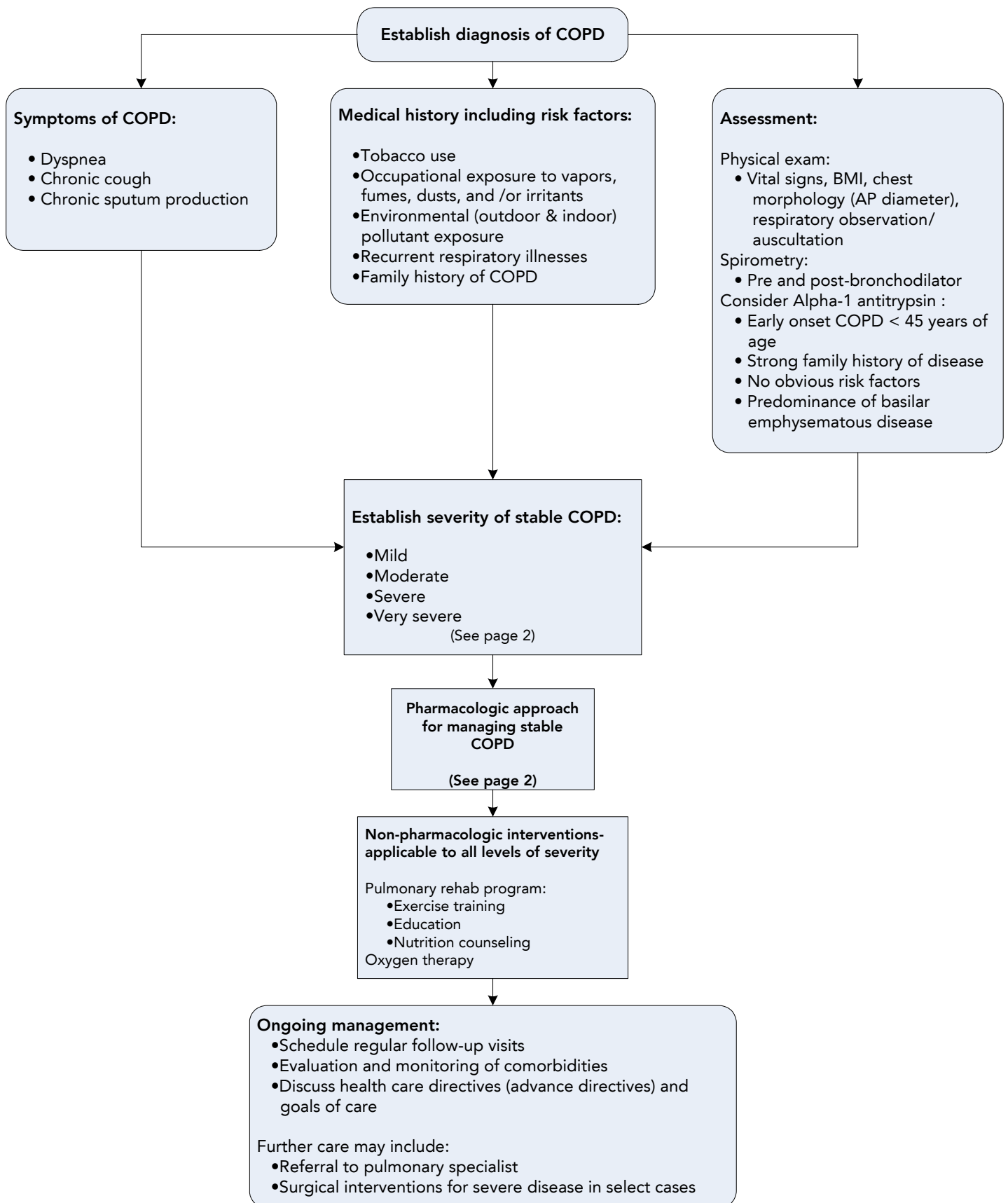
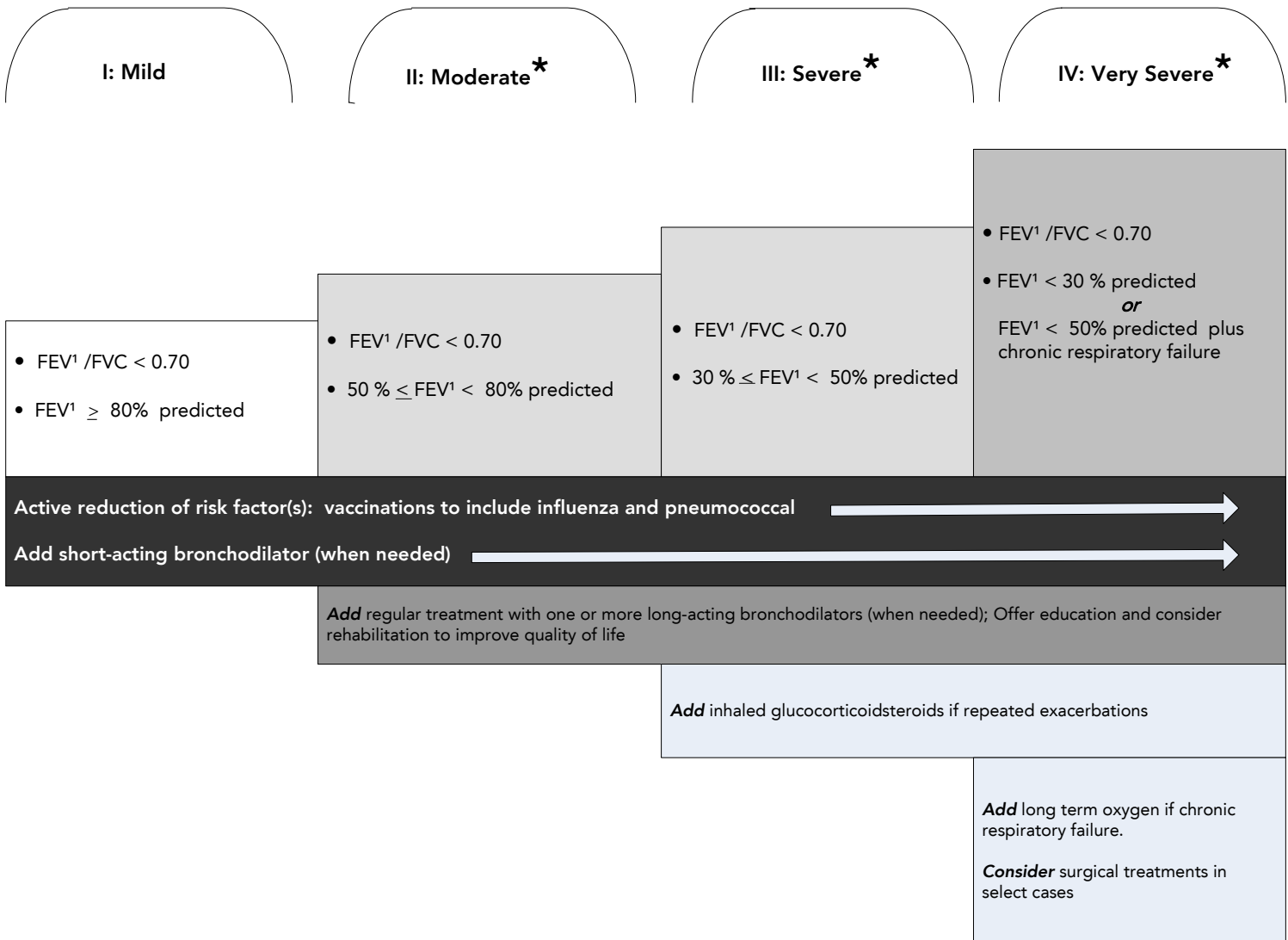


# Algorithm for the evaluation and management of chronic obstructive pulmonary disease (COPD)



## Therapy for COPD based on severity

Postbronchodilator FEV<sup>1</sup> is recommended for the diagnosis and assessment of COPD severity



\*For COPD of moderate or greater severity obtaining SaO<sub>2</sub> at rest, with brisk walking and with sleep. Sleep SaO<sub>2</sub> is usually not necessary if the SaO<sub>2</sub> is in the mid 90's or greater, the patient is not obese and there is no suggestion of sleep disordered breathing.

### Reference:

GOLD Executive Summary: [www.goldcopd.com/GuidelinesResources.asp](http://www.goldcopd.com/GuidelinesResources.asp)

### Comments:

1. Prednisone and prednisolone have equivalent relative steroid potency. Methylprednisolone has greater relative potency (20%) than prednisolone/prednisone.
2. Theophylline has a narrow therapeutic index with significant potential adverse side effects and drug interactions. Due to the potential for toxicity, inhaled bronchodilators are preferred.
3. Leukotriene modifiers have not been shown to be effective for COPD and cannot be recommended.