

## Strategies to Reduce Morbidity and Mortality in COPD: A Patient-focused Approach for Integration of Combination and Triple Therapy - Tweetorial #2: Treatable Traits Approach

### Posttest Rationale

1. A patient with a previous diagnosis of COPD presents to your office with continued complaint of dyspnea with mild exertion. The patient is adherent to prescribed medications, including a long-acting beta-agonist. Which of the following is the most appropriate change to this patient's therapy?

- A. Switch to LABA + LAMA combination
- B. Switch to LABA + ICS combination
- C. Switch to LAMA monotherapy

Rationale: According to the GOLD strategy report, in patients with a treatable trait of dyspnea, step up from LABA monotherapy to LABA + LAMA combination therapy is recommended if continued symptoms are present despite treatment.

2. When both traits of dyspnea and exacerbations are present in a patient with COPD currently receiving long-acting bronchodilator therapy, which of the following treatable traits pathways should be followed?

- A. Dyspnea pathway
- B. Exacerbation pathway
- C. Neither and use ABCD category-dependent pharmacotherapy

Rationale: When both treatable traits are present, the GOLD strategy report recommends utilizing the exacerbation pathway.

3. ICS use should be at least considered when blood eosinophil levels are which of the following?

- A. >100 cells/ $\mu$ L
- B. >200 cells/ $\mu$ L
- C. >300 cells/ $\mu$ L

Rationale: Indications to consider ICS use include blood eosinophils >100 cells/ $\mu$ L and 1 moderate exacerbation of COPD per year. Eosinophil levels <100 cells/ $\mu$ L would indicate against use of ICS.