

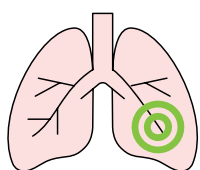
MedicineInsight GP Snapshot

Chronic Obstructive Pulmonary Disease (COPD) - Pharmacological Management

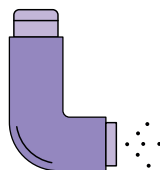
Insights from the national MedicineInsight program show how COPD management compares with aspects of the [COPD Clinical Care Standard](#) and [COPD-X guidelines](#).



MedicineInsight Data for Patients Aged 35 Years and Over



An estimated
42,000
patients diagnosed
with COPD.



Of these, an estimated
25,000
do not have a concurrent
diagnosis of asthma.

Inhaled Medicines and Stepwise Management of COPD

57%

A

Ever prescribed SABA or SAMA

38%

B

Ever prescribed LABA or LAMA

21%

C

Ever prescribed LABA+LAMA (at same time)

32%

Ever prescribed ICS+LABA

25%

D

Ever prescribed triple therapy

53%

Not prescribed inhaler in last 12 months

Data Source: MedicineInsight data collection as at October 2025. Data for this report exclude COPD patients with a concurrent diagnosis of asthma.

Practice points:

- Inhaled Corticosteroids (ICS) are less effective in COPD (predominantly neutrophilic airways inflammation) than in asthma (predominantly eosinophilic airways inflammation), and increase pneumonia risk.
- Use COPD Stepwise Management approach, as shown:
 - A Short-acting bronchodilator (SABA or SAMA)
 - B Long-acting monotherapy (LABA or LAMA)
 - C Long-acting dual therapy (LABA+LAMA)
 - D Triple therapy (LABA+LAMA+ICS) if ≥ 1 severe or ≥ 2 moderate exacerbations in 12 months plus persistent symptoms on dual therapy.

ICS+LABA is not part of the COPD stepwise approach

Patients prescribed ICS triple therapy who were previously prescribed dual LABA+LAMA*

30%

Patients who were prescribed ICS+LABA*

32%

* The MedicineInsight data collection includes data prior to and following the most recent changes to COPD guidelines.

Practice points:

- Patients should receive dual long-acting bronchodilators before ICS is considered.
- ICS+LABA is not part of the COPD Stepwise Management approach in patients without asthma, although some may be using as a legacy treatment.
- Review patients on ICS+LABA to optimise treatment. For more see [A Guide to Deprescribing Inhaled Corticosteroids](#).

Antibiotics

Around **1 in 4** prescribed amoxicillin or doxycycline for COPD-related encounter.

Practice points:

- Consider antibiotics when there is increased sputum purulence with increased sputum volume and/or dyspnoea.
- If indicated, prescribe amoxicillin or doxycycline.
- Consider using a [shared decision aid](#).

MedicineInsight GP Resources

Spotlight on COPD

Supporting GPs with a range of COPD resources.



MedicineInsight Practice Reports

- Participating practices receive customised *Practice Reports* providing specific insights into prescribing patterns and patient care alongside the aggregate of all participating MedicineInsight practices.
- Individual GPs who consent to participate will receive customised *GP Reports* supporting quality improvement activities at a practitioner level.

Quality improvement resources

- **Quality improvement guide** – A specific Continuing Professional Development (CPD) Guide to support quality improvement activities.
- **Online dashboard** – Reports are delivered via a secure platform enabling ongoing reassessment of practice results to support quality improvement.

COPD resources

The COPD Clinical Care Standard was released in October 2024 and outlines the key aspects of care components that all Australians with COPD should receive to improve quality of COPD care.

The Atlas Focus Report: COPD was released in June 2025 and examines spirometry (MBS data) and pharmacotherapy (PBS data) according to where people live. The interactive report highlights national variation over time and between state and territories, PHNs and local areas.

Practice Reflections: COPD is a new quality improvement initiative providing insights and opportunities to align with best-practice guidelines.

The COPD Hub contains resources for quality improvement in COPD care.

Glossary

SABA (short-acting beta-agonists): salbutamol, terbutaline.

SAMA (short-acting muscarinic antagonists): ipratropium.

LABA (long-acting beta-agonists): salmeterol, formoterol, indacaterol.

LAMA (long-acting muscarinic antagonists): tiotropium, aclidinium, glycopyrronium, umeclidinium.

ICS (Inhaled corticosteroids): fluticasone propionate, fluticasone furoate, beclomethasone, budesonide, ciclesonide.

Benefits of joining MedicineInsight

Gain CPD hours

Use the quality improvement guide to earn CPD hours while enhancing your COPD clinical skills.

Regularly updated data

Use the secure online dashboard for ongoing assessment of practice results and quality improvement.

Research

Contribute to primary care data available for research studies and informing policy. A list of approved projects is available at the [research projects register](#).

Join the MedicineInsight program to gain access to valuable data insights, tailored reports and tools to improve patient care.

Find out more about MedicineInsight at safetyandquality.gov.au/MedicineInsight.