



## Appendix B: Antibiotic Treatment Recommendations for Acute Exacerbations of COPD (AECOPD)

CATEGORY	RECOMMENDED EMPIRIC THERAPY (ALPHABETICAL ORDER)	NOTES
<p>&lt; 4 exacerbations/year and at least 2 of the following:</p> <ul style="list-style-type: none"> <li>• increased sputum purulence</li> <li>• increased sputum volume</li> <li>• increased dyspnea</li> </ul>	<p><b>First line agents:</b></p> <p style="text-align: center;"><b>amoxicillin</b> 1 g PO TID or <b>doxycycline</b> 200 mg PO once, then 100 mg PO BID or <b>sulfamethoxazole-trimethoprim</b> 1 DS (800-160 mg) tablet PO BID</p> <p><b>Failure of first line agents: see below</b></p>	<p>Treat for 5 to 7 days. Evidence indicates that 5 days of treatment may be as effective as 7 to 10 days.</p>
<p>≥ 4 exacerbations/year and at least 2 of the following:</p> <ul style="list-style-type: none"> <li>• increased sputum purulence</li> <li>• increased sputum volume</li> <li>• increased dyspnea</li> </ul> <p>or</p> <p><b>Failure of first line agents above<sup>1</sup></b></p> <p>or</p> <p><b>Antibiotics in the past 3 months<sup>2</sup></b></p>	<p><b>First line agents:</b></p> <p style="text-align: center;"><b>amoxicillin-clavulanate</b> 875-125 mg PO BID for 5 to 10 days or <b>cefuroxime axetil</b> 500 to 1000 mg PO BID for 5 to 10 days or <b>levofloxacin<sup>3</sup></b> 750 mg PO once daily for 5 days</p> <p><b>Alternatives:</b></p> <p style="text-align: center;"><b>azithromycin<sup>4</sup></b> 500 mg PO once daily for 3 days or <b>clarithromycin<sup>4</sup></b> 500 mg PO BID or 1000 mg extended-release (XL) PO once daily for 5 to 10 days</p>	<ol style="list-style-type: none"> <li>1. Failure of first line agents: no improvement in symptoms following completion of antibiotic therapy OR clinical deterioration after 72 hours of antibiotic therapy.</li> <li>2. Use a different antibiotic class than was used previously.</li> <li>3. Due to the broad spectrum of levofloxacin, potential for increasing resistance and risk of <i>C. difficile</i> infection, reserve this medication for beta-lactam allergies or failure to first line antibiotic therapy.</li> <li>4. Macrolides have poor <i>Haemophilus</i> coverage and significant <i>S. pneumoniae</i> resistance. The benefit of macrolides may be due more to anti-inflammatory properties than to antibacterial activity.</li> </ol>

### References

- Blondel-Hill E, Fryters S. Bugs & Drugs 2012. 2012 edition. Edmonton, AB: Alberta Health Services; 2012.  
Canadian Pharmacists Association. Chronic Obstructive Pulmonary Disease. Revised: July 2015.