

Interim revisions to the UMHS Chronic Obstructive Pulmonary Disease clinical guideline

To: FAMMED-All-Faculty; Fammed-All-Fellows; FAMMED-ALL-Residents; genmed-clinicalfaculty@umich.edu; IntMed-HO1; IntMed-HO2; IntMed-HO3; IntMed-HO4; Pulmonary Med, Pharm Svs. Cc Robert Chang, Hae Mi Choe, Tracy Zdeb.

Subject: Interim revisions to the UMHS ambulatory clinical guideline: Chronic Obstructive Pulmonary Disease

Background. UMHS clinical guidelines undergo periodic systematic updates, and occasionally new evidence and consensus about changes in clinical practice result in interim revisions to specific topics within a guideline. The most recent version of the ADHD guideline is now available at <http://www.uofmhealth.org/provider/clinical-care-guidelines>. UMHS guidelines can also be accessed through the UMHS Clinical Home Page under Clinical References: FGP Guidelines: Ambulatory / Inpatient.

The Michigan Medicine clinical care guideline for Chronic Obstructive Pulmonary Disease has recently been updated to include new recommendations regarding the use of eosinophil counts when prescribing inhaled corticosteroids (ICS). Elevated blood eosinophil counts have been shown to predict the efficacy of adding ICS to maintenance bronchodilator therapy in preventing future exacerbations. Patients with a blood eosinophil count ≥ 300 cells/ μL have the highest likelihood of treatment benefit with ICS. Patients with an eosinophil count ≥ 100 cells/ μL and who have a history of ≥ 2 moderate exacerbations (or, at least one exacerbation requiring hospitalization) in the past year also demonstrated a favorable response to ICS. Patients with an eosinophil count < 100 cells/ μL are less likely to receive benefit from ICS.

If you have questions about these revisions or other aspects of the UMHS Ambulatory Care Clinical Guidelines Program, please contact us via email ClinCareGuidelines@med.umich.edu.

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