**Best Practice Message**

**August 2024**

# **The Global Initiative for Chronic Obstructive Lung Disease (GOLD) update and implications in Aotearoa**

## *Practice changing moments*

* Māori have a 2-3 times higher incidence of COPD.
* ICS treatment is reserved for patients who experience frequent exacerbations, those with eosinophilic COPD and patients with asthma.
* If there is an indication for an ICS, then LAMA/LABA/ICS is preferred over the use of LABA/ICS in COPD.
* Before escalating therapy, review inhaler technique and adherence. Consider if the patient may benefit from switching inhaler device within the same class.
* Reducing the number of inhalers or selecting devices with similar inhalation technique could help improve adherence.

## Background

The burden of COPD among Māori and Pacific people is one of the most significant health disparities in Aotearoa.1,2 Māori should be considered a high risk group requiring targeted care.1

Non-pharmacological interventions, such as smoking cessation and promoting physical activity are still the primary intervention in COPD management. Pulmonary rehabilitation should be offered to all patients with COPD and is considered essential for symptomatic patients and those with frequent exacerbations.1,3

The Global Initiative for Chronic Obstructive Lung Disease (GOLD) proposes tailored pharmacological treatment dictated by a patient’s GOLD group (based on the level of symptoms and risk of exacerbations). There were several changes to the GOLD recommendations in the 2023 and 2024 update.

Inhaled therapy options include Long Acting Beta2 Agonists (LABA), Long Acting Muscarinic Antagonists (LAMA) and Inhaled Corticosteroids (ICS). This year a new ICS/LAMA/LABA combination product has been released in New Zealand. Fluticasone furoate with umeclidinium and vilanterol, [Trelegy Ellipta](https://nzf.org.nz/nzf_71504)®, is funded for COPD maintenance treatment.

Blood eosinophil count has a continuous relationship with the beneficial effects of ICS. Patients with an eosinophil count of greater than 0.3X109 cells/L have the greatest likelihood of benefit of ICS. There is little expected benefit below 0.1X109 cells/L.4 The GOLD recommendations around ICS use considers this, and is explored below.

## GOLD 2023 updates

In the 2023 updated recommendations GOLD groups have been revised to recognise the clinical relevance of exacerbations independent of the level of symptoms. The former C and D groups are now merged into a single group termed E (for exacerbations).3

* Group A patients have had no or only one moderate exacerbation and mild symptoms (mMRC[[1]](#footnote-2) 0-1 or CAT1 <10) - initiate therapy on a short acting bronchodilator.
* Group B patients have had no, or only one moderate, exacerbation but are more symptomatic (mMRC 2≥ or CAT ≥ 10).
* Group E patients are those with two or more moderate exacerbations OR more than one exacerbation leading to hospitalisation.
* Group B and E patients - initiate therapy on long-acting combination inhaler treatment.

When to use LAMA/LABA

GOLD recommends LAMA/LABA combination treatment as initial first line for groups B and most group E patients.4 Note that the current LAMA/LABA combination [Special Authority](https://schedule.pharmac.govt.nz/2024/08/01/SA1584.pdf) criteria requires that a patient has first been stabilised on a LAMA, in line with the New Zealand COPD guidelines.

When to use ICS/LABA

The use of LABA/ICS in COPD is no longer encouraged. If there is an indication for an ICS, then LAMA/LABA/ICS has been shown to be superior to LABA/ICS and is therefore the preferred choice.4

When to use ICS/LAMA/LABA

Triple therapy as an initial treatment choice: GOLD suggests that for patients in group E, who also have an eosinophil count of greater than 0.3X109 cells/L, triple therapy can be considered as an initial treatment.4 The [Special Authority](https://schedule.pharmac.govt.nz/2024/08/01/SA2326.pdf) criteria for Trelegy Ellipta® does not allow for the single combination product to be used as the initial treatment product in COPD in Aotearoa, however the ICS/LAMA/LABA combination could be obtained by using multiple inhalers.

Triple therapy as a follow up treatment choice: In group B and E patients currently on LAMA/LABA treatment with frequent exacerbations GOLD recommends escalation of therapy to ICS/LAMA/LABA in patient with an eosinophil count of greater than 0.1X109 cells/L.4

Triple therapy in patients with concomitant asthma: An ICS should be used by all patients diagnosed with concomitant asthma.4,5 Follow the [asthma guidelines](https://www.nzrespiratoryguidelines.co.nz/uploads/8/3/0/1/83014052/arfnz_adolescent_and_adult_asthma_guidelines_.pdf) for these patients.

## Choice and appropriate use of inhaler devices

Because inhaled therapy is the cornerstone of COPD treatment, the appropriate use of these devices is essential. Patients’ ability to correctly use inhalers is affected by their cognitive ability, manual dexterity and coordination skills, as well as the degree of inspiratory flow they can achieve. Shared decision making is the most appropriate strategy for inhalation device choice.4

Evidence shows that the use of multiple inhalers requiring different techniques has an adverse effect on COPD outcomes.6 A recent literature review also showed that adherence rates were often better in patients using a single inhaler compared to multiple inhalers.7 Thus, prescribing strategies that could help improve adherence include selecting devices with similar inhalation technique; and combination therapy.

**Tools available:**

* See [Health Pathways](https://hawkesbay.communityhealthpathways.org/16602.htm) for more details on non-pharmacological interventions.
* [Hawke’s Bay Pulmonary Rehabilitation service information](https://www.ourhealthhb.nz/community-services/community-nursing-services/pulmonary-long-term-management-service/)
* [Māori health models](https://healthhawkesbay-my.sharepoint.com/personal/roshan_perera_healthhb_co_nz/Documents/Desktop/%E2%80%A2%09https%3A/www.health.govt.nz/our-work/populations/maori-health/maori-health-models)
* [Research Review CPD-accredited E-learning module](https://www.easy-lms.com/management-of-copd-in-new-zealand-general-practice/course-83424?PHPSESSID=new)
* [Thalamus interactive dispensing data dashboard](https://thalamus.nz/)
* [Bpacnz interactive COPD prescribing tool](https://bpac.org.nz/copd-tool/)
* [NZ Respiratory Guidelines COPD resources](https://www.nzrespiratoryguidelines.co.nz/copdresources.html)
* [COPD Assessment test (CAT)](https://www.catestonline.org/patient-site-test-page-english.html)
* [Past Best Practice Messages on COPD](https://healthhb.co.nz/workforce-development/best-practice-messages/)

**Patient resources:**

* [Healthify NZ videos on how to correctly use a range of inhalers](https://healthify.nz/medicines-a-z/i/inhaler-devices/)
* [Healthify NZ information on COPD](https://healthify.nz/health-a-z/c/copd/)
* [Asthma + Respiratory Foundation NZ Understanding Your Inhaler resources](https://www.asthmafoundation.org.nz/assets/documents/Understanding-Your-Inhaler-Resource.pdf)
* [Inhaler device identification chart](https://www.nzrespiratoryguidelines.co.nz/inhaler-identification.html)

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1. Modified Medical Research Council (mMRC) dyspnoea scale and COPD Assessment Test (CAT) [↑](#footnote-ref-2)