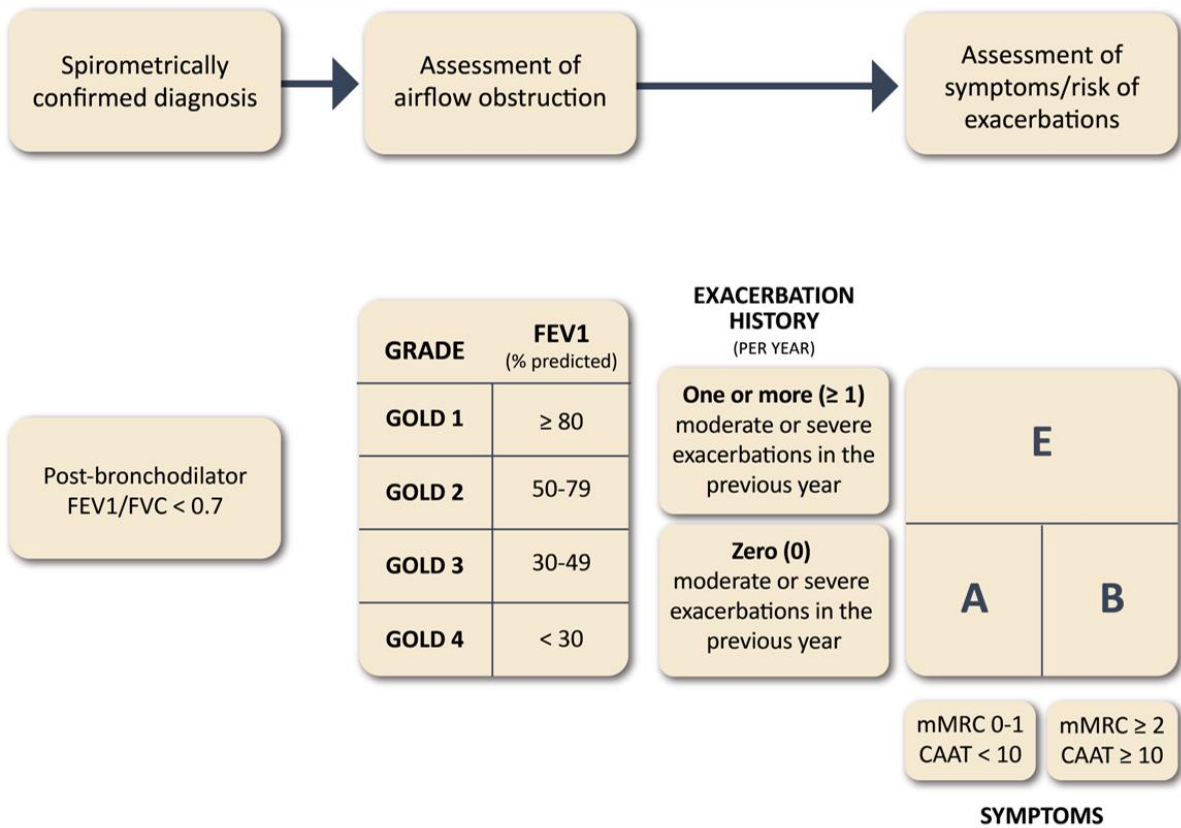


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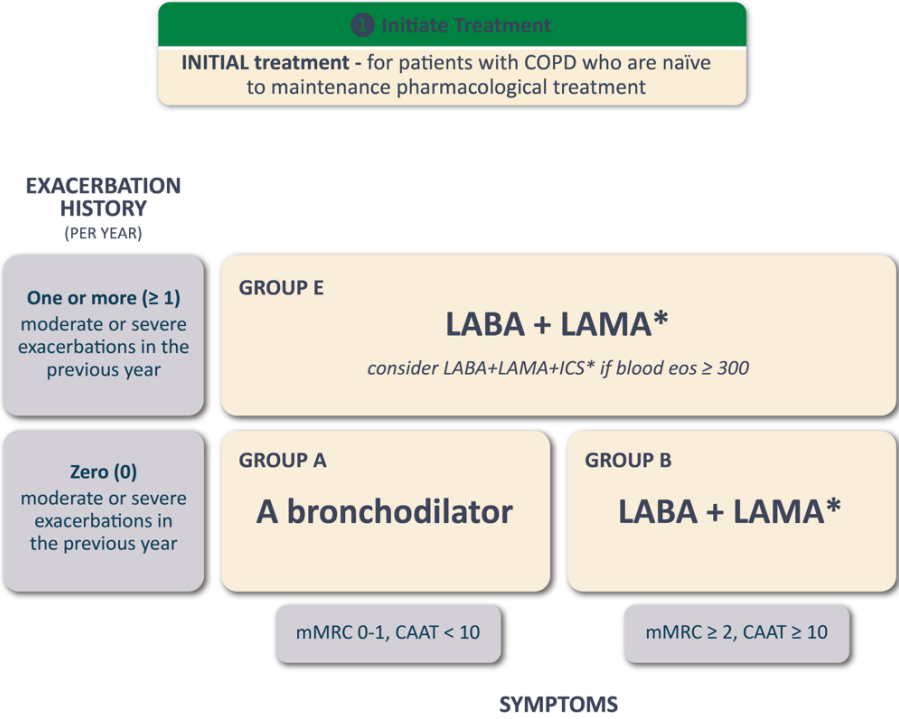
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GOLD Combined Initial COPD Assessment & Management

GOLD ABE Assessment Tool



Initial Pharmacologic Treatment



*Single inhaler therapy may be more convenient and effective than multiple inhalers; single inhalers improve adherence to treatment
Exacerbations refer to the number of exacerbations per year

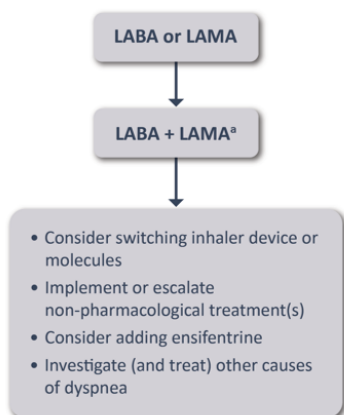
Follow-up Pharmacological Treatment

2 Adjust Treatment

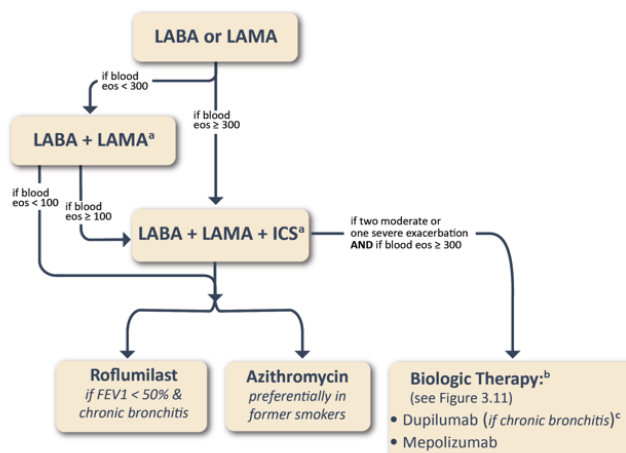
CONTINUE CURRENT TREATMENT

unless dyspnea or exacerbation(s) require optimization

• IF PERSISTENT DYSPNEA

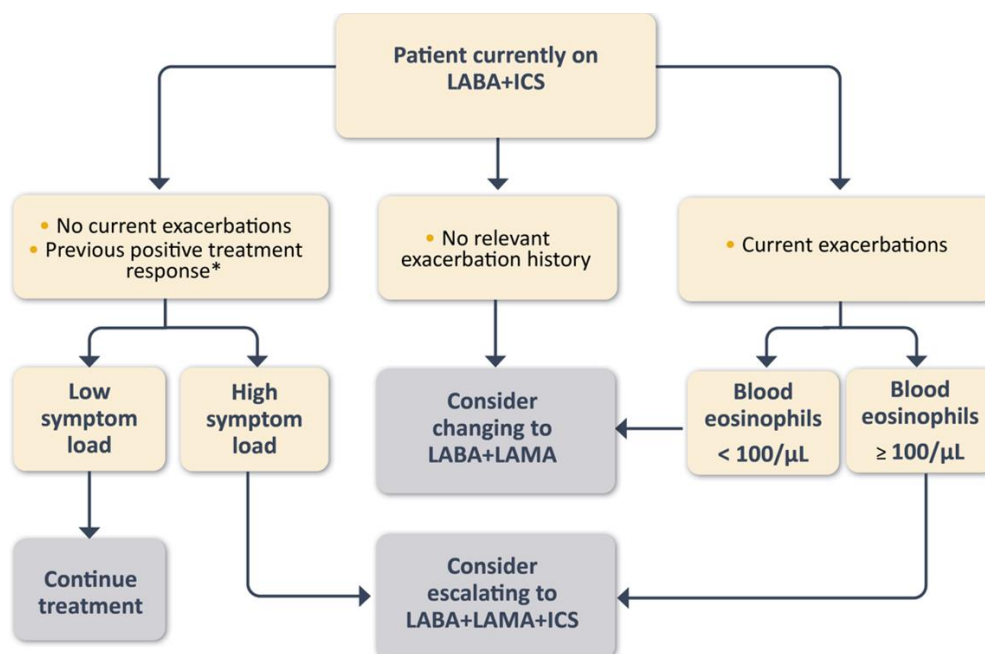


• IF ONE OR MORE MODERATE OR SEVERE EXACERBATION



^aSingle inhaler therapy may be more convenient and effective than multiple inhalers; single inhalers improve adherence to treatment. ^bListed in order of approval in the US. ^cPatient-reported history of chronic bronchitis (chronic productive cough) for 3 months in the year up to screening, absent other known causes. Consider de-escalation of ICS if pneumonia or other considerable side-effects. In case of blood eos ≥ 300 cells/ μ L de-escalation is more likely to be associated with the development of exacerbations.

Management of Patients Currently on LABA+ICS



*Patient previously had exacerbations and responded to LABA+ICS treatment

Abbreviations

CAAT™ = Chronic Airways Assessment Test™; COPD = chronic obstructive pulmonary disease; eos = blood eosinophil count in cells per microliter; FEV₁ = forced expiratory volume in 1 second; FVC = forced vital capacity; ICS = inhaled corticosteroid; LABA = long-acting beta₂-agonist; LAMA = long-acting muscarinic antagonist; mMRC = modified Medical Research Council.

Reference

Global Initiative for Chronic Obstructive Lung Disease (GOLD) 2026 GOLD Report and Pocket Guide. Global strategy for prevention, diagnosis and management of COPD: 2026 Report. Accessed November 19, 2025. <https://goldcopd.org/2026-gold-report-and-pocket-guide/>