

January 9, 2010

ANNOUNCING THE AVAILABILITY OF THE *GLOBAL STRATEGY FOR DIAGNOSIS, MANAGEMENT, AND PREVENTION OF COPD, UPDATED 2009.*

The latest (2009) update to the GOLD Report, *Global Strategy for Diagnosis, Management, and Prevention of COPD*, is now available on the GOLD Website at <http://www.goldcopd.org>. An Executive Summary of the Report, as well as a Pocket Guide containing key information for physicians and nurses about patient management and education, have also been updated and are available on the GOLD Website.

An important goal of the GOLD initiative is to produce recommendations for management of COPD based on the best scientific information available. To that end, the GOLD Science Committee was established in 2002 to review published research on COPD and prepare annual updates of the GOLD documents. To produce this year's update, the Committee reviewed 333 publications related to clinical care of patients with COPD that appeared from July 1, 2008 through June 30, 2009. A full list of publications reviewed by the Committee is available at <http://www.goldcopd.org/Guidelineitem.asp?l1=2&l2=1&intId=2003>.

Although the published literature did not warrant major changes in the report, there were several contributions that led to modifications of the text. Following is a summary of some of the topics addressed by the modifications, as well as the relevant references and page numbers where they appear in the report:

- A statement that tiotropium, an anticholinergic medication associated with improvements in lung function, quality of life, and exacerbations, does not have a cardiovascular risk¹. (page 52)
- An indication that regular treatment with long-acting β_2 -agonists, inhaled glucocorticosteroids, and the combination thereof can decrease the rate of decline of lung function². (page 49 and page 53)
- A recommendation that the endothelin-receptor antagonist bosentan, which has been examined for its potential to improve cardiopulmonary haemodynamics during exercise but was shown to *increase* hypoxemia, should not be used to treat patients with severe COPD³. (page 56)
- A statement that nutrition supplements do not augment the substantial training effect of multidisciplinary pulmonary rehabilitation for patients with COPD⁶. (page 58)
- One in four COPD patients who require hospitalization for an acute exacerbation may have pulmonary embolism. Therefore, a recommendation has been added that a diagnosis of pulmonary embolism should be considered in patients with an exacerbation severe enough to warrant hospitalization, especially in those with an intermediate-to-high pretest probability of pulmonary embolism⁴. (page 63)
- A recommendation that budesonide, alone or in combination with formoterol, may be an alternative (although more expensive) to oral glucocorticosteroids for treatment of COPD exacerbations⁵. (page 64)

In addition, eight references were added that provided confirmation or update of previous recommendations. Specific changes, and where they occur, are further detailed in the segment titled “Methodology and Summary of Recommended Changes” that appears in the beginning of the GOLD Report.

Throughout 2009, members of the GOLD Science Committee have examined publications that require considerable revision of the current document. At their meeting in September 2009, there was unanimous agreement that a revised document should be prepared for release in 2011. Although a major portion of the current document will remain intact, several important modifications may be required. The Committee will review available evidence with regard to the following issues:

- Stages of severity
- The role of simple spirometric criteria, symptoms and medical history for COPD diagnosis
- Treatment recommendations in relation to the stages of severity
- COPD and co-morbid conditions.

Please visit the GOLD Website (www.goldcopd.org) to access the *Global Strategy for Diagnosis, Management, and Prevention of COPD, Updated 2009* along with the updated Pocket Guide and Executive Summary.

References:

1. Tashkin DP, Celli B, Senn S, Burkhart D, Kesten S, Menjoge S, Decramer M. A 4-year trial of tiotropium in chronic obstructive pulmonary disease. *N Engl J Med* 2008;359:1543-54.
2. Celli BR, Thomas NE, Anderson JA, Ferguson GT, Jenkins CR, Jones PW, Vestbo J, Knobil K, Yates JC, Calverley PM. Effect of pharmacotherapy on rate of decline of lung function in chronic obstructive pulmonary disease: results from the TORCH study. *Am J Respir Crit Care Med* 2008;178:332-8.
3. Stolz D, Rasch H, Linka A, Di Valentino M, Meyer A, Brutsche M, Tamm M. A randomised, controlled trial of bosentan in severe COPD. *Eur Respir J* 2008;32:619-28.
4. Rizkallah J, Man SF, Sin DD. Prevalence of pulmonary embolism in acute exacerbations of COPD: a systematic review and metaanalysis. *Chest* 2009;135:786-93.
5. Stallberg B, Selroos O, Vogelmeier C, Andersson E, Ekstrom T, Larsson K. Budesonide/formoterol as effective as prednisolone plus formoterol in acute exacerbations of COPD. A double-blind, randomised, non-inferiority, parallel-group, multicentre study. *Respir Res* 2009;10:11.
6. Deacon SJ, Vincent EE, Greenhaff PL, Fox J, Steiner MC, Singh SJ, Morgan MD. Randomized controlled trial of dietary creatine as an adjunct therapy to physical training in chronic obstructive pulmonary disease. *Am J Respir Crit Care Med* 2008;178:233-9.