

COPD-X Summary of Changes V2.77

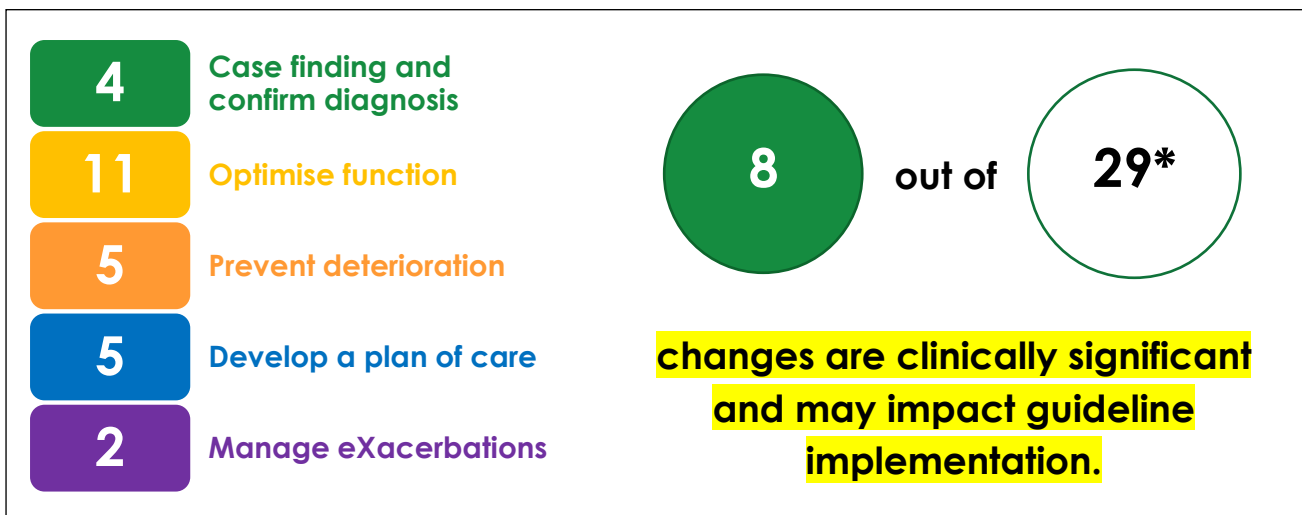
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Snapshot of the evidence review cycle for V2.77 - December 2024

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

There are **29*** changes outlined in this summary.



*Note: Includes 2 changes in the Introduction.

Implications for Clinical Practice

All changes made to the COPD-X Plan are outlined below. Changes highlighted in yellow are differentiated as the most likely to have an impact on guideline implementation and clinical practice.

Introduction

Section heading	Change summary	Type of change	Page
Foreword	1. New passage to acknowledge the COPD Clinical Care Standard, launched in 2024 by the Australian Commission on Safety and Quality in Health Care. Now dated December 2024.	Implementation note	7
Clinical summary tools [New subsection]	2. New section and figures to embed clinical summary tools: - Figure 1: Stepwise Management of Stable COPD - Figure 2: Inhaler Device Chart for COPD	Implementation note	14-15

C: Case finding and confirm diagnosis

Section heading	Change summary	Type of change	Key Recommendation	Page
C3. Assessing the severity of COPD	3. Removed citation – Esteban 2009.	Content update	Regularly assess COPD symptoms and exacerbation risk [evidence level III-2, strong recommendation]	28
C5. Further investigations [Updated heading]	4. Updated section title. Previously titled "C5. Specialist investigation". 5. Restructured into two sections. C5 focuses on the further investigations that are commonly performed in primary care.	Reorganisation / Clarification	Further investigations may be necessary to confirm or exclude other conditions and assess COPD severity [evidence level III-2, strong recommendation]	30-31
C6. Specialist referral [New heading]	6. New section heading. Restructured C5 into two sections. C6 focuses on the investigations which are more commonly referred to a specialist respiratory service.	Reorganisation / Clarification	Consider referral to specialist respiratory services if needed [evidence level III-2, strong recommendation]	30-32

O: Optimise function

Section heading	Change summary	Type of change	Key Recommendation	Page
O5. Inhaler use [updated heading]	7. Updated section title due to new subsection O5.3. Previously titled "Inhaler technique and adherence".	Reorganisation	Regularly check inhaler technique and adherence [evidence level I, strong recommendation]	54
O5.2 Inhaler adherence	8. New citation – Agarwal 2024. 9. New citation – Ammous 2024.	New evidence	Regularly check inhaler technique and adherence [evidence level I, strong recommendation]	57
	10. Moved passages for 3 references (NHS 2003, Bryant 2013, Jia 2020).	Reorganisation	Regularly check inhaler technique and adherence [evidence level I, strong recommendation]	57
O5.3 Environmental impacts of inhaled medicines [New subsection]	11. New subsection, including a new figure (Fig 8). 12. New citation – Bonnesen 2024. 13. New citation – Wurzel 2024. 14. New citation – Montgomery 2022.	New evidence.	Optimise pharmacotherapy using a stepwise approach [evidence level I, strong recommendation]	58
O6.1 Pulmonary rehabilitation	15. New citation – Bishop 2024.	New evidence	Refer to pulmonary rehabilitation to improve quality of life, exercise capacity, and reduce COPD exacerbations [evidence level I, strong recommendation]	61
O7.2 Cardiac disease	16. New citation – Yang 2024. 17. Subsection reorganised to improve flow for new citation.	New evidence / Reorganisation	Recognise that comorbid conditions are common in patients with COPD [evidence level III-2, strong recommendation]	75

P: Prevent deterioration

Section heading	Change summary	Type of change	Key Recommendation	Page
P2.4 RSV immunisation [New subsection]	18. This is a new subsection discussing recommendations and eligibility criteria for the respiratory syncytial virus (RSV) immunisation in Australia.	Implementation note	Encourage vaccination to reduce risks associated with influenza, pneumococcal and SARS-CoV-2 (COVID-19) infection [evidence level I, strong recommendation]	102
P7. Mucolytic agents	19. New citation – Ohnishi 2024. 20. New citation – Zhou 2024.	New evidence	Mucolytics may reduce exacerbations in patients with COPD [evidence level I, strong recommendation]	105
P10. Oxygen therapy	21. Updated key recommendation to remove minimum length of time required for long term oxygen therapy to remove “(<18 hours)”.	Clarification	Consider long-term oxygen therapy for patients with COPD with resting hypoxaemia [evidence level I, strong recommendation]	106
	22. New citation – Ekstrom 2024.	New evidence	Consider long-term oxygen therapy for patients with COPD with resting hypoxaemia [evidence level I, strong recommendation]	107

D: Develop a plan of care

Section heading	Change summary	Type of change	Key Recommendation	Page
D. Develop a plan of care	23. Removed reference – Duckworth 2023.	Content update	Anticipate the wide range of needs in patients with COPD to facilitate good chronic disease care [evidence level I, strong recommendation]	111
	24. New citation – Licskai 2024.	New evidence	Anticipate the wide range of needs in patients with COPD to facilitate good chronic disease care [evidence level I, strong recommendation]	111
D1.9 Pharmacist	25. New citation – Sarwar 2024.	New evidence	Clinical support teams working with the primary healthcare team can enhance quality of life and reduce disability [evidence level III-2, weak recommendation]	116
D5.1 Loneliness [New subsection]	26. This is a new subsection. 27. New citation – Alqahtani 2024.	New evidence.	Clinical support teams working with the primary healthcare team can enhance quality of life and reduce disability [evidence level III-2, weak recommendation] Patients may benefit from self-management support [evidence level I, strong recommendation] Patients may benefit from support groups and other community services [evidence level III-2, weak recommendation]	126

X: Manage eXacerbations

Section heading	Change summary	Type of change	Key Recommendation	Page
X2.2.2 Systemic corticosteroids for treatment of exacerbations	28. Adjusted wording to add a verb ("consider prescribing") to the key recommendation. Now reads as shown in Key Recommendation column.	Clarification	Consider prescribing systemic corticosteroids to 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]	13, 137
X2.2.3 Antibiotics for treatment of exacerbations	29. Adjusted wording to add a verb ("consider prescribing") to the key recommendation. Now reads as shown in Key Recommendation column.	Clarification	Consider prescribing antibiotic therapy (amoxycillin or doxycycline for 5 days) for COPD exacerbations with clinical features of infection (increased volume and change in colour of sputum and/or fever) [evidence level I, strong recommendation]	13, 138

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