyses, Triple Therapy Prescribing Was Often Not Consistent With Guideline Recommendations\textsuperscript{3-5}

Prescription data
47\% of TRELEGY\textsuperscript{®} ELLIPTA\textsuperscript{®} (fluticasone furoate, umeclidinium, and vilanterol) new starts were not on a COPD long-acting maintenance therapy in a prior regimen\textsuperscript{3*}

Claims-based data
55\% of patients with COPD in a Medicare population initiating triple therapy were maintenance-naïve\textsuperscript{4*}

This was a retrospective, observational claims analysis of a US managed care health plan database affiliated with the Optum Research Database.\textsuperscript{4}

\textbf{Timeframe:} January 1, 2013, to June 30, 2017.\textsuperscript{4}

\textbf{Population:} Patients with COPD aged ≥40 years and ≥1 claim for COPD maintenance treatment; 100\% of patients were enrolled in the UHC Medicare Advantage plan and initiating on free or fixed-dose combination(s) of open triple therapy.\textsuperscript{4}

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In a Medicare population
43\% of patients initiating triple therapy had no history of exacerbations\textsuperscript{3†}

In a commercial and Medicare population
47\% of patients initiating triple therapy had no history of exacerbations\textsuperscript{5††}

This was a retrospective analysis of medical and pharmacy claims from a large, national payer database. These data include information on patients enrolled in commercial, Medicare Advantage, and prescription drug plans.\textsuperscript{5}

\textbf{Timeframe:} January 1, 2012, to December 31, 2016.\textsuperscript{5}

\textbf{Population:} Patients with COPD aged 40 to 89 years with ≥1 claim for COPD maintenance treatment.\textsuperscript{5}

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*Percentages do not add up to 100\% because some patients may have been receiving multiple medications.

†Exacerbations were identified during the preindex period.

‡Percentages do not add up to 100\% due to rounding.
In a retrospective, observational claims analysis,
Nonadherence to GOLD Guidelines Led to Higher Healthcare Resource Utilization$^*$

What were the consequences of nonadherence to guidelines?

- Higher symptom burden$^6$
- Higher likelihood of all-cause hospitalizations$^6$
- Higher likelihood of all-cause emergency department visits$^6$

In a separate real-world analysis of patients with COPD aged 40 or higher, adherence to GOLD guidelines was also associated with lower 30-day and 90-day readmissions$^3$

For more information on treatment guidelines for patients with COPD, visit www.strategiesforqualitycare.com or scan the QR code

*GOLD Guidelines used in this analysis are from 2011.

References: