

Combined Assessment of COPD – The GOLD Strategy



Spirometry

Spirometry is the most reproducible and objective measurement of airflow limitation. While post-bronchodilator spirometry is required for the diagnosis and assessment of COPD, assessing the degree of reversibility of airflow limitation to inform therapeutic decisions is no longer recommended.

Classification of Severity of Airflow Limitation in COPD Based on Post-Bronchodilator FEV₁

In patients with FEV₁/FVC < 0.70:

GOLD 1: Mild: FEV₁ ≥ 80% predicted

GOLD 2: Moderate: FEV₁ 50-80% predicted

GOLD 3: Severe: FEV₁ 30-50% predicted

GOLD 4: Very Severe FEV₁ < 30% predicted

Assessment

To achieve the goals of COPD assessment, the following aspects of the disease must be considered separately;

- The presence and severity of the spirometric abnormality
- Current nature and magnitude of the patient's symptoms
- Exacerbation history and future risk
- Presence of comorbidities

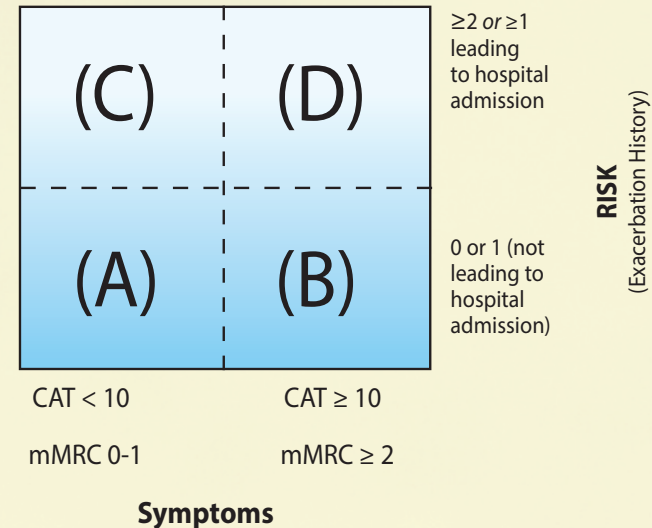
Assess Symptoms

Validated questionnaires such as the COPD Assessment Test (CAT) and the modified British Medical Research Council scale (mMRC) provide an assessment of symptoms

Assess Risk of Exacerbations

An exacerbation of COPD is defined as an acute worsening of the patient's respiratory symptoms that is beyond normal day-to-day variations that

The ABCD Assessment Tool Guide to Pharmacologic Therapy for COPD



results in the need for additional therapy. The best predictor of having frequent exacerbations (2 or more per year) is a history of previous treated events. Hospitalisation for a COPD exacerbation is associated with a poor prognosis with increased risk of death.

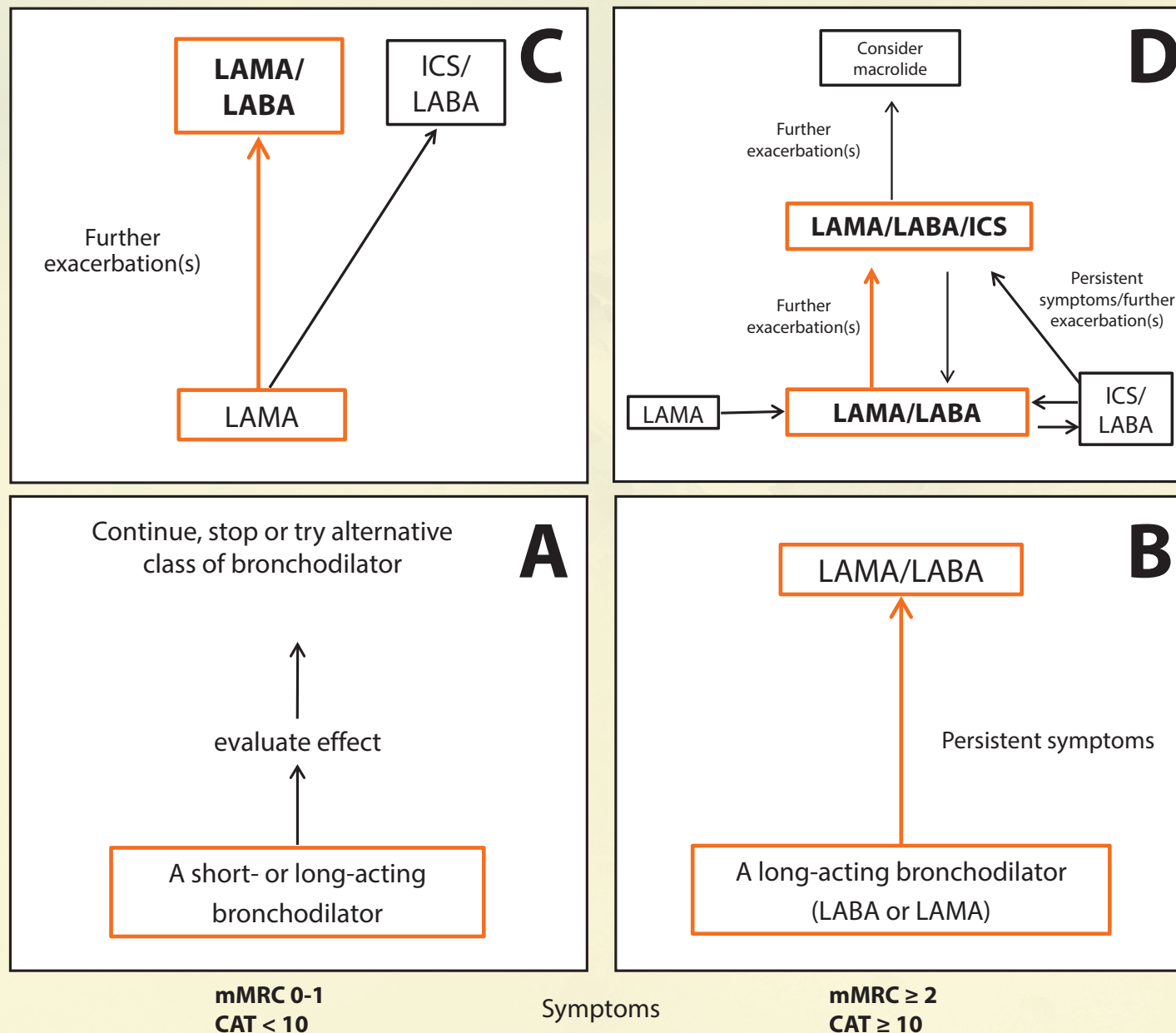
Assess Comorbidities

Cardiovascular diseases, osteoporosis, depression and anxiety, skeletal muscle dysfunction, metabolic syndrome and lung cancer among other diseases occur frequently in COPD patients. These comorbid conditions influence mortality and hospitalisations independently and deserve specific treatment.

Smoking cessation is essential for all patient groups, with pulmonary rehabilitation appropriate for most patients. It is recommended that individuals with COPD have a yearly seasonal influenza and one-off pneumococcal vaccination.¹

The ABCD Assessment Tool above provides a rubric for combining these assessments to select optimal pharmacotherapy for the management of stable disease

Pharmacologic Therapy for Stable COPD



≥ 2
or
≥ 1 leading
to hospital
admission

0
or
1 (not
leading
to hospital
admission)

Exacerbation History

Preferred treatment

mMRC= modified British Medical Research Council (mMRC) breathlessness scale. CAT=COPD assessment Test. GSK does not recommend the use of any of its medications outside the registered labels and dosages.

Adapted from the Global Strategy for Diagnosis, Management and Prevention of COPD 2017, available from: <http://www.goldcopd.org>

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