Step down of inhaled corticosteroid (ICS) in COPD with FEV1 > 50% predicted

*Exacerbation - requiring treatment with antibiotics and/or systemic corticosteroids. Ensure a multi-disciplinary team approach to identify exacerbation risk and review.

Identify all patients on ICS (including triple therapy) with FEV1 > 50% predicted

- History of asthma or
- Experienced more than one exacerbation* (or hospital admission) in last 12 months

Continue treatment

- Check inhaler technique and adherence
- Smoking cessation
- Pulmonary rehabilitation annually for MRC 3 or more
- Referral to COPD team if appropriate
- Oxygen saturations and referral to home oxygen team
- O2 alert card
- Annual influenza vaccination
- Pneumococcal vaccination
- Rescue packs of antibiotics/steroids
- Depression screening tool
- Dietetic advice
- Osteoporosis prophylaxis
- End of life care planning as appropriate.

No history of asthma

Did patient have more than one exacerbation* in last 12 months?

- Yes
  - Continue treatment

- No
  - Reduce ICS to 50% of dose for 6 weeks then 25% of dose for 6 weeks then stop (see ICS step down -attachment 3b)
  - Breathlessness or activity limitation
  - Review annual exacerbation rate
  - Consider dual bronchodilation if appropriate (i.e if stepping down from ICS + LABA + LAMA).
  - If more than one acute exacerbation in 12 months consider adding ICS

Yes

- Continue treatment