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Is it time to give up on "self-management" of COPD exacerbations?

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To the Editor:

We read with interest the report of the results of the COPE-III trial by Lenferink *et al.* [1]. This large randomised trial continues on from the authors' earlier COPE-II study [2], with personalised exacerbation action plans based on associated comorbidities. The action plans were detailed, and designed to determine symptom changes and the signs of an ensuing exacerbation. The study was negative for its primary endpoint (COPD exacerbation days) and no improvement in quality of life was found using the self-management intervention. The authors show no difference in the number of oral prednisolone courses in both arms, although per exacerbation event, it is clear that self-management dictates a significant increase of prednisolone prescription per event (95% (208/216) *versus* 71% (163/230)) and thus would have also been the initial treatment for heart failure, anxiety, depression and ischaemic heart disease events. Interestingly, the authors found that patients that benefited in the self-management arm were those that had one or more COPD exacerbations in the 12-month study period. We now know that eosinophilic inflammation is associated with increased risk of exacerbations [3] and that patients that have the best response to systemic corticosteroids have eosinophilic exacerbations [4]. We ask with interest if the authors phenotyped inflammation of the COPD patients prior to randomisation?