

Diagnosis & Management of Stable COPD

Spirometry-based diagnosis and FEV1-stratified pharmacologic, rehabilitation, and oxygen therapy recommendations for stable COPD.

2011 ACP/ACCP/ATS/ERS Guideline
Diagnosis and Management of Stable COPD
Clinical Practice Guideline Update · Ann Intern
Med 2011;155:179-191

GRADE

Strong

Weak / May

Strong Against

1 Diagnostic Testing

Strong

Symptomatic patients – spirometry to diagnose airflow obstruction.

Strong

Asymptomatic patients – spirometry should NOT be used to screen for airflow obstruction.

2 Clinical Prediction — History & Exam

FINDING	VALUE
Smoking history	>40 pack-years is the single best predictor of airflow obstruction (LR 12).
Triad present	>55 pack-years + wheezing on auscultation + self-reported wheezing almost assures airflow obstruction (LR 156).
Triad absent	Absence of smoking history and no wheezing on history or exam practically rules out obstruction (LR 0.02).

3 Bronchodilator & Maintenance Therapy

Weak

FEV1 60–80% predicted – inhaled bronchodilators may be used.

Strong

FEV1 <60% predicted – treat with inhaled bronchodilators; long-acting inhaled anticholinergic OR long-acting inhaled β -agonist for maintenance monotherapy, based on patient preference, cost, and adverse-effect profile.

Weak

FEV1 <60% predicted – may combine LAMA, LABA, and/or inhaled corticosteroid for persistent symptoms.

4 Pulmonary Rehabilitation & Oxygen Therapy

Strong

FEV1 <50% predicted – prescribe pulmonary rehabilitation.

Weak

FEV1 >50% predicted – consider pulmonary rehabilitation if symptomatic or exercise-limited.

Strong

Severe resting hypoxemia – continuous oxygen therapy if PaO₂ ≤55 mmHg or SpO₂ ≤88%.

5 Scope & Key Notes

–	GUIDANCE
Scope	Covers pharmacologic management, pulmonary rehabilitation, and oxygen therapy only – not smoking cessation, surgery, palliative/end-of-life care, or nocturnal ventilation.
Spirometry & cessation	Providing spirometry results alone does not improve smoking cessation or abstinence.
Asymptomatic, mild–moderate obstruction	Evidence does not support treating asymptomatic persons regardless of risk factors.