

COPD-X Summary of Changes V2.76

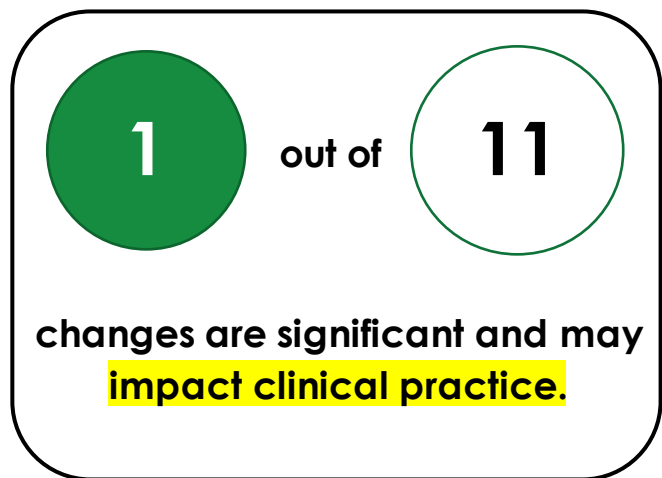
Table of Contents

COPD-X Summary of Changes V2.76	1
C: Case finding and confirm diagnosis.....	2
O: Optimise function	2
P: Prevent deterioration	3
D: Develop a plan of care	4
X: Manage eXacerbations.....	5
References.....	6

Snapshot of the evidence review cycle for V2.76 - September 2024

The latest update of the COPD-X Plan has been provided by Lung Foundation Australia following the September 2024 meeting of the COPD-X Guidelines Committee.

There are **11** changes outlined in this summary.



Implications for Clinical Practice

All changes made to the document are outlined below and those highlighted in yellow are differentiated as the most significant and likely to have an impact on clinical practice.

C: Case finding and confirm diagnosis

No changes

O: Optimise function

Section Item #	Change	Type of change	Related Key Recommendation	Page
O3.2 Inhaled corticosteroids (ICS)				
#1	Minor revision throughout the section, moving 3 passages relating to 3 references (Ohar 2014, Dong 2014, and You 2022) to elsewhere in section O3.2.	Revision	N/A	44
#2	<p>New section O3.2.1 Withdrawal and deprescribing of ICS includes a new reference for meta-analysis (Georgiou 2024) [evidence level I]. The section replaced passages from section O3.2 Inhaled corticosteroids. In addition:</p> <ul style="list-style-type: none"> The contents of two references (Chapman 2018, Magnussen 2014) were revised and summarised. Two older citations and related discussion were removed (Nadeem 2011, Rossi 2014). 	<p>New section</p> <p>Revision</p> <p>New citation (Georgiou 2024)</p>	N/A	44 – 45
O4 Combination therapies and biologic therapies				
#3	<p>Section was restructured to:</p> <ul style="list-style-type: none"> O4.1 Inhaled corticosteroids and long-acting beta₂-agonists in combination (ICS/LABA) O4.2 Inhaled corticosteroids and long-acting beta₂-agonists and long-acting antimuscarinics in combination (ICS/LABA/LAMA) <ul style="list-style-type: none"> Subsection O4.2 underwent a comprehensive review. See Item #4 O4.3 Eosinophils O4.4 Biologic therapies <ul style="list-style-type: none"> In addition to the section restructure, subsection O4.4 was updated to include a new reference (Bhatt 2024) [evidence level II] accompanied by 1 sentence of discussion. 	<p>Revision / restructure</p> <p>New citation (Bhatt 2024)</p>	N/A	45 – 55

Section Item #	Change	Type of change	Related Key Recommendation	Page
O4.2 ICS/LABA/LAMA				
#4	<p>Thorough section review. Section restructured to:</p> <ul style="list-style-type: none"> • O4.2.1 ICS/LABA/LAMA vs. LABA/LAMA <ul style="list-style-type: none"> ○ In addition to the section revision, subsection O4.2.1 also included a new reference (vanGeffen 2023) [evidence level I] accompanied by 3 paragraphs of discussion. • O4.2.2 OCS/LABA/LAMA vs. ICS/LABA • O4.2.3 Fixed vs open triple therapy • O4.2.4 Prescribing and availability <ul style="list-style-type: none"> ○ In addition to the section revision, subsection O4.2.4 was updated to include budesonide/formoterol/glycopyrronium as one of the triple therapies used to treat COPD that are available on the PBS. 	<p>Revision / restructure</p> <p>New citation (vanGeffen 2023)</p> <p>Update</p>	<p>Optimise pharmacotherapy using a stepwise approach [evidence level I, strong recommendation]</p>	48 – 53
O7.2.2.2 Safety of beta blockers				
#5	<p>New reference (Devereaux 2024) [evidence level II] accompanied by 1 sentence of discussion.</p>	<p>New citation (Devereaux 2024)</p>	<p>Recognise that comorbid conditions are common in patients with COPD [evidence level III-2, strong recommendation]</p>	77

P: Prevent deterioration

No changes

D: Develop a plan of care

Section Item #	Change	Type of change	Related Key Recommendation	Page
D1.1.3 Coordinate investigation and management				
#6	<p>New reference (Orlowski 2024) [evidence level III-1] and discussion:</p> <p>A comprehensive literature review of 29 studies indicated a high prevalence of comorbidities for people with an existing COPD diagnosis, particularly cardiovascular and metabolic diseases, asthma, musculoskeletal and psychiatric disorders (Orlowski 2024) [evidence level III-1]. The authors noted polypharmacy (> 5 medications) in 55% of COPD patients, which included inappropriate prescribing for 10% of medications, and contributed to falls risk. The authors recommended clinical review encompassing all aspects of health should be undertaken regularly, with potential benefits including reduced healthcare system burden.</p> <p>Coordinating a multidisciplinary care plan is further discussed in section D2 Multidisciplinary care.</p>	New citation (Orlowski 2024)	<p>Clinical support teams working with the primary healthcare team can enhance quality of life and reduce disability</p> <p>[evidence level III-2, weak recommendation]</p>	111
D3. Chronic disease self-management				
#7	New reference (Wang 2024) [evidence level III-2] accompanied by a paragraph of discussion.	New citation (Wang 2024)	<p>Patients may benefit from self-management support [evidence level I, strong recommendation]</p>	117
D5. Assessment and management of anxiety and depression				
#8	New reference (Wijekulasuriya 2024) [evidence level III-2] with a sentence of discussion. This reference was also cited in the following paragraph with no additional text.	New citation (Wijekulasuriya 2024)	<p>Anticipate the wide range of needs for patients with COPD to facilitate good chronic disease care</p> <p>[evidence level I, strong recommendation]</p>	123

X: Manage eXacerbations

Section Item #	Change	Type of change	Related Key Recommendation	Page
X2.2.2 Systemic corticosteroids for treatment of exacerbations				
#9	New reference (Liu 2024) [evidence level I] with a paragraph of discussion.	New citation (Liu 2024)	Systemic corticosteroids reduce the severity of and shorten recovery from exacerbations (oral route, when possible; 30 to 50mg daily for 5 days) [evidence level I, strong recommendation]	134
#10	Moved reference (You 2020), which was previously discussed in the Eosinophil section (previously labelled O4.2.1, now labelled O4.3).	Moved citation (You 2020)	Systemic corticosteroids reduce the severity of and shorten recovery from exacerbations (oral route, when possible; 30 to 50mg daily for 5 days) [evidence level I, strong recommendation]	134
X2.2.3 Antibiotics for treatment of exacerbations				
#11	New reference (Suzuki 2024) [evidence level I] with a paragraph of discussion.	New citation (Suzuki 2024)	Exacerbations with clinical features of infection (increased volume and change in colour of sputum and/or fever) benefit from antibiotic therapy (amoxicillin or doxycycline for 5 days) [evidence level I, strong recommendation]	135

References

New references cited in COPD-X V2.76

- BHATT, S. P., RABE, K. F., HANANIA, N. A., VOGELMEIER, C. F., BAFADHEL, M., CHRISTENSON, S. A., PAPI, A., SINGH, D., LAWS, E., PATEL, N., YANCOPOULOS, G. D., AKINLADE, B., MALONEY, J., LU, X., BAUER, D., BANSAL, A., ABDULAI, R. M. & ROBINSON, L. B. 2024. Dupilumab for COPD with blood eosinophil evidence of type 2 inflammation. *N Engl J Med*, 390, 2274-2283.
- DEVEREUX, G., COTTON, S., NATH, M., MCMEEKIN, N., CAMPBELL, K., CHAUDHURI, R., CHOUDHURY, G., DE SOYZA, A., FIELDING, S., GOMPERTZ, S., HAUGHNEY, J., LEE, A. J., MACLENNAN, G., MORICE, A., NORRIE, J., PRICE, D., SHORT, P., VESTBO, J., WALKER, P., WEDZICHA, J., WILSON, A., WU, O. & LIPWORTH, B. J. 2024. Bisoprolol in patients with chronic obstructive pulmonary disease at high risk of exacerbation: The BICS randomized clinical trial. *JAMA*, 332(6), E1-9.
- GEORGIU, A., RAMESH, R., SCHOFIELD, P., WHITE, P. & HARRIES, T. H. 2024. Withdrawal of inhaled corticosteroids from patients with COPD; effect on exacerbation frequency and lung function: A systematic review. *Int J Chron Obstruct Pulmon Dis*, 19, 1403-1419.
- LIU, H., XIE, Y., HUANG, Y., LUO, K., GU, Y., ZHANG, H., XU, Y. & CHEN, X. 2024. The association between blood eosinophils and clinical outcome of acute exacerbations of chronic obstructive pulmonary disease: A systematic review and meta-analysis. *Respir Med*, 222, e107501.
- ORLOWSKI, A., ETTINGER, J., BOTTLE, A., SNOW, S., ASHTON, R. & QUINT, J. K. 2024. Modifiable risk factors that may be addressed in routine care to prevent progression to and extension of multimorbidity in people with COPD: a systematic literature review. *BMJ Open Respir Res*, 11, e002272.
- SUZUKI, Y., SATO, K., SATO, S., INOUE, S. & SHIBATA, Y. 2024. Antibiotic treatment for patients with exacerbation of chronic obstructive pulmonary disease: A systematic review and meta-analysis. *Respir Investig*, 62, 663-668.
- VAN GEFFEN, W. H., TAN, D. J., WALTERS, J. A. & WALTERS, E. H. 2023. Inhaled corticosteroids with combination inhaled long-acting beta2-agonists and long-acting muscarinic antagonists for chronic obstructive pulmonary disease. *Cochrane Database Syst Rev*, 12, Cd011600.
- WANG, K., ZHAO, S., YAU, S. Z., WEI, Y., LI, Y. C., ORR, R. W., LAM, I. H., WU, Y., WONG, E. L., HUNG, C. T. & YEOH, E. K. 2024. Outcomes and hospital service use among patients with COPD in a nurse- and allied health-led clinic. *JAMA Health Forum*, 5, e241575.
- WIJEKULASURIYA, S., SA, Z., BADGERY-PARKER, T., LONG, J. C., BRAITHWAITE, J., CHAPMAN, D. G., LEVESQUE, J. F., WATSON, D. E., WESTBROOK, J. I. & MITCHELL, R. 2024. Factors affecting 12-month unplanned readmissions for chronic obstructive pulmonary disease patients: the effect of mental disorders in an Australian cohort. *J Public Health (Oxf)*, 46, e419-e429.

References removed in COPD-X V2.76

- NADEEM, N. J., TAYLOR, S. J. & ELDRIDGE, S. M. 2011. Withdrawal of inhaled corticosteroids in individuals with COPD—a systematic review and comment on trial methodology. *Respir Res*, 12, 107.
- ROSSI, A., VAN DER MOLEN, T., DEL OLMO, R., PAPI, A., WEHBE, L., QUINN, M., LU, C., YOUNG, D., CAMERON, R., BUCCHIONI, E. & ALTMAN, P. 2014. INSTEAD: a randomised switch trial of indacaterol versus salmeterol/fluticasone in moderate COPD. *Eur Respir J*, 44, 1548-56.