2025 Global Initiative for Chronic Obstructive Lung Disease (GOLD) Report

San Francisco Health Plan℠

Key Points for Practice

- Combination **long-acting beta agonist (LABA)+long-acting muscarinic antagonist (LAMA) is the preferred initial treatment** choice for most patients with COPD, regardless of symptom burden, unless there is a clear indication for inhaled corticosteroids.
- Long-term **inhaled corticosteroid (ICS) monotherapy is not recommended** in COPD.
- **LABA+ICS is generally discouraged** and should be reserved for patients with concomitant asthma or specific indications.
- If there is an indication for an ICS, **LABA+LAMA+ICS (triple therapy) is recommended** over LABA+ICS.
- Rescue **short-acting bronchodilators** should be prescribed to all patients for immediate symptom relief.

Additional Treatment Options

- **Phosphodiesterase inhibitors**
  - **Roflumilast (PDE-4 inhibitor)** may be considered in patients with **severe to very severe airflow limitation (FEV_1 <50% predicted), chronic bronchitis, and frequent exacerbations,** particularly those with a history of hospitalization.
  - **Ensifentrine (dual PDE-3/4 inhibitor)** may be considered as an **add-on** therapy in patients with persistent symptoms despite optimized inhaled therapy.
- **Macrolide Therapy**
  - **Azithromycin can be considered in former smokers** with exacerbations despite appropriate therapy.
- **Biologic therapy**
  - **Dupilumab** may be considered in select patients with **chronic bronchitis, elevated blood eosinophils,** and continued **exacerbations despite triple therapy.**
- **Other Therapies**
  - Theophylline is not recommended unless other long-term treatment bronchodilators are not available or not tolerated.
  - Statins and beta-blockers are not recommended solely for the prevention of COPD exacerbations, though they should be used when indicated for comorbid conditions.
- If **asthma–COPD overlap** is suspected, pharmacotherapy should primarily follow a**sthma guidelines,** with additional COPD-specific non-pharmacologic and pharmacologic interventions as needed.
- **Smoking cessation is key.** Combination nicotine replacement therapy (NRT), which includes a nicotine patch and a short-acting NRT (i.e., nicotine gum or lozenge), and varenicline are considered first-line pharmacotherapies for smoking cessation.

If you have questions, please contact us at **1(415) 547-7818 ext. 7085** or fax at **1(415) 547-7819.**

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Algorithm for Initial Pharmacological Treatment

Per the updated 2025 GOLD guidelines, initial pharmacotherapy should be based on the patient's GOLD group, with a preference for dual LABA+LAMA for most patients.

≥2 moderate exacerbations or **≥1** leading to hospitalization	Group E **LABA + LAMA*** Consider LABA + LAMA + ICS* if blood eos ≥ 300	
0 or 1 moderate exacerbations (not leading to hospital admission)	Group A **A bronchodilator**	Group B **LABA + LAMA***
	mMRC 0–1, CAT < 10	mMRC ≥ 2, CAT ≥ 10

**Single inhaler therapy may be more convenient and effective than multiple inhalers; single inhales improve adherence to treatment*

Exacerbations refers to the number of exacerbation per year

Abbreviations:
eos = blood eosinophil count in cells/µl
mMRC = modified Medical Research Council dyspnea questionnaire
CAT™ = COPD Assessment Test™

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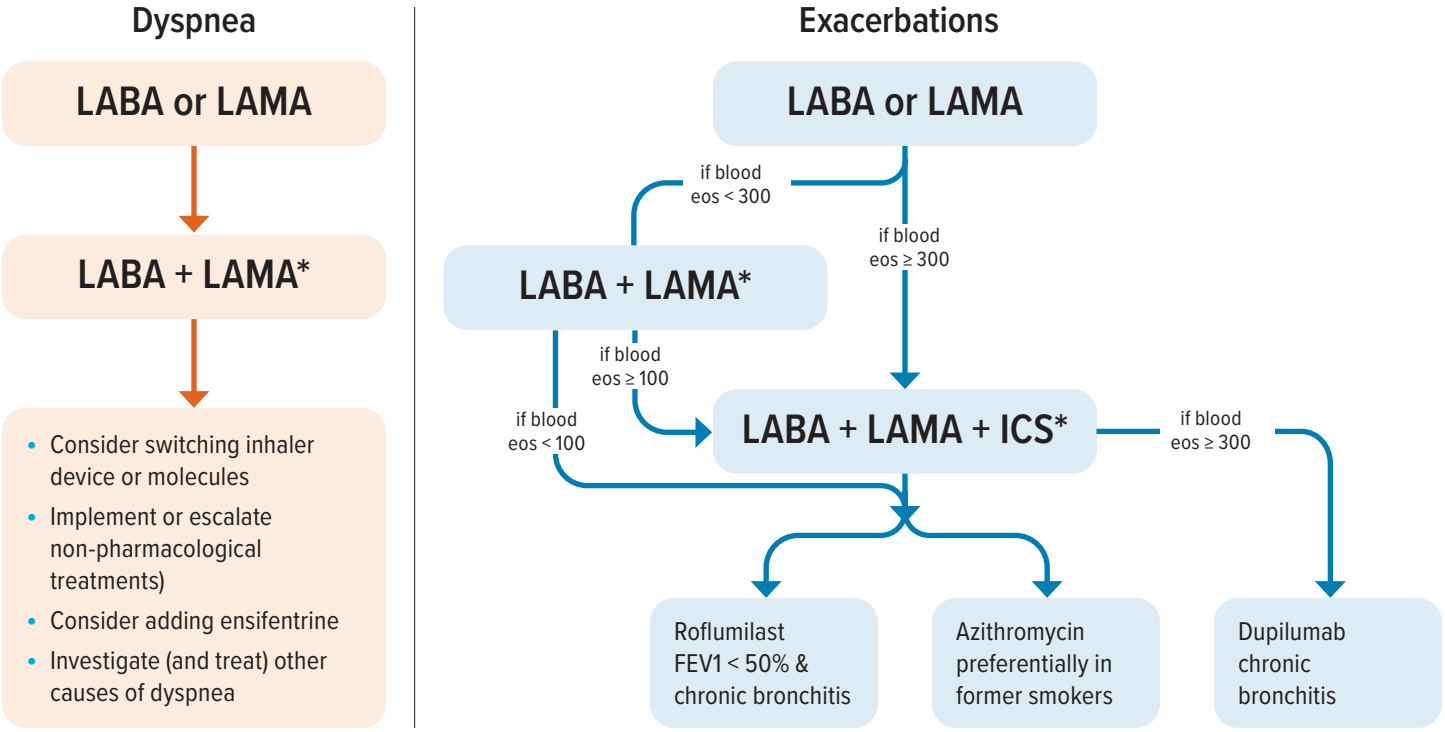
Algorithm for Follow-Up Pharmacological Treatment

If response to initial treatment is inadequate and inhaler adherence and technique are appropriate, base follow-up treatment on predominant trait (dyspnea or exacerbations).



*Single inhaler therapy may be more convenient and effective than multiple inhalers; single inhalers improve adherence to treatment.

Consider de-escalation of ICS if pneumonia or other considerable side-effects. In case of blood eos ≥ 300 cells/ul de-escalation is more likely to be associated with the development of exacerbations.

Exacerbations refers to the number of exacerbations per year.

References

1. Global Initiative for Chronic Obstructive Lung Disease. GOLD Report 2025.
2. Barua RS et al. 2018 ACC Expert Consensus Decision Pathway on Tobacco Cessation Treatment. J Am Coll Cardiol. 2018;72(25):3332-3365.