

Home oxygen therapy for adults with COPD and ILD: New ATS clinical practice guideline

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New clinical practice guideline on home oxygen therapy in adults with COPD and ILD. Credit: ATS

The latest clinical practice guideline on home oxygen therapy addresses long-term and ambulatory oxygen therapy for adults with chronic

obstructive pulmonary disease (COPD) and interstitial lung disease (ILD) and includes the most comprehensive review of the evidence of any oxygen guideline to date.

The guideline from the American Thoracic Society was posted online, ahead of print in the Nov.15 issue of the *American Journal of Respiratory and Critical Care Medicine*.

The new guideline was borne out of the 2017 ATS workshop on Optimizing Home Oxygen Therapy data, which "identified the lack of evidence-based clinical practice guidelines for appropriate use of home [oxygen](#) as a critical gap," wrote the guideline panel.

Further rationale for new guidance came out of "a summary of results from an [online survey](#) of almost 2,000 oxygen users in the U.S. describing the multiple problems they had in accessing and using their oxygen," said Susan S. Jacobs, MS, RN, co-chair of the guideline committee and a research nurse manager in Pulmonary, Allergy, and Critical Care Medicine at Stanford University.

"Oxygen is a common, yet burdensome, equipment-laden therapy, so if we are going to prescribe it, there should be enough evidence that we can tell our patients what they should expect in terms of improving their symptoms, and the quality and quantity of their lives," noted Jacobs.

To that end, the multidisciplinary panel used the Grading of Recommendations, Assessment, Development and Evaluation (GRADE) approach to formulate their recommendations summarized below:

COPD Recommendations

- In adults with COPD who have severe chronic resting room air hypoxemia, we recommend prescribing Long Term Oxygen

Therapy (LTOT) at least 15 hours per day (strong recommendation, moderate quality evidence).

- In adults with COPD who have moderate chronic resting room air hypoxemia, we suggest not prescribing LTOT (conditional recommendation, low quality evidence).
- In adults with COPD who have severe exertional room air hypoxemia we suggest prescribing ambulatory oxygen (conditional recommendation, moderate quality evidence).

ILD Recommendations

- For adults with ILD who have severe chronic resting room air hypoxemia we recommend prescribing LTOT at least 15 hours per day (strong recommendation, very low quality evidence).
- For adults with ILD who have severe exertional room air hypoxemia we suggest prescribing ambulatory oxygen (conditional recommendation, low quality evidence).

Liquid Oxygen Recommendation

- In patients with [chronic lung disease](#) who are mobile outside of the home and require continuous oxygen flow rates of >3L/minute during exertion, we suggest prescribing portable liquid oxygen (conditional [recommendation](#), very low quality evidence).

The guidelines also include a 'best-practice statement' that describes a minimum standard of oxygen education and training for all oxygen users.

The ATS has published nearly 20 [clinical practice guidelines](#) on various conditions, ranging from allergy and asthma to TB and other pulmonary

infections.

Provided by American Thoracic Society

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