

COPD 必須知道的議題 **GOLD Guidelines for COPD: What It all means**

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The major take-away points for the behavior of the new GOLD classification system are:

1. GOLD 2012 does not appear to offer an overall advantage over the older system for predicting mortality in COPD, but it does reclassify risk for some patients. The intermediate risk groups (B and C) seem to have similar, or even reversed, mortality risk partially due to the higher symptom and co-morbidity burden of B patients compared to C patients. The higher risk C and D groups comprise a heterogeneous group, with mortality risk depending on whether patients are assigned to this group by frequent exacerbations, low FEV₁, both.
2. GOLD 2012 does predict COPD exacerbations better than the older system, primarily because patients with past exacerbations are more likely to have future exacerbations. You could argue that prediction of exacerbations might be more clinically relevant than mortality prediction in the day-to-day management of COPD patients since we have pharmacotherapies that are proven to reduce exacerbations (e.g. inhaled corticosteroid/long-acting beta-agonists combinations and long-acting anticholinergics) but not mortality (other than smoking cessation, which should be offered to all, and oxygen use, which has specific indications).
3. Symptoms matter. Symptom severity predicts survival; symptoms can be improved by available therapies (e.g. bronchodilators); and more severe symptoms, especially symptoms out of proportion to the severity of airflow obstruction, should prompt a search for comorbidities that may be playing a role, in particular cardiovascular disease and possibly cancer.
4. While the GOLD update makes very reasonable treatment recommendations based on the new classification system, we must remember that clinical trials to date have been largely designed to enroll patients based on the older system (i.e. by FEV₁ criteria). Whether the new system truly identifies subgroups that benefit more or less from available and experimental therapies will remain an endeavor of future research.

Perhaps future iterations of the GOLD classification will expand these concepts by separating out the exacerbation and airflow obstruction dimensions and by adding new dimensions such as comorbidities and functional limitation.