



VA/DOD (Veteran's Affairs/Department of Defense)

**VA/DoD Clinical Practice Guideline  
for the Management of Chronic  
Obstructive Pulmonary  
Disease (COPD)**

Updated/Approved: 09-2018

**Click on the links below to view the Veteran's Affairs/Department of Defense (VA/DoD) guidelines**

COPD Guideline: <http://www.healthquality.va.gov/guidelines/cd/copd/>

COPD Full Guideline:

<http://www.healthquality.va.gov/guidelines/CD/copd/VADoDCOPDCPG2014.pdf>

COPD Provider Summary\*:

<http://www.healthquality.va.gov/guidelines/CD/copd/VADoDCOPDClinicianSummary2014.pdf>

\*ALGORITHM A [Page 5] Sidebar B: Patients who have either a high symptom burden with a low exacerbation risk or, vice versa, have a low symptom burden or high exacerbation risk should receive a LABA as initial therapy. Patients who have both a high symptom burden and high exacerbation risk should be on both a LABA and LAMAsimultaneously. Inhaled corticosteroid use should be reserved primarily for patients who have COPD with asthma-like characteristics as this is the population that has been demonstrated to have better outcomes in this setting. This population can be often identified by having a high peripheral eosinophilia.

ALGORITHM B [Page 6] Sidebar B: In acute exacerbations of COPD – more current data has shown that oral steroid use for up to 9-14 days may be useful – leading to improved lung function and fewer exacerbations.

References:

Vogelmeier CF, Criner G, Martinez FL et al. Global Strategy for the Diagnosis, Management and Prevention of Chronic Obstructive Lung Disease 2017 report. GOLD Executive Summary. Eur. Resp. JI  
2017; 49(3):170024

COPD Patient Summary:

<http://www.healthquality.va.gov/guidelines/CD/copd/VADoDCOPDPatientSummary2014.pdf>

f COPD Pocket Card:

<http://www.healthquality.va.gov/guidelines/CD/copd/VADoDCOPDPocketCard.pdf>