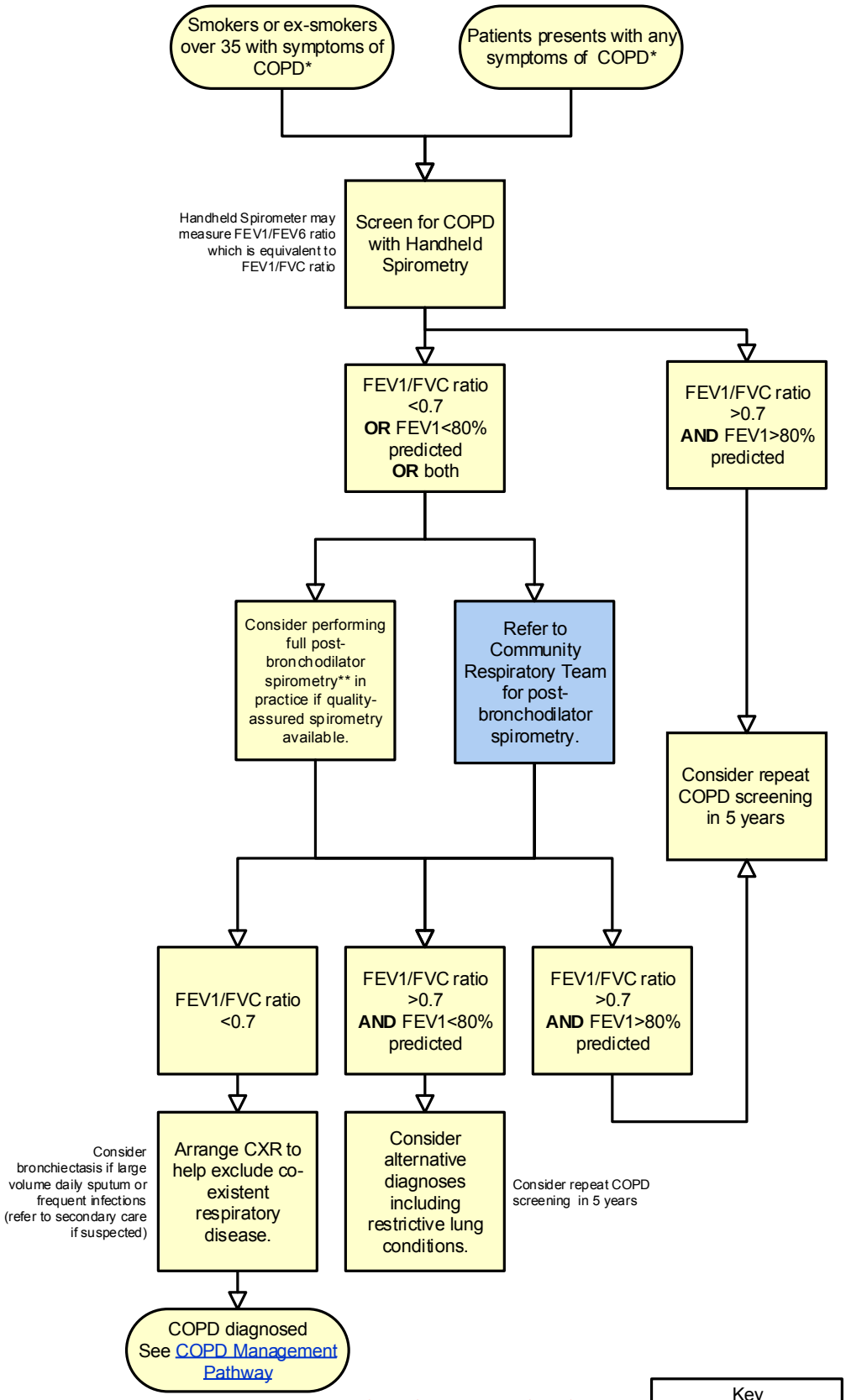
COPD Diagnostic Pathway



*** Suspect COPD in smokers or ex-smokers (including cannabis) over 35 with a 10 year history of smoking or greater who have any symptoms of COPD:**

- Exertional breathlessness
- Chronic cough
- Regular sputum production
- Frequent winter 'bronchitis'
- Wheeze

...and do not have clinical features of asthma:

- Significantly variable breathlessness
- Night-time wakening with breathlessness and/or wheeze
- Significant diurnal or day-to-day variability of symptoms.

****Post Bronchodilator Spirometry:**

- NB is not required unless screening spirometry FEV1/FVC ratio is abnormal
- Purpose is to show FEV1/FVC ratio remains less than 0.7 despite bronchodilation, i.e., obstruction is fixed.
- Perform spirometry 15minutes after giving 400mcg inhaled Salbutamol via spacer
- The results should be compared with predicted normal values, taking into account age, height and sex.

Reversibility Testing:

- Reversibility testing is not the same as post-bronchodilator spirometry testing.
- Routine reversibility testing is NOT necessary to diagnose COPD – it is used only to exclude asthma
- Use reversibility testing only where diagnostic doubt remains, or both COPD and asthma may be present,
- Asthma is likely if:
  - a large (greater than 400mL) FEV1 response to bronchodilators
  - a large (greater than 400mL) FEV1 response to 30mg oral prednisolone (non EC tablets) daily for 2 weeks
  - serial peak flow measurements showing 20% or greater diurnal or day-to-day variability
  - clinically significant COPD is not present if the FEV1 and FEV1/FVC ratio return to normal with drug therapy
- NB If uncertainty remains, consider referral to secondary care for more detailed investigation, e.g. lung transfer factor (TLCO), CT chest.

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Pathway designed August 2013
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This pathway is currently under review – as some of the content may be out of date, it should be viewed as an archive document for information only. Please contact Camden MMT for up-to-date information/advice.