



COPD Wheel guidance notes

The Chronic Obstructive Pulmonary Disease (COPD) Wheel has been developed by IPCRG to show healthcare professionals how to approach, educate and support patients with COPD and as a quick helper for prescribing and management choices.

The tool is intended to support health care prescribers who know people with COPD need inhaled medicine(s) but are unsure which option to choose; and to help clinicians develop their COPD consultation skills by working with people with COPD to understand what the condition is, what might happen to them and to improve their adherence to therapies.

As part of a growing social movement approach, we are having these conversations between prescribers, COPD educators, pharmacists and people with COPD in six countries. Try to see how you can use it to get a conversation going.

The guidance provides potential steps and questions to ask when using the tool. **Tailor it to the person you are speaking with.**

More information, including a video introducing and demonstrating the wheel, can be found at www.ipcrg.org/copdwheel

Good luck with your conversations and thank you for participating.

The COPD Right Care Team March 2025

Further reading

Please refer to your national guideline on COPD if you require further information. If you do not have one, please refer to the GOLD Report and Pocket Guide from the Global Initiative for Chronic Obstructive Lung Disease which is updated annually.¹

To find out more about COPD Right Care go to www.ipcrg.org/COPDRightCare.

The wheel has two sides:

- Side A to assist with management, with a rotating wheel
- Side B to assist with patient conversations and motivational communication

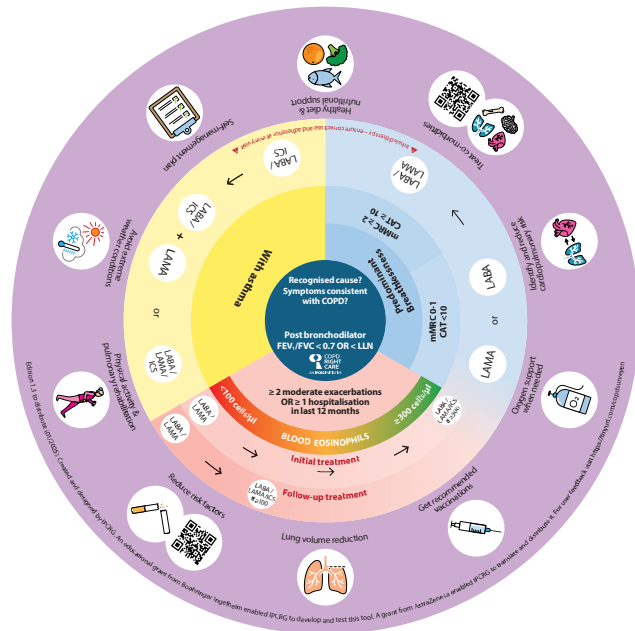
A non-rotating alternative version of the wheel is also available to enable more affordable printing and shipping.

Edition 1.3 to distribute (01/2025). Created and designed by The International Primary Care Respiratory Group, a clinically-led charity. An educational grant from Boehringer Ingelheim enabled IPCRG to develop and test the original tool. A grant from AstraZeneca enabled IPCRG to translate, update and distribute it. For user feedback visit: <https://tinyurl.com/copdsurveyen>

Guidance steps

Side A: Prescriber side (rotating)

Depicts the 3 types of COPD people tend to have matching 3 inhaler pathways.



Step 1

Look at the words in the core of the inner circle and check that the patient meets the three criteria for a diagnosis of COPD.

Cause – is there a recognised cause, such as tobacco smoking or exposure to air pollution?

Symptoms – are they consistent with COPD?

Spirometry – Is the Post bronchodilator FEV₁/FVC < 0.7 or < LLN (lower limit of normal)?²

Step 2

Choose one of the 3 (with asthma, yellow; predominant breathlessness, blue; ≥2 moderate exacerbations or ≥1 hospitalisation in last 12 months, pink)

If patients with COPD have concomitant asthma they should be treated like patients with asthma.

Treatment with long-acting bronchodilators is recommended for patients with predominant breathlessness. Should these not be available, short-acting muscarinic antagonist (SAMA) or short-acting beta₂-agonist (SABA) could be the choice to start with.

Before initiating inhaled corticosteroids (ICS) for patients with frequent exacerbations, consider the blood eosinophil

levels. The thresholds to prescribe ICS for initial and follow up therapy are different.

Parameters are based on the GOLD guidance below and when taken account of it will make treatment more personalised and reduce over prescribing of ICS.

Factors to consider when adding ICS to long-acting bronchodilators (note the scenario is different when considering ICS withdrawal)		
Strongly favours use	Favours use	Against use
History of hospitalisation(s) for exacerbations of COPD# ≥ 2 moderate exacerbations of COPD per year# Blood eosinophils ≥ 300 cells/μl History of, or concomitant, asthma	1 moderate exacerbation of COPD per year# Blood eosinophils ≥ 100 to <300 cells/μl	Repeated pneumonia events Blood eosinophils <100 cells/μl History of mycobacterial infection

#despite appropriate long-acting bronchodilator maintenance therapy
 *note that blood eosinophils should be seen as a continuum; quoted values represent approximate cut-points; eosinophil counts are likely to fluctuate

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Step 3

Check and assure yourself you are choosing the right and safest pathway.

Step 4

Whilst you are looking at inhaler choices, use the prompts all around the outer circle to consider which therapies may also be appropriate, based on local context and patient needs and preferences.

- Vaccination: follow national rules that may include influenza, COVID-19, pneumococcal, RSV, shingles, and dTaP/dTPa for pertussis, tetanus, diphtheria.
- Criteria for oxygen therapy: PaO₂ = 55 mmHg or < 60 mmHg if there is cor pulmonale or secondary polycythemia.
- Identify and reduce cardiopulmonary risk.³

QR codes lead to IPCRG Desktop Helpers on helping patients with COPD quit tobacco; assessing and managing mental health; selecting inhaled medication if they have co-morbidities.⁴

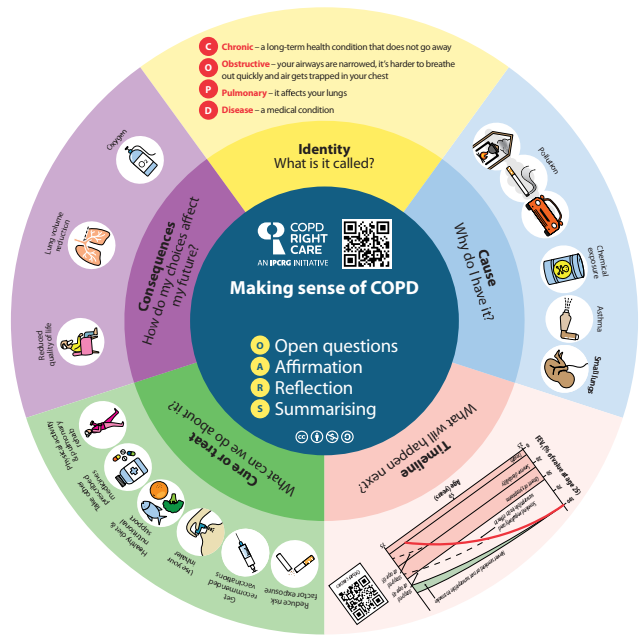
Side B: Patient side

The graph on the wheel is reproduced from The natural history of chronic airflow obstruction. Fletcher C, Peto R. BMJ 1977;1:16458 with permission from BMJ Publishing Group Ltd

Side B supports clinicians with a role in helping people with COPD to:

- understand what their condition is
- know what will happen to them; and
- improve adherence to therapies

To further support conversations about COPD, use 'COPD conversation starters' cards from IPCRG COPD Question & Challenge Cards <https://www.ipcrg.org/copd-right-care-question-challenge-cards>.⁵



Step 1

There are 5 key areas to be explored, for people to understand their condition and be able to take part in shared decisions about treatment goals. They are based on the Leventhal model:⁶

- Identity: what's my diagnosis called?
- Timeline: disease path
- Cause: how did it happen?
(Occupational exposure is possible both from pollution and chemical exposure including organic and inorganic dusts, chemical agents and fumes. Small lungs refer to impaired lung growth during gestation and childhood, caused by a range of early-life processes and exposures.)
- Cure/Treat: what can I do about it?
- Consequences: how does my choice affect my future?
[shared decision-making]

These conversations can help to create a clear, coherent understanding of COPD.⁷ Use www.ipcrg.org/emotions to talk about the patient's feelings about COPD and explore coping strategies for managing their emotional response.⁸

Step 2

OARS is a WHO-recommended reminder of four motivational communication styles.⁹ They can be used in any conversation where the goal is behaviour change.

- Open questions
- Affirm effort, strengths, volition
- Reflecting to check meaning
- Summarise

Step 3

Advise and practise these motivational communication styles.

See <https://www.ipcrg.org/search-resources/copd-wheel-demo-video> for a video demonstration of how to use the wheel with a patient.



References available at www.ipcrg.org/copdwheel