**Triple therapy step-down for patients with COPD**

**Step 1: review current management**
- Reassess device technique and adherence
- Risk reduction: advice smoking cessation (if applicable) and ensure immunisations are up to date
- Optimise function: consider pulmonary rehab, maximise physical activity, ensure adequate nutrition

**Step 2: evaluate risk-benefit profile of continuing ICS therapy**
- Check patient history, symptoms (e.g. MRC, mMRC, CAT), clinical features and co-morbidities
- Check spirometry and diagnosis
- Check blood eosinophil levels (re-test if no value available in last 2 years)

**Step 3 (option 1): optimise bronchodilation with LABA + LAMA**
- Switch to fixed-dose LABA + LAMA combination inhaler (see recommended options in treatment pathway) and separate ICS inhaler
- Reduce the dose of ICS every 4-8 weeks until stopped
- Repeat spirometry testing and, if measures stable or improved, step down ICS until complete withdrawal

**Step 3 (option 2): stepwise withdrawal of ICS**
- Stop or step down (half) ICS dose every 4-8 weeks *
- Repeat spirometry testing and, if measures stable or improved, step down ICS until complete withdrawal
- Optimise bronchodilation with LABA + LAMA

**Step 4: Follow-up**
- Optimise inhaler technique
- Offer immediate review if symptoms deteriorate significantly
- Ensure annual review

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* Suggestions include Seretide 500 DPI -> 250 DPI, Seretide 250 MDI -> Seretide 125 MDI. Fostair 100/6 NEXThaler / MDI which have marketing authorisations may be useful as 1 or 2 puffs may be used. Just stopping ICS has also been done without apparent adverse consequences but be aware that patients on high doses (and who should be carrying a steroid warning card) are likely to be experiencing systemic effects and will require stepping down.

**Stepping down is likely to require temporary use of a preparation without a marketing authorisation in COPD.**