



## COPD Updates

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## Objectives

- To understand new definitions & phenotypes of COPD
- To identify causes & risk factors other than tobacco smoking
- To understand how to evaluate for COPD & initiate clinical assessment
- To develop an approach to evaluating severity & burden of disease
- To understand pharmacologic & non-pharmacologic management strategies

## COPD epidemiology



13%  
 global prevalence

- 3<sup>rd</sup> leading cause of death worldwide.
- >3 million people died of COPD in 2012 (~6% of global deaths).
- COPD is a preventable and treatable public health challenge.
- COPD burden projected to increase in coming decades due to:
  - Continued exposure to risk factors
  - Aging population

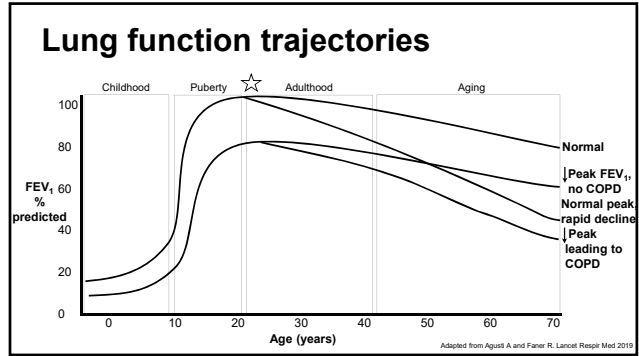
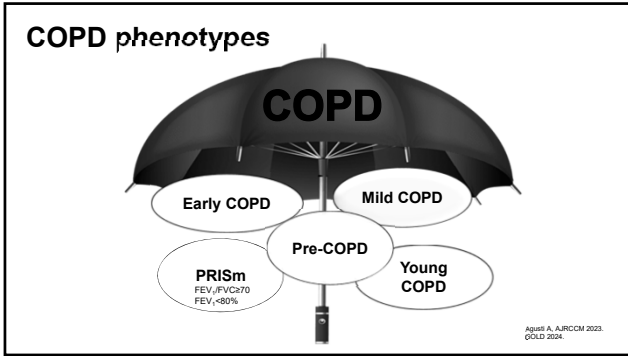
Blanco I et al. Eur Respir J 2019.  
 Hajjeh DMG et al. Int J Tuberc Lung Dis 2019.  
 Maghni J et al. Lancet 2021.  
 Mathers CD et al. PLoS Med 2006.

## Updated COPD definition

*“A **heterogenous** lung condition characterized by **chronic respiratory symptoms** (dyspnea, cough, sputum production and/or exacerbations) due to **abnormalities of the airways** (bronchitis) and/or **alveoli** (emphysema) that cause persistent, often progressive, **airflow obstruction.**”*

– GOLD 2024

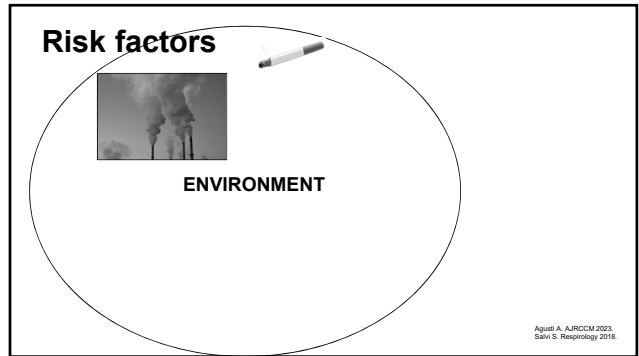
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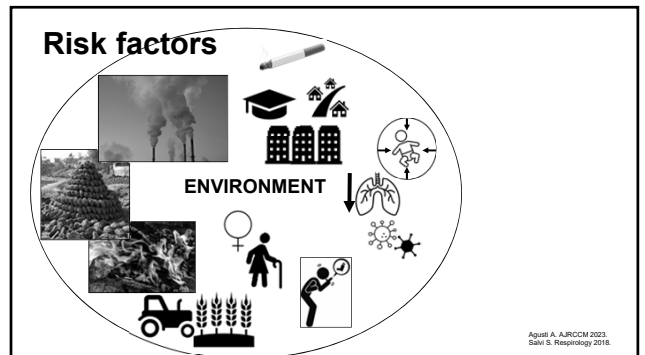
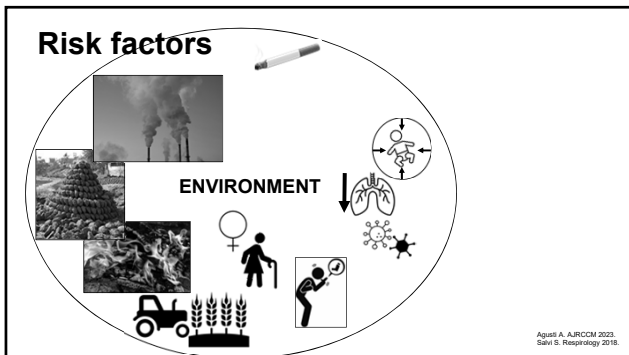
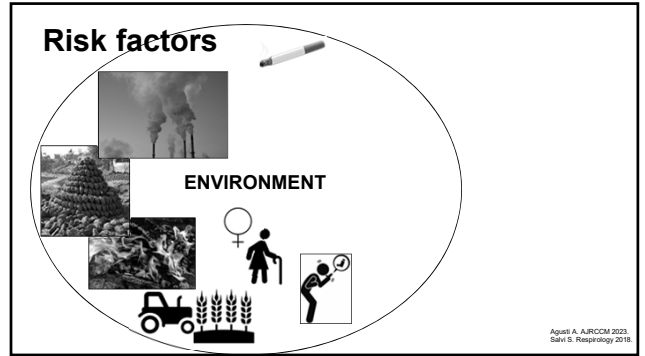
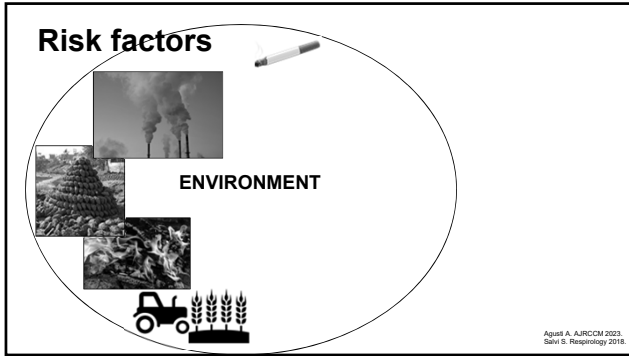


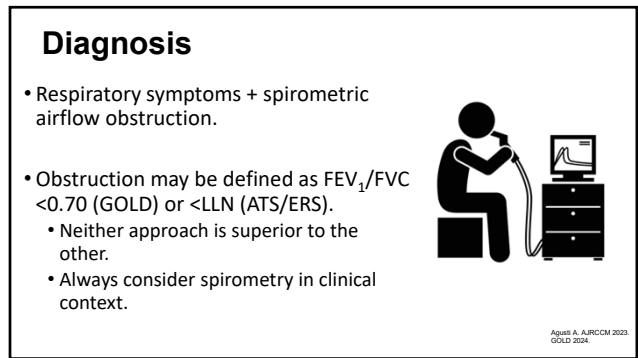
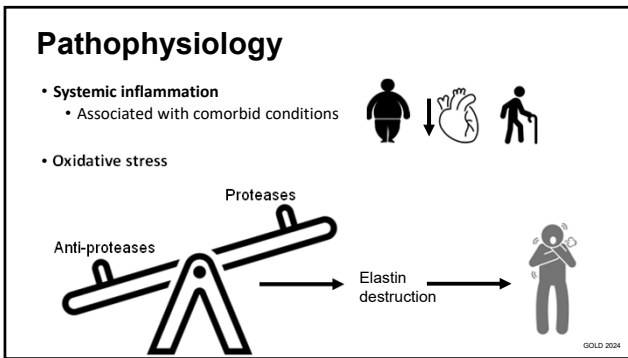
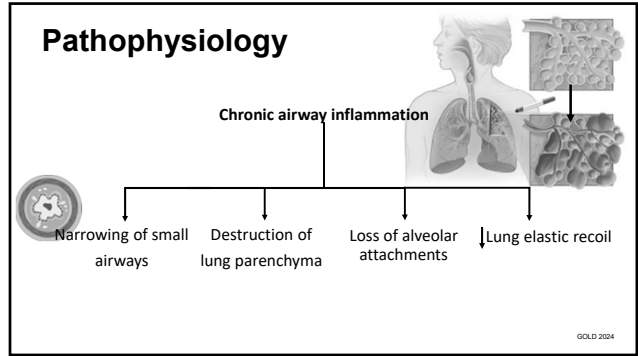
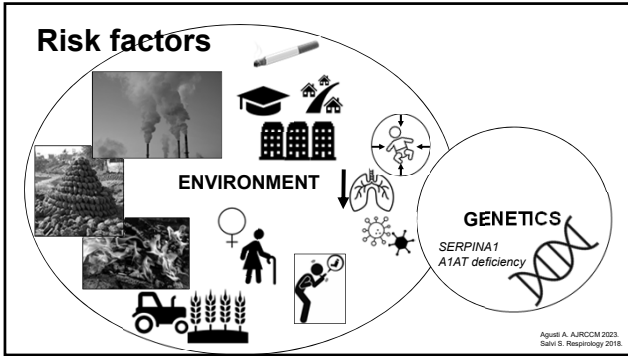
### COPD is not just a “smoker’s disease”

- 25-45% of COPD globally is accounted for by factors other than tobacco smoking.
- COPD results from **cumulative gene-environment interactions over the life course**, which damage the lungs, or alters normal lung development and aging.

Salvi S and Barnes P. Lancet 2009.  
Agusti A et al. Lancet Respir Med 2022.







### Clinical assessment

Goals are to determine:

1. Severity of airflow limitation
2. Symptom burden
3. History of exacerbations
4. Presence and type of co-morbidities

GOLD 2024

### Clinical assessment

GRADE	FEV <sub>1</sub> (% predicted)	Exacerbation history (per year)	
GOLD 1	≥80	≥2 moderate exacerbations or ≥1 with hospitalization	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px; text-align: center;">E</div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 5px; text-align: center;">A</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">B</div> </div> <div style="display: flex; justify-content: space-around; font-size: x-small;"> <div style="border: 1px solid black; padding: 2px;">mMRC 0-1 CAT &lt;10</div> <div style="border: 1px solid black; padding: 2px;">mMRC ≥2 CAT ≥10</div> </div> <p style="text-align: center; margin-top: 5px;"><b>Symptoms</b></p>
GOLD 2	50-79	0 or 1 moderate exacerbations (no hospitalization)	
GOLD 3	30-49		
GOLD 4	<30		

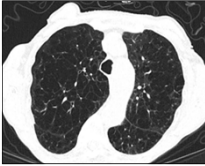
Adapted from GOLD 2024

### Clinical assessment

- Chest imaging cannot confirm a diagnosis of COPD.


CT chest can be used to:

Diagnose pulmonary emphysema



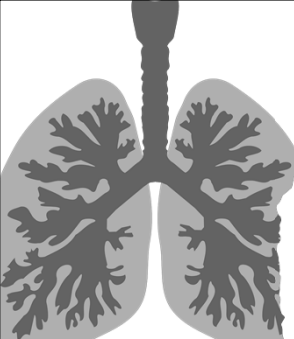
Exclude alternative diagnoses

For lung cancer screening




Quantify airway abnormalities - *Dysanapsis*

Agusti A. AJRCCM 2023. GOLD 2024.



### Summary

- COPD is not simply a “smoker’s disease.”
- COPD is a heterogenous disease resulting from complex gene-environment interactions over the life course.
- Clinical assessment should include symptoms, exacerbation history & evidence of airflow obstruction.



**COPD Updates**

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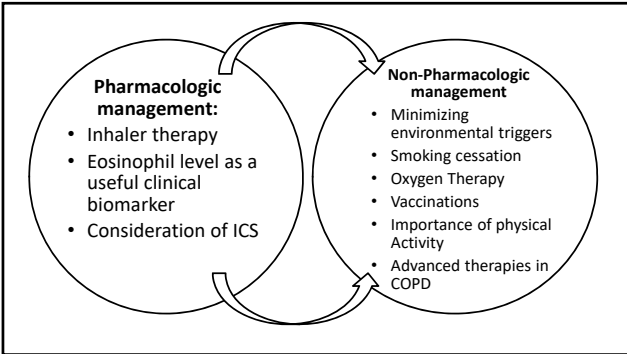
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**Management Approach:**

**Recent emphasis on identification of “treatable traits” which guides escalation/de-escalation of treatment**

- Symptom burden
- Risk of exacerbation
- Disease progression

GOLD 2024




**Inhaler Therapy: Foundation of COPD Management**

Considerations Include:

- Inhaler teaching and technique
- Cost of inhaler therapy

➔ **Require regular reassessment!!**



Important Abbreviations:  
**LABA:** Long-acting β2 adrenergic receptor agonist  
**LAMA:** Long-acting anti-muscarinic agonist  
**ICS:** Inhaled Corticosteroid

### Pharmacologic Treatment

≥2 moderate exacerbations or ≥1 requiring hospitalization	Group E <b>LAMA + LABA</b> Consideration of ICS if blood Eosinophils >300
0-1 moderate exacerbations NOT requiring hospitalization	Group A <b>BRONCHODILATOR</b>
	Group B <b>LAMA + LABA</b>
	mMRC 0-1 CAT <10
	mMRC ≥2 CAT ≥10

Adapted from Gold 2024

### Updates for COPD Group B

**Dual therapy with LABA + LAMA is now recommended over monotherapy**

- Improved FEV1
- Reduction in dyspnea
- Improved quality of life
- Reduced exacerbation risk
- Similar side effect profile

Umeclidinium bromide / Vilanterol (Anoro)  
Glycopyrrolate/Formoterol fumarate (Brevespi)  
Tiotropium bromide/Olodaterol (Stiolto)

Mahler DA. Eur Respir J 2014  
Singh D. Respir Med 2015  
Maltais F. Respir Res 2019

### Updates for COPD Group E

Fluticasone furoate/Umeclidinium/Vilanterol (Trelegy)  
Budesonide/glycopyrrolate/formoterol fumarate (Breztri)

**Dual therapy with LABA + LAMA is also recommended EXCEPT in patients with blood eosinophils >300. In this case triple therapy is recommended with ICS + LABA + LAMA.**

**If ICS is indicated, ICS + LABA + LAMA has been shown to be superior.**

**ICS + LABA is NO LONGER RECOMMENDED**

GOLD 2024  
Lipson DA. N Engl J Med. 2018  
Rabe KF. N Engl J Med. 2020.

### Blood Eosinophil Level: A Treatable Trait

**Useful marker to determine which patients would potentially benefit from the addition of an ICS to their inhaler regimen that would reduce the risk of future exacerbation.**

- 2 RCTs (IMPACT & TRIBUTE) of triple therapy vs LABA/LAMA confirmed greater ICS effect in patients with >150 eosinophils
- FLAME study showed ICS withdrawal in patients with Eosinophils >300 resulted in increased risk of exacerbation

GOLD 2024  
Agusti. Eur Respir J. 2018  
Singh. AM J Respir Crit Care Med. 2022.

### When to consider ICS

Favors Use	Consider Use	Avoid Use
<ul style="list-style-type: none"> <li>• Hospitalization</li> <li>• &gt;2 moderate exacerbations in last year</li> <li>• Blood Eosinophils &gt;300</li> <li>• Asthma Overlap</li> </ul>	<ul style="list-style-type: none"> <li>• 1 moderate exacerbation in last year</li> <li>• Blood Eosinophils 100-300</li> </ul>	<ul style="list-style-type: none"> <li>• Repeated episodes of pneumonia</li> <li>• Hx mycobacterial infection</li> <li>• Blood Eosinophils &lt;100</li> </ul>

GOLD 2024  
Agusti, ERJ. 2018

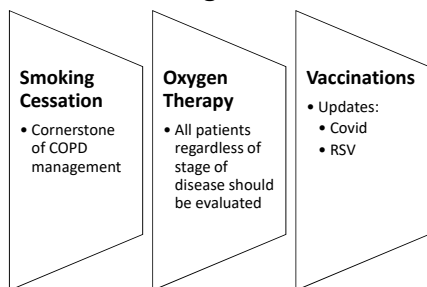
### A word on Dupilumab: BOREAS TRIAL

Recent study has demonstrated that dupilumab may be effective in reducing exacerbation risk in patients with eosinophil level >300

- These patients were already on triple therapy
  - Significant reduction in annual rate of moderate to severe exacerbations in patients in treatment group
- Recent NOTUS Trial pending publication confirms these results

Bhatt, NEJM. 2023

### Key Non-Pharmacologic Considerations:



### COPD is a Systemic Disease

Common co-morbidities should be identified and addressed:

- **Anxiety and Depression\***
  - Very high prevalence and often under-recognized
- Cardiovascular disease
- Lung cancer
- OSA
- Osteoporosis
- Secondary polycythemia
- GERD



Panagioti. *International Journal of COPD*. 2014  
*Am J Respir Crit Care Med*. 2008;(178):913-920



### Physical Activity: Aerobic Activity is Key!

- It is primarily only in ADVANCED lung disease that ventilatory or gas-exchange limitations limit exercise capacity
- Exercise capacity is primarily limited by peripheral muscle and cardiovascular deconditioning



### Pulmonary Rehabilitation:

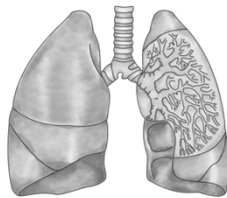
“A comprehensive intervention based on a thorough patient assessment followed by patient-tailored therapies that include, but are not limited to, exercise training, education, and behavior change, designed to improve the physical and psychological condition of people with chronic respiratory disease and to promote the long-term adherence to health-enhancing behaviors.”

~American Thoracic Society

All patient with high symptom burden and increased risk of exacerbation should be recommended to participate in pulmonary rehab  
(GOLD Stage B & E)

### Advanced Therapies in COPD

- **Lung-Volume Reduction Surgery:** Upper lobe predominant emphysema
- **Bronchoscopic Lung Volume Reduction:** Performed by interventional pulmonary by placement of one-way valves
- **Lung Transplant:** Evaluation at a transplant center



☆ **Palliative Care:** Symptom management