

## Strategies to Reduce Morbidity and Mortality in COPD: A Patient-focused Approach for Integration of Combination and Triple Therapy - Tweetorial #3: The Role of Combination Therapy

### Posttest Rationale

1. The recent ATS pharmacotherapy recommendations make a strong recommendation for initial LABA + LAMA combination therapy rather than monotherapy in which of the following?

- A. Patients with dyspnea or exercise intolerance
- B. Patients previously hospitalized for a COPD exacerbation
- C. Patients who continue to smoke

Rationale: The ATS pharmacotherapy recommendations for COPD make a strong recommendation for initial LABA + LAMA combination therapy rather than LABA or LAMA monotherapy in patients with dyspnea or exercise intolerance.

2. What is the most appropriate initial treatment for a 58 year-old male who is highly symptomatic and has just been diagnosed with COPD following an exacerbation that required hospitalization?

- A. LABA or LAMA monotherapy
- B. LABA + LAMA combination therapy
- C. LABA + ICS combination therapy

Rationale: Initial pharmacotherapy according to GOLD is based on GOLD group D. Patients with 1 or more exacerbations requiring hospitalization and mMRC score  $\geq 2$  or CAT score  $\geq 10$  are recommended initial therapy of LABA + LAMA combination therapy. The ATS pharmacotherapy guidelines also makes a strong recommendation for LABA + LAMA combination therapy in these patients.

3. What is the appropriate step up therapy for a patient in the exacerbations treatable traits pathway who is currently managed with LABA monotherapy and has blood eosinophils  $< 100$  cells/ $\mu\text{L}$ ?

- A. LABA + LAMA combination
- B. LABA + ICS combination
- C. LABA + LAMA+ ICS triple therapy

Rationale: When eosinophils are  $> 100$  cells/ $\mu\text{L}$  in patients in the exacerbation pathway, the GOLD strategy report recommends a step up to LABA + LAMA + ICS triple therapy.