

2017 GOLD Guidelines Part 1- Assessment & Diagnosis

- ◆ COPD is currently the 3rd leading cause of death in the United States according to the CDC
- ◆ The economic burden of this disease state is substantial. The cost of COPD was projected to be \$50 billion in 2010, with costs expected to continually increase with time. Hospital visits account for a large part of this cost. One of the main goals of care, in addition to stabilizing the disease, is to prevent acute exacerbations and hospital stays.¹
- ◆ The GOLD (Global Initiative for Chronic Obstructive Lung Disease) guidelines provide a review of the current evidence for the assessment, diagnosis and treatment of patients with COPD.
- ◆ What is COPD?
 - “COPD is a common, preventable, and treatable disease that is characterized by persistent respiratory symptoms and airflow limitation that is due to airway and/or alveolar abnormalities usually caused by significant exposure to noxious particles or gases.”²
 - The most common risk factor is tobacco smoking. Other causes include air pollution, biomass fuel exposure, genetics, and abnormal lung development.
 - Spirometry helps to confirm a diagnosis of COPD, along with symptoms.
 - Symptoms: dyspnea, chronic cough, sputum production and/or a history of exposure to risk factors for the disease.
 - The presence of a post-bronchodilator $FEV_1/FVC < 0.70$ confirms the presence of persistent airflow limitation.
 - Grading tools now separate spirometric grades from symptoms and exacerbations:
 - Severity of disease is classified as follows according to GOLD guidelines (based on a post-bronchodilator FEV_1):
 - GOLD Grades 1-4 (spirometric grade):

GOLD 1:	Mild	$FEV_1 \geq 80\%$ Predicted
GOLD 2:	Moderate	$50\% \leq FEV_1 < 80\%$ Predicted
GOLD 3:	Severe	$30\% \leq FEV_1 < 50\%$ Predicted
GOLD 4:	Very Severe	$FEV_1 < 30\%$ Predicted

◆ Symptoms Are Measured As Follows:

- The Modified British Medical Research Council (mMRC) is used to measure breathlessness.
- The COP Assessment Test (CAT) is a comprehensive symptom assessment tool.
- In combination with exacerbation history in the previous 12 months (including prior hospitalizations), these tools are used to classify further in Groups A-D. Drug therapy is used on whichever ABCD group you fall in, not spirometry.

Exacerbation History

≥2 or ≥1 leading to hospital admission	C	D
0 or 1 (not leading to hospital admission)	A	B
	mMRC 0-1 CAT < 10	mMRC ≥ 2 CAT ≥ 10

Symptoms

In next month's edition of DYK: GOLD 2017 Update Part 2: Treatment

◆ References:

1. Guarascio AJ, Ray SM, Finch CK, Self TH. The clinical and economic burden of chronic obstructive pulmonary disease in the USA. ClinicoEconomics and Outcomes Research: CEOR. 2013;5:235-245. doi:10.2147/CEOR.S34321.
2. Global Initiative for Chronic Obstructive Lung Disease (GOLD): global strategy for the diagnosis, management, and prevention of COPD. www.goldcopd.org . Accessed March 30, 2018.