Summary of Changes V2.39, October 2014

C1. Aetiology and natural history

New sentence regarding evidence that women might be more susceptible to the effects of tobacco smoke. (Aryal et al. 2014)

C5.10 Haematology and biochemistry

New sentences about the association between thrombocytosis and mortality. Thrombocytosis was associated with an increased 1 year all-cause mortality and an increased in hospital mortality. (Harrison et al. 2014)

O1.2.2 Long-acting beta-agonists

Addition of a sentence regarding evidence for olodaterol improving FEV1 and reducing rescue inhaler use compared with placebo. (Ferguson et al., 2014; Koch et al., 2014)

01.2.3 Long-acting bronchodilator combinations

Change to the wording in the paragraph to improve clarity of the evidence regarding dual bronchodilation with a combination of indacaterol and glycopyrronium bromide. There was also an addition of higher level evidence supporting the benefits.

Addition of a new paragraph regarding combination treatment with umeclidinium plus vilanterol, showing it improved lung function compared with tiotropium monotherapy in patients with moderate to very severe COPD. There were no significant differences between treatment groups with respect to risk of COPD exacerbation and some other measures. (Donohue et al., 2013; Donohue et al., 2014; Decramer et al., 2014).

05. Inhaler technique and adherence

Creation of two sub-headings:

O5.1 Inhaler technique

O5.2 Inhaler adherence

Addition of new paragraphs under inhaler adherence with evidence showing non-adherent patients had increased hospitalizations, mortality, poor quality of life and loss of productivity. (van Boven et al., 2014)

Link to the National Asthma Council of Australia's Australian Asthma Management Handbook included.

O6.4 Pulmonary rehabilitation

New sentences added to show the evidence that exercise training combined with disease specific education with a self-management focus, failed to show any additional benefit when compared to exercise training alone. (Blackstock et.al., 2014).

O7. Comorbidities

New sentences were added to acknowledge the term multimorbidity and its existence in patients with COPD.

0.7.1 Increased risks from comorbidities in the presence of COPD

New sentence added to say that common comorbidities differ between men and women and specifically women are more likely to demonstrate anxiety and depression than men.

P1.1 Smoking cessation

The 5-A strategy was reordered to reflect the new order suggested by RACGP.

D4. Telehealth

New section added on telehealth showing that while there have been some positive effects seen, this has been usually due to the underpinning clinical service rather than the telemonitoring communication. (Pinnock et al., 2013; Bolton et al., 2011)

D5. Treat anxiety and depression

New sentence added regarding a study that showed elderly COPD patients prescribed benzodiazepines were at increased risk of an outpatient exacerbation or an emergency department visit for COPD or pneumonia. There was also a slightly elevated albeit not significant risk of hospital admission.

X2.2.3 Antibiotics for treatment of exacerbations

Addition of a new sentence with evidence that sputum purulence increased the likelihood of treatment failure 6 fold and a CRP elevated greater than 40 mg/L was independently associated with a 13 fold increase in the risk of treatment failure.(Miravitlles et al., 2013)