Pharmacologic Management of COPD

GRADE recommendations on LABA/LAMA, triple therapy, ICS withdrawal and eosinophil-guided use, maintenance oral steroids, and opioids for refractory dyspnea.

2020 ATS Guideline
Pharmacologic Management of Chronic Obstructive Pulmonary Disease
American Thoracic Society · Am J Respir Crit Care Med 2020;201:e56-e69

GRADE — Strong · Conditional For · Conditional Against

1 LABA/LAMA Combination Therapy

Strong	**Dyspnea/exercise intolerance** — LABA/LAMA combination over LABA or LAMA monotherapy; high-certainty evidence of improved dyspnea and lung function over either agent alone.

2 Triple Therapy Escalation

Cond.	**Persistent symptoms on LABA/LAMA** — triple therapy (ICS/LABA/LAMA) over dual LABA/LAMA if ≥1 exacerbation in the past year requiring antibiotics, oral steroids, or hospitalization. Trade-off: 15 more pneumonias but 230 fewer exacerbations per 1,000 patients — panel judged benefit outweighs risk in frequent exacerbators.

3 ICS Withdrawal from Triple Therapy

Cond.	**No exacerbations in past year** — ICS can be withdrawn, converting patient to dual LABA/LAMA; withdrawal is associated with a clinically significant decrease in quality of life (SGRQ) in trial data.

4 ICS by Blood Eosinophil Count

Definition	Blood eosinophilia = >2% blood eosinophils or >150 cells/μL.
General eosinophilia	No recommendation for or against adding ICS to long-acting bronchodilators.

Cond.	**+ ≥1 exacerbation in past year** — ICS suggested as additive therapy if requiring antibiotics, oral steroids, or hospitalization.

5 Maintenance Oral Corticosteroids

Cond.	**Severe, frequent exacerbators on optimal therapy** — advise AGAINST maintenance oral corticosteroid therapy; no demonstrated exacerbation-risk reduction, and RCTs suggest excess adverse events with daily oral steroid use.

6 Opioids for Refractory Dyspnea

Cond.	**Advanced refractory dyspnea despite optimal therapy** — consider opioid-based therapy within a personalized shared decision-making approach; no significant difference vs. non-opioid groups on trial outcomes, and panel judged treatment acceptable and accessible with limited health-equity concerns.

Format note: "we recommend" = strong; "we suggest" = conditional. Condensed from the Summary of Recommendations.

Nici L, Mammen MJ, Charbek E, et al. Pharmacologic Management of Chronic Obstructive Pulmonary Disease: An Official ATS Clinical Practice Guideline. *Am J Respir Crit Care Med.* 2020;201(9):e56-e69.