Stepping down triple therapy in COPD

Although there is a strong evidence base for pharmacotherapy in COPD, much of this is based on the use of individual therapies such as long acting bronchodilators (LABA/LAMA) or Inhaled corticosteroid (ICS)/LABA combinations. Their place in treatment is described in the NICE COPD Guidelines of 2010. The specific role of ICS in COPD is to reduce the risk of exacerbations and manage areas of overlap with asthma although in conjunction with LABA they may improve quality of life and reduce the rate of lung function decline (this latter is likely to be an effect of exacerbation reduction).

In patients with milder disease and infrequent/no exacerbations, the role of triple therapy has not been established. Rather, maximal achievable bronchodilation should be the strategy for this patient group, supported by exercise and PR, as this improves dynamic lung function, aiding daily activity and enhancing quality of life.

This worksheet helps to support clinicians to identify the sub-group of their patients who are being treated with triple therapy outside of current guideline recommendations and offers a method for bringing their therapy into line with a more cost effective and clinically appropriate strategy.

Throughout this process, it is important to note that exacerbations are often poorly defined, and that many patients end up on triple therapy because of escalating chronic symptoms rather than episodic exacerbation. The key date for reviewing the treatment choice is the date of ICS/LABA initiation, not the date of this clinical audit/review.
Identify all patients with FEV1>50 and on triple therapy

- History of asthma
- Experienced more than 1 acute exacerbation in 12 months preceding starting ICS

Continue treatment

- Check inhaler technique
- Check adherence
- Provide smoking cessation guidance
- Immunisation
- Pulmonary rehabilitation
- Self-management plans

No history of asthma

Did patient have exacerbation before commencing ICS

- No
- One month treatment at 50% of the dose then stop (see notes below)

No

Breathlessness or activity limitation

Consider duel bronchodilation with LAMA plus LABA

Review annual exacerbation rate

- Consider holistic care assessment and management strategies

Yes

- Continues treatment
- Did patient have exacerbation before commencing ICS
- No
- One month treatment at 50% of the dose then stop (see notes below)

Notes:
- If patient on Seretide™ 500 change to 1 month of Seretide™ 250 then change to Serevent™
- If patient on Symbicort™ 400, change to 1 month of Symbicort™ 200 and then change to Formoterol™
- If more than 1 acute exacerbation in 12 months consider adding ICS