Summary of Changes V2.40, December 2014 and V 2.41, May 2015

C. Confirm diagnosis and assess severity

Title change to “Case finding and confirm diagnosis” to be consistent with the *COPD-X Concise Guide for Primary Care* terminology.

C1. Aetiology and natural history

New sentence about an annual decline in post-bronchodilator $FEV_{1,}$ which might represent progression of disease. (Tashkin et al. 2013)

Addition of a new reference about other risk factors for COPD (Omland et al., 2014))

New sentence about occupational exposure to respirable quartz dust being associated with a pooled reduction in FEV_1 (Bruske et al., 2014)

A sentence about evidence of emphysema and gas-trapping on CT scans being associated with self-reported occupational exposures to dust and fumes in both men and women who were former or current smokers (Marchetti et al., 2014)

C2.1 History

A new sentence highlighting evidence that the CAT is a reliable, valid and responsible HRQoL instrument, however the minimum clinically important difference in the total CAT score is unclear. (Gupta et al., 2014)

C2.3 Spirometry

New sentences about evidence that showed that using fixed cut off 0.7 identified more people with CT diagnosed emphysema. (Bhatt et al., 2014b)

O1.2.1 Long-acting anticholinergics (antimuscarinics)

Karner et al., 2012 systematic review updated to Karner et al., 2014

Terminology: Long-acting anticholinergics changed to long-acting muscarinic antagonists

03.3 Inhaled corticosteroids

New sentences from the WISDOM study reporting that in patients with severe COPD, withdrawal of inhaled corticosteroids in a tapered fashion was not inferior to continuation of steroids, although there was a minor reduction in FEV_1 and quality of life. (Magnussen et al., 2014)

O4.1 Inhaled corticosteroids and long-acting beta-agonists in combination

A new paragraph showing evidence about fluticasone furoate/vilanterol, a new once daily ICS/LABA combination inhaled medicine (Agusti et al., 2014, Dransfield et al., 2014, Kerwin et al., 2013 and Martinez et al., 2013).

O7. Comorbidities

New sentence added highlighting comorbidities associated with poorer physical performance as measured by 6MWT (Li et al., 2014)

0.7.2 Cardiac disease

This section has undergone a significant update. It also includes recent studies (Vivodtzev et al., 2014, Konecny et al., 2014 and Andell et al., 2014)

O7.2.1 Heart failure

This section has undergone a significant update.

O7.2.2 Safety of beta-blockers

This section has undergone a rewrite.

Inclusion of a study that looked at dynamic hyperinflation in GOLD stage II-III COPD patients during cardioselective beta-blocker treatment. (Mainguy et al., 2012)

Inclusion of a study that utilised detailed hospital MI data linked to longitudinal primary care records to investigate MI mortality outcomes in COPD patients between 2003 and 2008 in relation to beta-blocker prescription. (Quint et al., 2013)

O7.2.3 Statins

The section has undergone a rewrite.

Inclusion of a new study that explored the role of long-term simvastatin treatment (40mg/day) in AECOPD prevention in moderately severe COPD patients who did not have any conventional indication for statin treatment. (Criner et al., 2014)

O7.6 Gastro-osophageal reflux disease (GORD)

This section has undergone a rewrite.

Inclusion of new research and additional evidence for GORD in COPD. (Martinez et al., 2014; Sakae et al., 2013; Sasaki et al., 2009; Eurich et al., 2010; Gulmez et al., 2007)

O7.10 Cognitive Impairment

Inclusion of two studies linking COPD with cognitive impairment (Singh et al., 2014) (Dodd et al., 2013)

O8 Hypoxaemia and pulmonary hypertension

A new sentence about CT chest, transthoracic echocardiography and right heart catheterisation. (Iyer et al., 2014)

O8.1 Treatment

Ventilatory support

Several paragraphs updating evidence related to NIV (McEvoy et al., 2009, Kohnlein et al and Struik et al., 2014)

O9.2.1 Lung volume reduction surgery and other techniques

Correction to reference from Shah et al., 2013 to Shah and Herth, 2014

Addition of a sentence related to nitinol coils. (Deslee et al., 2014)

P1.1 Smoking cessation

This section has undergone an extensive rewrite to update the evidence. Updates were made to P1.1 smoking cessation, P1.2 Treatment of nicotine dependence, P1.2.1 Nicotine replacement therapy, P1.2.2 Antidepressants, P1.2.3 Nicotine receptor partial agonists.

P 1.2.5 Other agents

A new paragraph about electronic cigarettes (e-cigarettes) was added. (Bullen et al., 2013, Caponnetto et al., 2013, and Pepper and Brewer, 2014)

P4 Antibiotics

This section has undergone a significant rewrite to update the evidence to include the following studies: Herath and Poole, 2013 and Han et al., 2014.

P7. Mucolytic agents

A new paragraph showing evidence to support the use of high dose oral N-Acetylcysteine in the reduction of COPD exacerbations and improvements in lung function. (Zheng et al., 2014) (Tse et al., 2013)

D: Develop support network and self-management

Change in title to “Develop plan of care” to be consistent with the COPD-X Concise Guide for Primary Care.

X: Manage eXacerbations

Addition of a paragraph with evidence for statins reducing rates of hospitalization (for COPD or any other reasons), lung function decline, the need for mechanical ventilation and all-cause mortality. (Criner et al., 2014)

X2.2.2 Systemic corticosteroids for treatment of exacerbations

This section has undergone a significant re-write. High quality evidence shows that systemic corticosteroids reduce treatment failure, improve lung function, shorten recovery and reduce the severity of acute exacerbations of COPD. (Walters et al., 2014a)

Sentences about the duration of corticosteroid treatment for acute exacerbations have also been added. It showed that a five day course of corticosteroids was not inferior to treatment for 14 days with regards to subsequent exacerbations

and mortality over six months of follow-up. (Walters et al., 2014b)(Leuppi et al., 2013)

Miscellaneous

PDF document formatting changes

Addition of links to inhaler device technique patient hand-outs