What Are COPD GOLD Stages?

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COPD Stages

Various medical tests can uncover chronic bronchitis and emphysema, the two aspects of chronic obstructive pulmonary disease (COPD), as well as the general stage of your illness, but this diagnosis won't offer a complete picture.

A COPD prognosis is personalized — your clinical results will combine with your specific set of symptoms and lifestyle factors to determine the severity and impact of your condition.

Only then will you be able to find the most effective approach to management and treatment of COPD.

The GOLD Test for COPD

Unlike other chronic progressive diseases, COPD is not divided into clear, visible stages. Instead, professionals use what's known as the GOLD criteria to track the disease.

The Global Initiative for Chronic Obstructive Lung Disease (GOLD) evaluates a patient's airflow with a technique called spirometry. The more difficult it is for you to expel all the air from your lungs, the more advanced your COPD is.

There are a few specific pulmonary function tests (PFTs) your doctor can use to determine two important elements of lung function:

- Forced expiratory volume (FEV)
- Forced vital capacity (FVC)

Understanding the COPD Stages

The old system of staging COPD through spirometry has recently been updated so a more precise diagnosis of COPD and its effect on patients can be made.

Below are the guidelines with each stage determined by spirometry testing:

- **GOLD 1:** Mild FEV1 > 80 percent predicted
- **GOLD 2:** Moderate 50 percent < FEV1 < 80 percent predicted
- **GOLD 3:** Severe 30 percent < FEV1 < 50 percent predicted
- **GOLD 4:** Very Severe FEV1 < 30 percent predicted

Depending on your FEV and FVC results, your COPD will fall into one of four stages. Stage one is mild, with little noticeable decline in lung function, while stage four is severe and will likely require long-term oxygen therapy.

COPD can progress rapidly, but the symptoms often build gradually, and many patients don't even realize they suffer from COPD until they have reached stage two.

Common Symptoms of the Stages of COPD

The GOLD stages of COPD criteria are certainly helpful, but they don't explain the breadth of symptoms that various COPD patients will experience.

It's impossible to pinpoint which symptoms every patient will experience at every stage, but the discomforts typically strike in the following order:

- More mucus and chronic cough (most often the first sign of COPD).
- Shortness of breath and fatigue with daily activities (usually indicates some loss of lung function).
- Respiratory infections (frequency may increase gradually every year).
- Increasing breathlessness (eventually, this begins to impact your quality of life).
- Weight loss (the body requires more energy to breathe, and eating may become strenuous or uncomfortable).
- Headaches in the morning (high levels of carbon dioxide in the blood can lead to a headache).
- Swollen feet and ankles (circulation suffers because of stress on the heart).

Other lifestyle factors may affect your symptoms, so even if you're technically at stage one, you may show symptoms of more advanced COPD, or you could have relatively mild symptoms at later stages.

Next page: An overview guide about each of the COPD stages and more.

The GOLD COPD Stages

While staging is useful for a physician to understand the severity of a patients breathing limitation it doesn't necessarily relate to how a patient is feeling. A patient at GOLD 1 stage can be less symptomatic than a patient at GOLD 2.

In order to have a precise idea of a patient's quality of life new guidelines have been introduced.

COPD Assessment Test (CAT) and COPD Control Questionnaire (The CCQ) have been added to the diagnostic guidelines to give a better overall picture of a patient's disease and quality of life. These questionnaires identify in more detail the symptoms a patient is experiencing as well as any hospital admissions.

Identifying as many factors as possible which effects a patient will give doctors and respiratory professionals the ability to individualize pharmaceutical and non-pharmaceutical treatments.

Stage 1 of COPD

Many patients have told me their COPD diagnosis was made after significant damage to their lungs had already taken place.

This is quite common as many patients don't notice their symptoms in the early stages. It's not until their symptoms have become limiting that they make a doctor's appointment.

This where it's important for doctors and the general public to be aware of the risk factors for COPD:

- **Cigarette smoke** – Still one of the primary causes of COPD.
- **Indoor and outdoor pollutants** – Wood fires and poor ventilation inside the home, air pollution outdoors.
- **Asthma** – If poorly managed, Asthma may develop into COPD.
- **Genetic factors** – Alpha-1 antitrypsin is hereditary if there is a family history you should contact your

doctor immediately.

Stage 2 of COPD

At this stage, a patient could expect to notice shortness of breath and possibly an increase in coughing and sputum production.

Daily routines can start to become more challenging and affect your quality of life. Slowing COPD can be beneficial if a COPD management plan can be put in place in the early stages.

Stage 3 of COPD

When lung function falls below 50 percent, COPD becomes very tiring and burdensome.

Activities may be made more challenging for patients who don't manage their disease. With the lack of management, patients may expect to see new symptoms or existing ones progress quickly.

Walking up inclines such as hills or stairs can cause significant breathlessness and the number of exacerbations a patient has during the year can increase.

Stage 4 of COPD

Patients at this stage of COPD will be breathless all the time and will battle with fatigue due to the extra energy required just to breathe. Infections are common in patients with severe and very severe COPD.

Minimizing exposure to people who are sick is paramount. Exacerbations and hospital admissions can increase dramatically at this stage with the immune system constantly under attack.

Respiratory failure is more common when COPD has reached the very severe stage. Respiratory failure is when the respiratory system fails to exchange oxygen and carbon dioxide effectively, resulting in a state of hypoxia.

Hypoxia is a lack of oxygen in a patient’s blood. It can be corrected by the use of oxygen therapy.

Symptoms of hypoxia may include:

- A change in skin color, ranging from blue to red
- Disorientation
- Fast heart rate
- Rapid breathing rate
- Shortness of breath

If you’re experiencing any of these symptoms contact your doctor immediately.

Next page: Understanding COPD progression, what the end stage means for you, and treatment options to live a fuller life.

COPD Progression

Most patients when first diagnosed with COPD struggle psychologically. When you are told, you have a progressive lung disease which has no cure it can be overwhelming.

However, while hard, it’s important to acknowledge you have COPD so you can start the fight against it. Learning as much as you can about COPD is an excellent way to start your journey and will put you in good stead to achieve some quality of life.

While there is no cure for COPD, more and more research is coming out about how the disease progress can be slowed. Putting together a COPD action plan with your healthcare professional is a major step early on in your diagnosis. We now know the earlier a patient is diagnosed, the better outcomes they will have.

Progression through the COPD stages can differ from patient to patient, and it is important from a patient's perspective not to concern themselves too much with the stage they are at.

My own experience is a good example. I am considered GOLD 4 – very severe, yet I have completed numerous endurance events since being diagnosed. There are much more patients from a variety of age groups and disease severity who lead a better quality of life than their diagnosis may suggest.

What End Stage Means for You

It certainly sounds like a morbid prognosis, but stage four COPD (or "end stage") doesn't necessarily mean you're at the end of your life. The clinical term is really to help doctors predict a patient's risk of exacerbations, so they can choose an appropriate treatment plan for better symptom control.

It's natural to be afraid, angry and sad when given an end-stage diagnosis, but if you learn the steps you can take to prolong your life, you can eliminate some of the fear and uncertainty.

Inhaled bronchodilators and corticosteroids can bring lasting increases in lung function, pulmonary rehabilitation programs can improve your energy and mobility, and a good action plan can help you prevent and overcome exacerbations quickly to prevent further lung damage.

Even though there is no cure for COPD, you still have the power to improve and sustain your life, so don't give up.

Treatment Options

When it comes to COPD treatment options for managing your condition, I think it's important to separate traditional and non-traditional options.

Traditional treatments

- **Smoking cessation** – The number one priority if you're still smoking when diagnosed.
- **Medication** – Doctors will determine your diagnosis and severity what medications are most suitable for you.
- **Exercise** – Activity is vital when diagnosed with COPD. Studies have shown patients who remain active will enjoy a better quality of life than those who are sedentary. Pulmonary rehabilitation is an excellent way to learn what exercises are suitable for you as well as connecting with other patients.
- **Breathing exercises** – This type of exercise may help with strengthening airways and your lungs at the same time.
- **Lifestyle changes to minimize the risk of exposure to triggers of COPD is beneficial** – Wood heating and cooking should be eliminated from the house to avoid inhaling smoke and fumes. Limiting contact with chemicals should also be avoided as this can cause a sudden increase in breathlessness.
- **Surgery** – There are some surgical options which can be considered for a COPD patient. If other treatments are not working this maybe something to discuss with your doctor.
- **Vaccinations** – Flu and pneumonia vaccinations are strongly recommended for COPD patients. Contracting either illness can be catastrophic for patients as the disease has already weakened their lungs. The vaccinations are no guarantee you will not become ill, but they are the best defense available at this stage.
- **Oxygen therapy** – For patients who have problems with a gas exchange within their lungs oxygen therapy is beneficial. Oxygen is given to a patient via many available devices. Having oxygen therapy can give a patient more mobility and reduce the time they are homebound.

These are the most common traditional treatments for managing COPD. Availability, costs, and access can vary between countries due partly to healthcare systems and insurance. So keep this in mind when researching the above treatments.

Non-Traditional Treatments

- **Chinese medicine** – Chinese medicine doctors use ancient traditional herbal remedies to help manage COPD.
- **Vitamin Supplements** – If you read enough information on the internet, you'll find most vitamin supplements are recommended for everyone, whether you have a disease or not. Do your research and consult with your doctor before committing to a supplement regime.
- **Medical Marijuana** – It was a hot topic at the moment and discussed in many COPD patient forums. While there are some studies which support possible benefits of using medical marijuana for its anti-inflammatory effects we're a long way from it being a widely used therapy.
- **Salt Therapy** – This is another therapy which has been the subject of much discussion in patient groups. Salt treatments are supposed to kill bacteria in the lungs and liquefy mucus. At this stage, there is little evidence to support these claims.
- **Ketogenic Diet** – Recent research has shown this diet to have therapeutic effects for some diseases. For COPD, the diet improved pulmonary function and overall quality of life.

Those of you who have followed my journey would know I like to try different strategies in order to help improve my overall quality of life.

Remember this, anything I seek is done in consultation with healthcare professionals, and I strongly advise other patients to do the same before trying any treatment because each treatment works differently for each individual.

Your healthcare professional will help you find and tailor a treatment that works for your symptoms and your COPD stage.