



National  
Asthma  
Council AUSTRALIA

# National Asthma Council Webinar Series

## Asthma & COPD- They Do Overlap

# Acknowledgement of Country

I begin by acknowledging the Traditional Custodians of the land on which we gather today and pay my respects to their Elders past and present.

I extend that respect to Aboriginal and Torres Strait Islander peoples here today.


# Learning Objectives

- Describe how to access the COPD-X and asthma management guidelines
- Identify the differential clinical features between asthma and COPD
- Summarise the current guidelines for medication management
- Summarise the importance of written action plans

# Australian Asthma Handbook

## www.astmahandbook.org.au

For latest advice including COVID-19 vaccination for people with asthma, [click here](#) ✕

 National Asthma Council | Australian Asthma Handbook | Council · Handbook · Sensitive Choice

Diagnosis ▾ Management ▾ Acute Asthma ▾ Clinical Issues ▾ Populations ▾ Prevention ▾ Resources ▾ About the Handbook ▾ 🔍

### Australian Asthma Handbook




The National Guidelines for Health Professionals


The Australian Asthma Handbook provides best-practice, evidence-based guidance translated into practical advice for primary care health professionals.

Current version 2.2 was published in April 2022

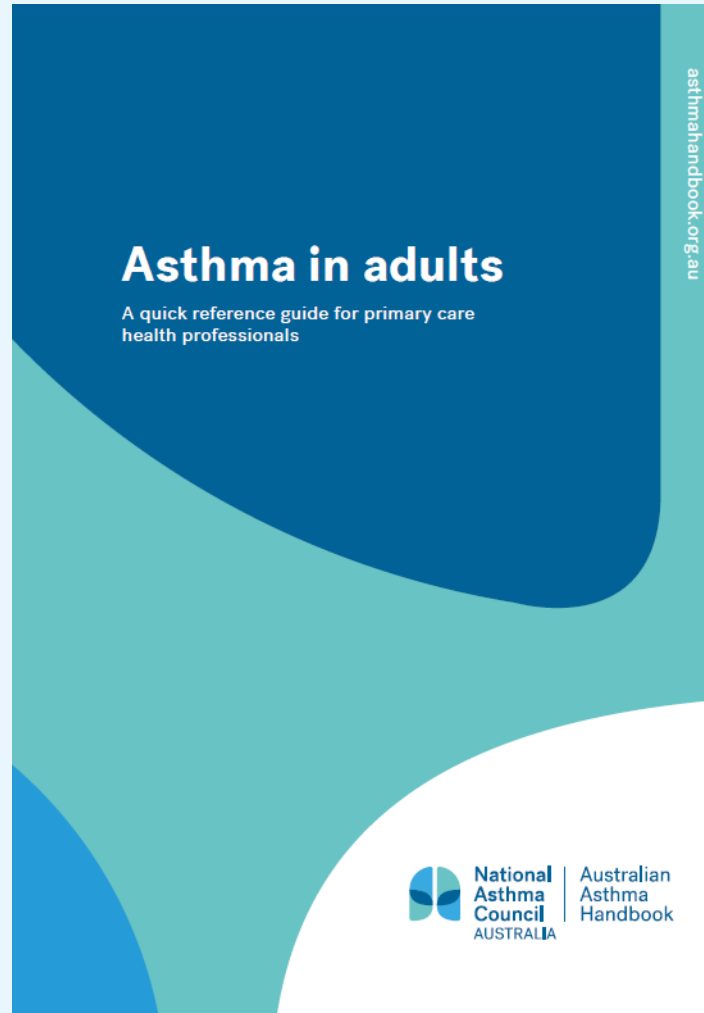
🔍 Search for a symptom, resource or diagnosis Search

Popular Searches: [Spirometry](#) · [Pregnancy](#) · [Exercise](#)



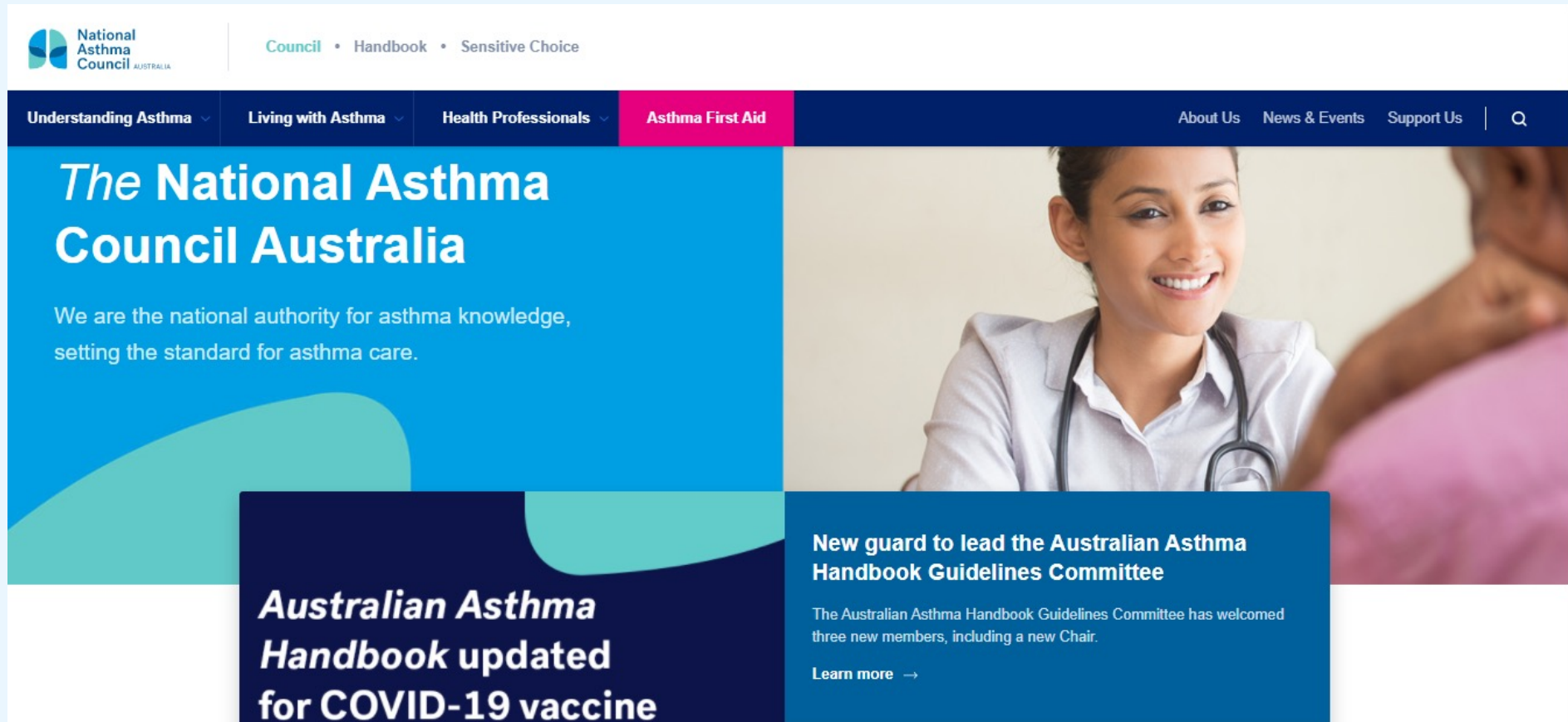
# Australian Asthma Handbook Quick Reference Guide





# National Asthma Council

## www.nationalasthma.org.au



The screenshot shows the homepage of the National Asthma Council Australia. At the top left is the logo, which consists of two overlapping circles in shades of blue and green, followed by the text "National Asthma Council AUSTRALIA". To the right of the logo is a breadcrumb trail: "Council • Handbook • Sensitive Choice". Below this is a dark blue navigation bar with white text for "Understanding Asthma", "Living with Asthma", "Health Professionals", and "Asthma First Aid". On the right side of this bar are links for "About Us", "News & Events", "Support Us", and a search icon. The main content area features a large blue banner with the text "The National Asthma Council Australia" and a sub-headline: "We are the national authority for asthma knowledge, setting the standard for asthma care." To the right of this banner is a photograph of a smiling female doctor with a stethoscope. Below the banner, there are two dark blue boxes with white text. The left box contains the headline "Australian Asthma Handbook updated for COVID-19 vaccine". The right box contains the headline "New guard to lead the Australian Asthma Handbook Guidelines Committee" and a sub-headline: "The Australian Asthma Handbook Guidelines Committee has welcomed three new members, including a new Chair." Below this sub-headline is a "Learn more" link with a right-pointing arrow.

National Asthma Council AUSTRALIA

Council • Handbook • Sensitive Choice

Understanding Asthma Living with Asthma Health Professionals **Asthma First Aid** About Us News & Events Support Us | Q

## The National Asthma Council Australia

We are the national authority for asthma knowledge, setting the standard for asthma care.

### Australian Asthma Handbook updated for COVID-19 vaccine

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[Learn more](#) →



Conditions

- COPD
- Lung cancer
- Idiopathic Pulmonary Fibrosis
- Bronchiectasis
- Pulmonary Arterial Hypertension
- Childhood Interstitial Lung Disease

Networks

- Lung Cancer Nurse Network
- Respiratory Nurse Network
- Pulmonary Rehabilitation Network
- Multidisciplinary Teams (MDTs)
- Pulmonary Fibrosis Australasian Clinical Trials Network

Lung health

- Caring for your lungs
- Smoking cessation
- Lungs in Action exercise classes
- Pulmonary Rehabilitation

Training & events

- All events
- Training
- Webinars
- Conferences



Health Professional Membership

Find out more ->

Featured links

- [Pulmonary Rehabilitation guidelines & resources](#) ->
- [COPD-X guidelines & resources](#) ->
- [Primary Care Respiratory Toolkit](#) ->
- [Interstitial Lung Disease Toolkit](#) ->
- [Bronchiectasis Toolbox](#) ->

Lung Foundation Australia is working to improve lung health and reduce the impact of lung disease for all Australians.

# COPD-X guidelines

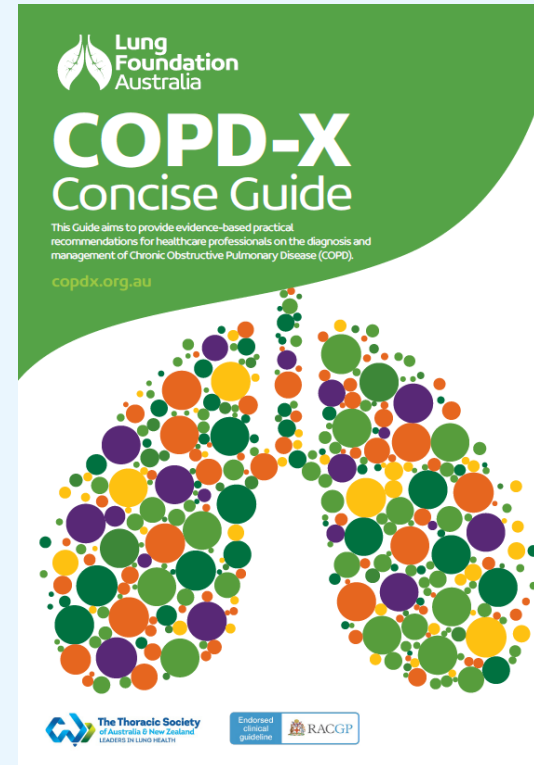
- **C**: case finding and confirm diagnosis
- **O**: optimise function
- **P**: prevent deterioration
- **D**: develop a plan of care
- **X**: manage eXacerbations

COPD-X resources:

[copdx.org.au](http://copdx.org.au)

COPD-X Concise Guide

[www.lungfoundation.com.au](http://www.lungfoundation.com.au)





# Asthma in Australia

- Just under 2.8 million (10.8%) Australians had asthma in 2022
- 1 in 9 Australians, high by international standards
- Females more likely than males (12.2% compared to 9.4%)
- Rate higher in boys than girls aged -14 years (10.1% - 6.2%)
- In 2022, 467 asthma related deaths - 30% increase from 2021 (335)
- One in three (32.1%) had a written asthma action plan
- One in three (33.9%) used asthma medication daily

# COPD in Australia

- 7.5 % of Australians aged 40 or over have symptomatic COPD, even though half of them are undiagnosed.
- Of those with COPD, 3 in 4 people aren't aware
  - symptoms mistaken for asthma, old age or lack of fitness
  - unaware of slow progressive disease
- 20-30% of patients given a clinical diagnosis of COPD, DO NOT meet the diagnostic criteria.
- In 2021 COPD was the leading underlying cause of death in Australia, representing 4.1 % of all deaths (7018 deaths).

# Remember Asthma is:

A chronic lung disease, which can be controlled but not cured

In clinical practice

- Asthma is defined by the presence of **both**:
  - excessive variation in lung function
  - variable respiratory symptoms
  
- Associated features of other allergic conditions such as rhinitis and eczema may be present as well as a family history, childhood asthma, rapidly relieved by a bronchodilator, eosinophilia or raised blood IgE

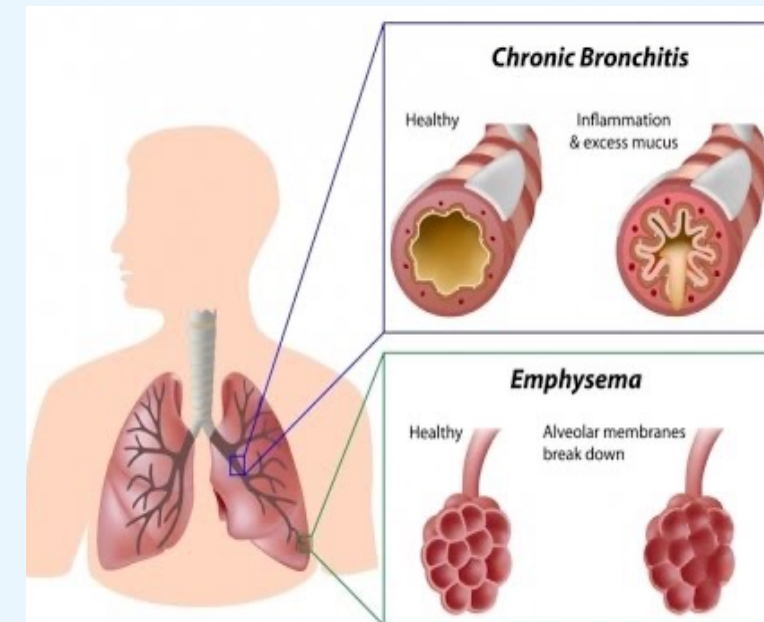
# Remember COPD is

A common, preventable and treatable disease that is characterised by persistent respiratory symptoms and airflow limitation which is not fully reversible. The airflow limitation is usually progressive.

The irreversible component of airflow limitation is the end result of inflammation, fibrosis and remodeling of peripheral airways.

In clinical practice, diagnosis is usually based on:

- Symptoms of exertional breathlessness, cough and sputum
- A history of smoking, or exposure to other noxious agents
- $FEV_1/FVC < 0.7$  post-bronchodilator on spirometry
- Further investigations may be required eg: AAT deficiency



# Asthma vs COPD- patient centered care

Remember- ongoing education is important for disease outcome

Asthma: often present with acute symptoms

- Accept immediate treatment
- May be reluctant for ongoing management
- Treatment aim is to restore lung function and reduce future risk

COPD: present or are diagnosed at different stages of the disease process

- May be reluctant to accept diagnosis and treatment
- May feel a sense of guilt if smoking has caused the disease
- Treatment aim is to optimize lung function and manage exacerbations



# Asthma-COPD Overlap

- Approximately 20% of patients with obstructive lung disease have features of both asthma and COPD
- Asthma-COPD overlap is not a single well-defined disease, but is likely to have many underlying causes
- Asthma-COPD overlap is now recognised as an important clinical problem
- To date there is no consensus on a precise definition of Asthma-COPD overlap

# Asthma-COPD Overlap (cont.)

- People with asthma-COPD overlap often have poorer disease outcomes than those with asthma or COPD alone e.g. more symptoms, more flare-ups, greater mortality
- Asthma-COPD overlap is characterised by persistent airflow limitation with several features usually associated with asthma and several features associated with COPD
- In clinical practice asthma-COPD overlap is identified by the features it shares with both

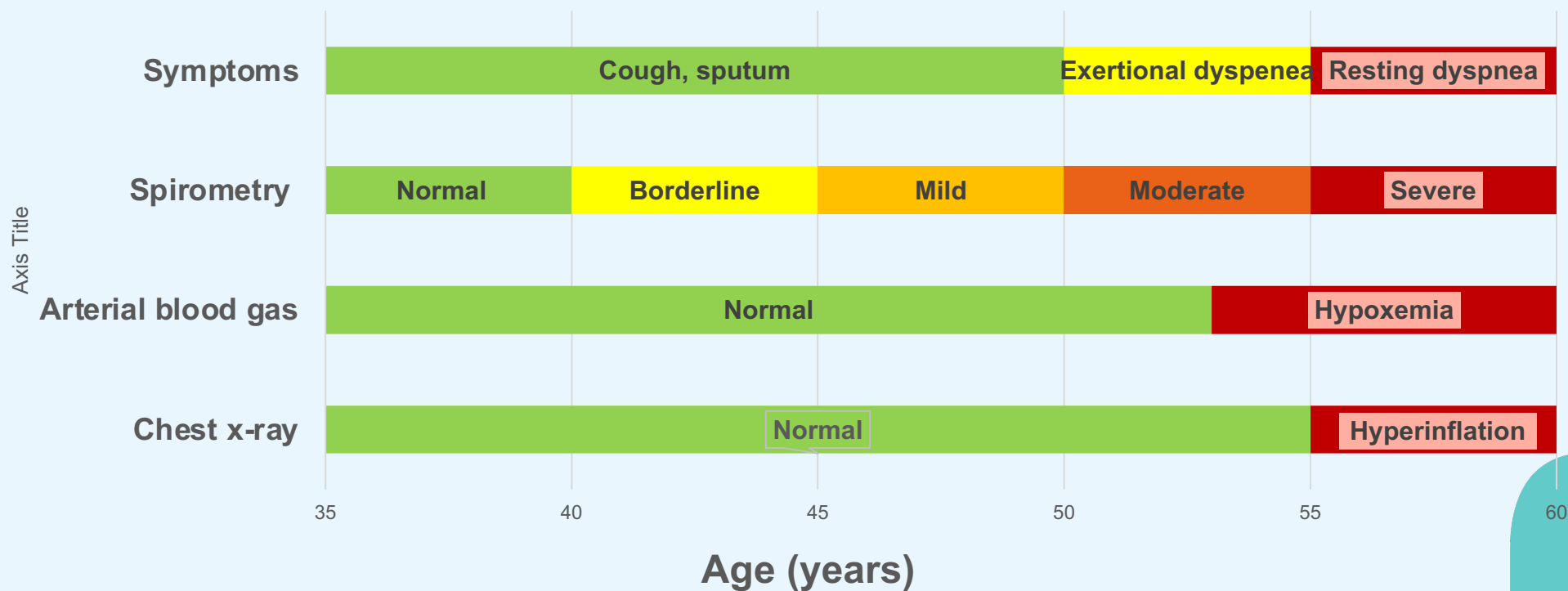
# Diagnosis of overlap

Based on:

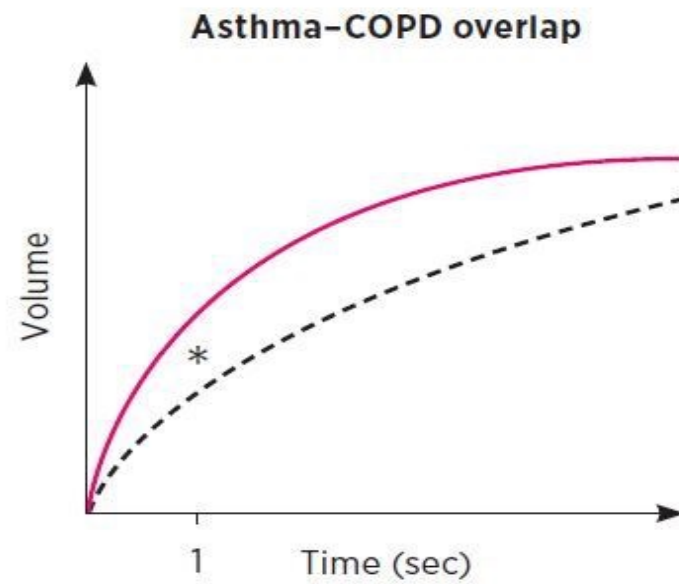
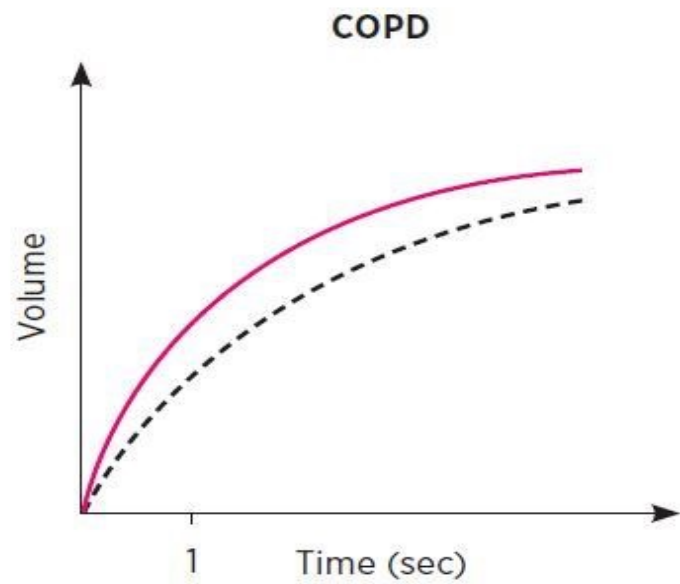
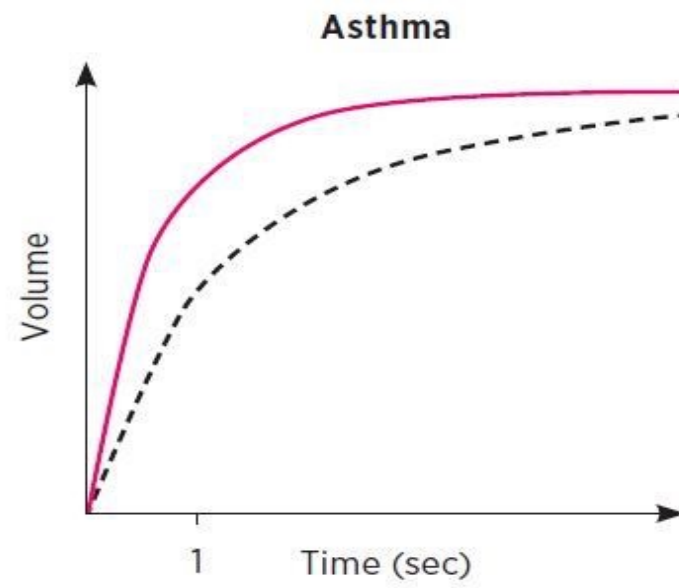
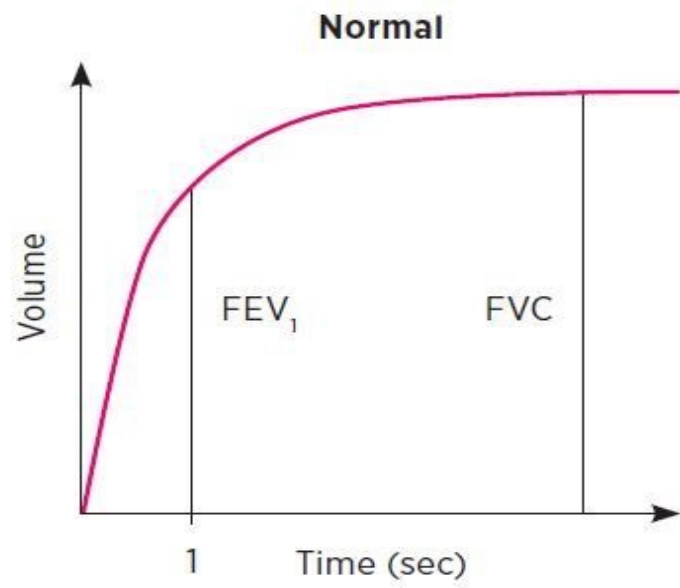
- **Detailed medical history** – *chronic or recurrent cough, sputum production, dyspnoea, wheezing, recurring acute lower RTI, exposure to tobacco smoke or other airborne pollutants, previous Dr diagnosed asthma or COPD*
- **Physical examination** – *may be normal, evidence of hyperinflation, abnormal auscultation*
- **Spirometry** - *The diagnosis of obstructive lung disease relies on spirometry. Pre and post-bronchodilator should be performed*
- **Radiology** - *not routine for asthma, but Chest X-Ray, CT scans or MRI may identify an alternative diagnosis*

# Benefit of spirometry in diagnosis

## Spirometry detects COPD before other tests



Adapted from Enright et al, 1987



--- pre-bronchodilator    — post-bronchodilator



## Characteristic features of asthma and COPD

Feature	Asthma	COPD
Age of onset	<ul style="list-style-type: none"> <li>• Before age 20 years</li> </ul>	<ul style="list-style-type: none"> <li>• After age 40 years</li> </ul>
Pattern of Symptoms	<ul style="list-style-type: none"> <li>• Variation over minutes, hours or days</li> <li>• Worse during the night or early morning</li> <li>• Triggered by exercise, laughter, dust, exposure to allergens</li> </ul>	<ul style="list-style-type: none"> <li>• Persistent despite treatment</li> <li>• Shortness of breath usually activity related and resolves with rest</li> <li>• Chronic cough and sputum unrelated to triggers</li> </ul>
Lung function	<ul style="list-style-type: none"> <li>• Variable airflow limitation</li> </ul>	<ul style="list-style-type: none"> <li>• Persistent airflow limitation</li> </ul>
Lung function between symptoms	<ul style="list-style-type: none"> <li>• Normal</li> </ul>	<ul style="list-style-type: none"> <li>• Abnormal</li> </ul>
Past history/family history	<ul style="list-style-type: none"> <li>• Previous diagnosis of asthma</li> <li>• Family history of asthma and/or other allergic conditions</li> <li>• Smoking history nil or &lt;15pack-year</li> </ul>	<ul style="list-style-type: none"> <li>• Previous diagnosis COPD</li> <li>• Heavy exposure to risk factor tobacco smoke (&gt;15 pack-year) or other noxious agent</li> </ul>
Time course	<ul style="list-style-type: none"> <li>• No worsening of symptoms over time, seasonal</li> <li>• Rapid response to bronchodilator or to ICS over weeks</li> </ul>	<ul style="list-style-type: none"> <li>• Symptoms slowly worsen over time</li> <li>• Rapid-acting bronchodilator provides only limited relief</li> </ul>

**Pack year history** = no of cigarettes per day x number of years smoked divided by 20

# Management of Asthma – COPD overlap

- Bronchodilators for symptom control
- Any features of asthma – prescribe regular low/moderate dose of inhaled corticosteroid (ICS)
- Depending on symptoms consider adding to ICS:
  - Long-acting beta<sub>2</sub> agonists (LABAs) or Long acting muscarinic antagonists (LAMAs)
  - LABA/LAMA combination
- All patients should have an Action Plan – updated regularly
- Monitor and treat respiratory tract infections
- Self management support and education

# Management Principles

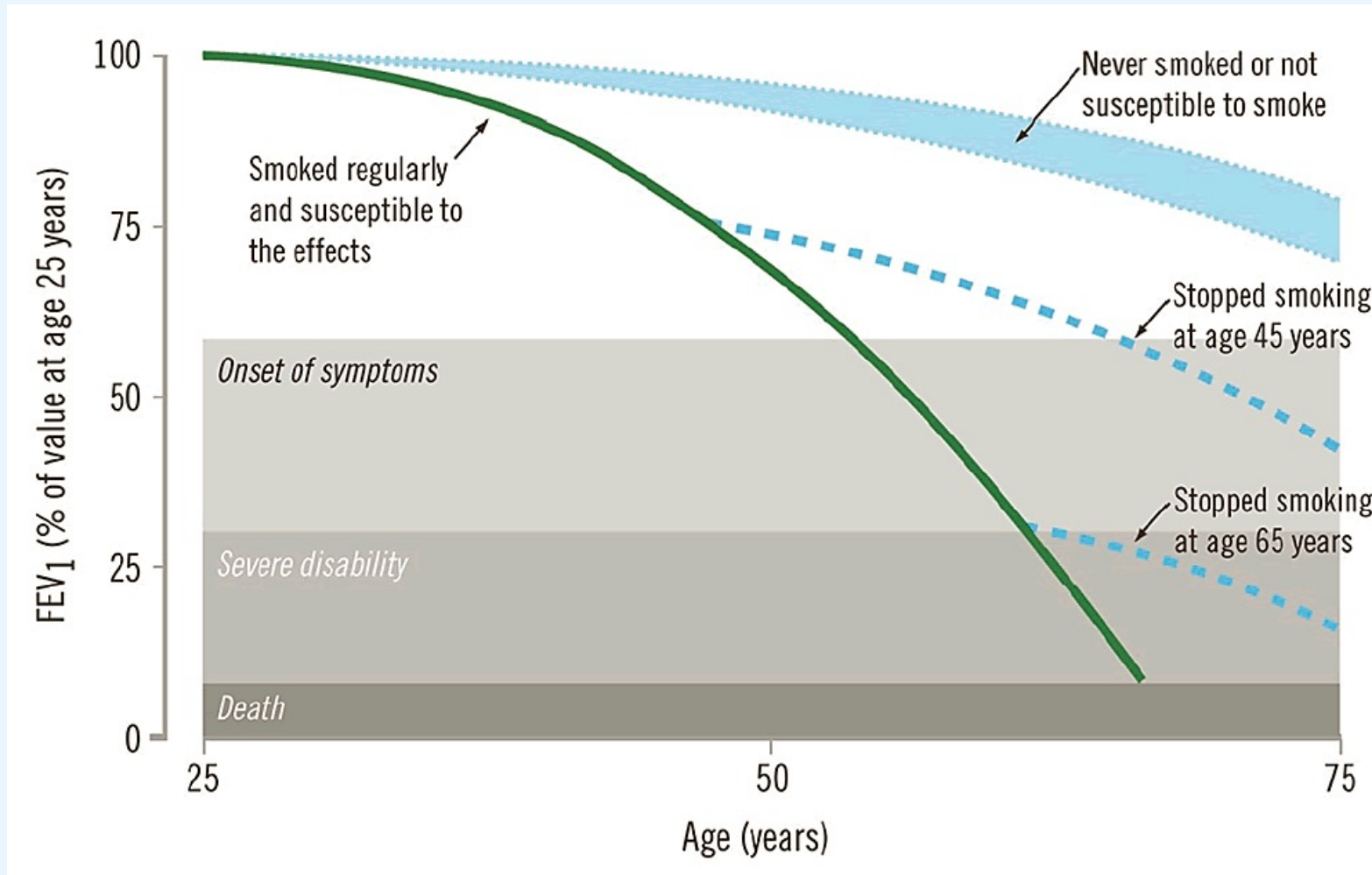
Manage as a chronic disease - needs ongoing care

- Smoking cessation
- Eliminate passive exposure
- Identify triggers - avoidance strategies
- Vaccinations
- Pulmonary rehabilitation
  - Self-management education
  - Healthy well balanced diet
  - Exercise regime/activity levels
  - Stress management

# Tobacco smoking...

- Largest single preventable cause of death and disease
- Passive smoking increased risk of:
  - Heart disease, asthma, COPD, SIDs and some cancers
- Smoking in pregnancy increases health risks to both mother and child
- Smoking worsens asthma and/or COPD
- Reduces effectiveness of inhaled medications
- >10 pack years smoking = effect on lungs

# Smoking: effects on lung function



Adapted from Fletcher C and Peto R.  
The natural history of chronic airflow obstruction.  
BMJ 1977;1:1645-1648  
From COPD-X Checklist, The Australian Lung Foundation



# QUITTING – never give up

- **Stopping smoking** reduces the incidence and progression of lung disease including chronic bronchitis and emphysema
- Smokers who quit at age 50 halve their risk of death caused by smoking
- Quitting by age 30 avoids almost all of the excess risk associated with smoking

“It’s far better to try and try again,  
than to fail to try again”.



# Any Questions?

## SABA RELIEVERS



Ventolin Inhaler † A  
salbutamol 100mcg



Aamol Inhaler † A  
salbutamol 100mcg



Bricanyl Turbuhaler † C  
terbutaline 500mcg



AiroMir Autohaler † #  
salbutamol 100mcg



Zempron Inhaler † A  
salbutamol 100mcg

## RESOURCES

### TREATMENT GUIDELINES

Australian Asthma Handbook  
[asthmahandbook.org.au](http://asthmahandbook.org.au)

### COPD-X Plan:

[copdx.org.au](http://copdx.org.au)

### COPD Inhaler Device Chart Poster:

[lungfoundation.com.au/resources/copd-inhaler-device-chart-poster/](http://lungfoundation.com.au/resources/copd-inhaler-device-chart-poster/)

### INHALER TECHNIQUE

How-to videos, patient and practitioner information  
[nationalasthma.org.au](http://nationalasthma.org.au)

### pMDIs should be used with a spacer (and face mask if needed)

## HOW-TO VIDEOS



## SAMA MEDICATION



Alovent Metered Aerosol † A  
ipratropium 21mcg



Montelukast Tablet  
montelukast 4mg † • 5mg † • 10mg  
Multiple generic brands



Oxis Turbuhaler †  
formoterol 4mcg • 12mcg

## ICS PREVENTERS



Flutide Inhaler †  
fluticasone propionate 50mcg\* • 125mcg • 250mcg  
\*Flutide Junior †



Flutide Accuhaler †  
fluticasone propionate 100mcg\* • 250mcg • 500mcg  
\*Flutide Junior †



Fluticase Cipla Inhaler †  
fluticasone propionate 125mcg • 250mcg



Pulmicort Turbuhaler †  
budesonide 100mcg • 200mcg • 400mcg



QVAR Inhaler †  
beclomethasone 50mcg • 100mcg



QVAR Autohaler †  
beclomethasone 50mcg • 100mcg



Alevaco Inhaler †  
ciclesonide 80mcg • 160mcg



Aeruly Ellipta †  
fluticasone furoate 100mcg • 200mcg



Axotide Inhaler †  
fluticasone propionate 50mcg\* • 125mcg • 250mcg  
\*Axotide Junior †



Axotide Accuhaler †  
fluticasone propionate 100mcg\* • 250mcg  
\*Axotide Junior †

## LABA MEDICATIONS



Serevent Accuhaler †  
salmeterol 50mcg



Onbrez Breezhaler †  
indacaterol 150mcg • 300mcg

## LAMA MEDICATIONS



Spiriva Respimat † ‡  
tiotropium 2.5mcg



Spiriva Handihaler †  
tiotropium 18mcg



Brallus Zonda †  
tiotropium 12mcg



Bretaris Genuair †  
acbadium 222mcg



Seebri Breezhaler †  
glycopyrronium 50mcg



Incruse Ellipta †  
umeclidinium 42.5mcg

## LAMA/LABA COMBINATIONS



Spiolto Respimat † C  
tiotropium/vilanterol 2.5/2.5mcg



Brimica Genuair † C  
acbadium/formoterol 24.8/12mcg



Ultibro Breezhaler † C  
indacaterol/glycopyrronium 110/50mcg



Anoro Ellipta † C  
umeclidinium/vilanterol 43.5/25mcg

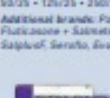
## ICS/LABA COMBINATIONS



Seretide Inhaler †  
fluticasone propionate/salmeterol 50/25 • 120/25 • 250/25 †  
Additional brands: Pevonia, Fluticasona • Salmeterol Cipla, Salgylol, Serefo, Evacair



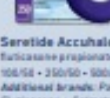
DuoResp Spiromax †  
budesonide/formoterol 200/5 • 400/12 †  
Additional brand: DuoResp Spiromax



Seretide Accuhaler †  
fluticasone propionate/salmeterol 100/50 • 250/50 • 500/50 †  
Additional brands: Pevonia, Fluticasona • Salmeterol Cipla



Flutiform Inhaler †  
fluticasone propionate/formoterol 50/5 • 125/5 • 250/10



Symbicort Rapihaler †  
budesonide/formoterol 160/8 • 320/8 • 640/8 †



Fostair Inhaler †  
beclomethasone/formoterol 100/6 • 200/6



Symbicort Turbuhaler †  
budesonide/formoterol 50/2 • 100/2 • 200/2 †  
Additional brand: Rilar Rapihaler



Breo Ellipta †  
fluticasone furoate/vilanterol 100/25 † • 200/25



Symbicort Breezhaler †  
budesonide/formoterol 100/6 • 200/6 • 400/12 †  
Additional brand: Rilar Turbuhaler



Alectra Breezhaler †  
beclomethasone/glycopyrronium/formoterol 43.5/125 • 107.5/125 • 260/125  
all units in mcg

## ICS/LAMA/LABA COMBINATIONS



Treligy Ellipta †  
fluticasone furoate/umeclidinium/vilanterol 100/2.5/25 † • 200/6.25/25 †



Enerzair Breezhaler †  
mometasone/glycopyrronium/indacaterol 48/54/114 • 126/164/114



Trimbow Inhaler †  
beclomethasone/glycopyrronium/formoterol 100/10/6 † • 200/10/6 †



Breztri Aerosphere † C  
beclomethasone/glycopyrronium/formoterol 160/7.2/5  
all units in mcg

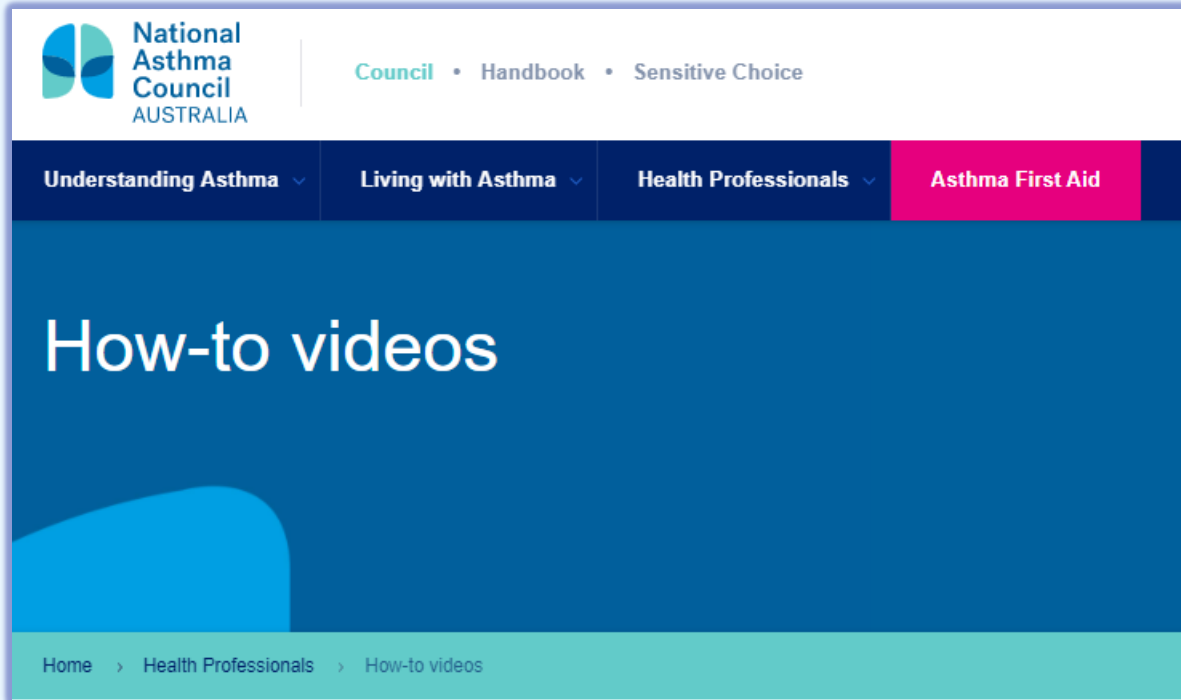
This chart was developed independently by the National Asthma Council Australia with support from AstraZeneca Australia, Chiro Australia, and GlaxoSmithKline (GSK) Australia.

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PBS PRESCRIBERS † Asthma unrestricted benefit ‡ Asthma restricted benefit § Asthma authority required # COPD unrestricted benefit # COPD restricted benefit † COPD authority required  
Check TGA and PBS for current age and condition criteria

† A: Asthma unrestricted benefit; ‡: Asthma restricted benefit; §: Asthma authority required; # COPD unrestricted benefit; # COPD restricted benefit; †: COPD authority required

# Demonstrate and check technique regularly



<https://www.nationalasthma.org.au/health-professionals/how-to-videos>

# Medications for Asthma, COPD, Asthma-COPD overlap

## Relievers – short-acting beta<sub>2</sub> agonists (SABAs)

- Can be used for short-term symptom relief in asthma, COPD and asthma-COPD overlap
- Have a direct bronchodilator effect (up to 4 hrs)
  - Work within minutes
  - Provides acute relief of the symptoms due to airway narrowing
  - Should not be used in the absence of symptoms
- Check inhaler technique – where possible use a spacer

# Long-acting beta2 agonists (LABAs)

- Produce prolonged bronchodilation (to to 12 hours)
- LABAs should not be used in people with asthma or asthma-COPD overlap unless they are also taking an ICS, in combination or separately
- Formoterol (*Oxis*) – twice daily dosing
- Salmeterol (*Serevent*) – twice daily dosing
- Indacaterol (*Onbrez breezhaler*) - once daily dosing

# Long acting muscarinic antagonists (LAMAs)

- Tiotropium (*Spiriva Handihaler or Respimat, Braltus Zonda*) - once daily maintenance
- Glycopyrronium (*Seebri Breezhaler*) - once daily maintenance
- Umeclidinium (*Incruse Ellipta*) – once daily maintenance
- Aclidinium (*Bretaris Genuair*) - twice daily maintenance

LAMAs should not be used in people with asthma or asthma-COPD overlap unless they are also taking an ICS, in combination or separately

# Combination therapy- LABA/LAMA

A single device consisting of:

- a long acting beta<sub>2</sub> agonist (LABA) and
  - a long acting muscarinic antagonist (LAMA)
- 
- Vilanterol + umeclidinium (*Anoro Ellipta*) - once daily
  - Indacaterol + glycopyrronium (*Ultibro Breezhaler*) – once daily
  - Olodaterol + tiotropium (*Spiolto Respimat*) – once daily
  - Formoterol + aclidinium (*Brimica Genuair*) – twice daily



# Combination therapy - ICS/LABA

A single device consisting of a preventer (ICS) and a long acting beta2 agonist (LABA)

Common combinations:

- Fluticasone propionate/salmeterol (*Seretide, Fluticasone & salmeterol Cipla, Salplus F, Pavtide*)
- Fluticasone propionate/formoterol (*Flutiform*)
- Budesonide/formoterol (*Symbicort, DuoResp Spiromax*)
- Beclometasone/formoterol (*Fostair*)
- Fluticasone furoate/vilanterol (*Breo Ellipta*)
- Mometasone/indacaterol (*Ateectura*)

Side effects: due to ICS - dysphonia, oral thrush

# Triple combination – ICS/LAMA/LABA

Fluticasone furoate, Umeclidinium, Vilanterol

## ***Trelegy Ellipta***

(100/62.5/25)

Once daily maintenance for those with **moderate to severe** COPD- FEV1 < 50% predicted and 2 or more exacerbations in the last 12 months

(200/62.5/25)

Once daily maintenance for those with **severe Asthma**



# Triple combination - ICS/LAMA/LABA

- Beclometasone dipropionate 100, Glycopyrronium 10, Formoterol 6 mcg

## ***(Trimbow)***

- Moderate to severe COPD
- Twice daily maintenance dosing
- 18 years and over



- Budesonide 160, Glycopyrronium 7.2, Formoterol 5 mcgs

## ***(Breztri Aerosphere)***

- Moderate to severe COPD
- 2 puffs twice daily maintenance dosing
- 18 years and over



# Written Asthma Action Plans (WAAP's)

WAAP's clearly explain the steps to take to manage a person's asthma day-to-day and what to do during an exacerbation or asthma emergency.

An individualised asthma action plan should be developed, so that a child or adolescent with asthma, or their parent, can recognise deterioration of symptoms and respond appropriately.

***It is expected that ALL children & adolescents with asthma have a current written asthma action plan***



## WAAP's should include ALL of the following:

- Usual asthma medications including treatment for related conditions
- Clear instructions on when to take extra doses or medication
- When to contact a doctor or go to the ED
- Name of the GP or other health professional preparing the plan
- The date the plan was issued
- Advice about epidemic thunderstorm asthma, where to access pollen counts and forecasts

## Improved health outcomes:

- Miss school or work less often
- Wake less at night and have improved symptom scores
- Significantly reduce ED and hospital presentations



# Asthma or COPD action plan?

Choose the plan depending on the person's dominant clinical features

## ASTHMA ACTION PLAN

Take this ASTHMA ACTION PLAN with you when you visit your doctor

NAME _____	DOCTOR'S CONTACT DETAILS Name _____ Phone _____ Relationship _____	EMERGENCY CONTACT DETAILS Name _____ Phone _____ Relationship _____
DATE _____		
NEXT ASTHMA CHECK-UP DATE _____		

**WHEN WELL** Asthma under control (fewer or no symptoms) ALWAYS CARRY YOUR RELIEVER WITH YOU

**My symptoms:** \_\_\_\_\_

**My plan:** \_\_\_\_\_

**Other instructions:** \_\_\_\_\_

**WHEN NOT WELL** Asthma getting worse (needing more reliever e.g. more than 2 times per week, waking up with asthma, more symptoms than usual, asthma is interfering with usual activities)

**My symptoms:** \_\_\_\_\_

**My plan:** \_\_\_\_\_

**Other instructions:** \_\_\_\_\_

**IF SYMPTOMS GET WORSE** Asthma is getting worse (needing reliever again within 2 hours, increase in difficulty breathing, waking often at night with asthma symptoms)

**My symptoms:** \_\_\_\_\_

**My plan:** \_\_\_\_\_

**Other instructions:** \_\_\_\_\_

**DANGER SIGNS** Asthma emergency (severe breathy problems, symptoms get worse very quickly, reliever has little or no effect)

**THIS MEANS:**

- your symptoms get worse very quickly
- you have severe shortness of breath, can't speak comfortably or lips look blue
- you get little or no relief from your reliever inhaler

**CALL AN AMBULANCE IMMEDIATELY. DIAL 000 SAY THIS IS AN ASTHMA EMERGENCY.**

**DANGER SIGNS** Asthma emergency (severe breathy problems, symptoms get worse very quickly, reliever has little or no effect)

**DIAL 000 FOR AMBULANCE**

Call an ambulance immediately. Say that this is an asthma emergency. Keep taking reliever as often as needed.

**ASTHMA MEDICINES**

**PREVENTERS** Your preventer medicine reduces inflammation, swelling and mucus in the airways of your lungs. Preventers need to be taken **every day**, even when you are well. Some preventer inhalers contain 2 medicines to help control your asthma (combination inhalers).

**RELIEVERS** Your reliever medicine works quickly to make breathing easier by making the airways wider. **Always carry your reliever with you** - it is essential for first aid. Do not use your preventer inhaler for quick relief of asthma symptoms unless your doctor has told you to do this.

To order more Asthma Action Plans visit the National Asthma Council website. A range of action plans are available on the website - please use the one that best suits your patient. [www.nationalasthma.org.au](http://www.nationalasthma.org.au)

Developed by the National Asthma Council Australia and supported by GlaxoSmithKline Australia. National Asthma Council Australia retained editorial control.

## My COPD Action Plan

Name \_\_\_\_\_ Date of plan \_\_\_\_\_

**My symptoms**

**My plan**

**My 'normal' is**

- I have a usual amount of cough/phlegm
- I can do my usual activities.

**Medication's for COPD**

Puffs every AM: \_\_\_\_\_ Puffs every PM: \_\_\_\_\_

**Medication's for COPD**

Puffs every AM: \_\_\_\_\_ Puffs every PM: \_\_\_\_\_

**Oxygen prescription**

I need to use home oxygen on \_\_\_\_\_ setting or L/min for \_\_\_\_\_ hours/day

**Reliever inhaler:**

Puffs when I need it to relieve my symptoms

**My symptoms are worsening if I am:**

- Coughing more than usual
- More breathless
- Needing my reliever medication more often
- More tired / lethargic
- Having difficulty with usual activities.

**My plan**

**If I get more out of breath:**

I will use my reliever inhaler more. Medication: \_\_\_\_\_

Take \_\_\_\_\_ puffs every \_\_\_\_\_ hours.

**If I get more out of breath despite taking my reliever medication:**

I will start my rescue pack - prednisolone. Medication: \_\_\_\_\_

\_\_\_\_\_ times per day \_\_\_\_\_ mg Daily for \_\_\_\_\_ days

**If I get more phlegm and/or change in colour (dark yellow, green or brown):**

I will start my rescue pack - antibiotics. Medication: \_\_\_\_\_

\_\_\_\_\_ times per day For \_\_\_\_\_ days

**My flare ups**

Date prednisolone started	Date antibiotics started
_____	_____
_____	_____
_____	_____

**! If I have had to use my plan twice, it's time to organise an appointment with my doctor or nurse for a review.**

**My symptoms**

**My plan**

**I am becoming more unwell if:**

- I am getting worse despite the extra medications (including increased reliever, prednisolone and/or antibiotics).
- I am not better.

**! If no urgent GP appointments are available, present to your local hospital emergency department.**

**My symptoms**

**My plan**

**I'm extremely unwell if:**

- I am experiencing sudden shortness of breath
- I am not responding to my reliever
- I am feeling scared
- I am unusually confused or drowsy
- I am having chest pain.

**My plan**

- Dial 000** for an ambulance or press my medical alarm button
- Continue to use my reliever as needed until the ambulance arrives
- Try my breathing control techniques.

Plan prepared by \_\_\_\_\_

Doctor / Nurse Practitioner (circle)

Name: \_\_\_\_\_


Clinic phone: \_\_\_\_\_

Next review date: \_\_\_\_\_

Reminder created

Signature: \_\_\_\_\_

For more information about managing exacerbations, visit the dedicated clinical path resource.



Please turn page over

## Managing breathlessness

**When feeling breathless**

- Stop what you are doing
- Find a resting position
- Use your fan or the breeze
- Choose your preferred breathing technique, & continue for 2-3 minutes

**After 2-3 minutes evaluate your breathlessness**

Are you feeling less breathless and more in control?

**Yes:** Continue with your activity

**OR**

**No:** Take your prescribed reliever inhaler medication through a spacer, then resume breathing technique for another 2-3 minutes

**! If you remain breathless, refer to your written Action Plan on the front (turn over).**


## Self-management

Self-managing your condition helps to give you control. To learn more about these tools and how they can assist you in self-managing your condition, visit the Lung Foundation Australia website.

**Self-management tool**


**Inhaler techniques**

Correct inhaler technique helps you get the most benefit from your inhaled medications. Ask your doctor, nurse or pharmacist to check your technique.




**Relaxed breathing and control**

Bending over or leaning forward, resting your arms on a stable surface can assist with getting control of your breathing.




**Chest clearance**

Airway clearance techniques are breathing exercises that can help you cough up phlegm. Ask a physiotherapist skilled in airway clearance techniques for instructions on how to start.




**Hand held fans**

A cool draft of air from a hand-held fan can help you feel less breathless and more in control.




**Pulmonary rehabilitation (PR)**

PR is an exercise and education program that helps you to exercise safely and manage your breathlessness.




**Vaccination**


Vaccinations for influenza, pneumococcal pneumonia and COVID-19 can reduce the risk of a flare up. Ask your doctor to check if your vaccinations are up to date.





## Common activities that can cause breathlessness when you live with COPD


Breathlessness is a common symptom in COPD. It can often seem to come on for no apparent reason or with very little exertion. This can cause people to feel frightened, out of control and anxious.


 Preparing and eating meals

 Hanging out washing

 Bending down to tie shoes

 Walking

 Vacuuming

 Showering and dressing


**Lung Foundation Australia**

Access information and support today

[lungfoundation.com.au](http://lungfoundation.com.au)

[enquiries@lungfoundation.com.au](mailto:enquiries@lungfoundation.com.au)

Access the My COPD Checklist and discuss with your doctor or nurse





# STEPWISE MANAGEMENT OF STABLE COPD

	Increasing COPD severity		
	MILD	MODERATE	SEVERE
<b>Typical symptoms</b>	<ul style="list-style-type: none"> <li>few symptoms</li> <li>breathless on moderate exertion</li> <li>little or no effect on daily activities</li> <li>cough and sputum production</li> </ul>	<ul style="list-style-type: none"> <li>breathless walking on level ground</li> <li>increasing limitation of daily activities</li> <li>recurrent chest infections</li> <li>exacerbations requiring oral corticosteroids and/or antibiotics</li> </ul>	<ul style="list-style-type: none"> <li>breathless on minimal exertion</li> <li>daily activities severely curtailed</li> <li>exacerbations of increasing frequency and severity</li> </ul>
<b>Typical lung function</b>	FEV <sub>1</sub> ~ 60-80% predicted	FEV <sub>1</sub> ~ 40-59% predicted	FEV <sub>1</sub> < 40% predicted
<b>CONFIRM diagnosis.</b> Confirm post-bronchodilator airflow limitation (FEV <sub>1</sub> /FVC < 0.70) using <b>spirometry</b> . Any pattern of cough with or without chronic sputum production may indicate COPD.			
<b>OPTIMISE function. PREVENT deterioration. DEVELOP a plan of care.</b>			
<b>Non-pharmacological interventions</b>	<p><b>REDUCE RISK FACTORS</b> Avoid exposure to risk factors including tobacco smoke and air pollution, support smoking cessation, recommend annual influenza vaccine and pneumococcal vaccine according to immunisation handbook</p> <p><b>OPTIMISE FUNCTION</b> Encourage regular exercise and physical activity, review nutrition, provide education, develop GP management plan and written COPD action plan (and initiate regular review)</p> <p><b>OPTIMISE TREATMENT OF CO-MORBIDITIES</b> especially cardiovascular disease, anxiety, depression, lung cancer and osteoporosis</p> <p><b>REFER</b> symptomatic patients to pulmonary rehabilitation</p> <p><b>INITIATE</b> advanced care planning</p> <p><b>MANAGE</b> advanced lung disease with domiciliary oxygen therapy, long-term non-invasive ventilation, surgery and bronchoscopic interventions, if indicated</p>		
<b>Pharmacological interventions (inhaled medicines)**</b>	<p><b>START with short-acting relievers:</b> (used as needed)  <b>SABA</b> (short-acting beta<sub>2</sub>-agonist) OR <b>SAMA</b> (short-acting muscarinic antagonist)</p> <p><b>ADD long-acting bronchodilators:</b>  <b>LAMA</b> (long-acting muscarinic antagonist) OR <b>LABA</b> (long-acting beta<sub>2</sub>-agonist)                      Consider need for combination <b>LAMA/LABA</b> depending on symptomatic response</p> <p><b>CONSIDER adding ICS</b> (inhaled corticosteroids):                      Single inhaler triple therapy (<b>ICS/LABA/LAMA</b>) may be suitable*</p> <p><small>*In patients with ≥ 2 severe exacerbations requiring hospitalisation or ≥ 2 moderate exacerbations in the previous 12 months, AND significant symptoms despite LAMA/LABA or ICS/LABA therapy OR in patients stabilised on a combination of LAMA, LABA and ICS.</small></p> <p><b>Assess and optimise inhaler device technique at each visit. Minimise inhaler device polypharmacy</b></p>		

## REFER PATIENTS TO LUNG FOUNDATION AUSTRALIA FOR INFORMATION AND SUPPORT - FREECALL 1800 654 301

Lung Foundation Australia has a range of resources to promote understanding of COPD and assist with management.

Based on The COPD-X Plan: Australian and New Zealand Guidelines for the Management of COPD and COPD-X Concise Guide

\*\*Refer to PBS criteria: [www.pbs.gov.au](http://www.pbs.gov.au)

Register at [copdx.org.au](http://copdx.org.au) to receive an alert when the COPD-X Guidelines are updated



1800 654 301 | [Lungfoundation.com.au](http://Lungfoundation.com.au)

## Green tick indicates therapies that can be used together

		SABA	SAMA	LAMA	LABA	LABA/LAMA	LABA/LAMA	ICS/LABA	ICS/LABA/LAMA
<b>SABA</b>	+ salbutamol (Ventolin™, Airomir™, Asmol™)		✓	✓	✓	✓	✓	✓	✓
<b>SAMA</b>	+ ipratropium (Atrovent™)	✓			✓		✓		
<b>LAMA</b>	+ tiotropium (Spiriva™/Bratus™) + glycopyrronium (Seebri™)	✓			✓		✓		
<b>LABA</b>	+ salmeterol (Serevent™) + formoterol (Foradile™)	✓	✓	✓					
<b>LABA/LAMA</b>	+ indacaterol/glycopyrronium (Ultibro™) + umecidinium/vilanterol (Anoro™)	✓							
<b>ICS/LABA</b>	+ fluticasone propionate/salmeterol (Seretide™/Salplus™/Cipla™) + budesonide/formoterol (Symbicort™/DuoResp™)	✓	✓	✓					
<b>ICS/LAMA/LABA</b>	+ fluticasone furoate/umeclidinium/vilanterol (Trelegy™) + budesonide/glycopyrronium/formoterol fumarate (Breztri™)	✓							
	+ terbutaline (Bricanyl™)								✓
	+ aclidinium (Bretaris™) + umeclidinium (Incruse™)								✓
	+ indacaterol (Onbrez™)								✓
	+ tiotropium/olodaterol (Spiolto™) + aclidinium/formoterol (Brimica™)								✓
	+ fluticasone furoate/salmeterol (Breco™)								✓
	+ beclometasone/formoterol/glycopyrronium (Trimbow™)								✓

## Relievers

**SABA:** Short-acting beta<sub>2</sub>-agonists



Ventolin® MDI salbutamol



Asmol® MDI salbutamol



Airomir® Autohaler® salbutamol



Bricanyl® Terbutaline



Atrovent® MDI ipratropium



## Maintenance

**LAMAs:** Long-acting muscarinic antagonists



Incruse® Ellipta® umecidinium



Bratus® Zonda® tiotropium



Spiriva® Reusable Respimat® tiotropium



Spiriva® HandiHaler® tiotropium



Seebri® Breezhaler® glycopyrronium



Anoro® Ellipta® umecidinium/vilanterol



Brimica® Genuair® acclidinium/formoterol

**ICS/LABA combinations**



Bretaris® Genuair® acclidinium



Symbicort® Rapihaler® budesonide/formoterol



Symbicort® Turbuhaler® budesonide/formoterol

**ICS: Inhaled corticosteroids (for patients with COPD and Asthma)**



Seretide® Accuhaler® fluticasone propionate/salmeterol



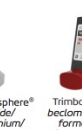
Seretide® MDI fluticasone propionate/salmeterol



DuoResp® Spiromax® budesonide/formoterol



Alvesco® MDI ciclesonide



Flixotide® Accuhaler® fluticasone propionate



Fluticasone Cipla MDI fluticasone propionate



Annuly® Ellipta® fluticasone furoate



QVAR® MDI beclometasone

**ICS/LABA/LAMA**



Breco® Ellipta® fluticasone furoate/vilanterol



Fluticasone + Salmeterol Cipla®/Salplus® MDI fluticasone propionate/salmeterol



Trelegy® Ellipta® fluticasone furoate/umeclidinium/vilanterol



Breztri® Aerosphere® glycopyrronium/formoterol fumarate



Trimbow® MDI beclometasone/formoterol/glycopyrronium

**ICS/LABA combination**



Flutiform® MDI fluticasone propionate/formoterol



Fostair® MDI beclometasone/formoterol

## Notes

- Handihaler, Breezhaler, Zonda and Aerolizer devices require a capsule to be loaded into the device. All other devices are preloaded.
- Respimat requires a cartridge to be inserted into the device.
- Where possible, metered dose inhalers (MDI) should be used with a spacer
- ICS monotherapy is not indicated for COPD without co-existing asthma
- Grey shaded boxes and device images = PBS listed for Asthma only**

## Flare Up Medicines

- Antibiotics (Refer to Therapeutic Guidelines: Antibiotic: [www.tg.org.au](http://www.tg.org.au))
- Oral steroids (prednisone, prednisolone)

# Key Points

- Many adults have features of both asthma and COPD
- Asthma, COPD and asthma–COPD overlap are all heterogeneous disorders
- Patients with asthma-COPD overlap are at a higher risk for more serious disease, more symptoms, more flare-ups, greater need for health care utilisation and greater mortality
- Refer to a specialist for atypical symptoms, flare-ups despite treatment, or complex comorbidities
- Manage patients holistically



# Asthma, COPD and COVID-19

Refer to Australian Asthma Handbook and Lung Foundation Website for updates  
[www.asthmahandbook.org.au/clinical-issues/covid-19](http://www.asthmahandbook.org.au/clinical-issues/covid-19)

- Check everyone has a current written action plan – telehealth if need be
- If performing spirometry, follow latest TSANZ recommendations
- NAC has released recommendations for infection control for spirometry
- Advise to continue with current medications, including inhaled corticosteroids
- Only use oral steroids for severe flare ups as indicated
- **Avoid using a nebuliser- a well fitting mask and spacer with puffer is preferred**
- Advise not to share any medications or spacers even between family members
- Advise to have medications handy- reliever therapy as per action plan

# Resources:

- [www.astmahandbook.org.au](http://www.astmahandbook.org.au)
  - current Australian asthma guidelines- online resource
- [www.nationalasthma.org.au](http://www.nationalasthma.org.au)
  - Videos, brochures, charts- free to order online
- <https://lungfoundation.com.au>
- Current COPD guidelines and other resources

Health Professional Network: [nationalasthma.org.au](http://nationalasthma.org.au)

Twitter: [@asthmacouncilau](https://twitter.com/asthmacouncilau)

Facebook: [National Asthma Council Australia](https://www.facebook.com/NationalAsthmaCouncilAustralia)



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The content of this workshop was developed and reviewed by the following expert group.

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# Thank you for attending



## Other webinar topics:

**Adult Asthma Management-What's New**

**Little Lungs- A Paediatric Asthma Update**

**Take a Breath- Asthma & COPD Medications & Devices**

**Asthma in Spring- Allergies & Thunderstorms**



# Any Questions?