Mucolytics — criteria for use

Mucolytics, such as carbocysteine, are only to be used in patients with chronic obstructive pulmonary disease (COPD) patients who have long-standing, troublesome cough and sputum. This includes patients with an FEV₁ that is < 50% of the predicted value and any patient experiencing repeated, severe or prolonged exacerbations.

**Initiating therapy**

Obtain a baseline assessment of:
- Colour/consistency and amount of sputum
- Difficulty of expectoration
- Amount of coughing

**Carbocisteine 750mg, orally, three times daily for 1 month**

Reassess patient against baseline assessment after 4 weeks. Include patient perception of improvement in assessed symptoms by asking him or her:

1. *Is your sputum easier to cough up?*
2. *Has the amount or colour of sputum changed?*
3. *Is your cough less troublesome?*
4. *Have you noticed improvement in any other COPD related symptoms?*

Continue therapy if patient reports improvement in cough/sputum or expectoration with no adverse effects.

Discontinue therapy if no improvement in above symptoms or if adverse effects observed.

**Continuation therapy**

**Carbocisteine 750mg, orally, twice a day or 375mg four times a day. Continue treatment indefinitely.**

If symptoms are seasonal, continue treatment during the months when symptomatic (e.g. for 3 to 6 months) and use on an annual basis.