COPD QUICK REFERENCE GUIDE 2026

Integrated Care System
Shropshire, Telford and Wrekin

CHRONIC OBSTRUCTIVE PULMONARY DISEASE

Prescribe by brand

ADVISE: EDUCATE: OFFER: REFER

- Smoking cessation
- Consider and treat comorbidities: including **CVD
- Flu & Pneumonia Vaccination *(other recommended vaccinations)*
- Pulmonary rehabilitation
- Anxiety & depression
- Exercise and diet
- Dietary advice & nutritional supplement
- Adherence & Inhaler technique
- Use a spacer with an pMDI
- Utilise community pharmacy New Medicines Service

** see Cardiopulmonary Risk Matrix

Short acting bronchodilator (SABA) plus maintenance treatment **LABA/LAMA** or **ICS/LABA/LAMA** in a single inhaler

AGAINST use of ICS	FAVOURS use of ICS	STRONG SUPPORT for ICS
• No history of exacerbations • Repeated pneumonia events • Blood eosinophils <0.1 x10⁹/L • History of mycobacterial infection	• One moderate exacerbation of COPD **and** blood eosinophils ≥0.1 to <0.3 x10⁹/L	• History of, or concomitant, asthma • History of hospitalisation(s) for exacerbation(s) of COPD • ≥ 2 moderate exacerbations of COPD per year • Blood eosinophils ≥0.3 x10⁹/L

LABA / LAMA in a single inhaler

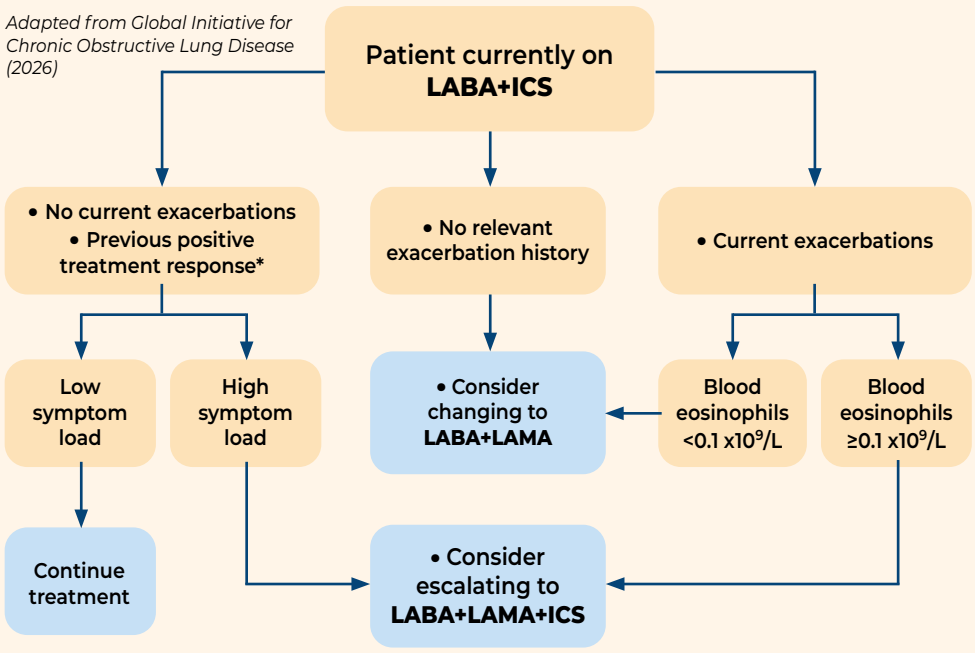
ICS / LABA / LAMA in a single inhaler

Treatment Review

1. Review at 3 months
2. IF RESPONSE TO INITIAL TREATMENT IS APPROPRIATE - continue
3. IF NOT, ASSESS - ADJUST - REVIEW
   - Consider switching inhaler device or medication choice
   - Investigate (and treat) other causes of breathlessness

Management of Patients Currently on LABA+ICS

Adapted from Global Initiative for Chronic Obstructive Lung Disease (2026)



* Patient previously had exacerbations and responded to LABA+ICS treatment

SHORT ACTING BRONCHODILATORS

SABA Short Acting Beta$_2$ Agonists

DPIs		pMDIs	
			
Bricanyl Turbohaler 500 micrograms One puff as required **Terbutaline**	**Salbutamol Easyhaler** 100 micrograms Two puffs as required **or** 200 micrograms One puffs as required **Salbutamol**	**Salamol pMDI** 100 micrograms Two puffs as required **Salbutamol**	**Salamol Easi-Breathe pMDI** 100 micrograms Two puffs as required **Salbutamol**

LONG ACTING BRONCHODILATORS

LAMA / LABA in a single inhaler

DPIs		pMDI
		
Anoro Ellipta 55/22 One puff once daily **Umeclidinium / Vilanterol**	***Duaklir Genuair 340/12*** One puff twice daily **Aclidinium / Formoterol**	***Bevespi Aerosphere 7.2/5*** Two puffs twice daily **Glycopyrronium / Formoterol**

REMEMBER: when you start a **LABA+LAMA** single inhaler then **STOP LABA** or **LAMA** in separate inhalers

TRIPLE THERAPY

Triple inhalers are licensed for COPD maintenance therapy, not first-line use; however GOLD 2026 supports off label, early use in selected patients (see left). Advise the patient, obtain consent, and document.

ICS / LABA / LAMA in a single inhaler

DPIs		pMDIs	
			
Trelegy Ellipta 92/22/55 One puff once daily **Fluticasone Furoate / Vilanterol / Umeclidinium**	***Trimbow NEXThaler 88/5/9*** Two puffs twice daily **Beclometasone / Formoterol / Glycopyrronium**	***Trixeo Aerosphere 160/5/7.2*** Two puffs twice daily **Budesonide / Formoterol / Glycopyrronium**	***Trimbow pMDI 87/5/9*** Two puffs twice daily **Beclometasone / Formoterol / Glycopyrronium**

REMEMBER: when you start an **ICS/LABA/LAMA** in a single inhaler then **STOP ICS/LABA** &/or **LAMA** in separate inhalers

SPACER DEVICES *(TO BE USED WITH pMDIs ONLY)*

		
Small volume spacer device	**Small volume spacer device with mask**	**Volumatic +/- Mask**

see local formulary for latest recommendations on spacer devices

CARBON FOOTPRINT

A well-controlled patient has the lowest carbon footprint

The patient's ability to use the inhaler should be considered when choosing the most suitable device

Consider the carbon footprint when selecting an appropriate inhaler device

Patients who are using multiple inhalers (LAMA and LABA or ICS/LABA plus LAMA. Review and change to a single inhaler i.e. LABA/LAMA or ICS/LABA/LAMA.

Carbon Footprint
Low
Medium
High

KEY

SABA - Short Acting Beta$_2$ Agonist
LABA - Long Acting Beta$_2$ Agonist
LAMA - Long Acting Muscarinic Antagonist
ICS - Inhaled Corticosteroids
pMDI - pressurised Metered Dose Inhaler
DPI - Dry Powder Inhaler
CVD - Cardiovascular Disease

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Adapted from GOLD 2026

Adapted from NHS Midlands Respiratory Network to support ICBs
Chairs: Dr Helen Ward & Dr Deepak Subramanian