Archivos de Bronconeumología 59 (2023) 193–194

Sociedad Española de Neumología y Cirugía Torácica SEPAR

ARCHIVOS DE Bronconeumología

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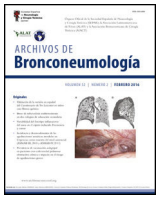

Editorial

GOLD 2023: What's New, Doc?

This issue *of Archivos de Bronconeumología* features an executive summary of the new 2023 *Global Initiative for Chronic Obstructive Lung Disease* (GOLD) recommendations for the diagnosis and clinical management of patients with chronic obstructive pulmonary disease (COPD) [1]. This executive summary is also being published simultaneously in another four international journals (*Am. J. Respir. Crit. Care Med., Eur. Respir. J., Respirology* and *J. Pan African Thor. Soc*) in order to distribute these recommendations globally at the same time. *Archivos de Bronconeumología* is the official journal of the Latin American Thoracic Association, and as such, the executive summary is being published in Spanish, too. In this editorial, we highlight what we think are the most important changes. We suggest that interested readers read the executive summary in detail and, if more specific information is needed, access the full document which available free of charge on the GOLD website (www.goldcopd.org), where they will find also a slide set and a pocket guide.

The knowledge and management of COPD has evolved significantly in recent years. COPD has traditionally been thought of as a disease of men over the age of 60, self-inflicted by smoking and characterized by an accelerated loss of lung function with age [2]. However, while smoking remains the principal environmental risk factor [3], we now know that other genetic, epigenetic and/or environmental factors can lead to COPD [4–6], that the incidence of the disease in men and women is similar [7], that it is not always characterized by an accelerated loss of lung function [pre- and post-natal events that modulate lung development play a very important role in this respect [6,8]], and that COPD can appear in young patients [9]. This new knowledge has led the GOLD 2023 science committee to adopt a *new definition of the disease* that clearly differentiates the characteristics of the disease from its causes and risk factors, and to propose a new taxonomy based on its possible causes (etiotypes) [10,11]. This proposal recognizes that smoking is still the main environmental risk factor, but since about 30% of COPD patients worldwide are never-smokers [3], so etiotypes of the disease in non-smokers need to be identified. The importance of abnormal lung development in the pathogenesis of COPD has been recognized [6,8], and as a result, the terms *early, mild, young, pre-COPD and PRISm* (*"preserved ratio impaired spirometry"*) are also discussed and defined.

Other practical aspects discussed in GOLD 2023 include an extensive review of the clinical relevance of the "traditional" *chronic bronchitis* and the use of *computed tomography* (CT) in the clinical management of COPD patients. The potential of CT scans to identify previously undiagnosed (and therefore untreated) comorbidities [12] and the importance of this procedure in the early diagnosis of *lung cancer* in these patients have been demonstrated.

GOLD 2023 proposes a major modification of the patient classification system: the former four groups (A,B,C,D) are now condensed into three **(A,B,E)**, the new group E (exacerbations) including the old groups C and D. The main reasons for this proposal is that exacerbations have a significant clinical impact [13,14], independent of the level of symptoms (the variable that differentiated groups C and D), and that the perception of dyspnea varies greatly among patients with frequent and infrequent exacerbations [15]. In fact, patients generally change their lifestyle to minimize symptoms. This new classification proposal (that still has to be validated prospectively) is accompanied by significant changes in the recommendations for *initial pharmacological treatment*. GOLD 2023 proposes dual bronchodilation (LABA-LAMA) in most patients with COPD (except perhaps in patients in group A). In patients in group E with >300 eosinophils/μL, the initiation of *triple therapy* with inhaled corticosteroids (LABA-LAMA-ICS) may also be considered, as this type of treatment has been shown to *reduce all-cause mortality* in these patients [14,15]. Furthermore, according to GOLD 2023, LABA-ICS is not considered a good alternative in patients with COPD, since, if treatment with ICS is required, it should be added to the dual bronchodilator therapy (LABA-LAMA) already in place [7]. Finally, GOLD 2023 emphasizes strongly the importance of appropriate use of inhalers (no matter which one is prescribed) and the need for continuous evaluation of patient's response to treatment with adjustment according to this response, considering two main *treatable traits* [16] (dyspnea and exacerbations) as it was proposed already in previous GOLD recommendations.

GOLD 2023 emphasizes the importance of *vaccination* against the various preventable diseases that are of particular significance in COPD patients (including influenza, pneumococcus, herpes zoster, diphtheria-pertussis and SARS-CoV2). Finally, it proposes a *new definition of exacerbations* and a new set of *severity criteria* to be assessed *at the point of contact* with the patient [17], which should also be validated in prospective studies [14].

All these new proposals reflect current knowledge in COPD, but GOLD documents will continue to evolve in parallel with the generation of new scientific evidence. We hope that you find these recommendations sound and of interest in your daily clinical practice.

DOI of original article: https://doi.org/10.1016/j.arbres.2023.02.009

https://doi.org/10.1016/j.arbres.2023.03.001

Appendix A. Supplementary data

Supplementary data associated with this article can be found, in the online version, at doi:10.1016/j.arbres.2023.03.001.

References

1. Agustí A, Celli BR, Criner GJ, Halpin D, Anzueto A, Barnes P, et al. Global Initiative for Chronic Obstructive Lung Disease 2023 Report: GOLD Executive Summary. Arch Bronconeumol. 2023;59:232–48.
2. Fletcher C, Peto R. The natural history of chronic airflow obstruction. Br Med J. 1977;1:1645–8.
3. Yang IA, Jenkins CR, Salvi SS. Chronic obstructive pulmonary disease in never-smokers: risk factors, pathogenesis, and implications for prevention and treatment. Lancet Respir Med. 2022;10:497–511.
4. Agusti A, Hogg JC. Update on the Pathogenesis of Chronic Obstructive Pulmonary Disease. N Engl J Med. 2019;381:1248–56.
5. Breyer-Kohansal R, Faner R, Breyer M-K, Ofenheimer A, Schrott A, Studnicka M, et al. Factors Associated with Low Lung Function in Different Age Bins in the General Population. Am J Respir Crit Care Med. 2020;202:292–6.
6. Agustí A, Melén E, DeMeo DL, Breyer-Kohansal R, Faner R. Pathogenesis of chronic obstructive pulmonary disease: understanding the contributions of gene–environment interactions across the lifespan. Lancet Respir Med. 2022;10:512–24.
7. Global Initiative for Chronic Obstructive Lung Disease (GOLD). 2023. https://goldcopd.org/.
8. Agusti A, Faner R. Lung function trajectories in health and disease. Lancet Respir Med. 2019;7:358–64.
9. Martinez FJ, Agusti A, Celli BR, Han MK, Allinson J, Bhatt SP, et al. Treatment Trials in Young Patients with COPD and Pre-COPD Patients: Time to Move Forward. Am J Resp Crit Care Med. 2022;205:275–87.
10. Celli B, Fabbri L, Criner G, Martinez FJ, Mannino D, Vogelmeier C, et al. Definition and Nomenclature of Chronic Obstructive Pulmonary Disease: Time for Its Revision. Am J Resp Crit Care Med. 2022;206:1317–725.
11. Stolz D, Mkorombindo T, Schumann DM, Agusti A, Ash SY, Bafadhel M, et al. Towards the elimination of chronic obstructive pulmonary disease: a Lancet Commission. Lancet. 2022;400:921–72.
12. Ezponda A, Casanova C, Divo M, Marin-Oto M, Cabrera C, Marin JM, et al. Chest CT-assessed comorbidities and all-cause mortality risk in COPD patients in the BODE cohort. Respirology. 2022;27:286–93.
13. Soler-Cataluna JJ, Martinez-Garcia MA, Roman Sanchez P, Salcedo E, Navarro M, Ochando R. Severe acute exacerbations and mortality in patients with chronic obstructive pulmonary disease. Thorax. 2005;60:925–31.
14. Soler-Cataluña J, Miravitlles M, Fernández-Villar A, Izquierdo JL, García-Rivero JL, Cosio BG, et al. Exacerbations in COPD: a personalised approach to care. Lancet Respir Med. 2023;11:224–6.
15. Scioscia G, Blanco I, Arismendi E, Burgos F, Gistau C, Foschino Barbaro MP, et al. Different dyspnoea perception in COPD patients with frequent and infrequent exacerbations. Thorax. 2017;72:117–21.
16. Agusti A, Bel E, Thomas M, Vogelmeier C, Brusselle G, Holgate ST, et al. Treatable Traits: Toward Precision Medicine of Airway Diseases. Eur Respir J. 2016;47:410–9.
17. Celli BR, Fabbri LM, Aaron SD, Agusti A, Brook R, Criner GJ, et al. An Updated Definition and Severity Classification of COPD Exacerbations: The Rome Proposal. Am J Resp Crit Care Med. 2021;204:1251–8.

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