Pharmacology Treatments (including Agents Available in the USA and the UK)

Medication Class and Name	Primary Effects	Exercise Effects	Important Considerations
 β2-agonist short- and long-acting bronchodilators Salbutamol (albuterol), arformoterol, fenoterol, formoterol, indacaterol, levalbuterol, olodaterol, salmeterol, terbutaline, tulobuterol 	 Bronchodilation (selectively stimulate β2 adrenoreceptors to relax airway smooth muscle) 	 May increase or have no effect on HR, ECG; may increase, decrease, or have no effect on BP; increases exercise capacity by limiting bronchospasm 	 May increase resting HR and produce cardiac dysrhythmias; may cause palpitations and tremulousness; may decrease potassium levels in the blood
 Anticholinergic short- and long- acting bronchodilators Aclidinium bromide, glycopyrronium bromide, ipratropium bromide, oxitropium bromide, tiotropium, umeclidinium 	 Bronchodilation (selectively inhibit muscarinic receptors to prevent or reduce bronchoconstriction) 	 May increase or have no effect on HR, ECG; no change in BP 	 May cause mouth dryness; may increase risk of cardiac events; may lead to acute glaucoma when administered using a face mask
 Methylxanthine bronchodilators Aminophylline, theophylline SR 	 Bronchodilation (non- selectively inhibit the phosphodiesterase enzymes) 	 May increase or have no effect on HR, ECG; no change in BP 	 May produce cardiac dysrhythmias; may increase risk of intentional or accidental overdose and seizures; may cause nausea, headaches, heartburn, and insomnia; may increase respiratory drive
 Inhaled corticosteroids Beclomethasone, budesonide, fluticasone 	Anti-inflammatory	May increase exercise capacity when used in combination with long-acting bronchodilators	 May cause oral candidiasis, skin bruises, and hoarseness; increases risk of pneumonia
 Oral corticosteroids Methyl prednisolone, prednisone 	Anti-inflammatory (systemic)	May decrease muscle strength	May cause fragility, osteoporosis, and skin atrophy; may cause respiratory failure in very severe COPD patients
 Thiazide and loop diuretics Furosemide, hydrochlorothiazide 	Diuresis (control right heart failure in COPD patients with cor pulmonale)	Decreases BP	May cause fragility, osteoporosis, and skin atrophy; may cause respiratory failure in very severe COPD patients

Phosphodiesterase-4 inhibitors	Anti-inflammatory	No effect on exercise capacity	• Should be combined with one or more long-
Roflumilast			acting bronchodilators; should not be
			combined with theophylline; may cause
			nausea, decrease in appetite, abdominal
			pain, headaches, diarrhoea, and disturbed
			sleep