

## Management of COPD by GOLD Disease Category Severity

Category	Symptoms	Risk	Suggested treatment
<b>All</b>			Avoidance of risk factor(s), such as smoking
			Annual influenza vaccination
			Pneumococcal vaccination
			Regular physical activity
			Long-term oxygen therapy if chronic hypoxemia
<b>A</b>	<b>Less symptomatic</b>	<b>Low risk</b>	<b>First choice:</b> short-acting bronchodilator <b>when needed:</b> anticholinergic alone or beta-agonist alone
	Mild or infrequent symptoms (ie, breathless with strenuous exercise or when hurrying on level ground or walking up a slight hill)* or CAT <10	FEV1/FVC Ratio < 0.7 or FEV1 >=80% predicted (GOLD 1)	<b>Second choice:</b> long-acting anticholinergic
		AND 0 or 1 exacerbations in the past year	
<b>B</b>	<b>More symptomatic</b>	<b>Low risk</b>	Short-acting bronchodilator when needed and <b>pulmonary rehabilitation if they meet the criteria</b>
	Moderate to severe symptoms (ie, patient has to walk more slowly than others of same age due to breathlessness, has to stop to catch breath when walking on level ground at own pace, or has more severe breathlessness)* or CAT ≥10	FEV1/FVC ratio <0.7 and an FEV1 50-79% percent predicted (GOLD II)	<b>First choice:</b> regular treatment with a long-acting anticholinergic
		AND 0 or 1 exacerbations in the past year	<b>Second choice:</b> regular treatment with a long-acting anticholinergic and long-acting beta agonist
<b>C</b>	<b>Less symptomatic</b>	<b>High risk</b>	Short-acting bronchodilator when needed and <b>pulmonary rehabilitation</b>
	Mild or infrequent symptoms (ie, breathless with strenuous exercise or when hurrying on level ground or walking up a slight hill)* or CAT <10	FEV1/FVC ratio <0.7 and an FEV1 <50 percent predicted (GOLD III, IV)	<b>First choice:</b> regular treatment with a combination long-acting beta agonist and a long-acting anticholinergic
		OR ≥2 exacerbations per year or one hospitalization for an exacerbation	<b>Consider:</b> Steroid inhaler ,phosphodiesterase-4 inhibitor,
<b>D</b>	<b>More symptomatic</b>	<b>High risk</b>	Short-acting bronchodilator when needed and <b>pulmonary rehabilitation</b>
	Moderate to severe symptoms (ie, patient has to walk slower than others of same age due to breathlessness, has to stop to catch breath when walking on level ground at own pace, or has more severe breathlessness)* or CAT ≥10	FEV1/FVC ratio <0.7 and an FEV1 <30% predicted (GOLD IV)	<b>First choice:</b> regular treatment with combination inhaled glucocorticoid and a long-acting beta agonist and long-acting anticholinergic
		OR	<b>Second choice:</b> regular treatment with one of the following combinations:
	≥2 exacerbations per year or one hospitalization for an exacerbation		Inhaled glucocorticoid and a long-acting beta agonist PLUS a long acting anticholinergic
			Inhaled glucocorticoid and a long-acting beta agonist PLUS a phosphodiesterase-4 inhibitor
Long-acting anticholinergic and a long-acting beta agonist			
		Long-acting anticholinergic and a phosphodiesterase-4 inhibitor	
		Consider surgical treatments	
<b>Do NOT combine Long-Acting and Short-Acting Anti-Cholinergics</b>			