

1. Symptoms to assess: Severity of breathlessness (able to speak in full sentences?), Sputum production, Wheezing, Weight loss/anorexia
PE: wheezing, no accessory muscle use, nail clubbing, increased AP diameter

2. CXR and spirometry are first tests for suspected COPD. CXR may be normal. Labs (CBC, TSH only if concerning symptoms. A1AT if obstructive spirometry.). Spirometry is generally normal in people with asthma. No coffee before spirometry!

3. GOLD A, Group 1

≥2 moderate exacerbations or ≥1 leading to hospitalisation	Group C LAMA	Group D LAMA or LAMA + LABA* or ICS + LABA** * Consider if highly symptomatic (e.g. CAT >20) ** Consider if eos ≥300
	Group A A bronchodilator	Group B A long-acting bronchodilator (LABA or LAMA)
0 or 1 moderate exacerbations (not leading to hospital admission)	mMRC 0–1 CAT <10	mMRC ≥2 CAT ≥10

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LAMA=long-acting muscarinic receptor antagonists; LABA=long-acting beta₂ agonist; ICS=inhaled corticosteroids;
CAT=COPD assessment test; COPD=chronic obstructive pulmonary disease; eos=blood eosinophil count in cells per microlitre;
mMRC=modified Medical Research Council dyspnoea questionnaire.

4. No long acting medications! Counsel about medications to help with cessation, not cessation alone. Do not mix varenicline (partial agonist) with nicotine replacement.

5. Antibiotics if hospitalizations or 2 of 3 listed symptoms

6. 40mg for 5 (GOLD- REDUCE trial) to 14 days (Thoracic Society)

Spirometry Review:

FIGURE 4. FEATURES OF VENTILATORY ABNORMALITY IN SPIROMETRY			
	OBSTRUCTIVE	RESTRICTIVE	MIXED
FEV₁	REDUCED	REDUCED OR NORMAL	REDUCED
FVC	REDUCED OR NORMAL	REDUCED	REDUCED
FEV₁/FVC	REDUCED	NORMAL OR INCREASED	REDUCED

11.

Obstructive: A1AT, asthma, COPD, CF, bronchiectasis

Restrictive: Chest wall (obesity, scoliosis), drug (amiodarone, nitrofurantoin, methotrexate), Interstitial (asbestos, berrlliosis, sarcoid, etc), neuromuscular