
GOLD 2021 KEY CHANGES SUMMARY

References, Tables & Figures

In total 244 new references have been added to the GOLD 2021 report as listed below.

The following Tables have had minor amendments made to them: Table 3.2, Table 3.3, Table 3.5, Table 4.8 & Table 5.9; a new figure, Figure 6.1, has been added to Chapter 6; and a new section has been added (Chapter 7) covering aspects of COPD and COVID-19. Chapter 7 includes a remote follow-up checklist, two new tables and one new figure.

Background

Additional text and references have been added to reflect the commitment of GOLD to addressing the issue of COPD in LMICs.

CHAPTER 1

Genetic factors

New sentence and reference about AATD PiZZ genotypes in European populations.

Exposure to particles

New sentence about the lack of research about biomass related COPD.

CHAPTER 2

Diagnosis

Reference to the WHO minimum set of interventions for the diagnosis of COPD in primary care.

CHAPTER 3

Pharmacotherapies for smoking cessation

Four new paragraphs have been added on e-cigarettes/vaping.

Vaccinations

Addition of information about CDC recommendation for Tdap (dTdap/dTPa) vaccination to protect against pertussis (whooping cough), in those adults with COPD who were not vaccinated in adolescence.

Pharmacological therapy for stable COPD

Reference to the WHO minimum set of interventions for the management of stable COPD in primary care.

Methylxanthines

A new sentence has been added to the adverse effects section on interactions between methylxanthines and commonly used medications.

Combination bronchodilator therapy

A new sentence has been added about the EMAX trial (Maltais et al. 2019)

Inhaled corticosteroids (ICS)

A new sentence that heavy or current smokers do not have the same benefit on lung function from ICS use.

A new sentence that studies investigation ICS treatment and lung cancer risk have had conflicting results (Suissa et al. 2020)

Triple therapy (LABA/LAMA/ICS)

This section has been updated to incorporate new findings on triple therapy and mortality.

Mucolytic and antioxidant agents

This section has been changed to state that erdosteine may have a significant effect on (mild) exacerbations irrespective of concurrent treatment with inhaled corticosteroids.

Other drugs with potential to reduce exacerbations

New sentences have been added on the use of beta-blockers in COPD patients who do not have a cardiovascular indication for their use.

Issues related to inhaled delivery

A new sentence has been added to state that pharmacist-led interventions¹ and lay health coaching² can improve inhalation technique and adherence in COPD patients.

Pulmonary rehabilitation

New paragraphs on HFOT oxygen supplementation during exercise and pulmonary rehabilitation.

Self-management

New paragraph added.

Palliative treatment of dyspnea.

New sentence added on acupuncture/acupressure.

Ventilatory Support

New sentence on benefits of NIV in the stable COPD patient.

CHAPTER 4

Physical activity

Two new sentences added to incorporate new evidence about physical activity.

Pulmonary rehabilitation programs

New sentence about COVID-19, physical distancing and home-based programs.

CHAPTER 5

Introduction

Reference to the WHO minimum set of interventions for the management of exacerbations.

Antibiotics

A new paragraph on procalcitonin has been added.

Respiratory support

Two new sentences on HFO.

Hospital discharge and follow-up

Updated with three new sentences and new references added.

CHAPTER 6

Lung Cancer

A new section on COPD and lung cancer has been added. A new table, Table 6.1, has been added.

Heart failure

Sentence on β_1 -blockers replaced: 'Treatment with β_1 -blockers improves survival in heart failure and is recommended in patients with heart failure who also have COPD. Selective β_1 -blockers should be used, and only used, to treat patients with COPD for approved cardiovascular indications; not solely for the purpose of preventing exacerbations of COPD.^{3'}

Ischemic heart disease (IHD)

New sentences on β_1 -blockers: During, and for at least 90 days after, acute COPD exacerbations there is an increased risk of cardiovascular events (death, myocardial infarction, stroke, unstable angina, and transient ischemic attack) in patients at high risk of concomitant IHD. Hospitalization for an acute COPD exacerbation has been associated with 90-day mortality of acute myocardial infarction, ischemic stroke, and intracranial hemorrhage.

Cognitive impairment

A new section on cognitive impairment in patients with COPD has been added.

CHAPTER 7

COVID-19 & COPD

A new chapter on COPD and COVID-19 has been added including new tables (Table 7.1 & Table 7.2) and a new figure (Figure 7.1) and 168 new references.

Remote COPD patient follow-up during COVID-19 pandemic restrictions

A new section on remote patient follow-up has been added including a comprehensive follow-up checklist.

NEW REFERENCES ADDED

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References for new Chapter 7 (listed in alphabetical order)¹⁻¹⁷⁰

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