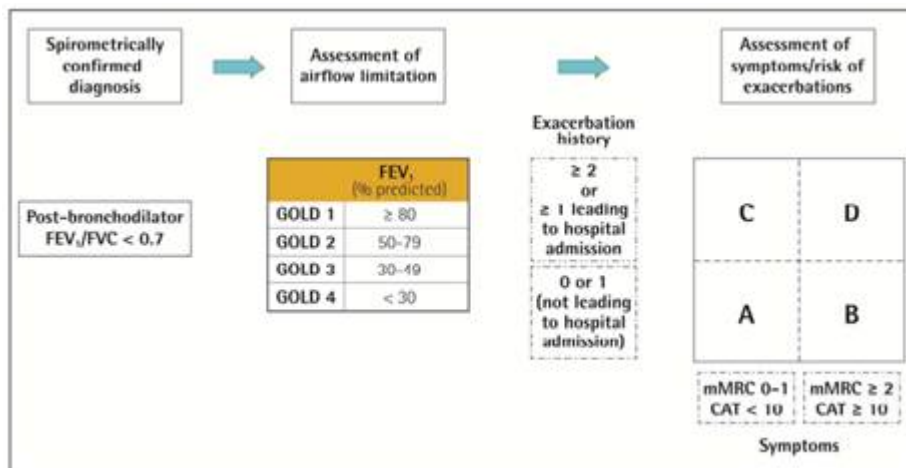


Global Strategy for the Diagnosis, Management, and Prevention of Chronic Obstructive Lung Disease 2017 Report

- The [American Journal of Respiratory and Critical Care Medicine](#) and the [Global Initiative for Chronic Obstructive Lung Disease website](#) published the *Global Strategy for the Diagnosis, Management, and Prevention of Chronic Obstructive Lung Disease 2017 report*.

- **Chronic obstructive pulmonary disease (COPD) assessment:**

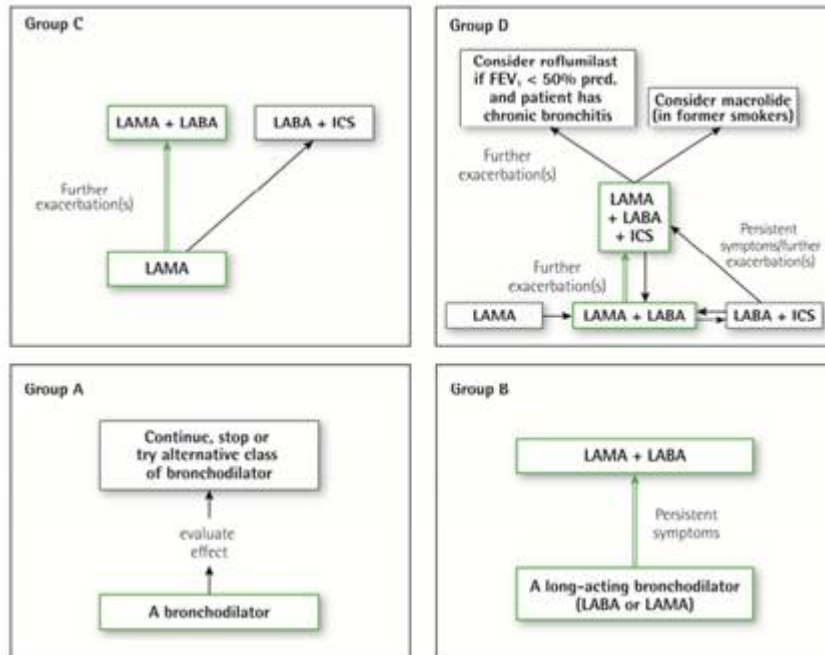
- Disease assessment has been refined to separate the spirometric assessment from symptom evaluation. The GOLD grade (1-4) provides information regarding severity of airflow limitation while the GOLD grade groups (A-D) are derived from patient symptoms and their history of exacerbations.
- Group A patients generally have less severe COPD symptoms and milder exacerbations while Group D patients have more severe COPD symptoms and a history of multiple exacerbations requiring hospitalization.
- Spirometry is necessary to establish a COPD diagnosis. Assessment goals focus on symptoms, risk of exacerbations and determining the effect of the disease on the patient's overall health.
- Refined GOLD assessment tool:



FEV₁: forced-expiratory volume in 1 second, FVC: forced vital capacity; mMRC: Modified British Medical Research Council Questionnaire, CAT: COPD assessment test

- **Pharmacologic and non-pharmacologic therapies:**

- For each of the GOLD grade groups, escalation and de-escalation strategies for pharmacological treatments are proposed. In past GOLD versions, recommendations were only given for initial therapy and specific alternative treatments were also provided.
- There is a greater emphasis on the use of combined bronchodilators as first-line therapies. Inhaled corticosteroids are generally not recommended, with the exception of patients categorized as Gold group D.
- Non-pharmacologic therapies such as education and self-management, vaccine recommendations, smoking cessation guidance, and pulmonary rehabilitation recommendations are comprehensively presented.
- Pharmacological treatment algorithms by GOLD grade (A-D):



The green boxes and arrows indicate preferred treatment pathways.
 In patients with a major discrepancy between the perceived level of symptoms and severity of airflow limitation, further evaluation is warranted.
 LAMA: long-acting muscarinic antagonist, LABA: long-acting beta-adrenoreceptor agonist, ICS: inhaled corticosteroid, FEV₁: forced-expiratory volume in 1 second

- **Management of comorbid conditions:**

- The GOLD guideline includes an expanded discussion on diagnosing and managing comorbid conditions such as sleep apnea, cardiovascular disease, osteoporosis, mental health, and gastroesophageal reflux disease.



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