Management of Adult Bronchiectasis

Airway clearance, mucoactive and antibiotic therapy, pathogen eradication, inhaled corticosteroids, and pulmonary rehabilitation recommendations for adults with bronchiectasis.

2025 ERS Guideline
Management of Adult Bronchiectasis
Chalmers JD, et al. · Eur Respir J 2025

GRADE — Strong For | Conditional For | Conditional Against

1 Underlying Cause & Severity Evaluation

Strong	**Standardized testing** to identify underlying cause, evaluate disease severity/activity and risk of poor outcome, and identify comorbidities/treatable traits.

2 Airway Clearance & Mucoactive Therapy

Strong	**Airway clearance techniques (ACTs)** — teach all patients; no technique proven superior, personalize treatment; devices may support manual ACTs.
Cond.	**Mucoactive treatment** — offer when airway clearance alone fails to control symptoms; guide choice by comorbidities and treatment burden.
Cond.	**Recombinant DNase** — do NOT offer.

3 Long-Term Inhaled Antibiotics & Macrolides

Strong	**High risk + P. aeruginosa** — offer long-term inhaled antibiotics despite standard care.
Cond.	**High risk + other pathogens** — offer long-term inhaled antibiotics despite standard care.
Strong	**High risk of exacerbations** — offer long-term macrolides (e.g. azithromycin 250 mg daily or 3×/wk, or 500 mg 3×/wk) despite standard care; exclude NTM first.

High risk definition	≥2 exacerbations/yr, OR ≥1 severe exacerbation, OR 1 exacerbation plus severe daily symptoms; prescribe for a defined period with formal response evaluation.

4 Additional Antibiotic Strategies

Cond.	**Non-macrolide oral antibiotics** — do NOT offer as first-line for high risk of exacerbations; may have a role if macrolides contraindicated/ineffective.
Cond.	**P. aeruginosa eradication** — offer on new isolation; strategies vary (systemic antibiotics ± repeat culture, or added inhaled antibiotics 4wk–3mo).

5 Inhaled Corticosteroids

Cond.	**No coexisting COPD/asthma** — do NOT offer long-term ICS; re-evaluate use in patients without a clear indication.

Coexisting COPD/asthma	Bronchiectasis does not change standard ICS indications for asthma/COPD.

6 Pulmonary Rehabilitation

Strong	**Breathlessness/impaired exercise** — offer pulmonary rehabilitation, ideally bronchiectasis-specific including airway clearance discussion; encourage regular physical activity.

Format note: "we recommend" = strong; "we suggest" = conditional. Condensed from Table 1, Summary of Recommendations.

Chalmers JD, Haworth CS, Flume P, et al. European Respiratory Society Clinical Practice Guideline for the Management of Adult Bronchiectasis. *Eur Respir J.* 2025.