

最新版 2019 台灣慢性阻塞性肺病診療指引  
COPD guideline – An update in Taiwan 2019

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Chronic Obstructive Pulmonary Disease (COPD) is a common, preventable and treatable disease that is characterized by persistent respiratory symptoms and airflow limitation that is due to airway and/or alveolar abnormalities usually caused by significant exposure to noxious particles or gases. The most common respiratory symptoms include dyspnea, cough and/or sputum production. These symptoms may be under-reported by patients. The main risk factor for COPD is tobacco smoking but other environmental exposures such as biomass fuel exposure and air pollution may contribute.

In most patients, COPD is associated with significant concomitant chronic diseases, which increase its morbidity and mortality. With increasing prevalence of smoking in developing countries, and aging populations in high-income countries, the prevalence of COPD is expected to rise over the next 30 years. By 2030 predicted 4.5 million COPD related deaths annually. The goals of COPD assessment are to determine the level of airflow limitation, the impact of disease on the patient's health status, and the risk of future events (such as exacerbations, hospital admissions, or death), in order to guide therapy. The management strategy for stable COPD should be predominantly based on the individualized assessment of symptoms and future risk of exacerbations. Management strategies are not limited to pharmacologic treatments, and should be complemented by appropriate non-pharmacologic interventions. Once COPD has been diagnosed, effective management should be based on an individualized assessment to reduce both current symptoms and future risks of exacerbations. A model for the initiation of pharmacological management of COPD according to the individualized assessment of symptoms and exacerbation risk following the ABCD assessment scheme, additionally, rescue short-acting bronchodilators should be prescribed to all patients for immediate symptom relief. Following implementation of therapy, patients should be reassessed for attainment of treatment goals and identification of any barriers for successful treatment. The response to treatment escalation should always be reviewed, and de-escalation should be considered if there is a lack of clinical benefit and/or side effects occur.

In Taiwan, COPD guideline was developed since 1996 and updated with several versions. Currently, new guideline was revised according to evidence-based medicine

and GRADE recommendation in 2019. Additionally, we had added local many studies and experiences in Taiwan in this updated guideline.