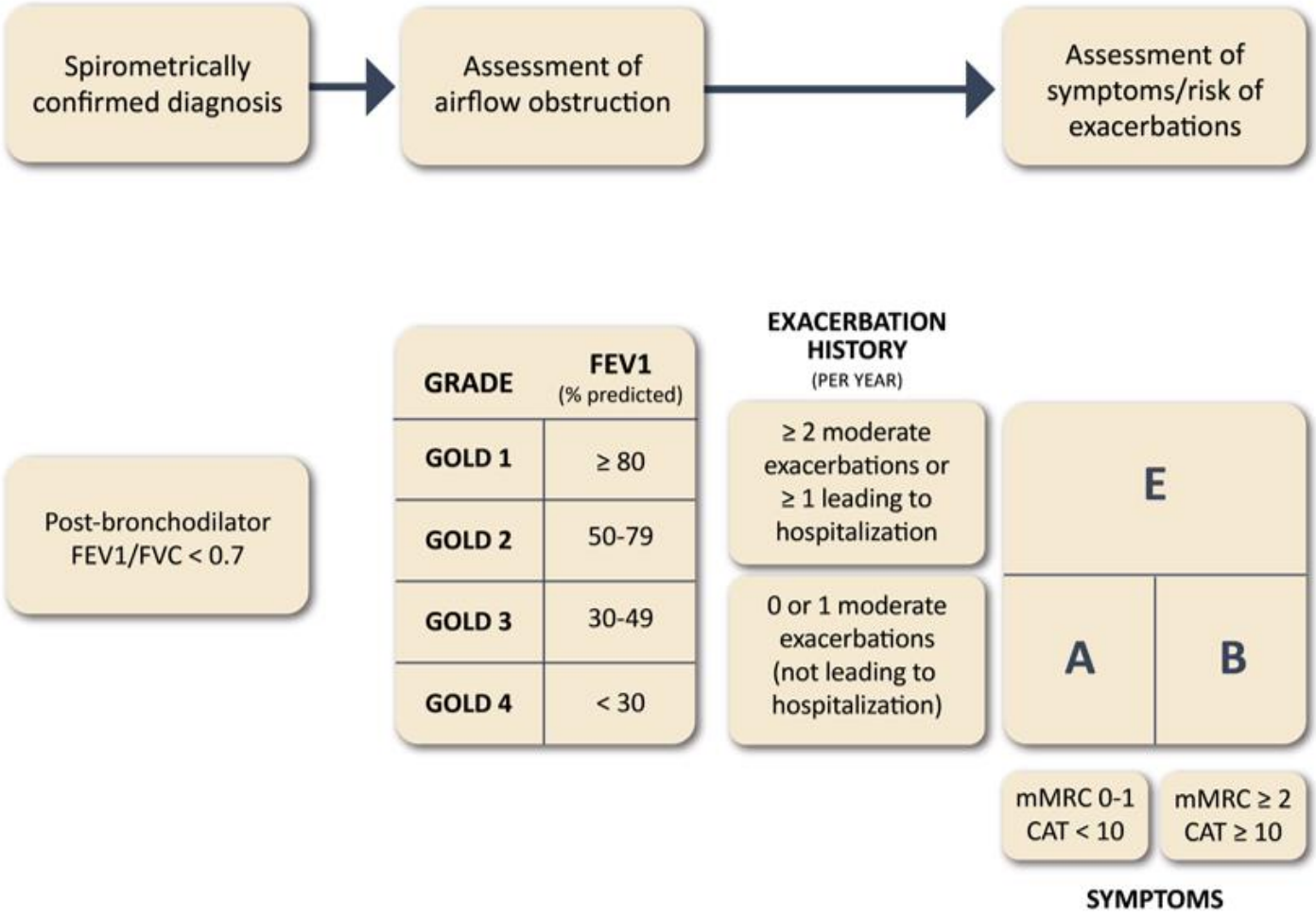
GOLD Combined Initial COPD Assessment & Management

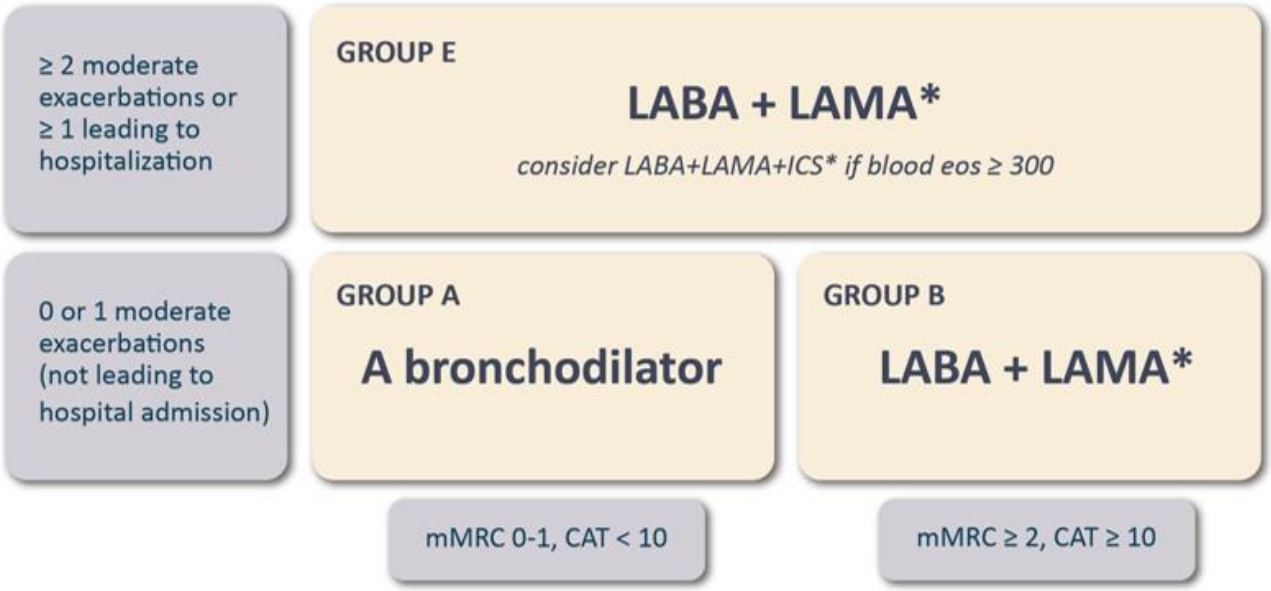
GOLD ABE Assessment Tool

Figure 2.10



Initial Pharmacologic Treatment

Figure 3.7



*Single inhaler therapy may be more convenient and effective than multiple inhalers; single inhalers improve adherence to treatment
Exacerbations refer to the number of exacerbations per year

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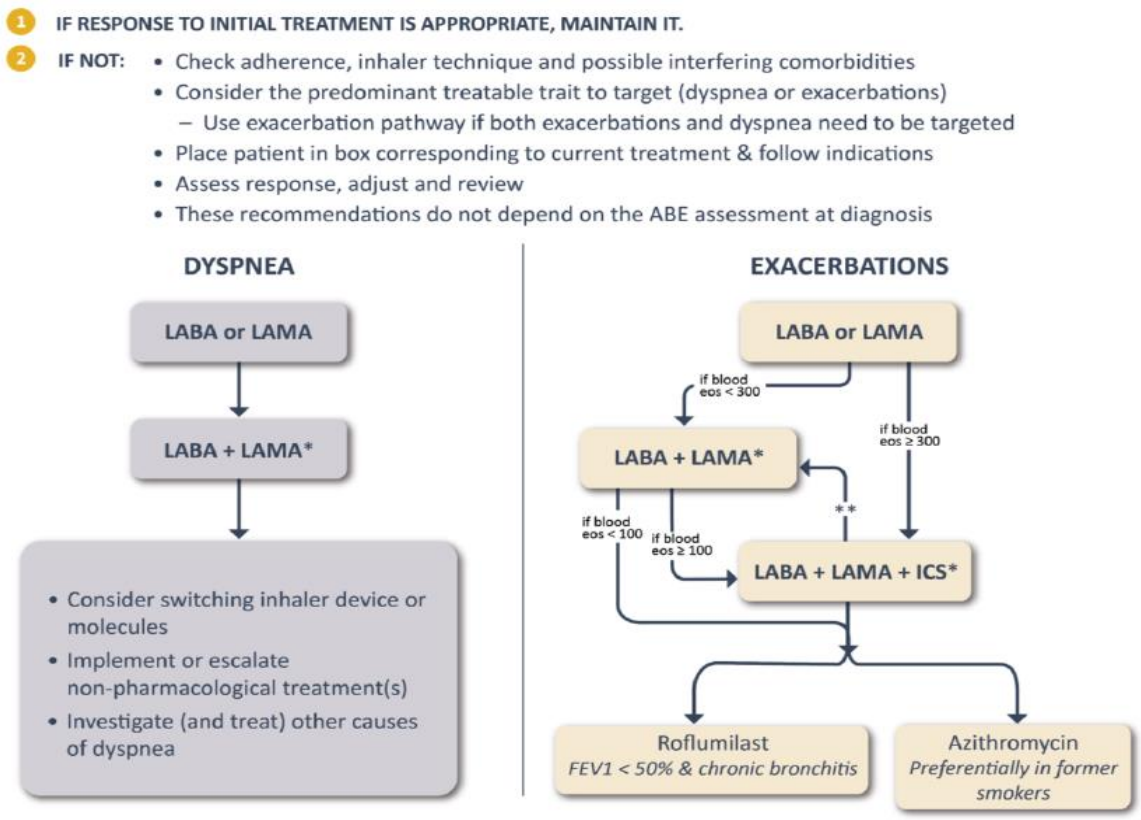
Follow-up Pharmacologic Treatment

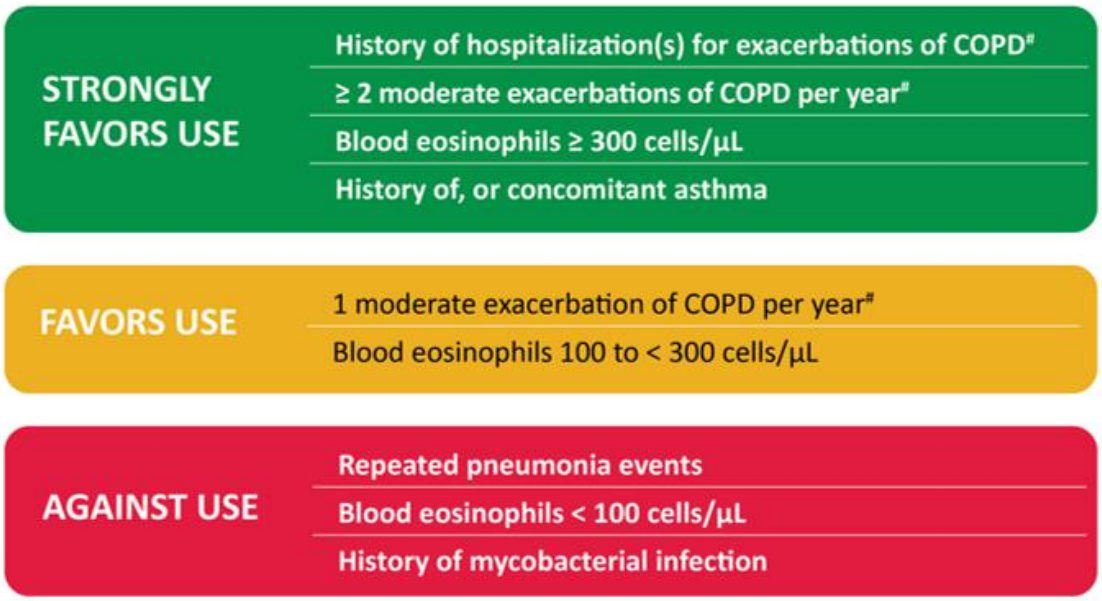
Figure 3.9



*Single inhaler therapy may be more convenient and effective than multiple inhalers; single inhalers improve adherence to treatment; **Consider de-escalation of ICS if pneumonia or other considerable side-effects. In case of blood eos ≥ 300 cells/µl de-escalation is more likely to be associated with the development of exacerbations
Exacerbations refer to the number of exacerbations per year

Factors to Consider When Adding ICS to Long-Acting Bronchodilators: (note the scenario is different when considering ICS withdrawal)

Figure 3.21



#despite appropriate long-acting bronchodilator maintenance therapy (see Figures 3.7 & 3.18 for recommendations); *note that blood eosinophils should be seen as a continuum; quoted values represent approximate cut-points; eosinophil counts are likely to fluctuate. Adapted from & reproduced with permission of the © ERS 2019: *European Respiratory Journal 52 (6) 1801219; DOI: 10.1183/13993003.01219-2018 Published 13 December 2018*
Refer to the GOLD 2024 Report to view Figure 3.18.

Abbreviations

CAT™ = COPD Assessment Test™; COPD = chronic obstructive pulmonary disease; eos = blood eosinophil count in cells per microliter; FEV_1 = forced expiratory volume in 1 second; FVC = forced vital capacity; ICS = inhaled corticosteroid; LABA = long-acting $beta_2$-agonist; LAMA = long-acting muscarinic antagonist; mMRC = modified Medical Research Council dyspnea questionnaire.

Reference

Global Initiative for Chronic Obstructive Lung Disease (GOLD). Global strategy for the diagnosis, management, and prevention of COPD (2024 report). GOLD website. Accessed November 14, 2023. https://goldcopd.org/2024-gold-report/

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