



# Stepping down triple therapy in COPD

Although there is a strong evidence base for pharmacotherapy in COPD, much of this is based on the use of individual therapies such as long acting bronchodilators (LABA/LAMA) or Inhaled corticosteroid (ICS)/LABA combinations. Their place in treatment is described in the NICE COPD Guidelines of 2010. The specific role of ICS in COPD is to reduce the risk of exacerbations and manage areas of overlap with asthma although in conjunction with LABA they may improve quality of life and reduce the rate of lung function decline (this latter is likely to be an effect of exacerbation reduction).

In patients with milder disease and infrequent/no exacerbations, the role of triple therapy has not been established. Rather, maximal achievable bronchodilation should be the strategy for this patient group, supported by exercise and PR, as this improves dynamic lung function, aiding daily activity and enhancing quality of life.

This worksheet helps to support clinicians to identify the sub-group of their patients who are being treated with triple therapy outside of current guideline recommendations and offers a method for bringing their therapy into line with a more cost effective and clinically appropriate strategy.

Throughout this process, it is important to note that exacerbations are often poorly defined, and that many patients end up on triple therapy because of escalating chronic symptoms rather than episodic exacerbation. The key date for reviewing the treatment choice is the date of ICS/LABA initiation, not the date of this clinical audit/review.

- ✓ Reduce unnecessary prescribing
- ✓ Better more appropriate treatment for people with COPD
- ✓ Management in line with national guidance

## PCRS-UK Resources:

- PCRS-UK Opinion sheets - Cost effective prescribing, Managing stable COPD
- PCRS-UK Quick Guide to the diagnosis and management of COPD in primary care
- PCRS-UK COPD assessment and review protocol
- PCRS-UK Table of equivalent corticosteroids

## Other Resources:

- National Institute for Health and Clinical Excellence (NICE) Clinical Guideline 101. Management of COPD in adults. <http://guidance.nice.org.uk/CG101>
- IMPRESS value pyramid
- GOLD – Global strategy for the diagnosis, management and prevention of COPD

Practice Improvement Worksheets, DRAFT version 01,  
Date of Expiry March 2015

*This series of practice improvement worksheets are prepared in DRAFT format, for members to use within their practice as part of a PILOT test. Feedback is sought from users of these tools based on effectiveness, accuracy, completeness, usefulness and outcomes.*

Please submit your feedback direct to [tricia@pcrs-uk.org](mailto:tricia@pcrs-uk.org) or submit online [HERE](#)

Authors: Iain Small, Aberdeen; Morag Reilly, Aberdeen; June Roberts, Cheshire

Editor: Dr Iain Small

© Primary Care Respiratory Society UK  
The Primary Care Respiratory Society is a registered charity (Charity No: 1098117) and a company limited by guarantee registered in England (Company No: 4298947).

VAT Registration Number: 866 1543 09.

Registered Offices: PCRS-UK, Unit 2, Warwick House, Kingsbury Road, Curdworth, Sutton Coldfield, B76 9EE

Telephone: +44 (0)1675 477600

Facsimile: +44 (0) 121 336 1914

Email: [info@pcrs-uk.org](mailto:info@pcrs-uk.org)

Official Publication: Primary Care Respiratory Medicine

<http://www.nature.com/npjpcrm/>

The Primary Care Respiratory Society UK (PCRS-UK) is grateful to AstraZeneca UK Ltd, Boehringer Ingelheim Ltd/Pfizer Ltd, Chiesi Ltd, GlaxoSmithKline, MSD UK, Napp Pharmaceuticals and Teva UK Ltd for the provision of educational grants to establish the development of the PCRS-UK Quality Improvement Programmes and its resources. The PCRS-UK wishes to acknowledge the ongoing support of AstraZeneca UK Ltd, Boehringer Ingelheim Ltd, Chiesi Ltd and GlaxoSmithKline in the continued development of this programme in 2014.

Correct at date of revision: April 2014.

Sponsorship details correct at time of publication

